BOATD OF DIRECTORS
MEETING
January 22, 2019

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Molly Gutilla, MS DrPH, Board Vice President
Celeste Kling, J.D., Board Secretary
Joseph Prows, MD MPH, Board Treasurer
Faraz Naqvi, MD, Liaison to UCHHealth-North/PVHS Board

BOARD MEMBERS ABSENT: Michael D. Liggett, Esq., Board President (Excused)

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
Lin Wilder, Community Impact Director
Wendy Grogan, Administrative Assistant

Others Present:
Jim Becker, PAFC
Alyson Williams, Policy Coordinator
Jess Fear, CIT BH Strategy Manager
Laura Mai, Assistant Finance Director
Brian Ferrans, CIT BH Strategy Manager
Suman Mathur, Eval. And Data Specialist

CALL TO ORDER: APPROVAL OF AGENDA
Vice President Molly Gutilla called the meeting to order at 4:10 p.m.

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

PUBLIC COMMENT
Jim Becker, Executive Director for Partnership of Age Friendly Communities (PAFC)
Mr. Becker stopped by to say thank you for the article in Compass about the PAFC, noting that if
the Board was interested, and had time at a later meeting, he would come back and provide more
information on the PAFC, which offers access to resources for the aging and caregivers of the
aging. The PAFC is working for priority areas such as transportation, health and wellness, the
culture of the aging, and housing in Larimer County for those over 50 years old. Rural
transportation is a current area of interest for them.

PRESENTATIONS
Frequent Utilizer Systems Engagement (FUSE) Demo Project
Lin Wilder introduced Jess Fear who gave a presentation on the next steps for our work with
improving treatment for frequent utilizers of high cost acute and crisis services. The Health
District has partnered with Homeward Alliance and Homeward 2020 to participate in the Corporation for Supportive Housing’s Frequent Utilizer Systems Engagement (FUSE) Learning Community. This has resulted in development of a FUSE demonstration project (nine steps) which will focus on providing housing and wrap-around services to 20 chronically homeless high utilizers of the criminal justice system. This is a parallel process with a data sharing agreement project with the Sorenson Impact Center out of the University of Utah. Staff are requesting approval of up to $5,000 in allocated reserve funding for flexible funding to support the remaining needs of the FUSE project, including portions of its evaluation.

IF FUSE receives a likely grant from the Colorado Division of Housing (from marijuana tax dollars), Homeward 2020 will be able to hire a full time clinical case manager, and 20 housing vouchers will be provided. MOUs are also being developed with a range of local providers to provide wrap-around services. CSU will be evaluating the demonstration project by looking at the pre and post data on the 20 individuals, compared to a control group that don’t get the provided intervention, to examine the cost diversion.

A board question was whether a ‘pay for success’ project is potentially part of this data collection and demonstration project. This demonstration project and evaluation through FUSE, along with the work with Sorenson - which is focused on collecting and sharing data – should, if successful, provide proof of concept and proof of our community’s ability to share the data necessary create a pay for success project in the future. A ‘pay for success’ project, sometimes also called a ‘social impact fund,’ is a project where private funders invest in an intervention expected to result in significant cost savings. The intent is to prove that the intervention is successful so that in the future, government and other funders will continue to fund the projects. A similar project in Denver serving around 250 people resulted in $8.7 million in cost diversion or savings.

Our original study of frequent utilizers revealed a couple of important things that were a surprise to some people. First, it was assumed that most would be connected to the behavioral health system, but it was surprising to find that most were not. Second, while many assume the frequent utilizers are mostly transient, the study found that most of the people using services were people that had been homeless in Fort Collins for some time.

A board question was whether this project is related to the former Community Dual Disorders Treatment (CDDT) program and evaluation, or something new. The CDDT program and evaluation, done several years ago, did show great success with people with severe and persistent mental health issues and substance use disorders, including some savings. That project is similar to this one, although CDDT has a slightly different focus. Currently, the CDDT program is at capacity with a waiting list. One of the biggest barriers is that most of their funding comes from Medicaid but Medicaid doesn’t fund a lot of the services needed to provide wrap around services for these individuals. Although it had been hoped that the program would become institutionalized, with housing vouchers and services for all participants, full funding didn’t continue over the years.

**DISCUSSION AND ACTIONS**
**Approval, Expenditure of Reserve Funding, Frequent Utilizer Project**

Ms. Wilder stated that there were reserve funds of $25,000 set aside in the budget to support work on frequent utilizers and pay for success. The Board previously approved spending up to $12,000 of this as a match to the Sorenson Impact technical assistance grant for data sharing,
leaving $13,000 in the budget (though not all of the $12,000 is expected to be spent). She asked the Board to approve spending of up to $5,000 of that money in supporting this project, likely for evaluation, but also for other things that may come up. Ms. Fear said that the evaluation from CSU will cost approximately $20,000 and there are other partners pitching in portions of that amount. The Board approved this request.

**MOTION:** To approve expenditure of up to $5,000 in allocated reserve funding to support the Frequent Utilizer Systems Engagement (FUSE) Demonstration Project

*Motion/Seconded/Carried Unanimously*

**City of Fort Collins Social Sustainability Application**

Jessica Shannon presented the request for approval to apply for the City of Fort Collins Social Sustainability Funding for the Child, Adolescent, and Young Adult Connections (CAYAC) program. Grant funding for CAYAC will end in 2019, including funding that supports the Poudre School District–based School Liaison position. The Health District has been moving to integrate certain CAYAC positions into our own budget, but a key element of sustainability for the project was to have our partners fund their positions into the future. Up until December 2018, we anticipated that PSD would be able to fund the School Liaison Position after 2019. The position is critical to CAYAC’s ability to provide the best assistance for students, because of important information sharing that allows for timely services, accurate diagnoses, and referrals to the right type of treatment providers.

In December, the school informed us that they were unable to commit to funding the upcoming school year budget for the School Liaison position, due to their recent decision to switch school starting times for younger vs. older students, and the costs of that change. It is unknown whether this funding might be likely in future years. Meanwhile, the Health District already needs to try to incorporate funding for the full FTE of the CAYAC Psychologist, as well as to find funding for a full FTE Community Navigator in 2020. As grant funding expires, we will also lose indirect cost and program evaluation funding.

The lack of a person within the schools is anticipated to create noteworthy challenges for the CAYAC program, since we really can’t operate well without a position that is dedicated to communications with the school system. Our staff’s time is expected to increase significantly because they will have to communicate with each of the different schools, try to figure out how to prioritize student needs, and try to navigate and find the right information to convey back to the clinical team members, all roles currently performed by the existing School Liaison.

In a meeting with Adam Molzer of the City of Fort Collins, staff learned that Social Sustainability funding is changing their funding priorities to focus more on long-term impact in alignment with their long-term strategic plan, which includes addressing behavioral health needs for youth. Early identification and access, which is CAYAC’s focus, fits well with their priorities. The proposal is to seek funding through the City to support a CAYAC position to work directly with the schools, while we determine the longer term potential of an ongoing school position. CAYAC has served about 3,000 youth since 2016; 80% are in PSD schools.

Ms. Plock noted, however, that we had received a letter at about noon today, signed by representatives from five nonprofit organizations participating in Directing Change, asking the
board not to approve the request to apply for City of Fort Collins Community Development Block Grant funds. Their reasoning was that the Health District is financially well-positioned, and that CDBG funds are limited and many of their organizations rely on the funds for critical programs and services. In the past, the Health District received City funding for Dental Connections, but after a board decision a couple of years ago, made the decision not to apply for that funding because dental need had declined. Today’s letter requested that we find non-grant sources to fund CAYAC; however, we already have a large burden to try to fund the other positions through operational dollars after grant dollars expire. Over the years, grant funding has allowed us to start pilot projects and to work with partners on promising projects. Our philosophy has been that it is up to the funding source to determine which of all competitive grant applications will best address their purposes. In this case, we could refrain from applying, although that could also risk the future of CAYAC. We can look for other funding sources, but there is no guarantee that we will be able to secure funding. While we want to retain good relations with our community nonprofit partners, CAYAC is also an important project; there is not a perfect answer to this situation.

A board question was how much funding would be needed from other sources for this position; the answer was about $24,000. Ms. Shannon noted that CAYAC serves many of the children that are served by the organizations in Directing Change, providing non-duplicative services to increase access to the right behavioral health treatment for their needs. Ms. Guitilla stated that a community criticism is that CAYAC is not designed for youth to stay for long-term treatment, and may be creating more work for nonprofits. Staff responded that the most important service provided by CAYAC is affordable and timely psychiatric assessment and psychological testing for prioritized children, which is extremely hard to find elsewhere, allowing for comprehensive evaluation of the child’s needs so that the diagnosis and referral to treatment is appropriate and more likely to succeed.

Another board question was how big the CBDG grant program is, the deadline for applying, and whether there are parameters that let us know if we should/should not apply? The funding pot is typically around $1M for health and human services programs. Their grants tend to range from about $20,000 to $70,000. The pre-application deadline is January 25th, and they determine if the applicants are eligible and a good fit; if so, the complete application is due February 15th. When asked whether the school would be able to step back in to funding next year, staff responded that it’s too early to know. Another board question was what our board’s fiduciary responsibility was; the primary responsibility is to pursue our mission, which is to enhance the health of the community.

Noting that there are a lot of respected names and organizations in the letter, that their work is in line with the outcomes we are being asked to serve, and that the letter makes an argument that he found compelling that we are financially more solvent, Dr. Prows indicated that he was inclined to go with what they are asking. Ms. Guitilla agreed. She noted that she believes that the authors probably meant ‘find other grant sources’ rather than CDBG sources, and that since we receive tax funding, we shouldn’t take other tax funding. She noted that she thought that the library district has been intentional about not competing for funding. She is in favor of funding and continuing CAYAC and seeking grant funding, but thinks our local CDBG funding is probably not the best place to look for it.
Ms. Kling noted that funders choose where they give their money and if they fully fund our $24,000 request, it doesn’t mean that the other organizations won’t get their requests. Decision makers decide where the highest priorities are and will put it where they think they will get the most leverage for our community. She indicated surprise at any organization choosing one of their competitors and asking them to not apply, while everyone else can. She was also concerned that it sends a message to the CDBG Board that our program is less important than other programs – including the unknown projects that may apply aren’t represented by those who signed the letter. She was uncomfortable depriving our program and mission of the opportunity to continue, and was not inclined to pull us out of the running.

Dr. Naqvi noted that it feels that those who signed the letter are saying they will do a better job with the money than we will. Ms. Gutilla responded that her interpretation was not that; that instead, they want us to use our own money. Her concern was that if we choose to apply, that sends a message about where we stand in partnership and working together in collaborations. Ms. Kling noted that there are many things we can do jointly to be team players, but to take ourselves out of the running when we don’t even know who will apply is to put them ahead of us without knowing the information. Ms. Gutilla suggested that if this is a critical position, then the Health District should move some of things into different funding streams and not rely on getting grant money; she asked if we didn’t anticipate this coming up in the budget.

Staff responded that our operational dollars are fully budgeted. There is also support for this project from our reserve funds, including budgeting for a temporary match for this position that we thought would be needed until the school district could take on this position. Up until December, the school budgeted .2 FTE for the current school year, and were anticipated to increase their commitment to an ultimate .8 FTE position. The Health District still needs to find funding for the rest of the Psychologist FTE, the Navigator, and potentially for Psychology interns, along with replacing the indirect and evaluation funding. We have been anticipating the need to make this sustainable ever since we got the three-year grant. The Health District already funds provides major funding, but we can’t take on all of the grant funding in operational dollars unless we cut funding for another program.

Staff are also concerned about setting a precedent that we would back away from any other grant funding, which is a resource that has significantly advanced our community projects over the years. Should the Board decide not to apply for these funds, it would be the staff’s hope that it would be made clear that it was only for this one source of funding, this one time.

On the issue of competing for tax funds, staff clarified that tax money is often used for grants, and historically both nonprofits and government entities (universities, counties, municipalities, etc.) regularly compete for them. In response to a board question of where CDBG funding comes from – CDBG funding is federal funding that is allocated to communities to be used for local needs. The City’s Social Sustainability funding also includes local dollars.

Ms. Kling indicated her opinion that if the Board thinks that CAYAC is an important program, having great results, and one of our partners isn’t able to follow through with their commitment, the Board has a responsibility to apply for the gap in funding. Dr. Prows noted that these organizations do phenomenal work, and it would be good for us to collaborate with them. Staff noted that we collaborate with many of these organizations on a regular basis, and that we are providing a critical service that many of their clients need. In response to a board question of
what funding gap we are trying to close, staff responded that they will bring a complete
assessment of the full funding needs for CAYAC to the next meeting, but for this position, the
total cost is $60,000, and the current unmet need is for $24,000.

Ms. Gutilla called the question of whether to seek CDBG funding for $24,000 to fully fund the
CAYAC position.

**MOTION:** To apply for City of Fort Collins Social Sustainability funding for the
remaining funding needed for a CAYAC school navigator position
Motion/Seconded/2 For, 2 Opposed/Motion Failed

By consensus, the board agreed that this is a one-time decision, and applies only to this grant.

Indicating consternation about a difficult decision, and about making the decision without all
board members present, there was a board question about whether there was a mechanism by
which a pre-application could be submitted, and the issue could be considered at the next
meeting, when all five board members were likely to be present. Staff responded that the pre-
application must be submitted by Friday. The Board memo to approve the application is not due
until the full application is due on February 15th.

**MOTION:** To table the question of whether to apply for City of Fort Collins
Social Sustainability funding, for the remaining funding needed for a
CAYAC school navigator position, until the next Board meeting in
order to have the full board consider the issue. To approve submission
of a pre-application at this time, in case the decision is to submit a full
application.
Motion/Seconded/Carried Unanimously

**Policy**

*Amendments to Policy 99-7: Establishing and Communicating a Position on Policy Issues*

**MOTION:** To approve amendments to Policy 99-7: Establishing and
Communicating a Position on Policy Issues, as proposed.
Motion/Seconded/Carried Unanimously

**Local and Federal Issues**

Local: Wood Smoke-Regulating Recreational Wood Smoke in Backyards: Upon request from
city staff, Dr. Cooper wrote a brief statement for City Council on what we could find is known
about the health impact of outdoor wood stoves (which is quite limited). The statement, and the
board, did not take a policy position. This will be presented to the City Council tonight.

Federal: There is a proposed administrative regulation related to the ACA that, among other
things, would eliminate automatic renewal and eliminate silver-loading, which would decrease
financial assistance for those with low incomes and increase premiums. It could decrease
funding for outreach and navigation. The regulation hasn’t been officially published yet due to
the Federal shutdown. How insurers count the cost-sharing requirement for brand name drugs
toward max out-of-pocket costs would change, raising costs to consumers. Estimates are that the
changes could increase the cost of premiums by $181M, decrease enrollment by 100,000 and
save the government $900M. Once it is published, we may want to submit comments.
The Farm Bill passed; there are no big changes to SNAP.

State
Nineteen (19) days into the session and 101 days left, 210 bills introduced, and 5 bills have been killed. Proposals anticipated to emerge later in the session include: Zero Suicide implementation funding, behavioral health insurance parity bill to enforce current law and regulations so that physical health and behavioral health will be treated equally, the department that is the licensing entity for behavioral health care facilities is likely to change from OBH to CDPHE, and a re-insurance program; one of the priorities of the new Office on Saving People Money on Health Care run by the new Lt. Governor.

HB19-1010: Freestanding Emergency Departments Licensure
This bill creates a new license, “freestanding emergency department license,” within the Colorado Department of Public Health and Environment (CDPHE), for health facilities that offer emergency care but are not attached to a hospital campus. A facility that was licensed under the “community clinics and emergency centers” license type before July 1, 2010 and operates in a rural community or serves a ski area is excluded from this new license type.

**MOTION:** To support HB19-1010: Freestanding Emergency Departments Licensure.

*Motion/Seconded.Carried Unanimously*

HB19-1038: Dental Benefit for Pregnant Women Covered by CHP+
Will add about 900 pregnant women to the dental benefit starting July 2019.

**MOTION:** To strongly support HB19-1038: Dental Benefit for Pregnant Women Covered by CHP+.  

*Motion/Seconded.Carried Unanimously*

SB19-008: Substance Use Disorder Treatment in Criminal Justice System
This bill concentrates on a variety of factors in regards to substance use disorders (SUDs) and the interaction with the criminal justice system, including several that will promote the use of medication-assisted treatment.

**MOTION:** To strongly support SB19-008: Substance Use Disorder Treatment in Criminal Justice System.

*Motion/Seconded.Carried Unanimously*

SB19-010: Professional Behavioral Health Services for Schools
The Bill allows grant money to be used by recipient schools for providing behavioral health services or funding contracts with community partners. The Bill requires the Colorado Department of Education to prioritize grant applications based on certain provisions. The Bill also allows community partners to commit money to schools.

**MOTION:** To strongly support SB19-010: Professional Behavioral Health Services For Schools.
UPDATES & REPORTS

Executive Director/Other Updates
Ms. Plock stated she was selected to continue on the State PIAC committee (Medicaid Accountable Care Advisory Committee) and was elected to serve as the Co-Chair. Ms. Wilder provided the following updates:

HealthInfoSource: We were ready to move into the RFP process when another vendor was found that provides a database of behavioral health services in a searchable format, so the RFP was delayed while we investigated it. In the end, the cost of that option was prohibitive, so we are developing an RFP for the design and development of HIS, and will be coming back to the Board once a vendor has been selected. We are following the phased approach previously discussed, which begins with behavioral health lists and limited health information (e.g., safety net dental care options), but will not include fully searchable other health options at this phase.

Followup from the new behavioral health facilities and services resulting from the 1A ballot measure continue to include the County’s Policy Advisory Council (PAC) and Technical Advisory Council (TAC) that will help drive the decisions around the services that will be distributed throughout the community. Staff are continuing to work with the County and others to create a 1-day summit on February 23 for the PAC and TAC and other community decision makers to give them some of the foundational knowledge they need for decision making.

Medication Assisted Treatment (MAT) is a key approach to substance use disorder treatment. Currently, when people go to jail, if they are on MAT, they are taken off - and there is no induction into MAT in jail if needed. One of the riskiest times for overdose is upon release from jail, and currently, people are not given Naloxone (which can reverse an overdose) when they leave jail. Working with several partners, the jail is seriously considering MAT, both induction and continuation, in jail, and providing Naloxone upon release. Brian Ferrans and Maria Jorgenson on the CIT team have been working with county staff to map out the process and create a budget, which has helped move the concept forward quickly. Meetings are set with the Sheriff and County Manager, and the group is searching for grant funds to start the program before ongoing funds can be designated.

We are also assisting UCH Health North in doing training to help with the transition of having their ED be equipped to start induction of MAT in the emergency room. The local approach to substance use treatment is making huge progress.

UCH Health-North/PVHS Board Liaison Report
Dr. Naqvi stated that the 2018 financial analysis was good, but not as good at the end of the year. Should there be significant changes in the payer mix (for example, from commercial or Medicare to Medicaid), the financial picture would not be as healthy, since Medicaid does not cover costs. Health systems are very dependent on variable costs, and their variable cost curve, which over time steepens. Cost-cutting pressure is likely to emerge, which could be related to us in that it is our asset that they use, and they will be looking to cut costs that do not have a return.

PUBLIC COMMENT (2nd opportunity)
None.
CONSENT AGENDA
• Resolution 2019-01: Establish Meeting Days
• Resolution 2019-02: Public Posting of Meeting Notices
• Approval of November 2018 Financial Statements

MOTION: To Approve the Consent Agenda as Presented
Motion/Seconded/Carried Unanimously

Minutes were not available for approval.

ANNOUNCEMENTS
• February 12, 4:00 pm – Board of Directors Special Meeting
• February 26, 4:00 pm – Regular Board Meeting

EXECUTIVE SESSION

MOTION: To go into Executive Session for the Purpose of Discussion of Matters Pursuant to C.R.S. §24-6-402(4)(e) Regarding Negotiations and C.R.S. §24-6-402(4)(f) Pertaining to Personnel Issues
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 5:53 p.m.
The Board came out of Executive Session at 6:28 p.m.

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

The meeting was adjourned at 6:30 p.m.

Respectfully submitted:

Wendy Grogan, Acting Assistant to the Board of Directors

ABSENT
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 PVHS/UCHealth North

Health District of Northern Larimer County
Board of Directors Meeting