

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
March 22, 2022

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Molly Gutilla, MS DrPH, Board Vice President
Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Liaison to UCH-North/PVH

BOARD MEMBER ABSENT: Johanna Ulloa Giron, Psy.M., MSW, Board Secretary

Staff Present:

Carol Plock, Executive Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
James Stewart, Medical Director
Karen Spink, Assistant Director
Laura Mai, Finance Director
Richard Cox, Communications Director

Staff Present:

Xochitl Fragoso, Asst. Finance Dir.
Anita Benavidez, Executive Assistant
Jessica Shannon, Resource Development Coord.
Lisa Ward, Policy Coordinator

Public Present:

June Hyman Cismoski, LWV, Larimer County
Lorraine Haywood, former Finance Director
Erin Hottenstein

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:03 p.m.

The agenda was amended to move “October 29, 2020 Regular Meeting Minutes” from the Consent Agenda onto a regular decision item. Amendments to the March 8, 2022 Meeting Minutes were noted.

MOTION: To approve the agenda as Amended
Moved/Seconded/Carried Unanimously

PUBLIC COMMENT

None

DISCUSSION & ACTIONS

Policy – Lisa Ward, Policy Coordinator

State Legislative Proposals

It is the 70th day of 120 days in session, 466 bills have been introduced, and a historical house floor debate on the Reproductive Equity Bill lasted 26 hours.

SB22-147: Behavioral Health Care Integration Services for Children

The bill, among other things, creates the Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP). It will support primary care providers in identifying and treating mild to moderate behavioral health conditions in children. Total funding is \$11.1M in ARPA (time limited) funds -- \$4.6M to CoPPCAP; \$5M to the behavioral health care professional matching grant program for school health professionals; and \$1.5M to the school-based health center grant program. Funding could increase school BH capacity, and might provide an opportunity to create a position inside the school district as a liaison with CAYAC program again (funding lapsed in 2019). These ARPA funds must be used by December 31, 2026.

MOTION: To Support SB22-147: Concerning Behavioral Health Care Integration Services for Children.

Motion by Joseph Prows/Second by Celeste Holder Kling /Carried Unanimously

HB22-1278: Creation of the Behavioral Health Administration (Overview)

The intent of this major bill is to create a coordinated, cohesive, and effective behavioral health for Colorado. The goal is to create a BH safety net system in each region of the state by 7/1/2024, using a phased-in approach. The bill has not yet been heard in Committee.

The bill is broken into twelve sections. The BHA will handle most of the behavioral health programs that were previously handled by the Office of Behavioral Health. It establishes a commissioner and authorizes the Commissioner and State Board of Human Services to adopt and amend rules that previously were promulgated by the executive director of OBH. It will establish state-wide standards and will have a formal agreement with HCPF and other state agencies to set those standards.

The BHA safety net system will consist of the BHA, HCPF and other state agencies contracting for BH services, Behavioral Health Administrative Service Organizations (BHASOs), and Behavioral Health Providers. The BHA will contract with the regionally based Behavioral Health Administrative Service Organizations (BHASOs). The regions will align with Medicaid regions (RAEs). Each BHASO will include mental health, substance use disorders and treatment, and crisis services.

All Medicaid BH providers must enter into a new Universal Contract with the BHASO(s). The bill also defines two new types of providers: Comprehensive, which provides all nine identified services; and Essential, which may choose to provide any or all of eight identified services. The incentive for an organization to provide comprehensive service is priority contracting and additional dollars.

The concern of the Community Health Centers was being required to offer all comprehensive services without adequate compensation, or if they are not able to offer all services in a financially feasible way, being required to drop to the 'essential' level. The bill is being amended to address their concerns.

The BHA bill is extremely complex, and is also integrated into several other bills moving through the process (including HB22-1302: Health Care Practice Transformation ARPA Funding Bill – which provides funding for the development of the Universal Contract process, and HB22-1256: Modifications to Civil Involuntary Commitment 2765 Process).

HB22-1281: Behavioral Health Care Continuum Gap Grant Program (\$90M ARPA)

This bill creates a new, time-limited (ARPA funded) program wherein the BHA may award community investment grants to a) support services along the continuum of behavioral health care, and b) children, youth, and family services. A community-based organization, local government, or nonprofit organization is eligible for a grant award. \$45 million has been allocated to each of the two categories.

Staff note that several amendments to this bill may be important. First, the bill does not specifically list special districts, and does not list them as part of local governments. Although our special district is a nonprofit organization, it would be more clear if special districts were specifically added in the list of 'local governments' on § 27-60-301 (7). 27-60-302 (1)(a) also does not include/specify Special Districts; it allows grants to local governments, community-based organizations, and nonprofit organizations.

Second, our local Mental Health and Substance Use (MHSU) Alliance of Larimer County is advocating for the inclusion of peer services into the list of eligible services. In 27-60-302 (2)(c)(I), a board member suggested adding the words ‘but not limited to’ to the first sentence, so that it would read “A community investment grant award may be used for evidence-based or evidence-informed services long the behavioral health continuum, including BUT NOT LIMITED TO prevention, treatment, crisis services, recovery, harm reduction, care navigation and coordination, transitional housing, supportive housing, and recovery home, and for capital expenditures related to providing these services.” This change would allow peer services as well as other important evidence-based or evidence-informed services along the continuum that may not have been specifically stated.

Third, the bill states that “If the grant recipient is a nonprofit organization that is a hospital, it may use a grant award to redesign access to substance use disorder treatment...” The Board would like to see the language expanded to include other organizations inclusive of behavioral health care providers. The bill’s first hearing is April 5.

MOTION: To Amend HB22-1281: Behavioral Health Care Continuum Gap Grant Program to include (1) add Special Districts into the definition of “local government in §27-60-301 (7)”; (2) add verbiage on 27-60-302(2)(c)(I) “including but not limited to”, as noted above; and (3) change verbiage on 27-60-302(2)(c)(II) so that other organizations, inclusive of behavioral health care providers, may qualify under this section, in addition to hospitals.

The Board agreed that, if the Amendments listed are included, they will Strongly Support the bill; if not, the Board Position will be to ‘Support’.

Motion by Joseph Prows/Second by Molly Gutilla/Carried Unanimously

Brief Overview of Other Relevant Bills and Updates on Priority Bills

HB22-1064: Flavored Tobacco Amendment.

This bill is one that the Health District previously supported. However, after about fourteen hours of hearings, it has had amendments that have completely changed the bill. The amendments allow for flavored tobacco to still be sold; it just restricts the sale to age-restricted stores. A correction to a question from a board member in the last meeting about whether the bill applies to vaping products: yes, it does.

Key amendments include allowing sale of flavored tobacco in age-restricted stores, but they must have a yearly permit (\$3,000/location), 6 compliance checks/year, and have and use ID scanners that would be able to read unique identifiers on the boxes of flavored e-cigarettes, tobacco products, nicotine products, and vape products. Exempted would be premium cigars, flavored pipe tobacco, and chewing tobacco

An amendment does eliminate synthetic nicotine in Colorado (which was also included in the national Omnibus Packaged passed by the House, now in the Senate).

The current Board Position is Support. The Board agreed to change their position to Amend. If the bill is taken back to its original form, the Board will Support; if not, the Board will Oppose. Ms. Ward indicated that the sponsors, who are not happy with the amendments because they subvert its original intent, could take several actions, including but not limited to: move to reject the current amendments, strip the unique identifiers on the box, and kill the bill, given all the changes.

MOTION: To Change Board Position on HB22-1064: Flavored Tobacco Amendment to Amend. If the bill goes back to its original form the Board will ‘Support’; if it remains as currently presented the Board will ‘Oppose’.

Motion by Celeste Holder Kling/Second by Joseph Prows/Carried Unanimously

Bills of Interest

HB22-1301: Controlled Environmental Agricultural Facility.

The bill includes definitions for property tax reductions; establishes the facility; and on or after January 1, 2023, agricultural equipment that is used in any CAE facility is exempt from the levy and collection of property tax. AG equipment includes any personal property used in connection with the operation of a CEA for planting, growing, and harvesting crops. The Special District Association is in Opposition (because of the reduction in tax revenue for special districts) and is actively lobbying.

HB22-1303: Increase Residential Behavioral Health Beds (\$65M ARPA)

The bill creates 125 new beds for adult residential care (in 10 facilities across the state). Individuals with severe mental illness (SMI), or dual diagnosis of mental illness and alcohol or drug substance use disorder (SUD), will be prioritized. Ms. Ward will bring an analysis to the next Board meeting.

Bill Updates

HB 1256 (2765) – Civil commitment bill is in Committee today. It is a complex 200-page bill, with a lot of amendments likely coming. Ms. Ward is working with the Mental Health and Substance Use Alliance to monitor and understand this bill.

SB 81: Health Exchange Education Campaign is in Senate Appropriations.

HB 1279: Reproductive Health Equity Act is on the Senate floor on second reading today.

SB 040: Actuarial Reviews is in Senate Appropriations.

SB 077: Interstate Professional Counselor Compact is in House Finance.

HB 1152: Marijuana Use at Work has not yet had its first hearing. It is possible that it will turn into a study. There is concern that it could become a complete prohibition on doing drug testing in the workplace. More information to come in a future Board meeting.

Collective Bargaining: Recent draft specifies that it impacts only Counties and Higher Education. Special Districts are not included. It has not yet been introduced; it is uncertain whether it will be.

Federal Policy Updates

State Medicaid departments will have 14 months after the end of the COVID-19 PHE to complete Medicaid renewals and outstanding eligibility actions.

Omnibus – Spending Package: Extends telehealth flexibilities to 151 days after end of the Public Health Emergency (PHE). It also eliminates the Medicare originating site requirement, and allows for audio only appointments.

SAMHSA Grants to Expand SUD Treatment and Prevention: \$26.6M to expand access to Medication Assisted Treatment (MAT) for Opioid Use Disorders (OUD) and prevent misuse of Rx drugs; eligible nonprofit entities can apply through April 29, for up to \$750K each to expand access to MAT; and through April 25, for up to \$500K each for resources to raise awareness about the dangers of sharing medications, fake or counterfeit pills sold online, and over-prescribing.

Employee Handbook – Updates to Section 100.00 Employment – Karen Spink

There were no questions or discussion about the revisions to Section 100.00 Employment in the Employee Handbook.

MOTION: To approve Employee Handbook Updates to Section 100.00 Employment
Motion by Molly Gutilla/Second by Joseph Prows/Carried Unanimously

PRESENTATIONS

Brief Review of Key Points from Fair Campaign Practices Act – Karen Spink

With the upcoming election, the Board was provided a handout on the Fair Campaign Practices Act. The Act prohibits the use of public resources to support or oppose a candidate or ballot issue. Individuals acting as Board members cannot express an opinion on a candidate. They may express an opinion, but must make it clear that they are NOT speaking on behalf of the Health District. Similarly, employees cannot promote or oppose candidates on work time, or use any Health District resources such as computers, email, phones, copy machines, etc., to do so. A presentation about this Act is planned for the staff on Thursday.

Looking Ahead: Challenges and Opportunities – Carol Plock

Ms. Plock, in her last comments to the board, noted that, as she prepares for retirement, it has been humbling to think back over time and recall the work that so many people put in to make significant, long-lasting changes in our community, to see which efforts made big differences, and to remember the hundreds of people that we listened to as we crafted our services. She thought it might be helpful to share some of the big picture challenges and opportunities ahead.

The **challenges** ahead:

COVID: whether or not it continues, there will be changes. They might relate to new variants and/or new surges; new vaccinations/boosters and new medications; the end of the Public Health Emergency when many people will go off Medicaid and could lose health insurance, and others may lose financial aid for health insurance and other services; and the end of stimulus funding – and whether there will be replacement funding for ongoing costs. Her hope is that the Health District remains attuned to these big changes, thinks ahead and projects impacts, and is in a state of readiness.

BUDGET: there are competing challenges in our budget ahead. At the same time that we will have a temporary reduction in our property tax revenue for two years, salaries for some critical positions are rising, recruitment is difficult in some fields, we would like to provide more share of family health insurance, and there are several other budget priorities we'd like to tackle. Her hope is that people recognize that creating a good budget is always a balance, and that they have patience in moving towards the priorities, since rarely can you do everything you want to do in a budget at once.

SOCIETAL CHANGES BIGGER THAN ANY OF US: the state of the world: war, the economy, divisions, supply chain disruptions, recovery from the impacts of COVID, and more, have created an unusual uncertainty. Impacts are being felt: prices and inflation are continuing to head up; supply chain disruptions continue but are unpredictable. Noting that if the economy gets really bad, it overarches everything and changes priorities - her hope is that the Health District will stay closely attuned to the economy and its impacts – particularly on people's ability to afford health care and get basic needs met; and stay on top of the policies that will be proposed and implemented.

MORE CHANGE AND UNCERTAINTY THAN IS USUAL: As an organization, we've been through a lot of change in the last two years, and it is likely to continue for the near future. While change always creates opportunity, it can also wear people out. Her hope is that we recognize that staff need support in order to adjust to change- time to adjust, time for rest, and some assurances. People will need to be patient with each other. After what we've been through lately, people can be more fragile than before.

The **opportunities** ahead:

SIGNIFICANT FUNDING OPPORTUNITIES FOR ONE-TIME EXPENDITURES WITH ARPA \$\$:

While the funding is short-term funding, if used well, it could make an enormous long-term difference in our community. There is a unique opportunity to convert some of the funding into areas where we have

significant behavioral health gaps in our community – in particular, to secure recovery housing for people with addictions, and a new approach/center of excellence to better address mental health issues for children and youth. Her hope is that our staff will work closely with the community to apply for, and wisely use, ARPA funding in ways that will last far beyond the expenditures of the money.

MORE ATTENTION TO EQUITY THAN EVER:

There is more attention and commitment to making a bigger difference in equity than there has ever been - in our country, our state, and our community. There will be more openness to change and more funding. But there is also the chance that it goes out of the public eye before the changes that are so critical to make are done. For example, the concept of social determinants is not new; there was a significant wave of understanding in the mid-90's, when the Health District in this iteration was starting. But making the comprehensive changes necessary to make a real difference proved to be really, really difficult – so people stopped keeping the concept in the forefront. Her hope is that the Health District continues to keep the focus on equity, and to help our community develop a variety of ways that they can make long-lasting change.

CONTINUE TO CREATE TRANSFORMATION IN EFFECTIVE APPROACHES TO TURN AROUND SUBSTANCE USE AND ADDICTION:

As COVID hit, the Health District's Community Impact Team and the MHSU Alliance were right in the middle of a major effort to transform both people's perceptions around substance use disorders, and to transform our practices so that our community providers are using gold standard approaches to help people recover from them. It will still take some years to achieve that transformation, but if it can be achieved as a community it will have a major impact not only on the health of the individual and their family, but also on poverty, domestic violence, suicide, family break-ups, education, community costs, and so much more. Her hope is that the Health District continue to make substance use disorder transformation one of the top priorities for the future, because we are only about halfway there, and it is possible to make a real difference, if our community better uses the research about what works. On the other hand, if we stop now, we are giving up on a major problem that has actual evidence-based solutions. It can't be stopped entirely, but, like cancer, it is possible to make a huge difference.

NEW LEADERSHIP AND OTHER NEW OPPORTUNITIES:

With a new Executive Director, new Directors on the Leadership Team, and one (or more) new board members, this will be an exciting time! One opportunity right in front of us is the possibility to work more closely with schools again on mental health and substance use, particularly with CAYAC. There will be more great ideas than time or resources to do them all, and there will always be differences in opinions. Her hope is that those connected to the Health District will find positive, productive ways to work together to continue to provide critical services to the community – and at the same time, continue to learn about the greatest needs and the most effective interventions, and continue to help the community make changes that will improve health in long-term, sustainable ways that go beyond the services that we can offer. She thanked every person who has poured so much into the work of the Health District, and noted that she is very much looking forward to seeing the ways that it is instrumental in changing the community in the future.

OTHER UPDATES & REPORTS

Executive Director Updates and Quarterly Report

The good news is that COVID rates are staying down, with a 7-day case rate/100K of 50 and a positivity rate of 3.4%, staying under the level of concern of 5%. Hospitalizations are also staying down. On the other hand, the BA.2 variant is increasing in other parts of the world, including the UK, Germany, Italy, etc. In the US, it is currently 25% of COVID cases; 11% of cases in Colorado. It is present in Larimer

County; it has been found in our wastewater. It is more transmissible than Omicron but not more severe. It will be important to keep a close eye on it; we estimate that if a surge occurs, it could occur in May.

In other news, the topic of the Board portal and new email addresses will be postponed until after elections. Also, the COVID Isolation/Recovery and Quarantine (IRQ) center for those experiencing homelessness, which has converted one house to serve those at high risk, will continue only through June, after a decision by the county not to accept a grant that would have extended it to August.

Preliminary December 2021 Financials – Laura Mai

The preliminary December 2021 financials is in the packet, but cannot be approved until the audit is complete. A few key points about the preliminary end of year statement: In what was probably our most accurate ever revenue projection, the Health District ended the year .05% ahead of revenue projections. Ms. Mai also noted that the jump in assets in this statement is not due to actual money in hand, but instead a result of including the property taxes anticipated for 2022, which is done after the certification of the mill levy in the month of December. Finally, she noted that the preliminary January financials (coming at the next regular Board meeting) will appear differently due to new requirements about how leases are entered into financial statements. She will describe the differences at that time.

Liaison to PVHS/UCHealth North Report

Nothing new to report.

PUBLIC COMMENT (2nd opportunity)

None

CONSENT AGENDA

Prior to voting on the Consent Agenda, the October 29, 2020 Regular Meeting Minutes were added back to the Agenda because all Board members present at this meeting were at that meeting.

- Approval of the February 23, 2022 and March 8, 2022 Special Meeting Minutes and the October 29, 2020 Regular Meeting Meetings

MOTION: To approve the consent agenda as originally presented

Motion by Celeste Holder Kling /Second by Joseph Prows/Carried Unanimously

ANNOUNCEMENTS

- April 14 – 4:00 pm, Board of Directors Special Meeting
- April 26 – 4:00 pm, Board of Directors Regular Meeting
- May 24 – 4:00 pm, Board of Directors Regular Meeting (seating of elected Board members)

EXECUTIVE SESSION

A motion was made to go into Executive Session

MOTION: For the purpose of discussing the purchase, acquisition, lease, transfer or sale of any property interest, pursuant to §24-6-402(4)(a), C.R.S.

Motion by Michael Liggett /Second by Celeste Holder Kling /Carried Unanimously

The Board retired to the Executive Session at 5:20 pm., and came out of Executive Session at 5:43 pm.

ADJOURN

MOTION: To adjourn the Meeting

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:44 pm.