

April 12, 2023 | 12PM | Virtual Meeting Only

Type of Meeting	Monthly eHealth Commission Meeting
Facilitator	Rachel Dixon, <i>eHealth Commission Vice Chair</i>
Note Taker	Amanda Malloy
Time Keeper	Amanda Malloy
Commission Attendees	Rachel Dixon, Sofia Gin, Micah Jones, Art Davidson, Parrish Steinbrecher, Jackie Sievers, Toni Baruti, Kevin Stansbury, Jason Greer, Wes Williams, Amy Bhikha, Mona Baset, Krystal Morwood, Misgana Tesfaye, Michael Archuleta
	Absent: KP Yelapaala, Patrick Gordon

Minutes

Call to Order

Rachel Dixon

- Roll call was taken. 9 voting members present. Quorum Met: Yes
- Voting of Meeting Minutes: Yes
- Corrections for March 2023 eHealth Commission meeting minutes
- Corrections: None
- In favor of approving: All
- Opposed: None

Announcements

Lieutenant Governor Dianne Primavera

- Legislative Updates:
 - [House Bill 23-1071](#) was signed into law at the beginning of March, which expands the scope of licensed psychologists to prescribe and administer medications after completing requirements outlined in the bill, and in collaboration with the physician who oversees a patient's general medical care. This aims to reduce patient wait times for psychiatrists and improve continuity of care for patients already seeing psychologists.
 - [House Bill 23-1040](#) was signed into law at the end of March, which updates our current law to include Prader-Willi syndrome as an intellectual and developmental disability. This allows our state Medicaid agency to better serve individuals diagnosed with Prader-Willi syndrome.
 - R-01 will increase the number of state-funded housing vouchers to help people transition out of nursing facilities and support those at risk of entering nursing facilities due to lack of housing, adding 400 vouchers over the next two years. The majority of people with disabilities, including those aging into disability, would prefer to live in the community rather than a nursing facility; increasing these vouchers will give more people the freedom to live where and how they want to.
 - Funding has also been approved for the Colorado Department of Labor and Employment to expand our efforts pertaining to an employment first approach across state agencies and communicate the employment first philosophy statewide. This investment will allow the state to continue leading in the area of employment first, resulting in the increased expectation of employment for people with disabilities no matter their age,



type of disability, or severity of disability, and increased employment outcomes for all Coloradans with disabilities.

- [Senate Bill 23-068](#), which was signed into law earlier this month and allows public hospitals to own hospital property and facilities. Previously, only counties were able to own hospital property, but this will allow small, rural public hospitals to have more financial flexibility.

Stephanie Pugliese

- OeHI Team Updates:
 - Allie McGee will be focused on our consent initiative
 - Tanya Hodder will be working on our identity cross-resolution initiative
- Federal Proposed Rules
 - Ashley Heathfield, OeHI
 - The Office of Management and Budget (OMB) is collecting comments on the way that they collect Race and Ethnicity data. We have pulled together a diverse group of representatives from state agencies including the Department of Labor and Employment, Health Care Policy and Financing, the State Demographer at the Department of Local Affairs, Office of Information Technology, Emergency Trauma and Medical Services, and the Center for Health and Environmental Data out of the Department of Public Health and Environment. The biggest recommendations that we included were: one question to ask about race and ethnicity together, making Middle Eastern and African a separate category. We strongly recommended that OMB reach out directly to these communities to gain insight into their views and preferences. We also asked them to consider financial support to organizations on the ground who are collecting this information from people. The Lt. Governor's Office as well as the Colorado Commission of Indian Affairs is reviewing our comments now and then it will be passed along to the eHealth Commission for your review as well - Stephanie advised that the comments would be sent out to the Commission later today.

Commissioner Updates:

Kevin Stansbury

- Thanked Lt. Governor and members of the OeHI team for visiting his facility in Hugo, CO

Wes Williams

- WellPower is hosting its inaugural well-being fair "Power-Up Denver" on June 10, 2023 at the Auraria Campus in Downtown Denver. More information can be found at www.WellPower.org/PowerUpDenver - it is free for the community. Please consider coming and/or spreading word to your networks.

Rachel Dixon

- The 10th Annual Colorado Innovation Summit will take place on May 18th and May 19th at the Denver Athletic Club. There is a delegation of Federal Agencies with representatives from the Office of the National Coordinator (ONC), Indian Health Services, Veterans Administration, White House Office of Science, Technology, and Policy and a variety of speakers who will be speaking about Prime Health's mission. The Hub Crawl will include 30 minute facilitated discussions with speakers and different leaders.

MAIN SPEAKER

Dr. Morgan Medlock, MD, MDiv, MPH (Commissioner Behavioral Health Administration)

- Behavioral Health Innovation: A Systems Approach to Centering Whole-Person Health
 - The Behavioral Health Administration (BHA) is a new cabinet-member led entity within the State of Colorado and is designed to be the single entity responsible for



- coordination and collaboration across state agencies to address behavioral health needs.
- Strategic Plan: “How we got here” can be viewed at [BHA.Colorado.Gov](https://www.colorado.gov/bha)
 - Governor Polis created the Behavioral Health Task Force
 - Task Force released blueprint outlining a vision for reform
 - Statewide behavioral health needs assessment released
 - HB-21-1097 passed, which directs establishment of new BHA by July 2022
 - Implementation plan to establish BHA submitted to the General Assembly
 - HB-22-1278 passed, which officially established duties of the BHA
 - BHA officially launched in July 2022
 - Goal is to be 50% operational by July 2023
- People-centered values are what drive innovation
- BHA Values
 - Truth: Being transparent and accurate
 - Equity: Naming root causes of injustices
 - Collaboration: Working in partnership across state agencies
 - Community-Informed Practice: Balancing evidence based approaches
 - Generational Impact: Engaging in meaningful and thoughtful action
- Advancing Behavioral Health Equity
 - Building a responsive behavioral health system where all Colorado stories, with a focus on Black, Indigenous, and Other People of Color, are represented in data and in its interpretation
 - BHA will utilize its existing co-creation structures (including: BHA Advisory Council (BHAAC), Denver-Rocky Mountain Association of Black Psychologists, Tribal Organizations, public comment, and community sessions) to seek input on data measures that reflect improved behavioral health outcomes
- A matrixed approach of data will be used to communicate access from a state, organization, provider, and individual perspective
 - Metric Levels
 - State and Population Accountability (Macro Level)
 - Network (Meso Level)
 - Facility/Provider (Micro Level)
 - Individual (Recommended additional level by BHA)
 - Metric Domains
 - Provider Availability and Accessibility
 - Utilization
 - Individual Perceptions and Experiences
- BHA Vision: Behavioral health services in Colorado are accessible, trusted, and meaningful
 - 6 Pillars
 - Access
 - Affordability
 - Workforce and Support
 - Accountability
 - Local and Consumer Guidance
 - Whole Person Care
- Accessible, Meaningful, Trusted Care
 - Provider Standards
 - Best Practice Models
 - Training and Technical Assistance
 - Workforce Development
 - Quality Framework
 - Outcome Oriented
 - Meaningful Data
 - Payment Model



- Stable and Sustainable Network
 - Value Based
 - Accountability Framework
 - Monitoring and Audits
 - Compliant and Grievance Analysis
 - Data Driven
 - Population Goals
 - System Design
 - Continuum Design
- Own Path is BHAs new website with a care directory and can be found at OwnPath.co
 - Own Path Features:
 - English and Spanish sites (new languages will be added soon)
 - Location-based search
 - Guided experience search
 - Resource access point
 - Privacy commitment
 - Feedback forms
 - Later this year, BHA is hoping to add a Learning Academy to Own Path for providers to learn about cultural humility - the first 26 modules will be launched in late 2023 with academic systems across Colorado
- BHA is looking for new approaches to sharing information - how can we engage in information sharing that is meaningful and also supports the dignity of the individual
- BHA is believing in a system that is meaningfully connected
- BHA wants to be purpose driven and that every person deserves to experience full person health

Questions/Comments from Commissioners:

- Kevin Stansbury
 - Encourages BHA to continue looking at equity in rural/frontier areas of the state. In some areas of the state, critical access hospitals are the only hospitals for critical and/or mental health in these areas and would appreciate your support in helping to strengthen that. There are a lot of resource challenges in the current systems - could you comment briefly on what is being done to evaluate the appropriateness of these resources in ensuring that there is accountability in the systems because there are a lot of gaps.
 - Dr. Medlock: Behavioral health in-patient services are acknowledged as a safety net service and the hospital or provider would need to meet our care coordination standards. Most hospitals don't necessarily do care coordination for someone who is not their patient. In our new approach to thinking about quality and standards - historically there was a licensing team, but we are now thinking about accountability at a much higher level. There is also a quality and standards team at the BHA. We are thinking about accountability, not just at an audit level, as how do we incentivise right outcomes that are meaningful for all of Colorado.
- Sofia Gin:
 - Is the eligibility criteria limited to people who are enrolled in government issued programs like Medicaid and Medicare or is it open to the rest of Coloradans who are either uninsured or are under commercial plans?
 - Dr. Medlock: The BHA model is intended to be available to every person in Colorado who has a behavioral health need but there are different ways that we influence those needs. BHA has direct authority in terms of payment for care for people who are uninsured - we have direct authority to pay for their care. BHA has influence in other parts of the



system - we have a formal agreement with the Division of Insurance which guides how the Division of Insurance regulates the commercial market. And BHA collaborates with Medicaid.

- Wes Williams:
 - What is your thinking around payment reform for comprehensive providers knowing that Colorado was not selected for the Certified Community Behavioral Health Clinic Grant; in the next year or so?
 - Dr. Medlock: There may be a future opportunity for us to engage in that grant. When looking at the states that were selected, they had much lower infrastructure and did not have any CCBHCs in their state. In terms of payment reform, we are hoping to begin piloting some new approaches with HCPF this Fall. BHA is looking at new ways we can use our enhanced block grant funding to put into our care coordination infrastructure. We are looking at the ways we can be creative in our block grant funding by using the increase we were given and directing those dollars to care coordination.
- Art Davidson:
 - How can agencies make the data requirements happen such as between BHA and HCPF when both are dealing with the same patient? Especially since it is essential to measurement.
 - Christen Lara: BHA has been partnering very closely with OeHI - when I look at the roadmap for the state of Colorado, every component is incredibly important in achieving a strong network of care coordination that is supportive of whole person care and quality behavioral health. There are components that we are making investments along with OeHI as well as components where we are creating/building behavioral health specific use cases that we know will connect into that broader HIT ecosystem in ways that they continue to play well with one another.
 - Cassi Niedziela: (via chat) To expand on Christen's point, [here](#) is a new infographic about our provider directory strategy between OeHI & BHA

Comments on Presentation

- **Rachel Dixon:** Believes in the work BHA is doing and is excited to see what is to come in the future.

Public Comment Period

- N/A

Action Items

Rachel Dixon

- *Next Meeting: Wednesday, May 10th at 12pm*

Motion to Adjourn

Rachel Dixon

- Rachel Dixon requests motion to adjourn
- Krystal Moorwood motions to adjourn
- Michael Archuleta seconds the motion
- Meeting adjourned at 12:54 PM MST