

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
August 23, 2022

Health District Office Building
120 Bristlecone Drive, Fort Collins
Hybrid Meeting

MINUTES

BOARD MEMBERS PRESENT: Molly Gutilla, MS, DrPH, Board President
Julie Kunce Field, JD, Board Vice President
Joseph Prows, MD, MPH, Board Treasurer
Celeste Holder Kling, JD, Liaison to UCH-North/PVH
Ann Yanagi, MD, Board Secretary

Staff Present:

Robert B. Williams, Executive Director
Chris Sheafor, Support Services Director
Dana Turner, Human Resources Manager
James Stewart, MD, Medical Director
Karen Spink, Deputy Director
Laura Mai, Finance Director
Richard Cox, Communications Director
Mike Ruttenberg, Connections Director
Rosie Duran, LHC Program Coordinator
Anita Benavidez, Executive Assistant

Staff Present:

Andrea Holt, Integrated Care Program Manager
Dr. Usha Udupa, CAYAC Psychiatrist
Lex Loutzenhiser, Outreach & Education Spec.
Marybeth Rigali-Oiler, CAYAC Psychologist
Mindy Rickard, ACP Team Lead
Jessica Shannon, Resource Development Coord.
Alyson Williams, Policy Advisor
Xochitl Fragoso, Finance Assistant Director
Kristen Gilbert, Graphic Designer

Public Present:

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 5:03 p.m.

The agenda was amended to remove the July 26 Board Meeting Minutes from the Consent Agenda

MOTION: To approve the agenda as Amended
*Motion by Julie Kunce Field / Second by Celeste Holder Kling /
Carried Unanimously*

EXECUTIVE SESSION

MOTION: To enter Executive Session for the purpose of conferencing with the Health District's attorney to receive legal advice on specific legal questions, pursuant to C.R.S. §24-6-402(4)(b)
Motion by Celeste Holder Kling / Second by Joseph Prows / Carried Unanimously

PUBLIC COMMENT

None

CONSENT AGENDA

• ~~Approval of the July 26, 2022 Board of Directors Meeting Minutes~~

- May 2022 and June 2022 Financials

MOTION: To approve the consent agenda as amended
Motion by Celeste Holder Kling / Second by Joseph Prows / Carried
Unanimously

PRESENTATIONS

Introduction – Robert B. Williams

Tonight’s presentations will focus on two behavioral health programs: Integrated Care and CAYAC.

Integrated Care – Andrea Holt

Ms. Holt introduced the eight-member staff including a program manager, program assistant, psychiatrist, and five behavioral health providers. As Program Manager, Ms. Holt’s work is largely administrative. She is the last remaining member from the inception of Integrated Care. In 2005, the program was created with a focus on filling behavioral health gaps in two safety net clinics. The effort involved intensive case management with a notable portion of work taking place in the community or in patient’s homes. It is a collaborative approach with the physician and other providers coordinating care for total health. The Integrated Care team is heavy on the behavioral health side. The majority of care is provided side-by-side with the physician but some receive individual care. Since then, services have evolved to be much more specialized, collaborative and clinic based. Offerings include the Behavioral Attending Model (assigning shifts to be available “in-the-moment”), Specialty Clinics – MAT and Pain Clinic, and youth and adult assessments (screening and clinical interview).

The two safety net clinics, Salud and Family Medicine Center (FMC), apply very different models: Salud is a Federally Qualified Health Center with significant Medicaid and uninsured/underinsured clients. Roughly 50% of their patients prefer to receive care in Spanish. Salud embraces a consultation model with Dr. Ivanovic individually. FMC is a family practice residency program within the University of Colorado, with an equally high Medicaid population (60-70%). They take private insurance and also have some sliding scale options through CACP. FMC embraces a consultation model involving residents (for education). SummitStone Health is a partner. There is an interdisciplinary pain clinic that residents rotate through with an integrative clinic that includes acupuncture, massage and yoga. MAT is staffed in-house. Current challenges and barriers include staff salaries, a shift to insurance billing creating gaps, behavioral health demand and workforce shortage (FMC has a wait list of about 800 patients for primary care). Last fall the waiting time for therapy was two to three months. Due to the insurance billing situation, more people have to be sent out into the community because they cannot be treated within an existing clinic. The Health District receives reimbursement from FMC at about 90%. Salud contract pays the Health District for FTEs working. Without Integrative Care, Salud would just hire someone. However, at FMC, a lot of programs would evaporate if the Health District staff wasn’t there.

Child, Adolescent, and Young Adult Connections (CAYAC) – Dr. Udupa, Lex Loutzenhiser and Marybeth Rigali-Oiler

Mr. Williams is the acting program manager for CAYAC. Staff members Dr. Usha Udupa, Marybeth Rigali-Oiler PhD, and Lex Loutzenhiser (Outreach and Education Specialist) will collectively review the program. CAYAC is housed in the 425 W. Mulberry building and have four different sectors of the program. Dr. Udupa introduced herself and the team including Lindsay Woodworth who is the school liaison and Ana Pasini who helped with the vaccination clinic and COVID shelter. She is also a world-class babysitter for their offices. Ms. Rigali-Oiler was one of the original hires for CAYAC and helped to establish policies and procedures, as well as doing a lot of outreach.

CAYAC was formed in 2015 to provide centralized behavioral health care for youth in our District, including support, resources, and direct services in a timely and affordable manner. In the beginning, an

Early Identification, Early Intervention (EIEI) Workgroup was established, meeting from 2010 to 2012. Dr. Udupa was a part of this work group. The largest community gaps in youth mental health were defined from delays in child psychiatric access to families confused by the maze of behavioral health care, to psychological testing. In 2016, the Health District established CAYAC, receiving a 3-year pilot grant from EIEI. A multidisciplinary team of five offered an integrated model of mental health, therapist, and medical provider.

CAYAC direct services include psychiatry, brief (bridge-the-gap) therapy, and psychological evaluations. A unique medication model is utilized with two to eight visits including a thorough diagnostic examination and a walk to the psychologist or psychiatrist if medication is needed. Clients are then referred back to primary care for medication management. It is CAYAC's goal to keep the wait list at no more than four weeks. The team can also assist with interim care. Ms. Rigali-Oiler is the lead CAYAC psychologist. Psychologists at CAYAC can provide consultation to families and providers. Referrals come from 26 primary care offices, the Poudre School District, therapists and other community providers, and self-referral. Clientele served is youth ages 2 to 18 and some 19+ individuals that haven't "launched". Forty-one to forty-four percent of clients are on Medicaid and/or CHP+, though CHP+ doesn't cover psychological evaluation and Medicaid covers very few. Care coordinators are bilingual, serving 71 clients with 368 services provided in Spanish. The team is seeing an increase in family needs as a national state of emergency is declared for child mental health issues. They anticipate a large increase in referrals as children return to school.

Evaluation of the three-year pilot showed that CAYAC had reduced barriers, reduced wait times, improved communication between client providers, and increased hopefulness for families. Care coordinators are the first point of contact, referring clients to three paths (psychiatry, behavioral health provider, psychology testing). The goal is to achieve wrap-around care for the family. Ms. Loutzenhiser noted that outreach and education programs are provided in the community in trusted spaces as well as participating in tabling outreach, working with community partner events and local festivals and celebrations. Staff routinely attend coalition and community groups, providing education to community members. An ADHD education series is currently offered virtually and is free to the public with additional community presentations in Behavioral Health 101 and the Role of Medications in Child and Adolescent Behavioral Health. Several more presentations are scheduled, working with SummitStone and the Poudre School District. The greatest challenge is capacity as we see greater needs arising out of the pandemic. Director Prows commented that he has sent countless patients to CAYAC over the years. The Board offered their gratitude.

DISCUSSION AND ACTIONS

Board Priorities Following Work Sessions

Board President Molly Gutilla expressed her gratitude for the Board's commitment to work sessions, open conversation and moving forward with both head work and heart work. Three priorities floated to the top and, in no particular order, they are behavioral health, including mental health and substance use across the lifespan; improving oral health and capitalizing on existing structure for dental care; and access to care through coverage. When we approach these and all work of the Health District we must center the pursuit of health equity, use data to measure outcomes and track progress, and pursue strategies that are known to impact population health, such as policy intervention.

The Board generally agreed that there is no doubt that behavioral health and substance abuse rose to the top – it has worsened during the pandemic. For many years, behavioral/mental health has been underrated and underfunded. The Health District continues to uncover so much need in our community, with stigmatization remaining, as we scramble to fill the need. These priorities really reflect the greatest need, and the greatest shortage, in our community. Throughout the pandemic we have done things outside of the scope of our mission and vision and the demand is only increasing. The Health District has gained

experience and credibility, as well as strong relationships in the community in these areas. Director Gutilla noted the increased demand for mental health services for youth, post-pandemic.

Board Discussion and Decisions

There was some discussion about the wording of the third priority: access to care through coverage. The goal seems larger than “coverage” – reducing barriers, access to resources, information and education. It was agreed that the overarching approach is to center on health equity using data and strategies to define that work.

MOTION: To adopt three priority areas, not in ranked order: behavioral/mental health/substance abuse across the lifespan; oral health; and access to care through coverage.

Motion by Julie Kunce Field / Second by Joseph Prows / Carried Unanimously

July 26 Board of Directors Meeting Minutes

Director Kling noted that the “mini retreats” reflected on page five were not truly retreats. She expressed her concern with that language since not all of the Board were together in a group. It was suggested that “mini retreats” be changed to “non-quorum small group meetings”.

MOTION: To approve the July 26 minutes with identified changes.

Motion by Joseph Prows / Second by Julie Kunce Field / Carried Unanimously

UPDATES & REPORTS

Liaison to PVHS/UCHealth North Report – Celeste Holder Kling

Ms. Kling noted that a joint meeting of our two Boards is set for November 16 at 4:00 p.m. The UCHealth North boards reviewed year-end financials and current contracts. The financial situation is strong overall. Big hits have been salaries for traveling doctor and nurses, capital expenses, retirement expenses, and construction costs. Phase 2 of the PVH construction (including moving Mountain Crest services into the PVH campus) has been placed on a short-term hold. Bed space is tight at PVH, not due to COVID patient census (although some staff have been out for COVID), but largely due to population growth on the front range exceeding bed capacity at times. Phase 2 construction will continue after 34 more beds open in the Greeley hospital next spring. UCHealth, and PVH and MCR in particular, have received many accolades from the Colorado Medical Society (5 star ratings for both hospitals), US News & World Report (5th and 4th top rated hospitals in CO, respectively), and Merative Top 100 Hospitals award: PVH was in this group for the 16th year in a row. Ongoing challenges at UCH include staffing, and they are currently undergoing performance evaluations and recalibrating pay scales post-pandemic.

Executive Director Updates – Robert B. Williams

Mr. Williams announced that the Board Portal is live. Please let the staff know if you experience any problems accessing the portal. A financial snapshot for each of the two programs reviewed today was included in your Board packet. Integrated Care serves the community in two facilities. CAYAC has had very little revenue while their expenditures are similar to Integrated Care. Leadership is seeking ways in which revenue can be increased while we provide needed services to the community. These reports are a snapshot reflecting the 7-month actual and the variance to a 12-month budget. Please let Mr. Williams know if you have questions.

PUBLIC COMMENT (2nd opportunity)

None

ANNOUNCEMENTS

- September 19, 8:00 am – 6:00 pm, Board of Directors Retreat
- September 27, 4:00 pm, Board of Directors Regular Meeting
- October 27, 4:00 pm, Board of Directors Regular Meeting
- November 14, 4:00 pm – Board of Directors Regular Meeting and Budget Hearing

Board President Gutilla reminded Board members that their self-assessments are due by August 28th.

ADJOURN

MOTION: To adjourn the Regular Meeting

Motion by Ann Yanagi / Second by Joseph Prows / Carried Unanimously

The Regular Board Meeting was adjourned at 7:12 pm.

Respectfully submitted:

Anita K. Benavidez

Anita Benavidez, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

Julie Kunce Field, JD, Board Vice President

Celeste Holder Kling, JD, Liaison to UCH-North and PVHS Board

Joseph Prows, MD MPH, Board Treasurer

Ann Yanagi, MD, Board Secretary