



## Minutes - Behavioral Health Quality Improvement Committee (BQuIC)

Tuesday, May 28, 2013 10:00 am-11:00 am Location: 1570 Grant St 4<sup>th</sup> fl. Conference Room

Attendees:	Minutes CC:
Katie Mortenson, Department of Health Care Policy and Financing	Sally Langston, Department of Health Care Policy and Financing
Suzanne Kinney, Access Behavioral Care (ABC)	Barbara McConnell, Health Services Advisory Group (HSAG)
Gina Robinson, Department of Health Care Policy and Financing	Matthew Ullrich, Department of Health Care Policy and Financing
Rachel Henrichs, Health Services Advisory Group (by phone)	Taylor Larsen, Department of Health Care Policy and Financing
Michael Sajovetz, Department of Health Care Policy and Financing	Sharon Pawlak, Division of Behavioral Health (DBH)
Kate Bell, Health Services Advisory Group (by phone)	Tiffany James, Colorado Department of Human Services
Russell Kennedy, Department of Health Care Policy and Financing	Nikki Lemmon, Department of Health Care Policy and Financing
Erica Arnold Miller, Colorado Health Partnerships (CHP)	Laura Hill, Behavioral HealthCare, Inc (BHI)
Jennifer Woodard, Value Options (by phone)	Thomas Clay, Foothills Behavioral Health Partners
Rachel Henrichs, Health Services Advisory Group (by phone)	Lisa Clements, Division of Behavioral Health
Barbara Smith, Foothills Behavioral Health Partners (FBHP)	Katie Brookler, Department of Health Care Policy and Financing
Samatha Kommana, Northeast Behavioral Health Partnership (NBHP)	Roger Gunter, Behavioral HealthCare, Inc (BHI)
Jeremy White, Value Options (by phone)	Karen Thompson, Northeast Behavioral Health Partnership, LLC
James Bloom, Department of Health Care Policy and Financing	Robert Bremer, Access Behavioral Care
Diane Somerville, Health Services Advisory Group (by phone)	Myron Unruh, Value Options
Alana Berrett, Health Services Advisory Group (by phone)	Judy Yip, Health Services Advisory Group
Jerry Ware, Department of Health Care Policy and Financing	Marilea Rose, Health Services Advisory Group
	Judy Zerzan M.D. , Department of Health Care Policy and Financing
	Christy Hormann, Health Services Advisory Group
	LeeAnn Merrifield, Behavioral HealthCare, Inc (BHI)
	Rachel Lee, Mental Health Center of Boulder County
	Adrienne Jones, Division of Behavioral Health (DBH)
	Arnold Salazar, Colorado Health Partnerships (CHP)
	Lindsay Cowee, Behavioral HealthCare, Inc (BHI)
	Shelly Spalding, Behavioral HealthCare, Inc (BHI)

Quorum equals representation from a minimum of three Behavioral Health Organizations out of five plus one person from the Department.

Quorum Met? Yes.

TOPIC	DISCUSSION	RESULT
1. Introductions, and additions to the agenda	No additions.	
2. Review April 2013 meeting minutes	Minutes were reviewed and approved with minor changes. (To view past minutes and additional information about BQuIC visit <a href="http://www.colorado.gov/hcpf">www.colorado.gov/hcpf</a> and click on Boards and Committees, then select BQuIC)	
3. Pediatric referral Form (ongoing topic)	<p>Gina opened the discussion and noted that one main piece for this process was to track clients who didn't show up for the referred mental health appointment and that this group should work on how to keep focus on this piece. Barbara then provided an update and said that her Behavioral Health Organization (BHO) is working with Jefferson Mental Health Center and 3 other clinics and that she will send an update to Gina and Jerry. Erica noted that her BHO is working with Aspen Point &amp; Iron Horse clinics, but that there was not an update at this time. Erica also noted that two other primary care provider (PCP) clinics were interested in the form, but already have mental health providers onsite and felt no need to use the form. Samatha noted some concerns with how the information about the form was distributed and said that PCP providers don't know about the form. The group then discussed why providers may not be aware of the form (example, office staff and clinical staff not sharing input) and discussed the ability for the clinics to track referrals. Suzanne noted again that her BHO has not received any referral forms and that some feedback received indicates that the form would be a burden. Suzanne then noted that their Performance Improvement Project (access for mental health services for youth) and contacts with the Regional Care Collaborative Organizations (RCCOs) may provide some opportunity to increase use of the form. Gina noted that another main idea for this process is that communication is happening between mental health and physical health providers. Jessie noted that there were no updates for her BHO and that no referral forms have been received. Erica then noted that in general she felt a referral process works, but it's challenging to put a process in place when forms are so infrequently received by mental health centers.</p>	<p><b>Barbara S. will send an update for her BHO's efforts on this topic.</b></p> <p><b>Jerry will add this topic to the next meeting agenda and focus on identifying no shows.</b></p>
4. Foster Care	<p>Jerry asked BHO staff to share their reasons for needing to exclude certain foster care clients from the follow up post discharge measure. Barbara shared input that for foster care clients that the BHOs have no encounters or service information on follow up is not conducted. Camille then shared comments received at another meeting hosted by the Colorado Department of Human Services. At that high level meeting some participants noted an example where a Medicaid mom was not followed up for care by the community mental health center (CMHC) and later killed her child. Some case workers attending the meeting noted that they were not aware what the difference was for BHOs vs. CMHC, and that BHOs had access standards or contacts for filing client complaints. Camille later shared that information with the case managers. Gina share input on past efforts to have all BHOs update their provider directories to note specific providers for children. Jessie then asked what can we do to outreach the case managers (example, get a contact list and follow up with them)? Samatha asked if the BHOs could come to the next meeting? Camille noted that these are good options, but that CMHCs should help facilitate information in this area. Samatha</p>	

TOPIC	DISCUSSION	RESULT
	noted that her BHO will train CMHC staff to address this issue.	
5. Performance Improvement Projects (PIPs)	Katie informed the group that some states are having all health plans work on the same PIP and that Colorado thinks that this is a good idea and will be moving in that direction as well as an annual meeting for plans to present on their PIPs. Katie stated for now plans should continue working on their current PIP, but to expect this change for late fiscal year 13/14. Katie also confirmed the option to complete focus studies would no longer exist, that the new PIPs would conclude in a shorter timeline (example two years instead of three) and plan contracts would need to be updated. Barbara asked if BHOs will have an opportunity to discuss the PIP topic selection once the new process is in place? Katie said yes. Carrie asked if the September 2013 face to face MQuIC meeting could include a topic on this subject? Overall BHO staff liked the new PIP idea.	<b>Jerry will review the option to add this topic to the MQuIC face to face meeting agenda.</b>
6. Fiscal year 13/14 Compliance site Visits (Foothills Behavioral Health Partners requested topic)	A handout for this topic was shared with the group. Russell informed the group that for the next compliance site audit two standards will be reviewed (coverage and authorization of services & access and availability) and since this will be a focus year possibly audit additional BHO areas of interest to the Department.	
7. Behavioral Health Organization (BHO) performance measures	Jerry reviewed contract input shared with the BHO Executive staff that for the next round of performance measure calculations measure #13 (follow up) will be calculated as the previous year, measure #2 (% prescribed redundant or duplicated medication) had the name adjusted per BHO request, that measure #4 will now be the Engagement in Behavioral Health Services measure, and that measure #12 (adherence to antipsychotics) will be calculated by the Department/HEDIS process and that this measure will follow HEDIS criteria. Barbara briefly noted some concerns with how the Engagement measure evolved.	
8. Department Updates	Katie noted that RCCOs are currently being audited at this time. Camille provided an update on the adult Medicaid quality grants.	
9. Public comments	NA	
10. Other	BHO staff requested that a specific update on the adult grants and the RCCO integration reports be provided at the June BQuIC meeting.	<b>Jerry to add topics to the next meeting agenda.</b>
Adjourn	Meeting ended on time.	

**Future Meeting: June 25, 2013 10:00 a.m. to 11:00 p.m.**

Reasonable accommodations will be provided upon request in order for persons with disabilities to participate as a group member. Please notify Jerry Ware at 303-866-2335 or [jerry.ware@state.co.us](mailto:jerry.ware@state.co.us) at least one week prior to the scheduled meeting if you need special accommodations in order to participate.