

*Department of Health Care Policy and Financing*  
**Colorado Medicaid Community Mental Health Services Program Advisory Committee**  
 June 28, 2012

**Present:** Matt Ullrich, Jerry Ware, Rolf Kotar, Zim Olsen, Jim Dean, Beverly Hirsekorn, Beverly Winters, Steve Harvey, Pat Doyle, Louise Boris, Barbara and Jeanine from the Ombudsman office, Erica Alikchihoo

**Absent:** Elizabeth Hogan, Haline Grublak, Lacey Berumen, Libby Stoddard, Randle Loeb, Rob Kepplinger, Rose Romero, Tina Gonzales

**Next Meeting: August 23, 2012 - 9:00am – 10:30am (225 16<sup>th</sup> St., 1<sup>st</sup> floor)**

ITEM #	ISSUE	DISCUSSION	FOLLOW-UP	RESPONSIBLE PERSON(S)	DUE DATE
1	<p style="text-align: center;"><b>Continuity of Care</b></p> <p style="text-align: center;">Rob Bremer Access Behavioral Care</p> <p style="text-align: center;">And Kristi Mock MCHD</p>	<p>Rob spoke about the “continuity of care” problems encountered with the BHOs (both providers and centers), and how they handle them. A large part of the problem is the high level of staff turnover at the case manager level, or when it is necessary for clients to change providers, or when fundamental changes occur at the BHO itself. Colorado Access has dedicated care managers who are there to help the clients. Folks who encounter problems should call Colorado Access and talk to a care manager – they are a resource for all of the clients. To contact a care manager, call 303-751-9030.</p> <p>Kristi Mock spoke about the fact that, for instance, MCHD is totally out of space. There were case managers and therapists doubling up in treatment rooms being used as offices – virtually in space the size of a closet. So, we purchased and have nearly finished building an integrated care center on land where the old University Hospital complex used to be at 9<sup>th</sup> and Colorado Blvd., so there is going to be a huge amount of change. There will be transportation issues for clients who have been</p>			

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		<p>used to seeing us at our old locations, and we have actually been taking groups of clients over to the new location so that they become familiar with it before it actually opens on July 9<sup>th</sup>. Everyone will get to keep their own doctors, nurses and clinicians. There will be a change in building/location only. There are flyers, postcards, display boards at the current location, and there have been conversations with clients about the upcoming changes.</p> <p>One of the guests indicated that she'd been hearing a lot about the "consolidation" – a lot of angst from people who obtain services at certain locations in order to AVOID other locations, and also that there is a perception that there will be an increased issue with transportation.</p> <p>Kristi indicated that there is actually good bus service along the Colfax corridor, and also down the Colorado Blvd corridor, and that they'd been working with RTD around the redevelopment of the new property, and that because of the array of services that will be going in down there, they seem to have a lot more "traction" with the RTD.</p> <p>The question was asked whether this was care aimed at children as well as adults, and the answer is that it is just adults right now, but that lots of coordination is being done in the Denver and Montbello area, and for the time being, they are going to try and use the old MHCD building on</p>			

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		<p>Colfax for child and family. There is also a child and family office at 12<sup>th</sup> and Federal, and another one in Montbello.</p> <p>Louise volunteered that there are also school-based clinics.</p> <p>Rob reminded us that they have a quarterly member and family advisory meeting and that it's a good forum for folks to come and get and/or give info. If you email Rob, he will make sure you get on the list. We email quarterly to all of our members regardless of whether they are receiving services or not. Rob's email is:                      Robert.bremer@coaccess.com</p>			
2	<p><b>Co-Occurring Disorders Presentation</b></p> <p><b>Jim Dean</b> <b>Steve Harvey</b></p>	<p>Jim Dean introduced Steve Harvey, an attorney who received a fellowship to research the issues presented by people with Co-Occurring Disorders. He narrowed his focus to child and adolescent access to mental health services, particularly those clients with multiple diagnoses.</p> <p>Steve – anecdotal evidence shows that this seems to be a pervasive problem – I'm calling it "The Co-Occurring Disorder Dilemma", and it involves children with disorders that include both mental health and developmental or other physical health disabilities, and their difficulty accessing services as a result of these dual diagnoses. The first goal was to determine the scope, and I was unable to meet that goal because there is a real lack of data. Therefore, the principal suggestion that comes out</p>			

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		<p>of this research is that we need a more exhaustive and intense study done (by the state) to determine exactly how pervasive this problem really is. So, I have three case studies I've selected to present. They bring out the frustration and the burden of having to navigate the system and encountering so many obstacles and barriers. The part of the report that is novel is that I do a structural analysis of the problem and I identify 9 distinct problems – 5 of the nine problems involve “siloining” – compartmentalizing – with impenetrable walls between them. Of those five, 3 of them are underlying structural in how Medicaid is administered, and 2 are service problems, and the remaining 4 are gateway problems – client assistant issues (case managers are a step in solving that issue) – 2 are potentially lack of sufficient oversight of providers.</p> <p>One of these problems is looking at a behavioral symptom and asking if it's due to mental health or physical health symptom. When a child is diagnosed with something and there is an appropriate treatment, you need to make sure that they fall in the same silo. An example is ABA (Applied Behavioral Analysis) – coded as behavioral treatment, but is FFS, so service providers who have someone with autism spectrum disorder – the ABA is not covered by the BHO, but is covered under the FFS canopy. Service providers have to figure out how to solve the structural problems by fudging how to bill and what codes to use to get paid for services. The</p>			

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		<p>clinicians I spoke with were of the opinion that this siloing is pretty arbitrary. Identifying whether the issue is caused by a mental health problem or behavioral health or developmental disability. This is called diagnostic overshadow. When there is a developmental disability involved, there is a tendency for that to overshadow the mental health issues that might be present. We have created a financial incentive for that diagnostic overshadowing to take place.</p> <p>The other two silo problems are service provision problems: lack of providers and insufficient cross-training of practitioners. People on the mental health side are not always trained well enough on behavioral health side. There needs to be coordinated, integrated care. The gateway problems include 2 client assistance issues and 2 oversight issues which affect how people come into the system. A major issue is insufficient assistance to clients navigating the system. Most were parents of multiple diagnosis kids, and even providers said there needs to be a professional “navigator” to help them get through this system.</p> <p>Steve – We need to develop strategies. We need to track these problems. A system-wide approach would be to eliminate all the walls so that all behavioral and mental health issues are under one roof. The local solution would be the medical home model solution. There is a partnership in aurora that resolves key issues, the client assistance gateway problems, and the bifurcation</p>			

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		<p>in terms of service provision. The service providers are cross-trained and orchestrate the delivery of coordinated services. Client navigation problems also need to be solved locally, and the medical home model goes a long way towards solving that problem. A medical legal partnership would allow lawyers to be involved in the team and to make sure that concerns are being addressed adequately.</p> <p>Dina Castro from Family Voices – We work with families who have children with various medical and mental health issues. We get a lot of calls. There’s been a big increase in the last year with those kids who fall in the mental health system and the DD system. Parents are being pushed back and forth between those two silos. Once you get a diagnosis from one side, it’s really hard to get a “dual” diagnosis from the other side and then go back and forth to get help from one side and then the other. Families are getting told by the mental health system to go to the DD system, or vice-versa, and parents are being told to give up custody so that their child can receive the treatment they need. You have parents going to therapy, court appearances, and clinic visits. Parents have to spend all their time navigating the system and they’re just not qualified.</p> <p>Valerie (parent) – We’ve wanted to talk to someone to explain how difficult it is for families to navigate the system. I have been a social worker for 20 years, and we need to address the respite</p>			

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		<p>issue. Our son is now 15 with a dual diagnosis of autism and bi-polar disorder. We qualify for a waiver from CCD, the waiver allows us to get respite in the home and it has saved our lives. There is a waiting list that is over 600 children long. Our son is a self-abuser. He pounded his head so many times that he severely injured himself. He went to the ER, and had to wait for 4 nights for admission. We had to be there with him full time, yet still work, still take care of other kids. The second time, he was admitted right away to a 4-bed unit. But when he got better, he was transferred to a medical unit, until he got better and the autism took over. And the nurses sent him back to the other unit, and then they discharged him home, and we've actually been treating him as if he was in intensive care in our home. Now comes the part where we had to consider if we could really keep him safe at home. We finally had to hire a social worker to do the outreach. She said most people don't even get that far. We had so many issues going on.</p> <p>Care coordination is a real good buzz-word, but we had several care-coordinators, and they all passed the buck. No one would help, and there is a dollar amount attached to everything. In the end, when we were trying to do the placement, our choices were to call the police, do a no-fault dependency and neglect, or a psychiatric issue. We're not the only family this has happened to.</p> <p>Richard (parent) – I am an emergency medical</p>			

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		<p>physician. It is not infrequent to see dual diagnoses. I see them a lot, and it is often a dead-end street. People get put into a holding pattern. We get recommendations for medication, but then other providers can't deal with that patient because of the initial diagnosis. It is really really difficult to get the help you need when you have multiple diagnoses.</p>			
3	Next Agenda	<p>Louise – I am recommending that we resurrect this policy of the MOU between the DD and Mental Health systems and re-examine it and make sure that it's doing what it's intended to do.</p> <p>Matt – This is a very important issue, and we will definitely continue to talk about it in the future. At our next meeting we will start to discuss the upcoming BHO RFP Rebid that the Department will begin working on.</p> <p>We would like to gather ideas and feedback from this group on the BHO RFP Rebid at our next meeting. We will be looking at all sorts of ideas and issues within our limitations and parameters.</p>			
3	Updates Group	<p>Zim – CHARGE research center has openings for Medicaid clients, and there is a new low-cost weight loss center for mental health patients.</p>			