



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

Tuesday, November 26, 2013 10:00 am to 12:00 pm 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)	Matthew Ullrich, Department of Health Care Policy and Financing
Barbara McConnell, Health Services Advisory Group (HSAG)	Taylor Larsen, Department of Health Care Policy and Financing
Rachel Henrichs, Health Services Advisory Group (by phone)	Sharon Pawlak, Division of Behavioral Health (DBH)
Jennifer Woodard, Value Options (by phone)	Zoe Swaine, Office of Behavioral Health (OBH)
Gina Robinson, Department of Health Care Policy and Financing	Nikki Lemmon, Department of Health Care Policy and Financing
Russell Kennedy, Department of Health Care Policy and Financing	Laura Hill, Behavioral HealthCare, Inc (BHI)
Erica Arnold Miller, Colorado Health Partnerships (CHP) (by phone)	Thomas Clay, Foothills Behavioral Health Partners
Christi Melendez, Health Services Advisory Group (by phone)	Lisa Clements, Division of Behavioral Health
Sage Winchester, Avysion Healthcare Services (by phone)	Catherine Morrisey, Colorado Department of Human Services
Barbara Smith, Foothills Behavioral Health Partners (FBHP)	Karen Thompson, Northeast Behavioral Health Partnership, LLC
Carrie Bandell, Access Behavioral Care (ABC)	Robert Bremer, Access Behavioral Care
Timea Jonas, Health Services Advisory Group (HSAG)	Myron Unruh, Value Options
James Bloom, Department of Health Care Policy and Financing	Shelly Spalding, Behavioral HealthCare, Inc (BHI)
Sarah Hoerle, Department of Health Care Policy and Financing	Marilea Rose, Health Services Advisory Group
Ligi Fu, Department of Health Care Policy and Financing	Judy Zerzan M.D. , Department of Health Care Policy and Financing
Camille Harding, Department of Health Care Policy and Financing	Arnold Salazar, Colorado Health Partnerships (CHP)
Jeremy White, Value Options (by phone)	LeeAnn Merrifield, Behavioral HealthCare, Inc (BHI)
Lindsay Cowee, Behavioral HealthCare, Inc (BHI) (by phone)	Rachel Lee, Mental Health Center of Boulder County
Kelly Brune, Value Options (VO) (by Phone)	Roger Gunter, Behavioral HealthCare, Inc (BHI)
Jerry Ware, Department of Health Care Policy and Financing (HCPF)	Diane Somerville, Health Services Advisory Group
	Jessie Wood, Behavioral HealthCare, Inc (BHI)
	Michael Sajovetz, Department of Health Care Policy and Financing
	Kate Bell, Health Services Advisory Group
	Brian Hemmert, Behavioral HealthCare, Inc (BHI)
	Adrienne Jones, Office of Behavioral Health (OBH)
	Samatha Kommana, Northeast Behavioral Health Partnership (NBHP)
	Alana Berrett, Health Services Advisory Group
	Judy Yip, Health Services Advisory Group

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	Update on penetration rates	
2. Review October 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. Mental Health Statistics Improvement Program, Youth Services Survey for Families and Youth Services Surveys	<p>Jerry updated the group that the Office of Behavioral Health (OBH) will be working on data collection from their contracted vendor and then briefly commented on input in the YSS-F &amp; YSS Technical report page 23 footer that noted missing data.</p> <p>(After the meeting Adrienne Jones contacted the Department with this email update: the current survey from Oct/Nov is being mailed in by the Community Mental Health Centers (CMHC). OBH is aiming for all surveys to be mailed before Thursday and should have raw data in hand for processing and sending to the Department. Once response numbers come in OBH will send them off.)</p>	
4. Penetration Rates	James updated the group that the Department is waiting for the Behavioral Health Organization (BHO) flat file to come in, but all is on schedule for calculating these rates.	
5. Pediatric referral form (ongoing topic)	Barbara S. noted that her BHO staff are not sure that the form should be regionalized because that format may cause some confusion with CMHCs. Erica noted that her BHO did regionalize their form. The group continued discussing the issue and concluded by noting BHOs can modify the form to show their county/CMHC in the beginning of the form, but all counties and BHOs should still be listed in their copy. Gina also put emphases on the need for someone (BHO) to ensure providers have the correct form to use for each BHO. Suzanne asked which version should be listed on the Colorado Children's Healthcare Access Program (CCHAP) online site? Group agreed that the current master list should be displayed. Gina also noted that at a recent training with DSS staff it was noted that clients requesting services out of network are being refused services by providers who can't find them in the eligibility files for the out of network region. The group then discussed other means for providers to check eligibility before the topic ended.	<b>Gina will work on incorporating submitted changes into the master form, and will share the most recent <u>internal use only pediatric provider list with the BHOs. Barbara S. will share some cheat sheet information with BHOs staff.</u></b>
6. Regional Care Collaborative Organization (RCCO) Integrated reports	Katie noted that she is expecting resubmission of one RCCO report, but that she will share all recently submitted reports with BHO Quality Improvement staff. Katie clarified that the reports are submitted every six months and that next submission is January 2014. Carrie asked if the Department sends input back to the RCCOs about their submission and Katie said yes.	
7. Care Transition Performance Improvement Project (PIP)	Katie stated she is still planning to send invites for the February 2014 joint meeting and she clarified what was expected of health plans at that meeting (example, come with ideas for a population to focus on for the care transitions topic, other). Katie also noted that plans should avoid hospital discharge topics for this PIP and then shared some good topics (example, foster care, parolee transition, transition from youth to adult). Barbara S. noted that the BHO RFP still shows a two PIP	<b>Carrie will send a copy of previously shared input for this PIP with the group.</b>

TOPIC	DISCUSSION	RESULT
	requirement. Katie stated that she would follow up with the BHO contract managers on that issue. The group continued to discuss concerns with this PIP resembling care coordination vs. transition and who should be responsible for ensuring transition takes place.	
8. Substance Use Disorder (SUD) assessment and measurement	Erica share concerns with using Drug/Alcohol Coordinated Data System codes (DACODS) for future measures. The group also discussed expectation for not using these codes in future performance measures. The group expects to discuss future concerns on this issue in the 2014 BHO PM Workgroup meetings. BHO Directors also expressed concerns with submitting performance measure source code with the 11/29/13 due date instead of with the ISCAT due date submission.	<b>Jerry will work on scheduling the 2014 Workgroup meetings to happen right after BQuIC concludes.</b>
9. Alternative Care Facility (ACF) clients receiving Behavioral Health Organization (BHO) services	Sarah opened up the discussion with April 2013 to June 2013 data that showed the percentages of BHO services received at ACFs and for waiver clients (example, of 2857 clients on the waiver 2079 received a BHO service). Sarah noted that the data was promising and positive and that the Department will run data on a quarterly basis. Sarah state that waiver clients should be referred to a BHO for care and later clarified referred by a Single Entry Point (SEP). Sarah also noted that ACF staff may not have a complete picture about the services clients are receiving and that she is working on a project to improve that issue for ACF staff. Carrie noted that the process would be improved if the RCCO manager was also involved with referring for care. Sarah agreed.	<b>Ligi will work on breaking this data down by BHO and share with the group in January 2014.</b>
10. Department & plan updates	The group agreed to cancel the December 2014 meeting.	
11. Public comments	NA	
Adjourn	Meeting ended 45 minutes early.	

**Future Meeting: January 28, 2014 10:00 a.m. to 12:00 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.