

CEO Report

November 2024 Board Meeting

- * HCI – Health Colorado Inc
- * HCPF – Health Care Policy and Finance
- * BHA – Behavioral Health Administration
- *BHASO – Behavioral Health Administrative Service Organization
- *RAE – Regional Accountable Entity
- * DOI – Department of Insurance
- * PPS – Prospective Payment System
- * PHE – Public Health Emergency
- *CSNP – Comprehensive Safety Net Provider
- * JBC- Joint Budget Committee
- *PIAC- Program Improvement Advisory Committee
- *ARPA – American Rescue Plan Act

Health Colorado Inc. (HCI):

- We have our rates. We will submit an annual flat file in November and request a “reopener” in December. With the new rates and negotiations, we are now looking at a balanced budget for HCI with the possibility of some additional revenue surplus rather than a budget deficit.
- We will also be able to finalize the FY25 HCI budget and begin the critical oversight of the contract closeout.
- We did get a final signed contract for Lori Roberts in place, and she will stay on through the closing of the contract for HCI. We continue working closely with Carelon on the close-out and board needs. Brianna (Carelon), Lori (HCI), and I (board chair) are meeting regularly to address questions and plans.

Health Care Policy and Finance (HCPF):

Priority Goals:

- Balancing inflation, provider rates, workforce access, affordability
- Keeping Coloradan’s Covered
- Facilitate healthcare workforce growth
- Drive quality, equity, access, and affordability
- Advance Value-Based Programs
- Transform behavioral health (**\$550 million ARPA, but not just for behavioral health**)
- Saving people money on healthcare

- Modernize the Medicaid benefits system
- Promoting health equity: vaccinations, maternity, behavioral health, and prevention.
- Transforming Long-term Care and community-based services with ARPA funds.
- Supporting struggling providers (all provider types)
- Modernize how Medicaid delivers care; ACC Phase III
- Advancing Social Determinants of Health
- Investing in people

Behavioral Health Administration (BHA):

Priority Goals:

- Behavioral Health Workforce Development
- Care Coordination
- Children Mental Health Services
- Access to Care
- Understanding the pain points of the new payment model (PPS and 3rd party insurance)

The most recent stakeholder meeting was significantly different than the earlier ones I participated in: 10 times more people, heavily weighted toward consumers (as suspected), and a completely different agenda. This is the first time we've seen the "system" (aka ED-Commissioner) rules discussed. And it is interesting to see the extent to which Advocates appears to be driving the train on the stakeholder engagement.

BHA has already updated the system rules twice in the past weeks which is concerning as we have been finalizing our policies based on the previous "finalized" rules.

I have a few takeaways from the most recent meeting:

- There is a renewed and stronger push from advocates for ratios of licensees to candidates. At the very least, they would like transparency about how many of each are on staff at a given facility.
- Similarly, there is considerable pushback about allowing telehealth in place of face-to-face treatment and a desire for stronger requirements on providers to have staff to serve high-needs patients. While both of these are understandable desires, they do not reflect an understanding of workforce realities, especially in rural and frontier areas.

In addition:

- There seems to be confusion at BHA about the fact that BHASOs should be required to ensure that the regional system should be required to meet community needs – not each individual provider.
- Fundamentally, I got the sense that when BHA talks about the importance of getting stakeholder input, they're not including providers. Every mention of "community" input was specific to consumers. That perspective is undeniably essential. Unfortunately, the discounting of the provider voice has led to the challenging system we have now.

Colorado Behavioral Health Council (CBHC):

- Following the Governor's proposed budget – new funding and funding cuts
- After last month's JBC listening session, Senator Mullica expressed his deep concern and frustration. He talked with some representatives of the Save Our Safety Net Coalition about his interest in issuing a public statement. <https://www.denverpost.com/2024/11/20/medicaid-enrollment-decline-colorado-budget-leadership-hcpf/>

- In June, the CBHC Board reviewed the events of the past couple decades and drafted a “memoir” from the organization’s point of view. We continued this work during this month’s Retreat. At the start of the memoir, in the early 2000s, Colorado’s CMHCs operated a nationally recognized capitation model and maintained strong relationships with state regulators. However, in the 2010s, regulators reduced the CMHCs’ ownership role in the behavioral health system. Criticism of CMHCs as monopolistic and opaque strained relations with state leadership, culminating in the state’s establishment of the Behavioral Health Administration (BHA) in 2022 to oversee behavioral health services. Shifting payment models and the unwinding of the COVID-19 public health emergency hit CMHCs’ finances, leading CBHC to promote the federal Certified Community Behavioral Health Clinic (CCBHC) model. Some CMHCs pursued mergers with one another or with federally qualified health centers. (This activity was intended to help the group let go of any negative feelings about the past and move forward in a new, more empowered way). In a small group exercise, participants were asked to examine this story as if it were a memoir they were reading. Specifically, we were asked to identify the external conflict, the internal conflict, the key themes or emotional values in play, and how the continued memoir that would best sum up the action to this point and moving forward.

Implications for Policy and Advocacy

This discussion from the full activity led easily into a conversation about CBHC’s policy priorities, which was also set up by a presentation by Edie Sonn, CBHC’s senior director of external affairs, and Frank Cornelia, CBHC’s deputy executive director. This discussion yielded the following top three policy providers based on the consensus of the group:

1. Protect behavioral health funding as the state faces difficult decisions regarding its large budget deficit.
2. Work through the challenges related to the shift to a PPS model, particularly with respect to reconciliation.
3. Continue to advocate for the state’s shift to the CCBHC model.

SYCARE:

No update

Southern Colorado Health Network (SCHN):

No update

Third Horizon Consultation Firm:

No update

Sponsorships:

Share the Magic

Sacred Heart Church Bazaar Auction

Rio Frio Ice Festival

Previous sponsorships:

Alamosa Pride Fest
Starry Night Ball
Go Swim
Center Viking Youth Club

Ocktobrufest
Stephanie Miner
Grizzly Club

Leadership Connections/Meetings:

- Konnie Martin
- Jania Arnoldi
- Liza Marron
- State PIAC meeting
- Medicaid & CHP Policy Forum
- SLV Region 18 Opioid Governance
- SLV IOG (interagency oversight group)
- Rocky Mountain Leadership team
- Netsmart Think Tank (leadership)
- Lori Laske
- BHA Stakeholder Meetings
- National Council-2024 Election Debrief and Regulatory Updates
- PPAC (Policy Committee)

***upcoming time off**

December 5-10th and December 12th

****Special note to changes in the system**

I wanted to ensure you were all aware of the recent changes announced at Mind Springs Health (Grand Junction MHC). We are still gathering additional details and information and will keep you posted as we learn more.

https://www.gjsentinel.com/news/western_colorado/mind-springs-under-new-management/article_987dadd8-a5db-11ef-b414-23c7d4707c8c.html