

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
February 28, 2023

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:

Lee Thielen, Interim Executive Director
Lorraine Haywood, Deputy Director
Chris Sheafor, Support Services Director
Dana Turner, Health Services Director
Laura Mai, Finance Director
Richard Cox, Communications Director
Rosie Duran, Health Care Access Manager
Julie Abramoff, Clinical Nurse Manager
Sue Hewitt, Evaluation Coordinator
Jessica Shannon, Resource Dev /Interim CIT
Paul Mayer, Medical Director
Chris Roth, IT/Network Manager

Staff Present:

Angela Castillo, Evaluator & Data Analyst
Julie Estlick, Communications Specialist
Colton Frady, Assistant Finance Director
Alyson Williams, Health Care Access Director
Anita Benavidez, Executive Assistant

Public Present:

Dan Cummings, EFL Associates
Vanessa Fewell, Larimer County
Lisa Ward, Frontline Public Affairs
Terri Paschet, League of Women Voters
Beth Thurston, League of Women Voters

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 5:02 p.m.

MOTION: To approve the agenda as amended, removing the December 2022 Financials from the Consent Agenda

Motion by Celeste Holder Kling / Second by Ann Yanagi / Carried Unanimously

PUBLIC COMMENT

None

Announcement: Alyson Williams is returning to the Health District as the Director of Planning, Policy, and Research and Evaluation.

DISCUSSION AND ACTIONS

Legislative Policy

HB23-1003: School Mental Health Assessment. The bill requires the Colorado Department of Public Health and Environment to administer a mental health screening program available to public schools serving grades 6 – 12. It was amended to strike “assessment” and insert “screening; and “qualified provider” becomes a “screener.” CDPHE must utilize an evidence-based screening tool and includes a notification to parents, within 48 hours after completion of the screening, with information and resources

provided through IMatter. The bill passed House, as amended, and is in Appropriations. It has a large fiscal note.

HB23-1009: Secondary School Student Substance Use. The bill creates the Secondary School Student Substance Use Committee in the Department of Education to determine practices to identify substance abuse in secondary schools and then connect students to resources. “State-licensed or state-certified mental health professionals that provide mental health counseling” will be substituted for “school counselors”. The Advisory Committee will include representatives from rural areas. It passed House Education and is in Appropriations with a small fiscal note.

HB23-1023 increases the threshold for the public notice requirement for special district construction contracts from \$60K to \$120K with an inflation adjustment every five years. The bill passed the House with no amendments and has moved to the Senate Committee.

HB23-1070: Mental Health Professionals Practice Requirements The bill reduces the experience requirements for a marriage or family therapist license. Under current law, someone with a Master’s Degree is required to have two years of clinical supervised practice before receiving a license, while someone with a doctorate is only required to have one. The bill changes the requirement to one year regardless of degree. The intent of the bill was to say that IF these licensed professionals CAN complete the required training in under two years, they can practice independently. The bill died in Committee today.

HB23-1071: Licensed Psychologist Prescriptive Authority. The bill allows licensed psychologists to prescribe psychotropic medications once they have completed training and obtained certification issued by the State Board of Psychologist Examiners. It also requires one of the seven members of the Board to be a prescribing psychologist. The bill passed the Legislature and is on its way to the Governor’s office. It would go into effect July 1, 2023.

HB23-1130: Drug Coverage for Serious Mental Illness The bill would prohibit step therapy for “serious mental illness”, prohibiting the requirement for a person to try more than one prescription drug prior to receiving coverage for the drug recommended by the person’s health care provider. The definition of “Serious Mental Illness” has been included in the bill. It passed House Committee and is in Appropriations.

SB23-002: Medicaid Reimbursement for Community Health Services The bill requires the Department of Health Care Policy and Financing to seek federal authorization for Medicaid to pay services provided by community health workers and to implement new coverage once federal approval is granted. The bill was delayed in Committee one day due to the HCPF fiscal note. The fiscal note is only looking at direct costs, not potential savings from early intervention, improved access to care, and better outcomes for patients in underserved areas. The new hearing date is set for March 2. Proponents are working on amendments to reduce the fiscal note. CDPHE’s Community Health Worker (CHW) registry process will be defined and tied to the minimum qualifications a CHW will have to meet to be eligible for reimbursement. Different types of CHWs could be added to the registry with supervision, particularly CHWs that serve as a liaison for mental, behavioral, and dental health.

SB23-004: Employment of School Mental Health Professionals The bill authorizes school districts to employ licensed mental health professionals who are not licensed by the Department of Education. The bill passed Senate and is now in the House with no fiscal note.

SB23-091: Access to Behavioral Health Services The bill requires the Department of Health Care Policy and Finance to create limited risk factors that influence health benefits for Medicaid recipients under 21 years of age who experience a qualifying risk factor that influences health. It was killed in

Committee due to an amendment that struck most of the bill language. Therefore, the remaining bill language did not fit under the title. Expect another version of this bill to be introduced.

SB23-170: Extreme Risk Protection Order Petitions The bill repeals and reenacts the statutory article related to extreme risk protection orders. Law enforcement is not uniformly enforcing the law. It expands the list of who can petition for an extreme risk protection order to include licensed medical care providers, licensed mental health-care providers, licensed educators, and district attorneys. A court could require enforcement of the law, if asked to intervene. The bill requires the Office of Gun Violence Prevention to expend capital funds annually on public education. A requirement for background checks and training already exists for concealed carry. There is also a bill banning assault weapons coming soon.

MOTION: To support SB23-170: Extreme Risk Protection Order Petitions
Motion by Celeste Holder Kling / Second by Ann Yanagi / Carried Unanimously

Other bills of note

HB23-1115: Repeal Prohibition for Local Residential Rent Control. The bill removes the state prohibition on local government ordinances or regulations that control rent on private residential property or private residential housing units. It passed House and is moving to Senate with no fiscal note.

Overdose Prevention Centers: A bill will be introduced leaving it up to municipalities/local control to open and operate overdose prevention centers. It will be in first Committee tomorrow, and Lisa anticipates a 100% pass in both Committee and the House. She anticipates more difficulty in the Senate. There are approximately 40 witnesses ready to testify.

Democratic Gun Legislation

HB23-1219: Waiting Period to Deliver a Firearm: The bill establishes a waiting period before a firearms seller may deliver a firearm to a purchaser. The waiting period is the later in time of three days after the initiation of a required background check or when the purchase is approved following any background check.

SB23-168: Gun Violence Victims' Access to Judicial System: Current law limits product liability actions against manufacturers of firearms and ammunition to situations in which there was a defect in the design or manufacture of a firearm or ammunition. The bill repeals that limitation and defines terms "firearm industry member" and "firearm industry product" and requires each industry member that is engaged in the manufacture, distribution, importation, marketing, or wholesale/retail sale of an industry product in Colorado to establish and implement reasonable controls and precautions.

SB23-169: Increasing Minimum Age to Purchase Firearms: Current law allows a person aged 18 or older to knowingly possess or purchase a firearm. The bill increases that age to 21 or older and lists exceptions including 18-year-olds with hunting licenses; ages 18 – 20 may purchase a handgun under supervision of immediate family over 25 or with military exceptions.

PRESENTATIONS

Medicaid Redetermination

Rosie Duran, Health District, and Vanessa Fewell, Larimer County Department of Human Services, provided insight into the unwinding of the Public Health Emergency (PHE). Existing programs and caseloads that will see an impact include Medicaid, SNAP, TANF, Child Care Assistance, Child Support, and Case Management Services.

Ms. Fewell reviewed the history of this PHE. In January 2020, when a PHE was declared, Congress passed legislation that ensured anyone enrolled in Health First Colorado was guaranteed to keep their

health coverage through the PHE; and everyone on SNAP received the maximum benefit. In December 2022 a bill was passed extending the continuous coverage while decoupling and ending (as of February 2023) the SNAP max allotment (equating to about \$90/month/person). The PHE is expected to end on May 11, 2023. HCPF anticipates it will take 12 – 18 months to unwind the PHE. More than 325K individuals, statewide, will no longer be eligible for Medicaid coverage following their annual renewal. When determining eligibility, the threshold for income has increased by \$2-7K depending on criteria. In Larimer County, there are nearly 42K renewals to be addressed throughout 2023, resulting in a caseload higher than any time previously. The County has a two-phase plan – first, updating addresses for benefits and then some renewal process education. One issue is that some kids will remain eligible for Medicaid while adults are not. Ms. Fewell shared an overview of the renewal process. Those that are no longer eligible for Medicaid will need support exploring other options. The County currently has a team of eight dedicated to these cases, starting in March including text outreach to customers in their preferred language; social media outreach; hold messaging (as individuals get through the food transition first); and partnering with community organizations to get the word out. The food banks have been funded with approximately \$15M. Salud is seeing a reduction in funding.

Ms. Duran reviewed Larimer Health Connect (LHC) efforts: The team is currently doing a lot of planning, working in partnership with Larimer County. There will be education meetings in public places that will review the variety of options, special enrollment period, and Medicare. LHC is contacting clients by phone or email each month to provide insight into the process. The Health District’s social media messaging is aligned with the State. Information will be included in the bilingual quarterly newsletter to partners and customers, as well as a story in Compass for the April edition. The Health District Prescription Assistance program is preparing for the possible influx of needs, and Integrated Care is concerned about prescriptions for behavioral health. Concerns for the community include food insecurity and care loss. Safety net clinics are at capacity or have extensive waiting lists resulting in delays in medical attention.

Advance Care Planning

The Advance Care Planning (ACP) program is in a sunset phase as the program ends in March. Jessica Shannon and Sue Hewitt reviewed the history and data of this program. The ACP program works with individuals to create a documented plan for future medical care preferences in the event the individual cannot speak for themselves later. The team also worked to raise awareness, increasing the willingness to have those conversations with families and doctors. In 2016, when ACP launched as a program, only 30% of Larimer County residents had advance care directives, and only a third of those had discussed end-of-life care with their healthcare providers. A list of community partners and program funding for 2016-2022 were shared, as well as the ACP process. Without an advance care directive, all reasonably interested persons must come to consensus. The accomplishments during the life of ACP were shared including serving over 5K individuals directly. Programming was funded through grants and donations (49%) and Health District funding (51%). According to participant feedback over the six years of this program, 100% of those surveyed agreed that this program helped them in various ways. For example, an ACP campaign in Estes Park resulted in a 32% increase of those with Advance Care Directives. Over the life of the program, individuals with advance care directives increased 7 – 8%. Employers engaged in the workplace campaigns, giving employees time to complete their directive. In the end, the program aided a culture shift through increased awareness, created a program that is sustainable, and successfully collaborated cross-sectors. It was mentioned that, early in its program, this team got Colorado to change their Medicaid rules. The program is being transferred to the Colorado State University Extension. Congratulations and sincere thanks to Mindy Rickard, who has remained with the program since its inception.

UPDATES & REPORTS

Liaison to PVHS/UCHealth North Report – Celeste Holder Kling

Ms. Kling reported that December was a big month for the ER. As reductions in contract staff diminishes, UCH is focused on retention of staff. EMS will open in Windsor on land owned by UCHealth. PVHS remodeling is moving along. The magnet site visit at PVH went well. If approved, this will be our (PVH's) sixth renewal, one of only a handful in the country with such a long record. Hospital ownership is a changing landscape in Colorado while hospitals are concerned about a bill pending in legislation that would impose limitations or remove hospital facility fees from providers across the state. Ms. Kling has a flyer highlighting this bill and will get it to Anita for distribution.

Further discussion – HB23-1215: Limits on Hospital Facility Fees: Introduced last week with Representative Boesenecker the prime sponsor in the House. It has been assigned to Health and Insurance. The Colorado Hospital Association has a strong lobby against the bill; and it will likely be amended, reducing the impact on facility fees. It could include outpatient and radiology visits. Ms. Ward will add it to the Active Monitor list.

Executive Director Updates – Lee Thielen and Chris Sheafor

There will be an election with six candidates. Celeste Kling and Ann Yanagi are not seeking re-election. Ballots will be sent to out-of-country voters mid-March with permanent and requested absentee ballots going out throughout the month of April. The election is May 2nd, and staff believes they will have the final count by the end of the evening. Dr. Mayer's hours have been increased a bit and a new HR manager, Misty Manchester, will be starting in a month.

PUBLIC COMMENT (2nd opportunity)

None

CONSENT AGENDA

- Approval of January 24, 2023 Regular Meeting Minutes and February 14, 2023 Special Meeting Minutes
- Board Policies 97-2: Board Governing Manner and Board Meetings; 97-3 Board Job Description; and 97-7: Executive Director Performance
- November 2022 ~~and Preliminary December 2022~~ Financials

MOTION: To approve the consent agenda as amended, removing the December 2022 Financials

Motion by Julie Kunce Field / Second by Celeste Holder Kling / Carried Unanimously

ANNOUNCEMENTS

- March 14, 5:00 pm – Board of Directors Special Meeting
- March 28, 5:00 pm – Board of Directors Regular Meeting
- April 11, 5:00 pm – Board of Directors Special Meeting

EXECUTIVE SESSION

MOTION: To enter Executive Session for the purpose of determining positions relative to matters that may be subject to negotiations, develop a strategy for negotiations, and/or instruct negotiators, pursuant to C.R.S. § 24-6-402(4)(e), regarding the appointment of a new Executive Director.

Motion by Julie Kunce Field / Second by Celeste Holder Kling/ Carried Unanimously

ADJOURN OUT OF EXECUTIVE SESSION AND THE REGULAR MEETING

MOTION: To adjourn the Executive Session and Regular Meeting

Motion by Julie Kunce Field / Second by Ann Yanagi / Carried Unanimously

The Executive Session and Regular Board Meeting were adjourned at 7:38 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