



**BOARD OF DIRECTORS
SPECIAL MEETING
October 23, 2014**

**Touchstone Health Partners
2001 S. Shields St., Bldg. K, Fort Collins**

MINUTES

BOARD MEMBERS PRESENT: Bernard J. Birnbaum, MD, President
Tess Heffernan, M.Ed., Vice President
Michael D. Liggett, Esq., Secretary
Steven J. Thorson, MD, Liaison to UCHHealth-North Board

BOARD MEMBERS ABSENT: Tracy L. Nelson, Ph.D., Treasurer

STAFF PRESENT: Carol Plock, Executive Director
Richard Cox, Communications Director
Vanessa Fewell, MHSA Project Coordinator
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact Director

OTHERS PRESENT: Randy Ratliff, Pres/CEO, Touchstone Health Partners
Vicki Grassman, Touchstone Health Partners
Kathy Forrest, Touchstone Health Partners

CALL TO ORDER; APPROVAL OF AGENDA

President Bernard Birnbaum called the meeting to order at 5:49 p.m.

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

Introductions were made.

PRESENTATION & TOUR

Search for a Building for ACT/CDDT Services

Staff members including Carol Plock, Vanessa Fewell, and Chris Sheafor introduced the topic for the evening. Last January, staff presented to the Health District Board findings from the Community Dual Disorders Treatment (CDDT) 4 Year report which show it is a remarkably effective program. The CDDT program uses an evidence-based practice (IDDT, Integrated Dual Disorders Treatment) focusing on those with co-occurring severe mental disorders and severe substance use disorders, whose conditions cause substantial disability. Treatment services are intensive, time-unlimited, and stage-based and are provided by a multi-disciplinary team through a community collaborative between the Health District, Touchstone Health Partners and the Fort

Collins Housing Authority. Findings show significant decreases in ambulance usage, emergency department visits, in-patient psychiatric treatment and arrests by CDDT participants.

In recent months there have been notable changes in the behavioral health service delivery landscape, including new focus on integrated care, slight increases in substance use disorder treatment funding, and new funding and expectations from the State for services like Crisis Stabilization and Assertive Community Treatment (ACT). ACT is similar to CDDT, but has some differences, including more focus on working with clients in their home or out in the community. Together, ACT and CDDT services provide the support and services that offers stability and improves daily functioning and health for people with these conditions.

Currently, both ACT and CDDT services exist in the community, however they are located in different places, which is neither the most efficient nor effective approach. In order to provide the best services possible for these clients and allow for providers to more easily work together on treatment plans and client support, having a single location for these services is important.

The process of determining an optimal location for these services included a needs analysis and a location analysis. The needs analysis helped to define what services would be provided and what space would be needed to enhance those services, space needed for staff and for specific services, as well as needs of the clients to be served. Staff will include a psychiatrist, nurse, therapist, and case managers, and both individual and group spaces are needed. Once the required elements were listed, a search was begun for a location.

Other key issues taken into consideration in researching a location included: proper zoning, accessibility for clients, transportation options, and location of related services. The biggest constraint, however, was the limited commercial space available due to a very tight market. When the search began for a facility, about 10 properties were mentioned either by committee members, board members, or the realtor over the period of a few months. Upon examination of those options, only a handful met enough of the criteria to tour. Of those, there are only two that are considered potentially viable options. One is the building in the Spring Creek Medical Park to be toured tonight, and another is a property that just came up but may have some challenges that would be difficult or impossible to overcome.

At 6:05 p.m., the group left the meeting room to take an on-site tour of one of the possible facilities. The group returned to the meeting room at 6:30 p.m.

Mr. Ratliff, President of Touchstone Health Partners, (along with Ms. Grassman and Ms. Forrest) attended this meeting to answer any questions the Board may have concerning this issue. He explained that earlier this year, the plan was for the CDDT and ACT programs to move into Touchstone's Riverside Avenue facility until a more permanent home could be found. Currently, the ACT program is located at the Riverside building. However, upon learning that Touchstone would be receiving funding from the State for crisis stabilization services, plans changed. The Riverside facility will soon be undergoing renovations for the crisis stabilization services, and the ACT program will need to move out. CDDT staff are in the Oak Street facility. Mr. Ratliff commented that this transition – bringing the two programs together into one facility – would be phenomenal – for the providers, the clients, and the community.

DISCUSSION

The Board wondered about smoking policies, transportation options for clients, and whether it was likely that the funding available now for services would continue. Mr. Ratliff responded that since there would be three facilities with Touchstone services next to each other, one of their planned approaches is to set norms and guidelines for clients. None of their facilities allow smoking, and they are planning to offer smoking cessation services. Regarding transportation, the major way that clients will come to and from the facility will be in Touchstone vehicles driven by a staff member. There are also bus stops very close, on Shields.

As for whether the funding was likely to continue, he noted that while no one has a crystal ball, historically, issues of behavioral health have been bi-partisan, and in recent years legislators have shown reliable support for mental health programs. In Colorado, the decision was made to use the general fund to match Medicaid dollars, and the Medicaid dollars flow to the Mental Health Centers on a capitated basis. Touchstone has a new contract to provide behavioral health services for the next 5 years, and the capitated funding is what will provide most of the ongoing operational budget for the CDDT services. There is also generally strong support at the federal level, as well as at the community level from the Sheriff's Department, Criminal Justice, and law enforcement. One board member commented that people can see the worth in programs that save money over time, and that sometimes you need to spend money in order to save money.

Another board question related to what the reference to a "good neighbor" approach meant. Touchstone staff responded that in all of their facilities, they work to develop a good relationship with their neighbors, and to address any issues that might arise. It was noted that the Oak Street facility is located in a residential facility, so they have years of experience in successfully co-existing with the community. The last question was whether the facility the group had toured would meet the needs of the programs. Mr. Ratliff replied that when he consulted his staff with that question, their response was "absolutely" – it's a great building, great location, and an environment that would honor the people they'll be serving and help them get treatment and build self-respect.

PUBLIC COMMENTS

None.

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: To go into Executive Session for the purpose of discussing a purchase, acquisition, lease, transfer or sale of property interest pursuant to §24-6-402(4)(a) of the C.R.S.; and for determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators pursuant to §24-6-402(4)(e) of the C.R.S.

Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 6:43 p.m.

The Board came out of Executive Session at 7:10 p.m.

The Board noted that they are interested in pursuing a facility that could house the CDDT and ACT programs.

MOTION: The Board finds that the purchase of a building to be used for the purpose of providing health services to improve the health of residents of the Health District is directly in line with the mission, purpose, and priorities of the Health District. To that end, the Board authorizes the Executive Director to proceed with the procurement of an appropriate building that could, over the years, have a variety of health care uses, and with the contingency that the purchase will not push the Health District's expenditures in any particular budget year over the total amount budgeted that year for use of reserve dollars. The Board further authorizes both the Board President and the Executive Director to sign the appropriate documents to secure the procurement.

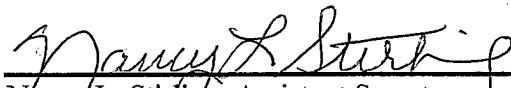
Motion/Seconded/Carried (3 ayes, 1 abstention - Thorson)

ADJOURN


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

The meeting was adjourned at 7:10 p.m.

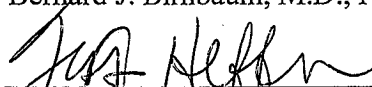
Respectfully submitted:



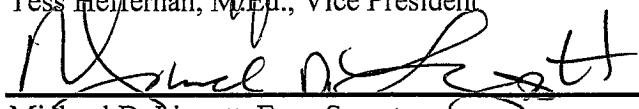
Nancy L. Stirling, Assistant Secretary



Bernard J. Birnbaum, M.D., President



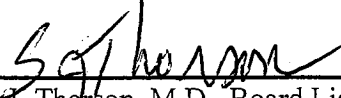
Tess Heffernan, M.Ed., Vice President



Michael D. Liggett, Esq., Secretary

[ABSENT AT MEETING]

Tracy L. Nelson, Ph.D., Treasurer



Steven J. Thorson, M.D., Board Liaison to UC Health North