BOARD OF DIRECTORS
SPECIAL MEETING
April 10, 2018

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., President
                           Tracy L. Nelson, Ph.D., Vice President
                           Deirdre Sullivan, Secretary
                           Faraz Naqvi, M.D., Treasurer
                           Tess Heffernan, 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

Others Present:
   Sue Hewitt, Evaluation Coordinator
   Chris Sheafor, Support Services Director
   Nancy Stirling, Assistant to Board & ED
   Lin Wilder, Community Impact Director
   Alyson Williams, Policy Coordinator

CALL TO ORDER: APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:01 p.m. There were no changes to the meeting agenda.

PUBLIC COMMENT
None.

BOARD DECISION
Pay for Success/Frequent Utilizer Approach – Spending Approval
Ms. Lin Wilder, Community Impact Director, reviewed with the board the concept of utilizing the Pay for Success model to develop a more effective approach for those who are frequent utilizers of health and criminal justice systems, but for whom much of the utilization could be avoided with proper prevention and treatment.

“Pay for Success” (PFS) is a performance-based funding mechanism in which a critical unmet need in social services is identified, and an investor (usually foundations or private philanthropic funds, in an approach similar to venture capital) agrees to invest funds in an innovative program designed to have a significant impact on the need. The investor is paid back by a specified government entity, but only if the specified results are achieved. The process encourages innovation and rigorous evaluation, shifts the financial and political risk of setting up a new
program to an outside funder, and provides a longer funding window than grants (usually 5-7 years).

The project being considered by our community focuses on individuals who seem to have a continuous “revolving door” through services – law enforcement & criminal justice system, shelters, ambulance, detox, emergency rooms, etc. – and would work to implement various interventions to better address their needs. There are 4 phases to the project:

- **Phase 1: Frequent Utilizer Study** – to determine the characteristics, needs, service utilization of frequent utilizers and how much their service utilization costs the community (completed; results included: 9 of 10 of those who had 4 or more bookings into the jail had a substance use disorder; 155 people had costs of at least $2M; of that, only $240,000 was for treatment; the rest was for acute/crisis services).
- **Phase 2: Intervention Planning and Feasibility Study** – apply study recommendations, identify potential interventions, estimate how interventions may impact utilization and associated costs, and determine potential feasibility for Pay for Success (completed; conclusion was that a feasible project with good cost/benefit was likely).
- **Phase 3: Administrative Data Pilot (TA Grant)** – determine how to share data, how to overcome barriers to data collection, analysis, sharing and utilization, and put into place necessary processes, agreements, releases, etc. (current stage)
- **Potential Phase 4: Structuring Pay for Success Project** – determine who are potential investors, potential payers, how contracts may be structured, contracting, and implementation.

To complete Phase 3, the Administrative Data Pilot, we have been approved for a technical assistance grant, but there is a requirement for a cash grant match of $12,000. Staff is requesting permission from the Board to put up the grant match with some of the funds already set aside in the 2018 Reserves budget for the Frequent Utilizer Project.

**MOTION:** To approve the expenditure of up to 12,000 of the $25,000 currently in Reserves for the Frequent Utilizer project for the Administrative Data Pilot Phase for a potential Pay for Success project focused on frequent utilizers of the health and criminal justice systems.

*Moved/Seconded/Carried Unanimously

**What Would it Take? Solutions to Mental Health Gaps in Larimer County**

Ms. Wilder distributed copies of the recently updated report on what it would take to fill the gaps in mental health services. Staff will move next to developing an outreach plan and materials to get the information out to the public. The Board expressed their support of these efforts and asked staff to consider how the Board and others might be able to support efforts to get the word out to the community, and encouraged a set of unified messages.

**DISCUSSION AND ACTIONS**

**Policy**

**Federal Issues**

- **Opioid Bills** – There are many bills coming out addressing opioids. Ms. Williams highlighted the following:
  - *The Opioid Crisis Response Act of 2018* – The Senate HELP Committee will be holding a hearing tomorrow on this legislation which comes from 6 hearings on the opioid crisis
with a variety of stakeholders. The legislation is the most comprehensive, but does not have a price tag. It includes provisions for various agencies as they pertain to opioids, including: the National Institutes of Health (NIH) for research, the US Food & Drug Administration (FDA) regarding packaging and safe disposal, the Substance Abuse and Mental Health Services Administration (SAMHA) for comprehensive opioid recovery centers, the Centers for Disease Control (CDC) for controlled substance data collection, the Drug Enforcement Administration (DEA) for telemedicine regulations and new rules regarding medication assisted treatment, and the Health Resources and Services Administration (HRSA) for education and training for providers. This is a bi-partisan, well thought-through effort. Once it is further along, staff will bring back more details.

- **House Energy and Commerce Committee** – This Committee has 34 individual bills coming out; unlike the Senate approach, they are disparate and piecemeal. Bills tackle opioids in areas such as: education (non-opioid alternatives; opioid prescribing rates), data/research (accessing abuse-deterrent opioids; behavioral health measures), insurance (CHP, Medicaid, Medicare), and technology (incentivize EHRs).

- **Senate Finance Committee** – The Senate Finance Committee has also expressed interest in this topic and is expected to present some legislation in the next couple of weeks. Policy categories identified include: how federal programs could be adapted to better address substance abuse; facilitation of prescriber and patient education; utilization of non-opioid treatments for managing pain; and improving data-sharing by enhancing how state PDMPs interact with Medicare and Medicaid. There is a push for ideas with bipartisan support, and with little or no costs or identified offsets.

- **The 2018 Farm Bill** – The text for the proposed Farm Bill was expected to be released before the Easter break but was not. The Farm Bill authorizes most federal policies that govern food and agriculture programs. There are 12 titles that deal with nutrition programs, crop insurance, conservation programs, and commodity programs and include both mandatory funding and discretionary funding. Title IV is the Nutrition Title and includes programs such as SNAP (Supplemental Nutrition Assistance Program – mandatory funding), TEFAP (The Emergency Food Assistant Program – mandatory funding) with administrative costs coming from discretionary funds, and CSFP (Commodity Supplemental Food Program – discretionary funding). The Senate Agriculture has agreement and bipartisan support and wants to get this done so families can get what they need. It is likely that there will be a bill from the Senate in the next month. The House, on the other hand, is seeing a lot of disagreement and some members wanting to make a lot of changes. Their bill will likely come out after the Senate’s. The “asks” by anti-hunger groups include: Congress should protect SNAP; strengthen SNAP; increase benefit allotments; ameliorate time limits on SNAP benefits for jobless; increase mandatory funding ceiling for TEFAP.

Ms. Sullivan raised a question as to who in Larimer County will lead advocacy around this issue, noting that while there is some advocacy at the State level, there is little at the local level. Staff will reach out to other interested organizations, such as the Food Bank, to determine interest; likely after the Colorado session is over.

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**State Issues**

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Health District of Northern Larimer County- Board of Directors Meeting

April 10, 2018
As of today, we are 91 days into this legislative session (29 days left); 599 bills have been introduced; 116 bills postponed indefinitely (P’ed), and 125 bills have passed. Ms. Williams reviewed the status of some of the bills the Board has taken previous positions.

- **HB18-1182**: Advanced Directives Registry (Board Supported) – failed in House Committee.
- **HB18-1184**: Disclosure of Rx Costs at Pharmacies (Board Supported) – passed House and is on to Senate Health Committee.
- **SB18-214**: Medicaid Work Requirements (Board Strongly Opposed) – failed in Senate Committee.
- **SB18-108**: iDrive (Board Supported) – in House Appropriations; passed Senate and House Committees.
- **SB18-132**: 1332 Waiver Catastrophic Health Plans (Board Opposed) – passed Senate and passed out of House Committee.

**The Long Bill – HB18-1322** – Ms. Williams reviewed a few House and Senate amendments. Both provide funding for Suicide Prevention ($400,000); Medical Marijuana Research ($3M); SB16-202 Programs – MSOs addressing SUDs ($3M); Circle Program (H: $6M, 2 new locations; S: $3M in “Northeastern CO”); Peace Officers’ mental health ($2M). The House adds funding for behavioral health crisis response system ($400,000) and to the Tony Grampsas Youth Services grants ($1M). Items that failed in the House: funds to provide wraparound services during 72-hour holds; eliminate funding for 1 year of contraception through Medicaid; eliminate funding for Healthy Kids Colorado Survey; and eliminate funding for Medicaid expansion. Items that failed in the Senate: $400,000 to behavioral health crisis response system; funds to promote NEMT efficiency; $12.5M to CCAP to serve more kids; and funds to build a mental health hospital in Denver. Next step for the Long Bill is Joint Budget Committee conference committee.

**New Bills for Board Consideration**

- **HB18-1311**: Single Geographic Rating Area Individual Health Plan – This bill prohibits insurance carriers from considering the geographic location of the policyholder for individual health plans issued, amended, or renewed on/after January 1, 2019. This requirement creates a single geographic rating area for the entire state for individual health plans. Staff recommends that the Board oppose this legislation, largely on the grounds that while it may lower costs for higher cost areas (i.e., mountain communities), it will likely increase costs everywhere else in the state. And if it raises costs, more people will drop out of health care coverage.

  **MOTION:** To OPPOSE HB18-1311.
  Moves/Seconded/Carried Unanimously

- **HB18-1313**: Pharmacists to Serve as Practitioners – This bill clarifies that a pharmacist may serve as a practitioner and prescribe over-the-counter medications (Medicaid), and may also utilize a statewide drug therapy protocol pursuant to a collaborative pharmacy practice agreement.

  **MOTION:** To SUPPORT HB18-1313.
  Moves/Seconded/Carried Unanimously

Ms. Sullivan inquired about whether the Health District is involved with the City of Fort Collins City Plan efforts. Ms. Spink was invited to participate in outreach and engagement efforts which
would select individuals to work on the actual City Plan, but that did not seem the best match for the Health District. Staff will look for other opportunities that would be more appropriate for our involvement. Ms. Heffernan suggested that perhaps there might be areas of the process where Board members could also have some influence.

ANNOUNCEMENTS

- May 1, 4:00 pm – Regular Meeting of Board of Directors (replaces April 24 meeting date)
- May 16, SUD Kick-off Events – Rethinking Addiction: Using Science to Build an Ecosystem of Treatment and Recovery
  o 8:00 – 10:00 am – Physician and Behavioral Health Provider Breakfast, Fort Collins
  o 7:00 – 8:30 pm – Lincoln Center, Magnolia Theater
- May 22, 4:00 pm, Regular Meeting of Board of Directors

The next board meeting is scheduled for May and will be longer to include an Executive Session for the purpose of conducting the Executive Director review. This will also be the last meeting for our departing board members, Tess Heffernan and Tracy Nelson. May 22 will be the first meeting for the new board members.

ADJOURN

MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:18 p.m.

Respectfully submitted:

Nancy Stirling, Assistant to the Board of Directors
Michael Liggett, President
Tracy Nelson, Vice President
Deirdre Sullivan, Secretary
Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCHealth-North (PVHS) Board Liaison