BOARD OF DIRECTORS
MEETING
February 26, 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

BOARD MEMBERS ABSENT: Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board

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
Alyson Williams, Policy Coordinator
Anita Benavidez, Executive Assistant to ED
Wendy Grogan, Administrative Assistant

Brian Ferrans, Community Impact Team
Julie Estlick, Communications
Jessica Shannon, Resource Development
Marla Jorgensen, Community Impact Team
Jess Fear, Community Impact Team
Trent Robinson, Public Policy Assistant
Laura Mai, Finance
Vivian Perry, Community Impact Team
Pam Kline, Community Impact Team
Sue Hewitt, Evaluation
Jane Gerberding, Community Impact Team

Others Present:
Dawn Putney, Toolbox Creative
LuLu Tupper, Toolbox Creative
Sam Wilder, Community Member

CALL TO ORDER; APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:04 p.m.

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

PUBLIC COMMENT
None

PRESENTATIONS
Increasing Public Awareness: Toolbox Creative (Dawn Putney, Lulu Tupper)
Dawn Putney provided an update on the Toolbox Creative project to increase public awareness for the
Health District and to better connect the community to the Health District and the services they
provide. In their initial work, they found that people who know the Health District support what we do, but those who don’t know the Health District don’t know what we do and there is confusion between the Health District and the Health Department. She named three distinct ways in which the Health District boosts the community’s health: health care, health resources, and health champions. From this they have developed two concepts:

Concept 1: “The Picture of Health”
Concept 2: “Let’s Hear it for Our Health”

Toolbox Creative identified key elements needed to improve brand awareness:

- Name audit: keep the words Health District in order to keep the equity in the name we have (and its search engine optimization), but enhance it (tweak or add tagline)
- Create a new logo
- Develop a visual system for sub brands and icons for each program
- Create taglines for each program
- Conduct a website audit, including keyword research and SEO
- Update website based on audit findings and new brand standards

The Board discussed both concept options, with the majority leaning toward “The Picture of Health”. There was also discussion about staying “real” with our messages and visual portrayals, noting both the gaps and the solutions. Hard copies of the presentation will be provided to the Board in case they have further input.

**Jail Based Substance Use Disorder Treatment (Medication Assisted Treatment)**

Brian Ferrans reported that CIT staff are excited to share news that the Larimer County Jail has committed to incorporating MAT and is moving to get started as quickly as possible. An update on MAT and combatting the opioid crisis was presented. Staff members have been involved in the NoCo Opioid Prevention Workgroup, comprised of 20 – 30 community organizations across Larimer and Weld Counties committed to reducing the negative impact of the opioid crisis in their communities.

Implementation of Jail MAT will be connected to a phased approach that the Weld/Larimer communities are taking to implement an adapted model that started in Vermont called the “Hub and Spoke Model”. Through a SAMHSA grant, our communities have begun a project called Colorado Opioid Synergy - Larimer and Weld (CO-SLAW). The purpose of the program is to provide close coordination of care through different levels for those who are receiving medications for the often chronic condition of substance use disorder.

This 3-phased approach envisions:

Phase I – Close, Coordinated Collaboration with existing clinics and some new clinics
Phase II – Coordinated Transitions of Care
Phase III – Establishing an addiction center of excellence at the hub

Eight existing clinics (including both primary care clinics and opioid treatment programs, or OTPs) already using MAT have committed to upscaling, creating a core network of providers that would ensure individuals get the support they need, when it’s needed. There is a lot of work being done to get this system in place, including developing MOUs and protocols, as well as hiring four care managers that would provide patient and provider support.
The Larimer County jail program envisioned would be the most comprehensive jail-based MAT program in Colorado, offered to anyone coming into a Larimer County jail with an opioid issue. Key elements of the program include: availability of all three FDA-approved medications, continue people on medication when they enter jail, provide induction of medications in jail, distribution of Naloxone kits upon release (which can be life-saving in case of an overdose), counseling, and care coordination, particularly from jail into the CO-SLAW network of providers. While treatment will start with opioid disorders, the hope is that it will also eventually scale up to include MAT for alcohol disorders.

CIT staff members have been working closely with the jail to help define a new work flow, determine staffing requirements, and create a program plan for the MAT and Naloxone project. It was determined that additional funding would be needed for added staffing and medications.

Through a combination of community partnerships, there is some funding to begin the program, but funds are still needed. Eventually the County anticipates incorporating costs into their ongoing budget, but they will need assistance at the beginning, so they have requested that we help find any available resources to get this program on its feet. The jail would like to launch as soon as March, but only has a few months’ worth of funding.

One option that might provide bridge funding is a Denver Foundation Colorado Access Fund Grant. Applications are due March 8, and awards will start in September. If funded, it could provide a three-year grant of up to $250,000 per year. The Health District has been asked to apply for this grant and act as fiscal agent including subcontracting with NoCo Health Alliance for care coordination, subcontracting with Armor who provides the jail’s medical care, as well as purchasing and providing Naloxone kits. If awarded, the HD would receive some funds for administrative expenses and for evaluation of the project. There is a County Commissioner Work Session on March 11th at 11:00 am to discuss the project and encourage this standard of care.

There was some discussion around the uses of the three medications (naltrexone in pill and injection form (Vivitrol), Methadone, and buprenorphine/naloxone (Suboxone), the intent to make all three available, and the differences in costs. It was noted that part of the plan includes use of samples, and that Medicaid is looking at value-based contracting with pharmaceutical companies. Board members noted that the MAT program in jail is remarkable, and it is fabulous to see it develop.

Progress and Status of Tax Increment Financing Negotiations, Drake/College
Chris Sheaford provided an update to the Board on the TIF process, which is moving along two different tracks: (1) The Program Review Committee (PRC) is finishing looking at the quantitative analysis Fiscal Model, which results in what the project costs each entity, and is also going through the qualitative analysis matrix, which is a series of several questions about whether TIF is needed and what the project’s impact might be. The PRC is considering this project a reasonable project, but is looking at what projects within the list of possibilities are truly a part of reducing blight, in the hopes that all participants will agree on a set of limited projects. (2) The Health District’s negotiating team (Liggett, Plock, and Sheaford) have met with the City to discuss what would be in our agreement. Key points coming out of that meeting:
- The Fiscal Model shows that the percentage of cost to the Health District is 34%, and the proposal is that 34% of the amount that they capture in TIF for this project would come back to us.
- Discussion around creating a spending cap and a specific list of projects, with our portion of TIF to end when those are achieved, if they are achieved before the statutory limit of 25 years.
The PRC is going to try to finish their work this morning, and the City will draft a proposed IGA that will hopefully work for all entities, with some adaptation for percentages to be returned to each entity. Once we have the IGA, we will share it with our attorney and the negotiating team will discuss it; there may be additional negotiations, but the agreement will be brought back to the Board for a decision. Other things to consider having the IGA would include an expectation that all parties contribute, and assurance that the entities will have accounting reports as the projects unfold.

**DISCUSSION AND ACTIONS**

**Approval of Lease Extension for Mason Street Offices**
Larimer Health Connect works out of office space on Mason Street, and its lease is up for renewal. We have negotiated a four year lease extension, since if we make the decision to purchase space rather than keep leasing, the anticipated move-in year would be 2023.

**MOTION:** To approve the lease extension for Mason Street offices for four years as proposed.
*Moved/Seconded/Carried Unanimously*

**Policy**

**Proposed State Legislation**
Only 63 of 375 bills are dead so far 54 days into the session. Most on our list are still alive.

**SB19-012: Mobile Devices While Driving:**
This bill would be an expansion of a 2009 Bill, which banned the use of wireless telephones while driving for teenagers and young adults. The expansion would expand that ban to encompass all drivers, regardless of age, and all mobile electronic devices. It also establishes penalties, and creates an exemption for electronic devices that have a hands-free device engaged. Although this is a primary offense, enforcement is limited; the officer has to see the person using the device. Make sure people are allowed to use their talking GPS.

**MOTION:** To strongly support SB19-012: Use of Mobile Electronic Devices While Driving, with a request for language that makes it clear that people are allowed to listen to their GPS while driving.
*Moved/Seconded/Carried Unanimously*

**HB19-1044: Advance Behavioral Health Directives:**
There are many questions around this bill, since it would be the first of its kind in the country – most similar proposals are around mental health, not behavioral health. We anticipate that there may be amendments around how this would interact with 72-hour holds and voluntary commitments. Other questions include how this would interact with the statewide registry and how it would be implemented.

Discussion ensued around the circumstances in which this might be used (i.e., those with bipolar and schizophrenia could state their preferences for care), as well as whether it would include an important provision - permission for an agent to override the written directive. Staff explained that the intent is to make your choices while you’re healthy and in good control, so that when you’re in the throes of you mental illness, your agent can make good decisions. If there is a clause that allows the individual
to choose whether the agent can override their choices, the agent could either follow your instructions or override them, based on the circumstances.

**MOTION:** To support HB19-1044: Advance Behavioral Health Orders Treatment to include a clause giving the agent the right to override or not

*Moved/Seconded/Carried Unanimously*

**HB19-1160: Mental Health Facility Pilot Program:**
Creates a three-year pilot program for residential care facilities for people with both physical and behavioral health conditions. Staff suggests support, while urging lawmakers to consider amendments to strengthen the bill, such as providing incentives for entities to participate in the pilot program, altering the application requirements to include behavioral health professionals, and clarifying language regarding the types of entities eligible to apply.

**MOTION:** To support with annotation (as listed in memo to the Board) the concept of HB19-1160: Mental Health Facility Pilot Program

*Moved/Seconded/Carried Unanimously*

**HB19-1169: Mental Health Involuntary Transportation M-0.5 Hold:**
Law Enforcement in some parts of the state is hesitant to use this hold due to a lack of clarity. As written now, this Bill does not address requirements for the emergency department to do an evaluation (so law enforcement can drop off an individual, and they can leave without an evaluation), nor does it state a “reasonable timeframe” for assessment. This bill adds language clarifying that the authority of the specified professionals to hold an individual remains in effect until the evaluation at the receiving facility is complete and a determination has been made concerning evaluation and treatment for the individual.

Staff explained that this is a lower threshold hold, for individuals that don’t necessarily meet the criteria for an M1 hold. An M-0.5 Hold would indicate the individual is not in grave danger but needs help, and allows law enforcement to pick them up and provide transport. If it’s clearly a behavioral health issue, law enforcement would prefer to not arrest them but instead get them the help they need.

**MOTION:** To strongly support HB19-1169: Mental Health Involuntary Transportation Hold with a requirement that they an individual placed on hold must be assessed within a reasonable amount of time

*Moved/Seconded/Carried Unanimously*

**Zero Suicide Funding in State Budget:**
During the 2016 legislative session, the General Assembly passed SB16-147, which required the Colorado Department of Public Health and Environment (CDPHE) to expand the Zero Suicide framework to health care systems, health clinics in educational settings, and the justice system. However, this Bill did not provide state funding for full implementation of the Bill. This act is to provide additional funding to the Office of Suicide Prevention (OSP) to provide grants for additional sites to implement Zero Suicide across the state.

**MOTION:** To support Zero Suicide Funding in State Budget

*Moved/Seconded/Carried Unanimously*
HB19-1174: Out-of-Network Health Care Services
Ms. Williams provided a matrix illustrating the difference between the two out-of-network billing (surprise billing) proposals, HB19-1174 and SB19-134. The first, HB19-1174, is being proposed by the Colorado Consumer Health Initiative and supported by the Colorado Association of Health Plans. Tackling this issue is complex. The goal of this legislation is that no consumer should be getting a balance bill from an out-of-network provider or facility. This bill sets reimbursement rates for providers and facilities in certain out-of-network situations, cases where a person gets emergency care at an out-of-network facility or they receive either emergency or covered nonemergency care from an out-of-network provider at an in-network facility.

**MOTION: To support HB19-1174: Out-of-Network Health Care Services**
*Moved/Seconded/Carried Unanimously*

SB19-134: Out-of-Network Billing:
Senate Bill 139 is the out-of-network bill being run by the Colorado Medical Society. It has the backing of most provider associations, facility associations, etc. This bill sets reimbursement rates for cases where an individual receives emergency services at an out-of-network facility. Instead of set reimbursement rates in cases where an out-of-network provider provides services in an in-network facility, the bill establishes a more complex process that may result in the insurer and provider entering into a binding arbitration process. One consideration is that this could lead to greater administrative costs for all involved, as the parties are required to pay for arbitration.

**MOTION: To take a neutral position on SB19-134: Out-of-Network Health Care Disclosures and Charges**

SB19-073: Advance Directive Registry:
This bill would have the CDPHE create a statewide electronic system to be administered by a health information network to act as a repository for qualified providers and individuals to access and store advance directives. As noted in the analysis, there are many questions about how interoperability could work, who can upload documents, and whether the Health District would be allowed to help people upload their documents. In board discussion, the suggestion was made that this Directive should also be connected to electronic health records. On the positive side, this would create a centralized place to locate medical directives; however, the challenge is getting people to have it uploaded. Any new Directives would supersede all prior.

**MOTION: To strongly support SB19-073: Statewide System of Advance Medical Directives with annotations**
*Moved/Seconded/Passed 3-1*

**Upcoming topics in Legislative Session:** Reinsurance; Extreme Risk Protection Orders; Red Flag Gun Bill; Substance Use Disorder Recovery; Mental Health Consent Age for Minors; Prescription Drug Cost Education.

**Notable Bills:** Licensing Genetic Counselors; Strengthening of the Maternal Mortality Review Committee; Comprehensive Sex Education; Electronic Prescribing of Controlled Substances; Liens/Garnishment Reform (pulled by the sponsor)
UPDATES & REPORTS

Executive Director Updates
Kudos to Alyson Williams who did an excellent job presenting at the recent community forum sponsored by local legislators around healthcare. She noted that the Governor’s office is focusing on the issue of reinsurance, and that stakeholder meetings are being scheduled around the issue.

The Health District has a new Executive Assistant supporting the Executive Director and the Board, and there is good progress on the Medical Director search, with several candidates being scheduled for full day visits.

The MHSU Alliance retreat was significant in allowing the team to regroup around mission and vision with a lot of energy and excitement from the group. The group is not making any big changes but is reaffirming goals and delineating strategies.

Feb 23 1A Behavioral Health Kick-off, Technical Advisory Committee, RAE 1 Executive Partner Board, etc.
The kickoff held on Saturday, which the Health District helped organize, went extremely well with approximately 75 guests and 12 speakers. Participants were unanimous about feeling better informed following the meeting. The TAC is the group of subject matter experts that creates recommendations that go to the PAC; the PAC will recommend expenditures for the distributive funding to the County. Carol is on TAC but could not be on PAC in case the Health District decides to apply for funds.

In other news, Ms. Plock was asked to join the Medicaid Accountable Care, Region 1 executive committee of the regional board, as was Michael Allen, the Director of SummitStone Health Partners. The local MACC collaboration evaluation is almost complete. Staff are working hard to finish up end-of-year reports and doing performance evaluations. Karen Spink and Bruce Cooper have extended their transitions, allowing time to make certain there is a good, warm hand-off. Great thanks are due to them both.

We will be working with board members to find times in June or July for the annual Board Retreat.

UCH Health North Liaison Updates (Faraz Naqvi, MD) Not available.

PUBLIC COMMENT (2nd opportunity)
None

CONSENT AGENDA

- Approval of August 2018 Updated Financial Statements.
- Preliminary December 2018 Financial Statements

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

DECISION
None
ANNOUNCEMENTS

- March 12, 4:00 pm – Board of Directors Special Meeting
- March 28, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 6:02 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

ABSENT

Faraz Naqvi, MD, Liaison to UCHCHealth-North/PVHS Board