Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS MEETING
February 27, 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 (via phone)
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
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Board & ED
Sarah Tilleman, Dental Services Director
Lin Wilder, Community Impact Director
Brian Ferrans, Community Impact Manager
Sue Hewitt, Evaluation Coordinator
Laura Mai, Assistant Finance Director
Jessica Shannon, Resource Development
Alyson Williams, Policy Coordinator

Others Present:
Laurie Stolen, Larimer County Criminal Justice
Nina Bodenhamer, Consultant
Sarah Tarver, Oncology Research RN/Student

CALL TO ORDER; APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:02 p.m. No changes were made to the meeting agenda.

PUBLIC COMMENT
None.

PRESENTATIONS
What Will It Take? Solutions to Mental Health Services Gaps in Larimer County
Ms. Lin Wilder, Community Impact Director, provided a brief overview on the work to update the 2016 report regarding critical gaps in mental health and substance use disorders services in Larimer County, and recommendations for addressing key gaps. Staff, working with consultants, and under the direction of a Guidance Team, have been reviewing and updating data and information from the original 2016 report. The update process also included meetings and data gathering with other community organizations and leaders, meetings to project staffing, operational costs, facility size, etc., and updating the Pro Forma Budget/Facilities Plan. The Guidance Team is recommending changes to the 2016 recommendations, and they will be listed in the new updated report, "What Will It Take? Solutions to Mental Health Services Gaps in

Larimer County." Ms. Wilder briefly reviewed the key changes, listed below (changes are in *italics*). The full report will be completed in March/April.

- Thorough Assessments *and the ability to do Medical Clearance on-site.*
- ~~Acute Treatment Unit (ATU)~~ *Move existing Crisis Stabilization Unit (CSU) (walk-in and stabilization beds) to combined facility (rather than start a new ATU; CSUs and ATUs are similar).*
- Medically Monitored Withdrawal Management (Detox) ~~and continue sending lower level needs to Weld County Detox facility~~ *and Social Model Detox services plus engagement activities (meet most Larimer County detox needs here).*
- Short Term Intensive Residential Treatment for SUDs.
- Client Assistance for Treatment Costs.
- Moderately Intensive to Intensive Care Coordination.
- Supportive Services for those in Permanent Supportive Housing.
- Encourage development of Step Down Housing options in community for Addictions (with limited funding for clinical staffing).
- Encourage expansion of outpatient, intensive outpatient, and medication assisted treatment for SUDs (funding to come from existing payer sources).

Add:

- *Financial support for youth/family prevention and early identification services and initiatives.*
- *Financial support for suicide prevention activities.*

Ms. Wilder reviewed with the board some of the solutions to mental health services gaps that a behavioral health facility would provide, gave estimated service numbers and costs, and discussed services that would be offered in the community. She presented a visual of what the current behavioral health service continuum looks like compared to the potential, more complete service continuum, if the recommendations are implemented.

If all recommendations were to be implemented, the community would make major strides in having a full continuum of services needed. Having more comprehensive, evidence-based, successful services would have a big impact on not only the individuals receiving care (and their circle of family, friends, and work), but would also affect many other organizations and systems, reducing unnecessary overuse. Utilization of hospital emergency departments, law enforcement, the criminal justice system, and the health and human services system is anticipated to change significantly; reducing inappropriate use and focusing an individual's use to the portion of the system that can be most effective. In one community conversation about how this might divert inappropriate use of certain parts of the system, it was noted that PVH alone has about 2300 ED visits per year that are largely alcohol-related.

Larimer County Behavioral Health Update

Ms. Laurie Stolen, with Larimer County Criminal Justice, and Ms. Nina Bodenhamer, a consultant, attended this meeting to share with the board the county's work on learning from and sharing information with the public about the need for expanded mental health services. The County's interest in the issue began when the County Strategic Plan was up for renewal, and county leaders heard in community focus group meetings with about 350 community members that behavioral health was one of the top community concerns. Behavioral health was placed in

the safety and well-being category, which became one of the County's top objectives. In 2016, a ballot initiative to build a new mental health and detox facility was presented but did not pass. In follow-up, the County Commissioners expressed their continued support for adequate quality mental health care to meet the needs of county residents and subsequently assigned Ms. Stolen to a two-year project to engage the community to learn more and raise awareness and support around mental health and substance use and a facility.

Focus group meetings with the public and various groups are being held to learn people's perspectives and understandings of the issues. The learnings are being gathered and recommendations developed to be presented to the County as a "road map" for what it will take to bring about the increase in services. The road map will be shared with other local municipalities, such as Fort Collins and Loveland, to discuss respective priorities and where they think they could contribute to a county-wide solution. The ultimate goal will be to take the information gathered from the community, the Health District, the municipalities, the hospital system, and other service providers to the County Commissioners this summer, when it is anticipated that they will determine whether to put the issue back on the ballot for 2018.

The Board asked if there were specific issues or concerns being heard as to why there was not more support for the ballot initiative. In focus group conversations, it was discovered that the issue was lost from communities outside of Fort Collins, and key reasons were that people didn't understand the extent of the problem; in some cases didn't have much knowledge about mental health itself (or understand the term 'behavioral health'), and how it impacts families and the community; and in other cases, didn't understand the impact of the changes on both individuals and systems, including potentially reducing costs for the criminal justice system.

Those who have had a family experience with mental health or substance use disorders seem to understand the issue, and understand that with the proper intervention and treatment, people can get better. Another challenge was a crowded 2016 ballot, including several state level tax questions; those who were opposed to those may have just lumped all tax issues together, even important local ones. They are finding in discussion groups that when given the opportunity to learn more, many voters are willing to re-think their votes. Things that people do care very much about is that these issues impact everyone – including our own loved ones, right here in our own community; and that it is important to protect our youth, help families intervene early, lower suicide, and work to prevent homelessness.

Dental Outreach Project: An Initial Report

Mr. Richard Cox, Communications Director, and Ms. Sarah Tilleman, Dental Services Director, presented on recent Dental Services marketing and outreach. The Dental Clinic currently has unfilled capacity, but recognizes that there are still people in the community who need dental care and can't afford its full cost. Revenue from Medicaid and other primary funding assistance sources (i.e., Senior Dental Program grant, Larimer County on Aging funding) helps fund dental services. The number of clients the Clinic serves can be impacted by a wide variety of factors, such as disruptions in funding (e.g., delay in aging funding due to federal budget uncertainty), seasonal variations throughout the year (i.e., timing of Head Start and Project Smile screenings is dependent on school district calendar year), patients who no-show for appointments, requests for providers to participate in events, thus taking them outside of the clinic (school screenings, speaking engagements with undergrad and dental students, community outreach events),etc., which all impact clinic utilization.

Give all that, however, the clinic is available to serve more clients, and in July 2017, staff embarked on an outreach campaign to get the word out. Marketing efforts included various mediums, including: KRFC spots, Compass newsletter and other community newsletters and magazines (Scene, Coloradoan, Recreator, Rocky Mountain Parent), Transfort posters, Facebook posts, restroom posters and movie ads. Since launching the campaign, between July 2017 and December 2017, the clinic experienced a slight increase (3%) in total number of visits. Also for that same time period there was a 15% increase of new patient evaluations and 20% increase in emergency exams. When clients were asked where they heard about us, the number one response was through referrals or word of mouth; the second highest response was via our marketing and outreach efforts. Since a lot of people heard about us through a health and human service agency, efforts in 2018 will focus on getting more information to these agencies. Also in 2018, marketing efforts will include more detailed online targeting of consumers, outdoor advertising, in-depth analysis of available data, and continued tracking of the impact of efforts.

Other goals will be to lower the rate of no-shows, and do our best to convert those who come in for emergency care to ongoing patients. Given that we are 6 months into a 12-15 month plan, it will be important to keep efforts high and see what impact is made.

Mr. Liggett commented that providing access to dental care continues to be a priority for the Board and appreciates the efforts to promote our services as well as the efforts of all the dental staff who provide excellent care and services.

DISCUSSION AND ACTIONS

Policy

Federal Issues

The Dickey Amendment – This amendment passed in 1996 in a federal funding bill and states that none of the funds available for injury prevention and control at the CDC may be used to advocate for or promote gun control. Since the bill also withdrew CDC funding for gun violence research, many interpreted the two actions to mean that the CDC was banned from performing gun violence research. Given significant increases in multiple-victim gun violence, recently there have been discussions that this stance may be modified in order to allow research and create evidence-based gun violence prevention programs. The Board asked that the issue of gun violence be kept on our agenda for further consideration and discussion.

Updates

- **SB18-108: iDrive** – Moved to appropriations and passed out of appropriations this morning with a couple of minor amendments.
- **SB18-146**: **Free-Standing Emergency Departments (FSED) Transparency** – Passed out of appropriations with amendments.
- **SB18-040**: **Opioid Harm Reduction** – Postponed indefinitely (killed).
- **SB18-132**: **Catastrophic Plans** – Passed out of appropriations with amendments that would require actuarial analysis, and would not allow them unless: "the total amount of advanced premium tax credits received by Colorado residents will not decline and the average premiums of individual health plans in Colorado will not increase". A benefit will be having actuarial analysis data, however there is a slim chance the analysis would be favorable to the expansion of catastrophic plans, which would mean the waiver process would go forward. Potential negative impacts include high deductibles, high levels of cost sharing, difficulty

affording care, destabilization of the individual market. In light of this change, Staff suggests the Board may want to reconsider its previous position on this bill to Strongly Oppose and change it to just Oppose.

MOTION: To change the position for Senate Bill 2018-132 to OPPOSE.
Motion/Seconded/Carried Unanimously

Other Bills for Board Consideration

- **Senior Dental Program Funding** – A request has been put in for the state budget to include an increase of $1 million in funding for the Senior Dental Program. This would make a considerable difference in providing much-needed dental care funding for seniors; in our program, the funding is usually spent halfway into the program year.

MOTION: To STRONGLY SUPPORT Senior Dental Program Funding.
Motion/Seconded/Carried Unanimously

- **SB2018-1182: Statewide System for Advance Directives** – This bill would direct the Colorado Department of Public Health and Environment to create a statewide electronic system as a repository for medical professionals and individuals to access and store advance directives. This would be a separate registry and would not interact with or duplicate other electronic records systems. While having such a registry would be beneficial for individuals and providers alike, there is a concern that medical providers may not access a separate registry outside of their own electronic records system. Staff agreed, however, that the potential benefits outweigh the concerns at this point.

MOTION: To SUPPORT Senate Bill 2018-1182.
Motion/Seconded/Carried Unanimously

- **HB2018-1177: Youth Suicide Prevention** – This bill is the only suicide-related bill still alive in the legislature; it would create opportunities for suicide prevention training programs, coordination of a statewide awareness campaign regarding youth suicide, and mandates a decrease in the age of consent for outpatient psychotherapy services without permission from an adult or legal guardian from 15 years of age to 12 years of age. Staff recommendation is to 1) support the suicide prevention piece; and 2) take a neutral position pertaining to the lowering of the age of consent. Those who oppose the age lowering believe that a 12-year-old would not have the understanding to make such a decision, and there are complications regarding issues of billing of insurance (confidentiality would be lost when parents are billed) and transfer of care.

MOTION: To SUPPORT the Prevention Training and Awareness piece and take no position on mental health age of consent in House Bill 2018-1177.
Motion/Seconded/Carried Unanimously

- **HB2018-1212: Freestanding Emergency Departments Licensure** – This bill creates a new type of license, "freestanding emergency department licensure", to be issued by the CDPHE. The Colorado Board of Health would adopt rules for this license type including requirements and fees. Facilities licensed under this new category would be limited in the amount of facility fees they would be allowed to charge patients. Staff recommendation is to support this legislation.

MOTION: **To SUPPORT HB2018-1212.**
Motion/Seconded/Carried Unanimously

The Board made a request to receive staff recommendations in writing ahead of the meetings to allow time for consideration, and for staff to monitor how often the Board is in alignment with staff's recommendations and when they disagree. The Board also supported staff's suggestion of providing the lengthy legislative matrix documents only once a month at the special board meetings rather than every meeting.

Update: Consultant, HD Public Awareness
In response to a board discussion at the last retreat, an RFP will be released soon for a consultant to help consider ways to increase awareness of the Health District in the community. The consultant will work with staff to review current Health District activities and develop recommendations for strategies and activities.

Grant Application with Community Partners to Coordinate Community Medication-Assisted SUD Treatment Process; Potential Match
Staff report that the grant application will not be submitted at this time, but that it spurred local organizations to work together to develop a plan to submit it in the future. The opportunity is to apply for a grant with the Denver Foundation to improve our medication assisted treatment (MAT) system of care, increasing the number of individuals receiving MAT services in the community and coordinating how services are provided and assisting clients in navigating the right level of care at the right time. Timing for the first cycle was too tight to be able to secure commitments and match, but work will continue in order to be ready for the second cycle.

In the midst of discussions, Mental Health Matters staff, along with partners from SummitStone Health Partners and the North Colorado Health Alliance, and a representative from Rocky Mountain Health Partners, attended an event in Denver where Vermont presented their MAT Hub and Spoke Model, an emerging MAT best practice centered around a well-coordinated system between the local opioid treatment programs, community behavioral health providers and primary care practices. Staff and partners came back excited to plan how a similar model could work for our community.

Moving forward, the plan is to: refocus some of the Northern Colorado Opioid Prevention Workgroup efforts towards planning and implementation of the Hub and Spoke model; identify key players to partner with on this grant and get commitments for matching funds; and reach out to Signal (MSO) to see if would provide some funding this year to support our planning and possibly put some pieces into place. If a decision is made next year to submit a grant proposal, the Health District's role would likely be similar to our role with the MACC program – providing staffing support to pull together a collaborative group of partners and assist with grant writing, helping to develop a concept and sustainability, as well as organizing and facilitating.

UPDATES & REPORTS

Fourth Quarter Report and other Executive Director Updates
The 2017 4th Quarter Report is not ready; other updates:

- **Medicaid Accountable Care Collaborative (MACC)** – Efforts are underway to transition to Regional Accountable Entities (RAEs) by July 1. Major conversations are happening at state, local and regional levels to figure out how RAEs, which will now include both physical and

mental health, will work. One of the key questions is how the community MACC team will be funded – currently physician clinics receive (in addition to fee for service) a per member per month (PMPM) rate for their Medicaid clients, and have been pooling most of it to support the MACC Team, with Rocky Mountain Health Plans matching much of that funding. After the state transitions to RAEs, physicians will get a lower PMPM from the state, but will be eligible for more from the RAE. It is not yet clear what amounts will be provided, nor has the funding for the MACC team been finalized.

- **Substance Use Disorders Public Awareness Campaign** – A vendor, Toolbox Creative, has been selected to work with staff to develop a public awareness campaign. A MindJam meeting is scheduled to kick off the planning.
- **HealthInfoSource Project** – Staff are in the process of selecting a vendor to create an initial blueprint. Staff are also starting a plan to organize input into the process.
- Ms. Williams is developing comments on the national Association Health Plans regulations. The Board should receive that document early next week; if there are comments, please share them with the Chair, who has already been authorized to approve comments before submission.
- Ms. Cherrilyn Wallace, Employee Development and Wellness Coordinator, has worked hard to develop a financial planning educational series for personnel with high-quality presenters presenting on topics such as retirement planning, understanding social security, investments, etc. The sessions thus far have been well attended and successful.
- **Board Election** – we currently have four candidates, including incumbents Tess Heffernan and Michael Liggett, and two new candidates, Dr. Joseph Prows and Molly Gutilla. Friday is the deadline to enter the election as a regular candidate; Monday to be a write-in candidate.

UCHealth-North/PVHS Board Liaison Report

Ms. Heffernan shared the following:

- Poudre Valley Hospital has been designated a Magnet hospital for some time and is submitting for re-designation; a site visit is upcoming and they should know in July.
- In April, they will be going live with "Wearables" – a new technology where vitals can be recorded and sent to the nursing station, reducing the need to wake people up in the night to take their vital signs.
- The hospital system has been conducting extra disaster drills lately.
- All hospitals in the UCHealth system are operating at high capacity, in part because of the high level of flu and other illnesses.

December 2017 Preliminary Financials

Financials can't be approved until the audit is complete, but were provided for the Board's review.

PUBLIC COMMENT (2nd opportunity)

None.

CONSENT AGENDA

- Approval of the January 23 and February 13, 2018 Board Meeting Minutes.

MOTION: To approve the Consent Agenda as presented.
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- March 13, 4:00 pm, Board of Directors Special Meeting
- March 27, 4:00 pm, Board of Directors Regular Meeting

Ms. Nelson informed that she will be out of town and unable to attend the March 13 meeting. Ms. Heffernan also mentioned that she will miss the March 27 meeting.

ADJOURN

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

The meeting was adjourned at 5:52 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

(Absent for 3/27/18 Meeting)
Tess Heffernan, UCHealth-North (PVHS) Board Liaison