

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
February 25, 2020

Health District Office
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Molly Gutilla, MS DrPH, Board Vice President
Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Board Secretary

BOARD MEMBER ABSENT: Faraz Naqvi, MD, Liaison to UHealth-North/PVHS Board

Staff Present:

Carol Plock, Executive Director	Dana Turner, Dental Service Director
Karen Spink, Assistant Director	Chris Sheafor, Support Services Director
James Stewart, Medical Director	Lin Wilder, Community Impact Team
Richard Cox, Communications Director	Alyson Williams, Policy Coordinator
Lorraine Haywood, Finance Director	

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:01 p.m.

The February 13 minutes will be removed from the consent agenda and put into a regular consideration/vote, since one board member was not in attendance for that meeting.

MOTION: To approve the agenda as Amended
Moved/Seconded/Carried Unanimously

PUBLIC COMMENT

None

PRESENTATIONS

- ***Integrated Care Program – MH/SU Services in Primary Care – Andrea Holt***
Andrea Holt, Behavioral Health Provider and Program Coordinator presented on the Integrated Care Program. The program started in 2002, and Ms. Holt has been with the program since its inception.

Behavioral Health staff hired by the Health District are co-located at the Family Medicine Center (residency program) and at Salud Family Health Center (Federally Qualified Health Center). Staffing includes the Program Coordinator, a Psychiatrist, and 6 Behavioral Health Specialists. Over the years, staff have provided intensive case management, consultations/brief interventions, and therapy. Recently there has been less need for intensive case management, however, now that UHealth's community case management

program was disbanded, staff are seeing the intensive case management needs picking up again, though the Medicaid Accountable Care Collaboration Team takes on many of those. Currently, their work includes working side-by-side with physicians to provide consults and to conduct screenings, group visits for shared medical appointments, psychosocial evaluations, and therapy. Staff also work with residents to provide consultation and training, and are involved with the Pain Clinic and Medication Assisted Addictions Treatment (MAAT) program, which has been a huge success.

There has been a recent shift to billing in the past two years which has presented several challenges and is creating some service gaps, including some who end up with higher co-pays at FMC.

Overall, the program and staff are held in high regard in both clinics. Providers at FMC have expressed excitement around having the pain-focused behaviorist and value staff's role in educating medical residents. A provider from Salud expressed that this [integration of behavioral health] has been one of the best changes in clinical care since starting in Fort Collins 20 years ago. Other provider comments were that 'we could add 10 more behaviorists and we'd be SO excited,' and 'this service is critical in helping us with high-needs patients.' Patient satisfaction is also high, with clients expressing thanks for being able to get behavioral health needs addressed at medical visits.

Program Statistics for 2019:

- 4400 contacts: 3880 with the behavioral health providers and 519 with psychiatrist
- FMC's Pain Clinic has approximately 364 patients, expanding to 400
- FMC's MAAT Clinic has approximately 306 patients, 175 of whom were seen at the FMC satellite clinic at Northern Colorado AIDS Project

A board member question was whether staff have seen a dramatic cultural shift over the past 15 years. Ms. Holt responded 'absolutely,' noting that 10 years ago, the program had to sell itself to physicians, but now when medical students come in, they are asking 'what behavioral health services do you offer?' Patients are now far more open to discussing behavioral health needs. Another question was what gaps still exist. For people who are self-pay, the cost of co-pays or care can still be a barrier. Another gap is that although the need is great, there is a limit to the volume of people that can be served. They could easily use more staff to serve the need, and there are many areas where they could offer more and unique services. Director Prows noted that in his practice experience, behavioral health specialists are the single most cost effective way to improve outcomes in care.

- ***Investment Report – Lorraine Haywood***

Lorraine Haywood gave the annual Investment Report, noting that there is not much difference year over year in what we are earning in our investments. As a government entity, where we can invest is limited by the state of Colorado to very safe investments. In 2019, there was a slight decrease in rates by the end of the year, but they were still better than the prior year. We place funds in different banks that are willing to take public funds, as illustrated in the report. We have been notified that we have received all that we will receive after the bankruptcy settlement of Lehman Brothers – in the end receiving just under half of what was lost, or about \$50,000 of \$104,000 lost – which was more than was anticipated.

- ***Early release, limited CHS data for FC: Housing – Suman Mathur, James Stewart***

We have received a request for early release of some of the Community Health Survey data,

from a committee working on housing policies that wants to include the information in a Health Impact Assessment (HIA) report to city council. Staff are currently reviewing the data for accuracy and should have it ready soon. The Board supported the request, and asked that the data also be shared with the Board when ready.

DISCUSSION & POTENTIAL ACTIONS

State Legislative Proposals – Alyson Williams

Ms. Williams updated the status of the legislative session: 49 days into session with 71 days left, 504 bills introduced, 70 bills killed, and 221 of the total bills are bipartisan. The majority of bills that the board has taken a position on are waiting to be heard in appropriations.

Updates to bills previously discussed: *HB20-1008: Cost Sharing Arrangements* has been amended, removing the prohibition on enrolling people during the marketplace enrollment period; the change does not cause any concern related to the Board’s current position. Ms. Williams also reviewed the past recommendations of the board for the 2019 Interim Opioid and Other Substance Use Disorders Study Committee. The current bills that have been introduced follow these themes.

New bills for consideration:

- **SB20-007: Treatment for Opioid and Other Substance Use Disorders**

This bill addresses a variety of measures related to the general topic of substance use disorder (SUD) treatment. Key elements include requiring managed service organizations (MSOs) to create updated community assessments, requiring insurance plans to provide coverage for SUD treatment in accordance with ASAM criteria; prohibiting certain entities and programs from restricting use or access to medication assisted treatment (MAT), and requiring Medicaid to include care coordination for SUD and mental health treatment.

A Board member questioned the cost; the cost is significant, therefore the bill is likely to be amended. The Marijuana Tax Fund is the usual source of funding, but that is dwindling.

MOTION: To strongly support SB20-007: SUD Treatment, while urging legislators to amend the bill text to ensure person-centered language.

Moved/Seconded/Carried Unanimously

- **HB20-1017: Substance Use Disorder Treatment in the Criminal Justice System**

This bill addresses a variety of measures to improve treatment services for individuals with an opioid or other substance use disorder who are in the Criminal Justice System. Key elements include requiring prisons, jails, and DHS to make medication assisted treatment (MAT) available to people in custody; requiring prisons and jails to ensure continuity of care; and allowing for controlled substance disposal and referral to treatment at ‘safe stations.’ The SDA is in opposition to this bill because they do not feel that fire districts, the locations listed as ‘safe stations,’ are prepared to take the disposed drugs. Funding is not provided to jails to implement MAT programs.

MOTION: To support SB20-1017: SUD & Criminal Justice, while urging Legislators to expand the language in regards to medication assisted treatment programs in jails, prisons, and the Department of Human Services facilities to be more encompassing by using “substance use disorder” instead of “opioid use disorder,” while also requiring at least one opioid agonist and opioid antagonist to be made available; and to provide funding for entities to implement an effective MAT program.

Moved/Seconded/Carried Unanimously

- **HB20-1065: SUD Harm Reduction**

This bill addresses access to the life-saving medication, naloxone, and promotes public health through preventing the spread of blood-borne pathogens through harm reduction programming. Director Kling disclosed that she is a member of the Colorado Women’s Bar Association, which is in opposition to this bill. She indicated that she did not know why they would be against this bill.

MOTION: To support SB20-1065: SUD Harm Reduction.
Moved/Seconded/Carried Unanimously

- **HB20-1085: SUD Prevention**

This bill addresses practices in the health care setting aimed at preventing opioid misuse and increasing alternatives to opioids; addresses efforts in the health care setting to address emerging drug trends; and enhances the delivery of prevention services.

Ms. Williams stated that there is a huge list of various prevention efforts outlined in this bill. One provision is to require each health care provider to query the program before prescribing a second fill for benzodiazepine. Director Prows raised a question about whether the bill would prohibit prescribers from writing a prescription and include refills with that original prescription, which he would support. Ms. Williams indicated she would investigate the question. This bill has the largest amount of money tied to it.

MOTION: To support SB20-1085 SUD Prevention.
Moved/Seconded/Carried Unanimously

- **SB20-028: SUD Recovery**

This bill addresses measures to assist an individual’s recovery from a substance use disorder.

Ms. Williams highlighted that this bill requires the state Substance Abuse Trend and Response Task Force to convene stakeholders to review progress on passed and enacted Study Committee bills. The bill also requires the Office of Behavioral Health to establish a program assisting individuals with SUDs by providing the individuals with important temporary financial housing assistance. It would fund designing and conducting a comprehensive review of SUD treatment and recovery services, and also creates a new grant program on recovery support services, providing grants to recovery community organizations. She noted that there was an error in the staff recommendation; it should have been for ‘support.’

MOTION: To support SB20-028 SUD Recovery
Moved/Seconded/Carried Unanimously

- **HB20-1294 Replaces the term illegal alien with undocumented immigrant**

This bill requires that the term “illegal alien” be replaced with “undocumented immigrant” as it relates to public contracts for services. The change is welcomed by staff, since it is language that is required in our contracts.

MOTION: To strongly support HB20-1294: Replace illegal alien with undocumented immigrant
Moved/Seconded/Carried Unanimously

Federal Issues:

- **Proposed Notice of Benefit and Payment Parameters for 2021**

This annual proposed rule would set forth payment parameters and provisions related to the

risk adjustment and risk adjustment data validation programs; cost-sharing parameters; and user fees for issuers offering plans on Federally-facilitated Exchanges and State-based Exchanges using the Federal platform. It would also provide additional standards for several other Affordable Care Act programs.

The Board is asked to consider the submission of public comment. The key communication points include:

- The proposed notice suggests ending automatic re-enrollment for low-income marketplace enrollees who get \$0 premium plans, which could have a negative impact for clients. Oppose that proposal, encouraging the reduction of bureaucratic hurdles to re-enrollment, helping to maintain a stable risk pool and thereby lower premiums, help reduce administrative costs for insurers and the marketplace, and prevent gaps in coverage and care.
- For SEP enrollments, coverage effective dates would change to the first day of the following month – regardless of enrollment date (currently have to enroll by 15th). Support this; it would keep continuous coverage, which is crucial for some individuals with health issues and/or essential prescription drugs.
- CMS proposes to require states to report annually any state-mandated benefits applicable to the individual and small group markets that are in addition to the essential health benefits. Creating this reporting requirement may have repercussions for consumers, not just the state; oppose it.

The Board supports the submission of public comment along those lines.

- **Public Charge**

Ms. Williams reported that the federal Administration's new public charge rule went into effect on January 24. Already it has had a chilling effect on enrollment in public programs, even in programs that do not fall under it. For example, NY has already seen a dramatic decrease in enrollment in WIC, particularly in communities that have a high LatinX population, despite the fact that WIC is not even impacted under this bill. The concern is that, due to fear, disenrollment may continue to happen in programs that provide essential services.

A board questions was whether it might impact the Census. Mr. Cox stated that the local Complete Count Committee is working on a collaborative approach; Larimer County just hired a part-time outreach specialist and they are working with community partners on LatinX outreach plans. The Health District is developing materials for outreach.

- **Timing and Process for next ED Review – Michael Liggett, Molly Gutilla**

While it is time for Annual Reviews, the last ED review was done just seven months ago. With an election coming up, the question is whether to do the review prior to the elections, and whether to do a 360 evaluation, as previously discussed. Given that there was not time to do a 360 evaluation prior to elections, and that the triennial review took a higher priority, it might be preferable to keep the review around the one-year mark. The board decided to wait until after elections, and to have a work session where the Board, with ED input, could develop/refine questions and identify respondents.

- **Preliminary December 2019 Financials**

Ms. Haywood stated that these are just draft financials for review. The December financials will not be final until the audit is complete in May.

UPDATES & REPORTS

Executive Director Report

The staff retreat for the first staff look at the data banners from the Community Health Survey is scheduled for Friday, February 28th. Key data points will be determined for inclusion in the board retreat notebook. Other items included in the notebook will be information from the discussion groups; other national, state and local emerging health issues; and the results of our end of year program reviews. The notebook is anticipated to be delivered around April 10 for board review before the retreat on April 19. Director Gutilla requested that the agenda include an expert to present and help the board consider their role around equity, diversity and inclusion, and that staff share their recommendation for a potential presenter with her prior to making a decision.

Ms. Plock noted that declining Medicaid numbers in Colorado are impacting providers; some providers, such as federally qualified health centers, are having to lay off staff. Reasons given by HCPF include a better economy, increased scrutiny from the federal Administration on eligibility (leading to reviews of enrollments and the threats of potential “clawbacks”), and the effect of the new public charge rule, where those who are eligible are refraining from enrolling due to concerns about family members. The apparent impact is that many people are becoming uninsured. While FQHCs are required to serve people regardless of insurance status, they are experiencing significant budget cuts. It is impacting our local Medicaid Accountable Care Team; the RAE has made about a \$100,000 cut, at the same time hospitals have cut out their community care coordination. This also effects the “per member per month” funding that family practice providers receive, and then contribute a share to our local accountable care collaborative.

In other news, our Dental program has installed a new updated version of Dentrax and staff are working hard on implementation that will make the clinic much more efficient. The state’s Behavioral Health Taskforce has a June deadline for submitting recommendations to the governor, and is floating the idea of a new ASO model, which would significantly change how behavioral health services are organized in the state, creating controversy. Finally, recent significant grant evaluation reports have been created for the MAT and CAYAC programs; they will be sent electronically to board members.

PUBLIC COMMENT (2nd opportunity)

None.

CONSENT AGENDA

The minutes of the February 13, 2020 meeting were pulled off the consent agenda.

MOTION: To approve the remaining Consent Agenda – the January 28, 2020 Board Meeting Minutes
Moved/Seconded/Carried Unanimously

MOTION: To approve the February 13, 2020 Board Meeting Minutes
Moved/Seconded/Carried Unanimously (3-0)*
**Director Michael Liggett not in attendance*

ANNOUNCEMENTS

March 10, 4:00 pm, Board of Directors Special Meeting

March 24, 4:00 pm, Board of Directors Regular Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of addressing personnel matters pursuant to §24-6-402(4)(f) of the C.R.S., topic: Executive Director
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 5:22 p.m.

The Board came out of Executive Session at 5:42 p.m.

ADJOURN

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

The meeting was adjourned at 5:43 p.m.