

Improving and Bridging Systems Subcommittee

Minutes

Meeting Information			
Date	Thursday, April 5, 2018	Time	1:00 – 2:30 PM
Location	303 E 17 th Avenue, 11 th Floor, Room 11B	Call-in Number	1-877-820-7831 // 946029#
Committee Purpose	Serve as a laboratory for strategic innovations and guidance that bridge and integrate systems for Health First Colorado members, particularly those with complex needs and who require services and care coordination across systems.		
Meeting Purpose	Discuss Governor’s Criminal Justice and Behavioral Health strategic plan and sub-committee roster.		

Meeting Attendance	
Voting Members and Participants	Invited Guests
Alice Gibbs, Terri Hurst, Krista Fuentes, Candy Wolfe, Katherine Collins, Ravenne Bye, Joanna Martinson, Abigail Tucker, Carol Plock, Rahem Mulatu, Ben Harris, Harriet Hall*, Carol Ann Hendrikse*, Kristy Dodd*, Charlotte Van Horn*, Matthew Wilkins*, Gary Montrose*	Adam Zarrin

*Attended via phone.

Meeting Items					
Item No.	Time	Owner	Description	Attachment	Action No.
1	1:00 – 1:05	CP	Roll call and February and March minutes’ approval. Carol called the meeting to order at 1:05 and took roll call. Joanna made a motion to approve the February minutes as written, and Terri seconded the motion. The minutes were approved. Joanna made a motion to approve the March minutes as written, and Candy seconded the motion. The minutes were approved.	1,2	
2	1:05 – 1:15	CP	March PIAC Report Out. Carol requested that this item be merged with agenda item 4.		
3	1:15 – 2:15	AZ	Discuss Governor’s Criminal Justice and Behavioral Health strategic plan. Ben gave an overview of the broader context of the Governor’s Plan. The Department produced a strategic plan for Corrections-involved members a year ago. Shortly thereafter, the Governor’s Office released a call to create a state and system-wide strategy for criminal justice and behavioral health. The Department brought its ideas to the Governor’s task force and helped create the final document over the past nine months. The plan, “Steps to Health and Justice: Colorado’s Plan to Improve Behavioral Health Outcomes and Reduce Reliance on the Criminal Justice System,” has now been finalized and is in the process of being implemented across the state. As part of that process, Adam Zarrin, from	3-5	



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		<p>the Governor's Office, was meeting with various stakeholders to communicate the plan.</p> <p>Adam gave a high level overview of the plan and proposed using the majority of the time for discussion and feedback. In the 2017 State of the State, the Governor asked that justice facilities not be used to primarily handle mental health conditions. His call was the genesis for the strategic plan and desired state of improved care coordination. The first piece of that plan was to change the language around mental health and justice involvement. The second piece was to bolster support and coordination at the local level. The third piece was to set long-term priorities for executive agencies to carry forth and implement the work of the plan. Ultimately, the Governor hoped these changes would inform future budget priorities that enhance emerging evidence and best practices.</p> <p>Joanna applauded the plan and the Governor's efforts. She noted that after de-institutionalization, the shift to community based treatment was difficult as communities were not adequately prepared to accommodate the needs of individuals. There were still gaps in services that needed to be rectified.</p> <p>Abigail also applauded the plan. She asked how the Governor's Office and executive agencies would go about aligning local level actions with the high level strategies. Adam said that placing performance metrics in contracts, reviewing credentials practices of providers, and revising budgets priorities to support evidence-based practices were starting points. He acknowledged that there are soft and more assertive ways to do this. Moreover, the Governor's Office can always be convener between state agencies and local entities. Ben added that there is always a tension between developing and aligning system and state wide work with local level resources and efforts. In ACC Phase II, the Department will require RAEs to engage with members and localities to understand and align with their needs and efforts. The Department will also do so when it comes to work around criminal justice. Krista added that care coordination for this population will also be expected for the RAEs. Abigail echoed that stakeholder engagement would be critical. Adam said that as part of the implementation plan, the Governor's Office will be traveling across the state to help facilitate regional strategic planning efforts.</p>		
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		<p>Carol said that the budget priorities are critical. If the state doesn't prioritize the changes in its budget so that localities can create the mechanisms to change services, none of this will work. Colorado particularly needs to pay attention to its approach to impacting substance use disorders. Carol Ann agreed. There are not enough services. Because of that, members are often forced out of their communities, often to their detriment. Wait times for behavioral health are too long, and there is a general shortage of providers. As a result, care coordinators are having to stretch existing dollars and think outside the box, and often have no services at the level the person needs. Joanna echoed their sentiment and added that bed supply for involuntary commitments was a serious issue. The state needed to take a hard look at where money went in order to appropriately fund these services. Untreated individuals were particularly challenging.</p> <p>Carol discussed the differences between how our system treats someone with other 'medical' conditions, and how it responds to someone with a mental health or substance use disorder, giving an example of a friend who had recently been through the health system. In the health system, there was always the expectation that services would be provided. That assumption is not there for those with substance use disorders. No one views their services as medically mandatory or necessary. As a result, it seems as if society is throwing people's lives away. Carol said we needed to change the health delivery system as it was a health care issue not a justice and punitive issue.</p> <p>Adam agreed and asked what was preventing the larger system from changing. Candy said that member health literacy and engagement was also low for this population. Linkage to care was also challenging as many members faced significant social issues like homelessness. Abigail echoed the need for better care coordination. Providers still needed help getting members to their offices. Carol added that providers still don't have all the necessary pieces to provide the care as well. Terri noted that the state still spends more on opening and operating prisons than on mental health. The state budget is a moral document, and the legislature is finally thinking about re-considering this.</p>		
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			<p>Joanna echoed her earlier comment that the shift from de-institutionalized care to the community was well-intended but had tragic consequences as some communities were not prepared for the influx of need. She wondered if there was data to show the effects of that care model shift. Adam said we needed to show that story in order to collectively make changes.</p> <p>Abigail said there needed to be a grounding framework for this conversation. SAMHSA currently has a sequential intercept model that outlines the steps of the justice system. Majority of funds are delegated to points four and five. The state needed to place more resources as point one and, ideally, point zero. Ben agreed and said the model was helpful to coordinate efforts. In particular, the Department can lean heavily on points five, one, and zero, and those efforts help create a cohesive strategy. He also said that the model helped the Department their Corrections work with their schools work, which he initially did not view as related. Terri said that investments in health care are a much more sustainable public safety strategy.</p> <p>Vicki asked about what communities should do when community resources are overwhelmed by the severity of the member. While communities should come together to collectively assist members, there may come a point where resources have a limited effect and impact. Carol added that there will be people who will never be able to support themselves in their life. Strategies like permanent supportive housing are good solutions for these individuals. Joanna said that before de-institutionalization, there were good resources for permanent supportive housing. Carol said there is a lot of attention on these issues at the national level, and states needed to keep pushing and advocating for transformation in this area. She also cited the "shoveling up" study which ranked Colorado low on substance use disorder treatment and access.</p> <p>Adam asked the group how they could be a champion of this work at the state and local levels. He also said that the Governors wants to be a leader on mental health. Carol said the sub-committee could primarily advise the Department on its own delivery systems and how to adapt them to this population. She also suggested having a state-wide summit to gather input</p>		
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			<p>and create a venue for transformation. Joanna agreed and cited the summit of veterans’ housing as an excellent precedent. Ben added that this sub-committee should consider how to design systems to ensure local success to its scope. Carol noted that local frustration with system dysfunction was high. Harriet added that using a framework like the sequential intercept model would be a powerful tactic. However, it may be confusing at the local level. It would still be a helpful assistance to local community planning.</p> <p>Carol said the homework for the sub-committee was to think about how coordinated action and success would look like at the systems and local levels. Ben noted that for this population the sub-committee will have data – both qualitative and quantitative – to inform its efforts.</p> <p>Joanna wondered about the long-term sustainability of the plan given that this was the Governor’s last year in office. Abigail noted that a fair amount of the action items were delegated to independent agencies and, thus, preserved the long-term vision. Terri and Carol also noted that these issues – mental health access and criminal justice reform – were bi-partisan issues.</p>		
4	2:15 – 2:25	CP	<p>Review and approve sub-committee roster. Carol gave the PIAC report out. The discussion included the transition of PIAC, which will continue but will change composition shortly after the implementation of ACC Phase II. The PIAC created a draft approach for assuring diverse member representation, including physical and behavioral health providers, organizations that are not affiliated with the delivery system, members, advocates, and subject matter experts within the various delivery system. PIAC will complete its transition in September once new members are identified. In the meantime, the subcommittees will continue until the end of 2018. PIAC and the Department will review the composition and focus areas of the subcommittees in December. Ben said that inter-systems work will continue to be an important topic, and he will advocate keeping a sub-committee like IBS.</p> <p>In the midst of the PIAC transition, IBS will continue to work on the criminal justice and Medicare-Medicaid populations. Carol reviewed the proposed sub-committee membership structure with PIAC. The sub-</p>	6,7	1



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			<p>committee would have a group of eight core members who were interested in both populations and who would attend every meeting. In addition, the sub-committee would have two sets of three subject matter experts who would attend when their topic was discussed. PIAC said Medicare representation was critical. While many people understand the need for Medicare-Medicaid coordination for members over 65, systems coordination for members under 65 was a significant knowledge gap. Moreover, Medicare interaction with the justice system was a significant issue.</p> <p>Carol reminded the sub-committee that there were still three vacancies on the membership roster: one core member and two Medicare-Medicaid subject matter experts. Ben said he had spoken with Van and Kathleen about potential members from the Medicare-Medicaid Program sub-committee. They had a few candidates in mind. Carol also said that Ian Engle would like to participate in those discussions. Carol Ann asked how attendees should submit nominations. Carol said that all should be sent to Ben.</p> <p>Carol asked if there were any concerns with the current roster. Alice pointed out that there were more voting members from the Federally Qualified Health Centers on the roster compared to other provider groups. However, Carol stated that the core members of Salud and Clinica represented behavioral health while Katie from Colorado Community Health Network represents physical health and a broader systems view. She suggested not making any changes quite yet and asked for a motion to approve. Abigail motioned to approve the voting member roster without change. Joanna seconded the motion as written. The roster was approved.</p>		
5	2:25 – 2:30	BH	<p>Sub-committee housekeeping and wrap-up. Ben reviewed the 12-month work plan with the group. In the upcoming meetings, the subcommittee will discuss criminal justice to finalize the scope of work and put together an action plan for the criminal justice and Medicare-Medicaid populations on behalf the Department. Next time, Terri and Krista will present their work to gather perspectives from justice-involved individuals regarding their experience with Medicaid. The subcommittee will also continue to discuss the Phase II transition in the coming months. Ben said the next meeting will be May 3rd. Carol adjourned the meeting at 2:31 pm.</p>		



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Meeting Action Items					
Date Added	Action No.	Owner	Description	Due Date	Date Closed
04/05/2018	1	BH/CP	Continue recruitment for membership vacancies.	06/07/2018	

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify Ben Harris at 303-866-2399 or benjamin.harris@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

