

FOOTHILLS BEHAVIORAL HEALTH PARTNERS, LLC
Stakeholders' Council/Program Improvement Advisory Committee (PIAC)
December 7, 2016
2:00 p.m. – 4:00 p.m.

Attendance: **SHC/PIAC Members Present:** Aleah Horstman, Arapahoe House; Lara Dicus, Colorado Coalition for the Homeless; Meg Taylor, Mental Health Partners; Glenn Most, Exempla West Pines; Jenna Richer, Family Tree; Bob Dyer, Diana Maier, Jamie Davila, Alan Fine, Harriet Hall (ph), Jefferson Center for Mental Health, Kiara Kuenzler, Kelly Phillips-Henry, Mental Health Partners; Rose Stauffer, FBHP, Harriet Hall, Jefferson Center for Mental Health; Daphne McCabe, Boulder County DHHS;

SHC/PIAC Members Absent: John Mowery, City of Broomfield Health and Human Services; Jon Widmier, Jefferson County Public Schools; Scott Olds, Federation of Families for Children’s Mental Health; Leona Paul, NAMI Jeffco, Dana Meeker, Autism Colorado;; Barb Weinstein, Jefferson County DHHS; Skip Barber, CAFCA ; Lori Banks, Colorado Crisis Services & Aurora Mental Health Center; Michele Chavez (scribe), Greg Wellems (ph), Imagine!.,

FBHP Staff: Diana Maier, Jamie Davila, Alan Fine, Rose Stauffer, Kiara Kuenzler

Equity Owners: Harriet Hall, Jefferson Center for Mental Health, Kelly Phillips-Henry, Mental Health Partners

| Agenda Item | Key Discussion Points | Conclusion/Action | Responsible Party | Follow-Up |
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| Introductions; Approval of Minutes; Additions to Agenda | Introductions Minutes are approved with request for correction on CCAR statement by Lara Dicus. | Minutes approved Corrected minutes to reflect “state has completed the work as it relates to the adult CCAR replacement.” | Jaime D. | n/a Completed |
| Housing/homeless presentation – Katie Bonamasso, CSH (Corporation for Supportive Housing) | Presentation by Katie B. – CSH: permanent and affordable housing, national non-profit, connecting individuals to public services, including outreach. Discussion around how to best partner with supportive housing. Supportive housing providers that went through the Medicaid cross walk still need to learn how to work within the Medicaid/BHO/coding world. How do we work together to prevent high utilizers from cycling through ED services. Discussed the idea of a collaborative care plan that will inform partner agencies on what to do when specific members show up at the ED. Need continuum of care. Boulder has approximately 600 housing units with supports. Attention Homes is scheduled to be completed in one year. MHP visits clients in Housing First setting. There is a big need for residential care for at-risk youth. | Coming together as a community, how does FBHP get involved? How do we survey what the needs are in our communities? 1. FBHP will reach out to housing folks continue this conversation (Division of housing) 2. Goal – reduction of cost, utilizations, improve access | Kiara K. | March 2017 |

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| | <p>Estimates: 82% of homeless population have BH disorders. Use of Emergency services is about 6 times greater for homeless population</p> <p>Family Tree, Jenna Richer – Sees difficulty in working with members in the community that need MH services. Family Tree sends case workers that find themselves out of scope because they only provide the housing case mgmt. and not the MH services. How do we partner to allow for MH services out in the community, in their residence? Bring along a MH clinician during housing outreach services?</p> | | | |
| <p>Financials (Rose Stauffer)</p> | <p>Financial status reported as good. No current issues or questions around finances.</p> | <p>n/a</p> | <p>n/a</p> | <p>n/a</p> |
| <p>PIAC subcommittee – Diana Maier review of PIAC 2017 plan</p> | <p>Review of and discussion of the addition of SUD questions to the annual DHHS staff survey.</p> <p>Discussion on higher level of SUD treatment, specifically in the DHHS world. Families are losing foster placement due to non-compliance with their SUD treatment plans. Medicaid does not pay for SUD residential. How do we collect data on the need for SUD residential? How do we show the impact to our communities? Possibly collect data on ED visits that result in Detox. Glen M. – We should analyze and share data from SCL, Exempla and Boulder community to see what the data says.</p> <p>Consideration - SUD, Child Welfare and Criminal Justice are target populations – should these be standing agenda items for PIAC/SHC?</p> <p>QI Annual report – for information</p> | <p>Jaime/Diana - Update survey option 5 to “N/A”, headers on page 2, and question 12c. needs to move to same scale (1-5) just like the others.</p> <p>Kiara – to bring this topic to CBHC/BHO meeting, discussion of hospital ED data as it relates to SUD, and assessing gaps in SUD continuum of care, denial of requests for services (esp. residential which are not funded).</p> <p>Contact Diana with any questions.</p> | <p>Diana M., Jaime D., Kiara K.</p> <p>n/a</p> | <p>Survey update completed</p> <p>Assess and report gaps in SUD continuum of care</p> <p>Target populations will be standing agenda items for PIAC</p> <p>n/a</p> |

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| RAE | PowerPoint (PPT) summary reviewed briefly by Kiara. Discussion on RFP feedback. | Kiara – Discussion on RFP feedback. FBHP to create a summary of what our feedback is and to share with our partners. Highlighted the need for our partners to attend the RFP HCPF stakeholder meetings (remaining dates on last page of PPT). | Kiara; All | Summary All members to give feedback online re: RAE draft RFP, attend meetings if possible. |
| Next Meeting | March 8, 2017, 2:00 pm – 3:30 pm | | | |