Behavioral Health and Integration Strategies Subcommittee

Presented by: Daniel Darting and Jeff Appleman

October 2, 2019
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
Objectives

• Introductions
• Minutes Approval
• State PIAC Update
• Behavioral Health Task Force
  o Senate Bill 222
• Review Potential Topics
• Sub-committee Housekeeping and Feedback
Minutes Approval

• Department staff is responsible for taking minutes.

• Department staff will do the first review and email minutes to Voting Members for revisions in advance of next meeting.

• Voting Members will do a final review of the minutes before the next subcommittee meeting. (Attached with the agenda)

• Minutes will be reviewed and approved at the following subcommittee meeting.

• Department staff will post final minutes on public website following approval.

• Voting Members will have to approve minutes from September and October in November.
State PIAC Update
Behavioral Health Task Force Update
Overview:

- This will require a collaborative effort between the Department of Health Policy and Financing (HCPF) and the Department of Human Services (DHS).

- The act requires HCPF to develop measurable outcomes to monitor efforts to prevent Medicaid recipients from becoming involved in the criminal or juvenile justice system.

- The act requires HCPF to work collaboratively with managed care entities to create incentives for Behavioral Health (BH) providers to accept members with severe behavioral health disorders.

- The act creates a community behavioral health safety net system.
Key Dates:

- By March 1, 2020 - Develop measurable outcomes to monitor efforts to prevent members from becoming involved in the criminal justice system.

- By March 1, 2020 - Submit report explaining plan to meet long-term inpatient services with or without 1115 demonstration waiver.

- July 1, 2021 - HCPF and MCEs create incentives for behavioral health providers to accept members with severe behavioral health disorders.
Short-Term Behavioral Health Visits:

- Current action statement- Develop recommendations on how RAEs can support primary care medical providers (PCMPs) to increase access to low acuity behavioral health services.

Feedback:

- What does “low” utilization mean?
- Where are services being delivered?
- Develop a fact sheet to debunk common myths.
- Develop recommendations on integration for both rural and urban settings.
Topic Review

Low Acuity BH - Visit Volume

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<th>Month</th>
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<th>Other</th>
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<td>June</td>
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<td>696</td>
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</table>
Topic Review

Low Acuity BH - Duration

Per Capita Visits

July | August | September | October | November | December | January | February | March | April | May | June

1.60
1.51
1.40
1.38
1.34
1.30
1.28
1.00

Overall | FQHC | Other

COLORADO
Department of Health Care Policy & Financing
Topic Review

Crisis Services System:

• Current action statement- Develop recommendations regarding implementation of the crisis services system and collaboration with RAEs.

Feedback:

• Provide an overview of the state-wide system.
• Review- Diversion strategies, metrics for analyzing outcomes, and strategies for crisis prevention
• Current issues- lack of trust, long wait times, and lack of general access information
Topic Review

Medication Assisted Treatment (MAT):

- Current action statement- Develop recommendations to increase access and to eliminate barriers to MAT.

Feedback:

- Currently has a lot of momentum elsewhere.
- Can this be combined with another topic?
Department of Corrections (DOC):

- Current action statement- Continue to define recommendations for care coordination and care continuity for behavioral health services during re-entry from corrections-involved members.

Feedback:

- Expand topic to focus more on system integrations.
- Make recommendation on how to ensure care continuity between different systems.
- How can we connect this to Child Welfare or School-Based Health Centers?
Supportive Housing Models:

- Current action statement - Analyze current models and develop recommendations to increase access to supportive housing models of care.

Feedback:

- Provide an overview of the 1915(B)(3) services.
- This is part of a larger conversation of Social Determinants of Health.
- How do we take action on the recommendations from previous work and analysis?
- Increase appropriate training for caregivers/workforce.
Care Coordination for Dually Diagnosed Members:

- Current action statement- Develop recommendations to increase access to care and to improve the coordination of care for members with a dual diagnosis of behavioral health and intellectual and developmental disabilities.

Feedback:

- Expand topic to cover members who are diagnoses with a behavioral health and an intellectual or developmental disability (adults and pediatrics).
- Links to Social Determinants of Health
Topic Review

Additional Feedback:

• Access to psychiatry

• Behavioral health for children

• Managing behavioral health data and privacy concerns
Sub-committee Housekeeping

Voting Membership:

• Last day will be Friday October 4th

• Voting Member selection will happen in October.

• Responsible for participating in conversations around the selected topics.

• Responsible for providing input and feedback on work products that are developed within the subcommittee.

• Responsible for attending at least seventy-five percent (75%) of meetings held during the year.
Sub-committee Housekeeping

- Review updated Charter (changes highlighted in yellow)

- Review Colorado Behavioral Health Task Force initiatives
  - https://www.colorado.gov/pacific/cdhs/colorado-behavioral-health-task-force

- Next Meeting - November 6, 2019
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Thank You!