BOARD OF DIRECTORS
MEETING
April 9, 2019

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
Celeste Kling, J.D., Board Secretary
Joseph Prows, MD MPH, Board Treasurer
Faraz Naqvi, MD, Liaison to UCH Health-North/PVHS Board

Staff Present:
Carol Plock, Executive Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director

Chris Sheafor, Support Services Director
Lin Wilder, Community Impact Director
Alyson Williams, Policy Coordinator
Anita Benavidez, Executive Assistant

CALL TO ORDER: APPROVAL OF AGENDA
Director Michael Liggett called the meeting to order at 4:00 p.m.

MOTION: To approve the agenda as presented/amended
Motion/Seconded/Carried Unanimously

PUBLIC COMMENT
None

DISCUSSION AND ACTIONS
Policy 01-2: Electronic Publication of Legislative and Public Policy Analyses and
Resolutions. The policy provides for an objective source of health and special district related
policy information for the community by directing staff to electronically publish legislative and
public policy documents created by staff and presented to the Board as well as any Board
resolutions concerning legislative, public policy, or electoral issues.

The phrase “on the internet” was replaced with the phrase “our website”. Ms. Williams asked if
there were any questions on the changes. It was noted that some references to “the internet”
remained. Those corrections will be made. There were no other questions put forth.

MOTION: To adopt the new policy, changing current references to “the Internet” to
“website”
Motion/Seconded/Carried Unanimously
Ms. Williams presented an update on current status of Legislative Session: 96 Days into session; 24 days remaining; 597 bills introduced; 88 bills “Pled” and 106 bills signed.

New Bills for Board Consideration

SB19-195: Child and Youth Behavioral Health System Enhancements – The introduced bill was a more comprehensive approach to aligning policy strategies for this specific population between agencies and local governments. It is being changed to ally with the Governor’s Executive Order, which creates a Behavioral Health Task Force, including a focus on wraparound services for children and youth, and has bipartisan support.

The bill would require HCPF to seek a Federal Medicaid waiver for reimbursement for wraparound services for youth with diagnosed mental illness or substance use disorders who are at risk of, or in, out of home placement. The bill also requires that HCPF & DHS select a standardized assessment tool for identification of behavioral health issues in children and youth, and screening tools for Primary Care Physicians must be created by July 1. The bill also creates a statewide referral and entry point for behavioral health treatment for youth who have identified needs, and includes an ‘Integrated Funding Pilot’ to integrate funding for behavioral health intervention and treatment for children/youth.

The Board expressed concerns about the statewide referral and entry point due to the potential loss of local, community referral expertise; it is hard to imagine that a statewide referral system would have the depth of local knowledge that programs like CAYAC have. Ms. Plock did note that wrap-around services are highly desirable; they are best practice for highly complex cases for kids. Board members noted concerns with some of the language and approaches in the bill, though they noted that they support its intentions.

MOTION: To stay neutral on SB19-195: Child and Youth Behavioral Health System Enhancements until more is known.
Motion/Seconed/Carried Unanimously

HB19-1239: Census Outreach Grant Program – The bill creates a census outreach grant program administered by the Department of Local Affairs (DOLA) in order to provide financial assistance to local governments, intergovernmental agencies, councils of government, housing authorities, school districts, nonprofit organizations, and the Southern Ute Indian Tribe and Ute Mountain Ute Tribe to support accurate counting of the residents of Colorado in the 2020 Census. This Bill was amended in Appropriations changing its value from $12M to $6M.

MOTION: To Strongly Support HB19-1239: Census Outreach Grant Program
Motion/Seconed/Carried Unanimously

HB19-1237: Licensing Behavioral Health Entities – The bill creates a Behavioral Health Entity (BHE) License, bringing all license types under CDPHE. There would be a Basic license; then entities can get endorsements for particular services – SUD, crisis stabilization, withdrawal management, etc. This bill will have an impact on the facility to be built pursuant to the passage of the local 1A ballot measure to expand behavioral health services in Larimer County.

There are two phases. Phase 1: Currently licensed entities have to have the new BHE license by
July 1, 2022. For initial licensure as a BHE, applications can be initiated on or after July 1, 2021. Phase 2: Brings in SUD and Alcohol Use Disorder Treatment entities, excluding Opioid Treatment Programs (OTPs). Rulemaking target date is August, 2021; CDPHE is the rulemaking body.

In board discussion, concern was expressed about building the new facility with unknown license requirements and the long length of time this process is going to take. A key was question was: what are they trying to accomplish? Staff response was that there is a need to resolve the current situation, where an organization creating a facility has to go to three different organizations to get approval, causing confusion and long delays. Another barrier is that currently, the regulations regarding mental health and SUD services are completely different (and do not allow shared buildings or staff), which create a major barrier to best practice treatment of both conditions. The Board would like to see a mechanism in place for an early application/approval process for those who are creating new facilities prior to the completion of the rulemaking.

MOTION: To Support HB19-1237: Licensing Behavioral Health Entities, but to request a process that protects Behavioral Health entities that either are in the process of constructing, or will be constructing, facilities prior to completion of rulemaking. The Board also encourages acceleration of the timeline.
Motion/Seconded/Carried Unanimously

HB19-1203: School Nurse Grant Program -- The school nurse grant program is created within the Colorado Department of Education (CDE). The program is to award grants on a 5-year cycle to local education providers in order to increase the number of school nurses in the state. A local education provider that is awarded a grant is to use the funds to hire school nurses in the selected school(s) and may not supplant existing funding. Poudre School District would greatly benefit from having more school nurses.

MOTION: To Strongly Support HB19-1203: School Nurse Grant Program
Motion/Seconded/Carried Unanimously

HB19-1269: Mental Health Parity Insurance Medicaid -- The bill enacts the “Behavioral Health Care Coverage Modernization Act” in order to address health coverage parity issues for behavioral health benefits. It requires insurance coverage, including Colorado Medicaid, to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), clarifying that coverage for behavioral health disorders include coverage for the prevention, screening, and treatment of those disorders. Further, the bill requires behavioral health services continue while a claim for the services is under review by the insurance carrier. It also requires carriers to comply with treatment limitations specified in federal regulations.

It is the aim of this bill to codify and improve the language in State statutes to comply with MHPAEA, and to enable enforcement at the State level. It also mandates that one MAT drug has to be on the most affordable tier as well as adding in Division of Insurance reports to see if parity is or is not affecting premiums in this State.

MOTION: To Strongly Support HB19-1269: Mental Health Parity Insurance Medicaid
Motion/Seconded/Carried Unanimously
It was noted that this bill doesn’t solve the upstream problem of not enough behavioral health care providers, but over time, if providers have access to more payment, that issue may improve.

HB19-1287: Treatment for Opioids and Substance Use Disorders – The bill creates a capacity tracking system for providers and facilities to input program and facility bed availability in order for families, law enforcement, counties, court personnel, and emergency room professionals to locate available substance use disorder (SUD) treatment. A statewide care navigation system is established to assist individuals in accessing SUD treatment. The bill creates a grant program to award up to $5 million annually in grants to increase capacity and services in rural and frontier communities.

The Board voiced concerns that the capacity tracking adds more work for providers, who are already stretched due to demands for care, and echoed their previous concern about a statewide navigation system that may not know the intricacies of local services. They also noted that while the care navigation system could be a beneficial tool, the current greatest challenge is that we don’t currently have enough beds available and the money might be better spent fixing that issue. Another challenge is that our community locally just voted to tax ourselves in order to expand behavioral health services here, but if the facility is constantly filled up with people from outside the community, how have we increased our capacity?

The increased funding for rural and frontier communities is valuable, but board members did not express support for the capacity tracking system or the statewide care navigation system.

MOTION: To Oppose the capacity tracking system and the statewide care navigation system, and to Support the increased funding for SUD services in rural and frontier communities; all parts of HB19-1287: Treatment for Opioids and Substance Use Disorders

Motion/Seconded/Carried Unanimously

SB19-222: Individuals at Risk of Institutionalization – This is a bipartisan effort to divert people with behavioral health conditions from the criminal justice system into behavioral health treatment. It has five key objectives: 1) HCPF develops measurable outcomes to monitor efforts to prevent Medicaid recipients from becoming justice involved; 2) providing incentives for BH providers to accept Medicaid enrollees with severe disorders; 3) better access to inpatient services for individuals with severe mental illness (HCPF would apply for a Section 1115 Medicaid Waiver); 4) access to civil beds at the state mental health institutes at Pueblo and Fort Logan; 5) development of a better community behavioral health safety net system, including a high-intensity behavioral health treatment program, designed for those either civilly committed or at risk of involvement in the criminal justice system.

Ms. Plock noted that this bill is incredibly important; it provides new services for the population that Colorado currently has practically no solutions for: those with serious, complex issues, who often enter the criminal justice system because there are no intensive behavioral health and housing services for them, so their condition does not receive the attention it requires for the individual to remain stable. It is exactly the situation that Equitas, an organization that works with state leaders on better solutions for those with behavioral health conditions who now end up in the criminal justice system, has identified as a critical need for Colorado.
MOTION: To Support SB19-222: Individuals at Risk of Institutionalization
Motion/Seconded/Carried Unanimously

Other: Updates on bills where board has taken previous positions

Re-insurance: The initial bill created a fee schedule that CMS is unlikely to support, so the bill was amended to having hospitals pay a ‘special fee’, which would amount to up to $150M per year, no more than $500M over 5 years. Colorado would be the first State to try to fund a reinsurance program through payments from hospitals. A provision in the bill prohibits hospitals from passing the fees on to patients.

It is not decided how the total cost will be divided among the state’s hospitals or which financially vulnerable hospitals will be exempted from having to pay at all. Many questions remain about this proposal, including the potential impact on care, when moving that sum of money out of the system.

The Board supports the concept of reinsurance, but is concerned about this proposal. There has been no actuarial analysis, so the amount actually needed is unknown at this point. It appears that in this proposal, a very small proportion of people would benefit. And the impact on hospitals and care is not clearly understood at this time. The Board continued its prior decision to take no position on this bill.

The Board requested that a reminder of any positions taken be included on each slide.

The following bills have passed (but not necessarily have been signed by the Governor): CHP+ Dental Coverage for Pregnant Women (strongly supported); Local government regulation of nicotine (supported); Advance Behavioral Health Directives.

SUD Treatment in the Criminal Justice System was amended last week. It removed the requirement to seek Medicaid waiver to provide SUD treatment to those in confinement. Jails receiving JBB’s funds must have a policy in place by January 1, 2020 that describes how MAT will be provided, when necessary. Larimer County will be compliant because they are already implementing a program. It keeps the funding for co-responders. The bill creates a Harm-Reduction Grant Program with the goal to reduce health risks associated with drug use and improve coordination between law enforcement, public health, and community-based organizations. Eligible entities are nonprofits. Funds can be used for training, purchasing/providing sterile equipment and syringe disposal equipment, and more.

Bills moving to second house: The Freestanding ED Licensure (supported); Public option or Medicaid Buy-In; Mobile Devices while Driving; the Out of Network Bill that we supported.

Budget – The House had way more amendments than the Senate did. Increased funding for Zero Suicide passed both.

New TABOR Bills – “Son of Ref C” (1257 & 1258) 1257 would send to the electorate in November “shall the State retain all excess funding over the TABOR caps for the foreseeable future?” 1258 designates that retained money to higher education and transportation. Last day of session is May 3, 2019.
UPDATE & REPORTS
Executive Director: Things are moving quickly regarding implementation of IA, the ballot issue to expand behavioral health services in Larimer County. A joint BHPC/TAC (policy committee and technical advisory committee) joint meeting was held this week. The TAC requested that the BHPC allow enough time to create a thoughtful plan before making funding recommendations. The county is on the second draft of an RFP that will go out to select the provider running the facility; the intent is to get that provider on board before the architects complete the design. They are hoping to choose that provider by sometime in June.

The search for the new Medical Director is progressing well, with several candidates coming for all-day visits.

Directing Change invited Ms. Plock to present HD priorities at their meeting, as well as have a discussion about the issue of community health assessment and how we might be able to incorporate their issues; there will also be discussion about how to track social determinant indicators.

PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA
The minutes of 2/26/19 were pulled off the consent agenda due to the absence of Director Naqvi.

- Approval of Consent Agenda

  MOTION: To Approve Consent Agenda (February 12, 2019 Board Meeting Minutes)
  Motion/Seconded/Carried, 4 ‘aye’, 1 abstention due to absence

  MOTION: To Approve February 26, 2019 Board Meeting Minutes
  Motion/Seconded/Carried Unanimously

The Board determined that in the writing of future minutes, Board members will be referred to as “Director (Last Name)”.

ANNOUNCEMENTS
- April 23, 4:00 pm – Board of Directors Regular Meeting
- May 28, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

  MOTION: To Adjourn the Meeting
  Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:30 p.m.
Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD, Liaison to UCHC Health-North/PVHS Board