Early Childhood Comprehensive Systems (ECCS) Working Group

October 24th, 2023 | 10:30 AM - 12:00 PM MDT | Via Zoom | Agenda

Minutes

Meeting Objectives
- Presentation on ACC Phase III Concept Paper to explore Medicaid impacts on early childhood and maternal health spaces   - Provide time for implementation teams to continue work on goal oriented work.   - Gather public comment on the CO-ECCS Project, including feedback and ideas for the project and relevant resources related to the project.

Attendees
Alisha Lacombe-Emile, Amanda Culbertson, Ashleigh Kirk, Cassi Niedziela, Christina Walker, Cristina Bejarano, Dawn Newby, Ebony White, Erin Curtin, Gina Botti, Gina Robinson, Heather Craiglow, Iesha Mitchell, Kate LoNigro, Kathryn Newell, Kim McDevitt, Kristen Lang, Kristina Heyl, Lauren Dorn, Lenita Hartman, Lisa Blake, Lynne Fabian, Marian Bussey, Mary Houlihan, Melissa Bucholz, Michele Coates, Paul Presken, Rachael Reichenbach, Robert Werthwein, Rosie Gomez, Sandra Stenmark, Sena Harjo, Shannon Wilson, Suman Mathur, Tanya Weinberg, Theresa Rapstine, Yinka Ajirotutu

Welcome & Updates
Led by Dawn Newby Celebration of the work of the Equity Implementation Team SWOT Analysis with the support of Tanya Weinberg and Solutions Consulting Co.

Approve Last Meeting's Minutes
Led by Dawn Newby

📄 2023.09.26 ECCS Working Group Minutes - APPROVED

Participants were asked if there were any objections or edits that needed to be made to the notes. No objections were made. The minutes were approved with a slight adjustment to OeHI section.

Accountable Care Collaborative Phase III Presentation, Katie LoNigro & Suman Mathur

[Presentation](#):
- Background of ACC Phase III
  - ACC delivers cost-effective, quality health care services to Health First (Medicaid) members across state
  - Coordinates physical and behavioral health care services to ensure member access to nearby care
- Responsibilities of [Regional Accountable Entities](#) (RAE)
  - Promote member's physical and behavioral health
  - Arrange behavioral health care
  - Support providers by helping them talk to each other about patients, and helping providers' office with paperwork, data, and tech, so that patients have smoother experience
  - Serve as eyes and ears on the ground to be responsive to specific community needs
- How RAEs help members
  - Coordinate care with providers, arrange behavioral health services, bring in different types of providers (primary care, behavioral health, and other specialists), set up and improve referral processes, and work with community groups to address health-related social needs (like food assistance or housing support
- How RAEs help providers
  - Pay primary care providers a per member per month amount so providers can serve their members
  - Pay behavioral health providers based on fee for services
  - Coordinate information sharing between providers
  - Assist in implementing technologies like electronic health records
  - Support quality improvement efforts
- What is Phase III?
  - Begins July 1 2025, Spring 2024 as HCPF opens bidding process for new RAE contractors, all current contractors will need to re-bid
  - Current process is around communicating with stakeholders across the state to aid in determining roles and functions of RAEs as outlined in the Request for Proposals (RFP)
- What we have heard is working well:
  - Majority of members are getting care they need
  - Providers engaged with RAEs and appreciate resources and support

- - Regional Model acknowledges that different parts of CO have different needs
    - Care coordination for those who are actively engaged
    - Existing member engagement councils
  - What we have heard needs improvement:
    - Process and administrative barriers
    - Inconsistency across 7 regions
    - Alignment with other entities in the midst of statewide changes
    - Care capacity and access, specifically for children and youth

Goals of ACC Phase III

1. Improve quality care for members through aligned strategic objectives, standardize incentive payment measures, standardize children's benefit, children and youth intensive care coordination
2. Close health disparities and promote health equity for members through implementing existing regional health equity plans, use equity-focused metrics, equity requirements for RAEs, exploring expansion of permanent supportive housing services, explore providing food related assistance and pre-release services for incarcerated individuals, leverage social health information exchange tools
3. Improve care access for members through clarifying care coordination roles and responsibilities with a tiered model for care coordination, strengthening requirements for RAEs to partner with community based organizations, and exploring innovations to current behavioral health funding system to fill gaps in care
4. Improve the member and provider experience by enhancing member attribution process to increase accuracy and timeliness, increase visibility and clarity of role of RAE, reduce administrative burden on providers through behavioral health transformation efforts, reduce total number of regions
5. Manage costs to protect member coverage, benefits, and provider reimbursement by improving behavioral health capitation payment, improving alignment between ACC and alternative payment models, and implement new alternative payment models

Standardize children's benefits to assure access to needed services across a continuum of care

- Working to build out a standard of care that is family centered and trauma informed
- Establishing uniform processes to identify a child's level of needs and risks, utilizing validated tools, linking levels of care with speed of services that would be available based on the child's specific needs, associating evidenced based models with the different levels of care available for youth and families
- Implementing programs for children with highest acuity and multi-agency involvement through high-fidelity wraparound services and establishing a new intensive care coordination conflict-free model for children with acute needs

Next Steps:

- Review the full [ACC Phase III Concept Paper](#)
- Complete [Online Survey](#) - closes on 10/31 and responses will be made publicly available (without names)
- Complete the [Open Feedback Form](#), which will remain open through spring 2024

- [Upcoming Public Meetings](#)

Public Comment

- Kristen Lang shared that the CDEC, with the support of vendor Start Early, are in the process of combining strategy recommendations into a survey where people will be asked to rank strategies for both impact and importance. Survey should be ready by the beginning of November. Sandra Stenmark also shared that this can be an opportunity to align goals within ECCS, the Maternal Health Task Force, and Medicaid to ensure people are receiving benefits and supports that qualify for.

Any additional public comment to be recorded in the notes can be emailed to Dawn Newby:
dnewby@illuminatecolorado.org

Implementation Team Breakouts

Participants selected their implementation breakout:

1. [Coordinated Intake and Referral Systems](#)
2. [Early Childcare and Health Care Partnerships](#)
3. [Equity Planning](#)

Coordinated Intake and Referral Systems Implementation Team

Detailed Notes on 📄 CIRS Team Running Meeting Notes

- **Clean version:**
  https://docs.google.com/document/d/1mcjNokmKec-vZvo2_1dDTCKMIRvOCADxPK7CgLHiU5U/edit
- Final review and explore additional resources to support the document
- Reviewed the process of getting to the clean version
- Used 10 min of independent time for members to read through and add comments, edits suggestions

Action items/Next Steps:
- ☐ Finalize the content and then gather any ideas or feedback on designing this and making it a usable product.

Early Childhood and Health Care Partnerships Implementation Team

Continuing to explore impacts of ACC Phase II on early childhood and maternal health spaces, gathering feedback and sharing other opportunities to provide responses to concept paper

- [ACC PHASE III](#) - an umbrella term with a ton of initiatives under it and a lot of adjacent initiatives to Phase 3
    - Go live is 2025
- Accountable Care Collaborative = RAEs
- Rebidding and rethinking what RAEs should do and improvements to be made through partner engagement
    - Focusing on big scope changes and then still allow for minor modifications over the next 7 years
        - Thinks like integrated care could be included over the course of the contract
- Broad themes - improve quality, equity, care coordination (tiered models for children and adults), member attribution process, manage costs
    - Reducing number of regions
- Standardizing children's benefit - creating continuum of care; identify level of health needs and risks via validated tools, like CANS and then linking services based on identification of needs
    - Topic to revisit with this group!
    - Still figuring out the degree of standardization of this - exactly what this will look like
- Explaining continuous enrollment for children zero to three - happening adjacent to phase 3
    - This is in the works because of legislation
    - Children once enrolled, stay enrolled until their 3rd birthday without need for reapplication
- How do we get more of a focus on food and housing for health equity?
    - Focusing on making connections to more supportive resources through RAEs
    - Through Phase 3, do want RAEs to have more community connections for warm handoffs
    - Would better utilization of PEAK help with enrolling in multiple programs?; perhaps, but RAEs not seen as the ideal one stop shop
        - Not everyone understands what RAEs are or trust things that is connected with government
    - Increasing Community Health Workers in community-based settings are a focus
        - https://leg.colorado.gov/bills/sb23-002
- EPSDT - CDPHE working on promotion and prevention commercials; follow up with Gina & internal folks; Illuminate can support dissemination too
- Exploring 4 regional RAEs
    - Reduces administrative burden for providers because each RAE has such different policies
    - Larger population size for each region means more funding to the RAEs from the Department
    - Allows standardization of the RAE work a bit.
- Alternative Payment Models
    - Same as value-based payments - not fee for service
    - Payment arrangements that focus on different goals and payments made reflect how well you've done toward that goal
        - I.e. prevention
- Will share our comments back with the internal working groups working on this and perhaps do follow up: katie.lonigro@state.co.us

- FPL for family of four = a bit under $40K per year

Action items:
☐ **N/A**

Equity Planning Implementation Team

- Review Onsite Meeting
  - What Went Well?
    - Great to hear various perspectives from the vantage point of where people sit (non- profits), hearing from everyone in person
    - There was a balance of advocacy of the language without letting it detract from common goals, can have some ambiguity and gray +1
    - It was great to be in person and have more opportunities to discuss in-depth,
    - There was good engagement of online group, they felt seen, heard and contributions really mattered +1
    - Everyone was flexible and patient with tech issues
    - Mary's support and help to capture all prioritization feedback from workgroup members
  - What Did Not Go Well?
    - Would have liked more time to review SWOT, sections felt rushed at times
    - Struggled with consistent internet
  - Any Wonderings?
    - When does the SWOT feel ready?
    - How do we make the qualitative data more far-reaching and connect it with existing or developing quantitative data?
  - Finalizing SWOT and Root Cause Analysis
    - Break into two groups to discuss SWOT and conduct root cause analysis
      - Team #1: Strengths and Weaknesses: Yinka
      - Team #2: Opportunities and Threats: Rachael
  - Review SWOT sections and make real-time updates to wording and specificity - (20 minutes)
- Conduct Root Cause Analysis
  - Root Cause Analysis (RCA) is a structured method used to identify the underlying reasons or causes of a problem or a failure. Rather than simply addressing superficial symptoms, RCA seeks to reveal, understand, and tackle the core issues that facilitate the manifestation of the problem.
  - It involves a process of deduction, from the observed effects back to the initial cause. RCA is crucial in problem-solving and continuous improvement strategies because it prevents recurrence of the issue by addressing it at its source.
  - Discuss these questions for the Weaknesses and Threats:
    - What is the historical context related to the Weaknesses (or Threats) identified in the SWOT Analysis?

- What policies, practices, or norms perpetuate the inequities reflected in the Weaknesses (and Threats)?
- How are people affected by the Weaknesses (and Threats)? Who are the people affected (complicit and impacted)?
  - Complicit: those that may know or may not know they are supporting the system that enforces inequities, most proximate to power
  - Impacted: those that are impacted by the systemic inequities, tend to be furthest away from power
- What do you see as the root problem associated with this issue?
  - Select volunteer to share for report-out

Action items/Next Steps:
☐ Continue Root Cause Analysis in November break out meeting

Next Steps & Adjourn

Actions for participants to do following the meeting:
- Review ACC Phase III outlines and complete implementation team next steps.

Resources	
ECCS Working Group Charter (21-22) Logic Model Final ECCS-CO Grant System Asset and Gaps Analysis Strategic Plan - Jan 2023	ECCS Working Group Website ECCS Working Group Shared Folder - (Agendas, Notes & Meeting Materials) ECCS Working Group Member List CO-ECCS Webpage Enrollment Form There are 20 grantees.