



**BOARD OF DIRECTORS
MEETING
February 23, 2016**

**Health District Office Building
120 Bristlecone Drive, Fort Collins**

MINUTES

BOARD MEMBERS PRESENT: Bernard J. Birnbaum, MD, President
Tess Heffernan, M.Ed., Vice President
Michael D. Liggett, Esq., Secretary
Tracy L. Nelson, Ph.D., Treasurer
Steven J. Thorson, MD, Liaison to PVHS Board

STAFF PRESENT: Carol Plock, Executive Director
Jim Becker, Resource Development Coordinator
Richard Cox, Communications Director
Vanessa Fewell, Healthy Mind Matters
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluation Coordinator
Laura Mai, Accountant
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Sarah Tilleman, Dental Services Director
Lin Wilder, Healthy Mind Matters Director

OTHERS PRESENT: Brooke Bettolo, Policy Intern

CALL TO ORDER; APPROVAL OF AGENDA

President Bernard Birnbaum called the meeting to order at 5:45 p.m. Additions to the meeting agenda include a Discussion concerning a Board Retreat Date and an Update of the Board Elections.

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

PUBLIC COMMENTS

None.

PRESENTATIONS, DISCUSSIONS, ACTIONS

Recommendations for Critical Behavioral Health Services

This evening's presentation is a culmination of the work of staff and partners to determine what critical behavioral health services are needed in our community, how much is needed, and what the cost would be for developing them. This is an exciting time in the history of the Mental Health and Substance Abuse Partnership; although it has made many different kinds of changes over the years, they pale in comparison to what would happen if the changes being proposed are made. (See presentation slides for full details.)

The first transformation that is going to be critical to make is to help the community understand the nature of mental illness and substance use disorders – similar to cancer or diabetes, they are chronic health diseases. Like other illnesses, they can be disabling, even life-threatening; affect families and work places; and are treatable. We know that mental illness and substance use disorders cause major health burdens (they are the leading cause of disability in the U.S.), impact thousands of individuals in Larimer County (44,300 with mental illness; 31,200 with substance use disorders), and incur high costs (early death, medical costs, lost productivity, unemployment, poverty, criminal justice). In a recent local study of frequent utilizers of the county jail, it was discovered that 9 out of 10 individuals in our jails had an identifiable substance use disorder.

While the Partnership has long been aware that there are critical gaps in behavioral health services in our community, in the middle of last year, the Health District, SummitStone and Larimer County combined funding to commission consultants to help determine the level of need, analyze potential costs, estimate potential revenues, and determine how much funding would be necessary to meet the most critical gaps. Partnership staff worked with the consultants, from the NIATx group, and a local Guidance Team comprised of representatives from criminal justice, mental health and substance use support and treatment to create recommendations for the development of critical services in Larimer County. The key finding is that the continuum of behavioral health treatment and support services is **not sufficient** to meet the needs in our community.

In developing the recommendations, staff and partners followed a set of guiding principles, identified standards of care, had to re-think our community approaches to behavioral health care, and come to the realization that to be most effective and have the most impact it would be necessary to develop a new model that was more than just a new service facility.

The following critical services were identified as being needed for our community:

For Those with Mental Illness and/or Substance Use Disorder

- Thorough assessment and reassessment of both conditions, and connection to appropriate community services
- Client assistance to help people afford needed services

For Those with Complex Needs

- Care coordination (moderately intensive to intensive)
- Support services for those living in permanent supported housing

Critical Mental Health Services

- Acute Treatment Unit
 - Just-under-hospitalization level of care
 - In between crisis stabilization unit and inpatient
 - Length of stay (5 days)

Critical Substance Use Disorder Services

- Withdrawal Management (Detox)
 - Medically monitored (differs from the current social detox model in Greeley)
 - Seamless transition/connections to other services
 - Average length of stay (5 days)
- Short-term Intensive Treatment: Residential
 - On-site residential intensive treatment
 - Average length of stay (12 days)
- Low Intensity Residential
 - Support Certified Addiction Counselors; outside provider secures/provides the facilities off-site
 - Longer length of stay (90 days)
- Intensive Outpatient Services and Outpatient Services
 - Encourage expansion of quality services
 - Provide limited space
 - Provide limited client assistance for uninsured, underinsured

It is estimated that there are currently about 4,700 people needing and seeking substance use disorder treatment in our community. The increased capacity for critical services could provide almost 12,000 new services in our community. Estimated costs to provide the expansion of services total \$15.77 million. Revenues are estimated to be \$4 million, leaving \$11.77 million needed in annual funding.

The value of these expanded critical services in our community are in part immeasurable – they may save lives, maintain and restore health, maintain healthy families and workplaces, increase the chances of employment and target dollars to effective treatment. Other benefits include: lower utilization/cost of unnecessary use of emergency departments, hospitals, ambulances, the criminal justice system, and health care costs caused by untreated conditions. And these services can provide substantial savings for the community – from other communities' experience we know that for every \$1 spent on substance use disorder treatment there is a savings of \$4 to \$7 in related crime, criminal justice, theft; with healthcare costs, savings can exceed costs by 12 to 1. We've seen evidence of this kind of savings in our own community with the CDDT (Community Dual Disorders Treatment) program.

Board Discussion: The Board expressed overall support and enthusiasm for the “fabulous” report. Some comments were expressed about the importance of appropriate communication - with the community, the hospital system, the medical community, and local city and county government. The County is responsible for the next stage of communications, and a citizens committee is forming to assist with the potential of placing the issue on the ballot. Mr. Liggett, in fact, was invited by Peggy Reeves to participate on the Committee as a citizen

Board and staff members were reminded that should this become a ballot initiative, they will not be able to use Health District time or resources to support it as representatives of the Health District because of the Fair Campaign Practices Act. However, individuals are allowed to become involved in their private lives if they want to become involved.

The following motion was offered:

MOTION: The Health District supports the development of the services outlined in the Recommendations for Critical Behavioral Health Services Report for our community.
Motion/Seconded/Carried Unanimously

The board requested more information concerning savings from actual services (in particular, how the percentages translate to dollars) at a future board meeting.

Ms. Plock expressed her sincere thanks and appreciation to Ms. Lin Wilder and Ms. Vanessa Fewell for their work on the report – the long hours worked and the patience needed to work with many partners to get the report completed. Thanks were also expressed to the Evaluation staff for the statistics they gathered for inclusion in the report.

Policy Updates & Discussion

At the federal level, substantial dollars are being proposed in the administration's budget for behavioral health needs and substance use treatment. This seems to be a bipartisan issue that is garnering much conversation and interest at the federal level.

In Colorado's General Assembly, 441 bills have been introduced thus far this session, with 48 of them postponed indefinitely (PI'd), or killed. Some of the bills briefly mentioned include:

- HB16-1102 concerning Drug Pricing Transparency – a hearing was held last Thursday, however no action was taken. There were a lot of people in attendance to testify for both sides. Rep. Ginal is expected to file amendments to the bill. No date has been set for a follow up hearing.
- 2016-2017 Budget – Two dates of note are: March 15 for the Health Care Policy & Financing (HCPF) budget and March 18 for the new revenue forecast.
 - Hospital Provider Fee – if allowed to become an enterprise, it would free up a substantial amount of dollars in the budget. There continues to be debate about whether that would be allowed under the constitution, with Legislative Legal Services saying that it is likely not allowable, while a group of attorneys from bipartisan former political positions have analyzed it and put out the opinion that it would be allowable. Conversations continue, but there does not appear to be much agreement on the issue yet.
 - Transportation - At the same time, the issue of transportation is rising in discussions - about \$200 million is needed to improve roads across the state.
- Other Updates
 - Bills PI'd:
 - HB16-1137 – concerns warning labels on nicotine products, including e-cigarettes.
 - SB16-042 – concerning immunity for persons involved in overdose events.
 - Other Bills of Interest:
 - SB16-069 – Community Paramedicine (Mobile Integrated Healthcare) – involves utilizing paramedics and EMTs while they are not doing emergency calls to provide care and services in patient homes. This bill would provide paramedicine licenses. This is already being done in Eagle County, and PVHS is interested in it. More information to come.

- SB16-037 – Public Access to Digitally Stored Data Under CORA – is another bill staff is looking at. Sponsored by Senator Kefalas, this bill makes various modifications to existing legal requirements under the Colorado Open Records Act (CORA) pertaining to the inspection of public records. Staff are reviewing the bill.

Dr. Birnbaum mentioned the concern raised during previous meetings that if the Medicaid primary care provider rate bump is dropped, it could have a significant impact on the budgets of primary care provider clinics that serve Medicaid (and are not federally qualified health centers), and that we should be prepared to advocate to be sure providers don't drop those patients.

UPDATES & REPORTS

UCHealth-North/PVHS Board Liaison Report

Dr. Steve Thorson provided the following updates:

- UC Health lobbyist, Jeff Thompson, gave a presentation to the PVHS Board concerning some of the items Mr. Sapienza mentioned. Dr. Thorson noted that PVH is neutral on the hospital provider fee issue and that the Colorado Hospital Association has taken a position to oppose Amendment 69 – the ColoradoCares initiative.
- UC Health hospitals overall are doing well financially and building projects are proceeding. Quality measurements for the hospitals are quite good with the patients feeling that they are getting good care. There has been some business going to Banner Hospital, particularly in the area of obstetrics.
- On the physician scene, more and more physicians want to become employed by a large organization. Very few of the physicians coming out of programs like FMC have an interest in pursuing a private business.
- The two local oncology groups have merged and are now part of the UC Health system.

A question was raised – if mergers don't save money, why do mergers keep happening? And why do physicians want to be employed by large organizations? Physicians increasingly want to be employed for several reasons – one of them is that the administrative side of medicine has become tedious and time intensive, when physicians would rather spend their time practicing medicine. The reason for mergers to continue, from the hospital system perspective, is to gain market share, as well as better reimbursement rates from payers. What does it mean for patients? It may mean less one-on-one time with their physician, but hopefully also leads to improvements in care through things such as shared information and population health management.

Executive Director Report

Ms. Plock commented that much of her time has been spent on working on the critical behavioral health services plan and recommendations. Staff are planning a presentation on pain management for the board's March 22 meeting. That project is undergoing some transition. Ms. Erin Hall, who has been working on the pain management project for the past year, recently informed that she is going to be leaving the Health District for a job with the TriWest Group, which just got the contract for evaluating the state's SIM (State Innovations Model) project working to increase integrated care. She is committed to working with Dr. Cooper to pull all the information together for the presentation to the board. Additionally, staff and the Evaluation Team are quite busy working on End of Year program reports to be ready for the board retreat.

Board Elections

Mr. Chris Sheafor, Support Services Director and Elections Official, reported that this Friday, February 26, is the deadline for candidates to submit an application. February 29 is the deadline for write-in candidates. No applications have yet been received, though they have heard from at least two potential candidates. If only two candidates file, the elections would be cancelled. If there are not at least two candidates that file, we would follow special district law and process to fill the slots, however, that has never happened.

Board Retreat

The Board members were asked to consider Thursday, April 21, 7:30 am to 12:30 pm as a possibility for the board retreat. Ms. Stirling will follow-up with the board members to confirm the date and time of the retreat.

ANNOUNCEMENTS

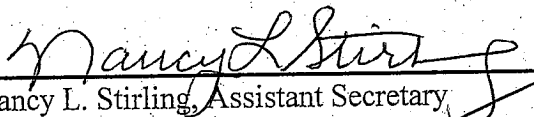
- March 11, 7:00 am – Board of Directors Special Meeting
- March 22, 5:30 pm – Board of Directors Regular Meeting

ADJOURN


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

The meeting was adjourned at 7:20 p.m.

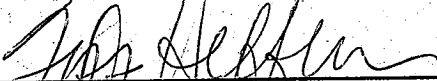
Respectfully submitted:




Nancy L. Stirling, Assistant Secretary




Bernard J. Birnbaum, M.D., President



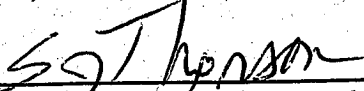
Tess Heffernan, M.Ed., Vice President



Michael D. Liggett, Esq., Secretary



Tracy L. Nelson, Ph.D., Treasurer



Steven J. Thorson, M.D., UHealth-North (PVHS) Board Liaison