BOARD OF DIRECTORS
MEETING
April 25, 2017

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
Faraz Naqvi, M.D., Treasurer
Tess Heffernan, Liaison to UCHNorth/PVHS Board

BOARD MEMBERS ABSENT: Deirdre Sullivan, Secretary

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Kiley Floren, Healthy Mind Matters
Lorraine Haywood, Finance Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Sarah Tilleman, Dental Services Director (on phone)
Kristen Cochran Ward, Connections Manager
Lin Wilder, Community Impact Director

CALL TO ORDER: APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:00 p.m. Board Member Deirdre Sullivan was excused from this meeting. Proposed changes to the meeting agenda includes an action item under the Discussion & Action section to ratify a position of support for Larimer County to remain in the Region 1 RCCO as well as removing the February 28 board meeting minutes from the Consent Agenda for separate consideration.

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

PUBLIC COMMENTS
None.
PRESENTATIONS  
CAYAC/Connections

Ms. Lin Wilder, Community Projects Director, and Ms. Kristen Cochran-Ward, Connections Program Manager, provided an overview of the Connections Mental Health Program. The objectives of the program, as identified in the newly created program brochures, are to provide: Answers – Options – Support. The program accomplishes this by educating and sharing information about community resources, providing options and next steps for care, and various kinds of support as individuals and families navigate the mental health and substance use system.

Connections consists of two teams, the Adult Team (services and support for adults) and the CAYAC Team (Child, Adolescents, and Young Adults Connections for youth and their families) and is led by a Program Manager, Ms. Cochran-Ward, and supported by a Program Operations Specialist and a Program Assistant. The Adult Team includes a Team Supervisor, Specialists (from both the Health District (3 FTEs) and SummitStone Health Partners (1 FTE)), and a Care Coordinator. The CAYAC Team includes two Specialists, a Psychiatrist, a nurse, a psychologist, a navigator, a school liaison working with the Poudre School District, and a Family Support Partner.

The Health District has been providing mental health related services in various forms since 1995. Utilization has varied as access to other community providers changed, and the Affordable Care Act brought significantly better access to mental health care for those with low incomes, mainly due to the Medicaid expansion. Recently, the Adult Team program has undergone multiple changes in order to assure that those who still need connections to the right services know that the service exists, leading to increased utilization. In 2016, with the advent of CAYAC services, there was also a considerable increase in the number of children and youth served.

There were two major accomplishments for the Connections program in the past year. First, the CAYAC Program received two major grants, and in combination with Health District funding, the program was created, positions were filled and a location was secured. Connections has partnered with 7 primary care clinics, developing a specified referral process and agreements, and training practitioners in how to use the process. Connections, once a referral is received, will contact the client to offer assistance, and, with client consent, communicate information concerning the client back to the referring physician.

Connections also continues to promote and provide Mental Health First Aid trainings. In 2016, over 450 individuals were trained and additional staff were trained to be trainers.

Key areas for focus in 2017 are to continue extensive community education and outreach, and to increase professionals’ expertise in providing services where the community currently experiences gaps. Staff has begun a successful Parent Education series, and will be organizing professional development and training events for both staff and community behavioral and medical providers.

Important recent learnings have included:

- Service delivery is beginning to look different – staff are not seeing as many walk-ins, and are working more towards meeting clients in environments where they feel comfortable.
• More people are able to get help, but many of those who need it most still have many barriers – such as transportation issues, parents who can’t leave their jobs to bring their child to an appointment, etc.
• Psychological testing is unobtainable for costs that most people can afford, and when available, families often have to wait long periods of time for it.
• School staff are highly enthusiastic and receptive – having a school liaison on the CAYAC team makes a huge difference. CAYAC has relationships with 7 schools so far.
• The community has gaps in services in these areas: early childhood (0-5) mental health, substance use disorder (SUD) assessment and understanding of SUD treatment options, gender identity (especially teens), and bilingual mental health providers.

DISCUSSION AND ACTIONS
Program Policy Changes, Family Dental Clinic
Ms. Sarah Tilleman, Dental Services Director, is in Albuquerque, New Mexico attending the National Oral Health Conference and participated in this meeting via telephone. Ms. Tilleman briefly reviewed the issues and recommendations for policy changes outlined in the memo provided to the board in their meeting packet. The intent is to make things work better for both consumers and staff by making adjustments to eligibility qualifications and length of eligibility for certain clients.

Re-determination of Length of Eligibility
The first issue concerns length of eligibility for certain clients. Standard length of eligibility is 12 months, except for those in certain situations. Currently, 90-day eligibility is granted to patients who meet requirements and have special circumstances, including those who: are experiencing homelessness, consistently report “no income”, or who express they may experience a change in their circumstances in the next 12 months. The 90-day period, however, has proven to be problematic because it is not long enough to allow for completion of many treatment plans. Having to renew eligibility every 3 months can delay care for patients or even cause the patient to abandon their treatment plan. Staff therefore proposes extending the 90-day eligibility to 180 days in order to last through completion of treatment plans.

The second issue concerns the current policy for those who are new patients to Dental Services or who have let their eligibility lapse. Currently, if they have a dental emergency, they are given 1-day eligibility. This has also proven to be problematic as much dental care requires a re-check appointment. Staff proposed changing the 1-day eligibility to a 30-day eligibility which would allow for both the initial emergency visit and the re-check. Clients who need care beyond the 30-day eligibility would be required to complete the full eligibility process for continued services.

Aligning Family Dental Clinic Eligibility Qualifications with Other Programs
Historically, there has always been far more demand for Dental Clinic services than there was capacity. However, with the advent of the Medicaid expansion and the inclusion of adult dental services within Medicaid, other providers (including Salud Family Health Centers) were able to expand their dental services. While this is a good thing, the Health District’s clinic has seen a drop in client utilization and now has the capacity to serve more clients.

Staff are recommending an increase in eligibility from 185% of Federal Poverty Level to 250% Federal Poverty level for three reasons: 1) This would put us in line with other community providers, including Salud, who may refer any overflow to us; 2) it would allow more
community members to have access to sliding fee scale dental care; and 3) it would be consistent with other Health District programs, including Dental Connections, Health Promotion, Connections, and Prescription Assistance.

MOTION: To approve a change in Dental Clinic redetermination policies: 1) Increasing the current 90 day eligibility to 180 days; and 2) increasing the current emergency care 1 day eligibility policy to 30 days. 
Motion/Seconded/Carried Unanimously

MOTION: To approve an increase in the Dental Clinic eligibility threshold from 185% to 250% of the Federal Poverty Level. 
Motion/Seconded/Carried Unanimously

It was noted that clients will still have to be a resident of the Health District geographic area.

Policy
National Health Policy – American Health Care Act (AHCA)
Although the AHCA has been discussed over the past few weeks, and amendments were scheduled to go to a vote tomorrow, that vote has now been cancelled. One of the proposed changes would have kept essential health benefits in the AHCA but make it optional for states. Another change would have allowed states to opt out of community rating, which would be a major change that would allow insurers to charge rates based on an individual’s health condition (individual rating).

In addition to legislative changes, ‘market stabilization’ rules were released last week by the federal administration, including the following:
1) A shortened Open Enrollment period, moving from three months to six weeks – November 1 to December 15.
2) Allowing states to adopt a strict verification process for special enrollments.
3) Outstanding premium payments: new rules that would not allow a customer to enroll for the next year’s insurance unless their premiums are paid up for any insurer in the individual market.
4) Actuarial Value “Wiggle Room” – states would have the option to allow Silver plans to be at 66-74% actuarial value, down from 68-72%; the intent is to allow insurance companies to keep some premiums lower, but the impact is that there would likely be less benefits, and consumer’s costs would rise for cost-sharing such as deductibles and copays.

There is also discussion about changing the annual maximum out of pocket limit, but that is not related to the budget, so cannot pass through reconciliation, so is less likely.

Federal Budget
Congress has until midnight on April 28 to pass a continuing resolution to avoid a government shutdown. At this moment, major topics being debated include funding for a border wall, defense spending, and whether to continue cost-sharing subsidies in the health insurance marketplaces.
In March, staff created a brief document titled the “Impact of the House Republican-Proposed American Health Care Plan (AHCA),” which outlines initial concerns. Board President Michael Liggett gave approval at that time for staff to share the document with legislators when it looked like action was being considered on the AHCA. The document notes concerns with: major increases in the number of people who would become uninsured, increases in total cost of care, pre-existing conditions and continuous coverage, and the impact on the Colorado budget and economy. The Board agreed with President Liggett’s approval to share the document with Colorado’s federal legislators, and also support having the document updated and shared again with legislators as new information arises on AHCA proposals, and encouraged focusing on information pertaining to its impact on Coloradans.

2017 Colorado Legislative Session
At this point, over 650 bills have been introduced and 207 are still active. 146 bills have been postponed indefinitely (PI’d) and 158 bills have been signed into law. Dan Sapienza, the Health District’s Policy Coordinator, provided quick updates on several bills of interest to the board.

Quick Updates – Bills the Board has taken position on previously (Boards’ prior positions are in brackets):

- **HB17-1286 – State Employee Health Carrier Requirements** [Support] – Would require health insurance carriers that contract with the state to provide insurance to state employees to also participate in the health insurance exchange, provide plans to 2 counties in geographic areas with the highest premiums, and participate in Medicaid. It is scheduled for a House 3rd reading vote, but if the vote in Senate is along party lines, it is likely that this bill will not pass.
- **SB17-019 – Medication Mental Illness in Justice** [Support] – Waiting in the Senate’s Appropriation Committee. Because the budget process is stalled, there are many bills sitting in Appropriations.
- **SB17-021 – Assistance to Released Offenders** [Support] – Sitting in Senate Appropriations.
- **SB17-027 – Texting while Driving** [Support] – This bill passed both chambers and is moving on to the Governor for signature into law.
- **SB17-082 – Methadone Facility Regulation** [Oppose] – Heavily amended to require background checks for individuals and owners of facilities; unlikely to pass.
- **SB17-193 –Substance Use Research Center** [Strong Support] – Scheduled to be heard in Committee today and likely to pass out of Committee.
- **SB17-203 – Alternative Drug Requirements** [Support] – This bill relates to pharmaceuticals and step therapy. The Senate is considering House amendments.

Quick Updates – Bills the Board has not taken a position

- **HB17-1186 – 1 Year Contraceptive Rx Supply** – Bill has passed and is off to the Governor for signature.
- **HB17-1318 – Rx Price Transparency** – This is one of Rep. Ginal’s bills and would require information from health insurers. It is scheduled for 3rd reading in the House.
- **HB17-1320 – Age of Consent to 10** – This bill was introduced very late. It would change the age of consent for psychotherapy and counseling from age 15 to age 10. Reporting of
suicide is done by age band and one of the age bands is 10 to 15. This bill would lower the age a minor can access therapy without parental consent. There is some debate that 10 is too young for an individual to make that kind of decision; however they decided to use that age in this bill because of suicide reporting.

- **SB17-040 – CORA Digital Record** – This bill has passed out of the first House Committee and is on to House Appropriations.
- **SB17-207 – Behavioral Health Crisis Services** – Would stop people who are being put on 72-hour holds from being held in jails, among other things. It is still in Senate Appropriations.
- **HB17-1235 – Subsidies for 400-500% FPL** – Postponed indefinitely.
- **HB17-1236 – HCPF Hospital Expenditure Report** – Postponed indefinitely.
- **SB17-064 – Freestanding Emergency Department** – This was one of the first bills to be postponed indefinitely this session. Discussions continues; a new bill could come forward in this or a future session.

**State Budget**
The state budget passed the House on April 10 with 27 amendments. Three major bills are intertwined, and are yet to be resolved: hospital provider fee reduction (SB17-256), transportation (HB17-1242 – on to Senate Finance Committee), and sustainability for rural Colorado, which includes moving the hospital provider into an Enterprise - (SB17-267 – in Senate Appropriations). The end of session is May 10; it is unknown whether a special session might be called after then.

**Key Bills for Board Consideration**
The following three bills were very recently introduced:

- **HB17-1350 – Opiate Partial Fills** – This bill would allow pharmacists to partially fill an opiate prescription at the request of the patient or the prescriber. It would result in fewer unneeded opiates being dispensed; it does not address how insurance would process them, nor what would happen with co-pays.

  **MOTION:** To SUPPORT House Bill 2017-1350.
  Motion/Seconded/Carried Unanimously

- **HB17-1351 – HCPF Report of Substance Abuse Treatment** – This bill would request that the State’s Health Care Policy and Financing (HCPF) Department and Department of Human Services (DHS) report on Residential and Inpatient Substance Abuse Disorder Treatment options under Medicaid and include: costs, savings, capacity, other states’ operations, and impacts of SA disorder.

  **MOTION:** To STRONGLY SUPPORT House Bill 2017-1351.
  Motion/Seconded/Carried Unanimously

- **HB17-1353 – Medicaid Implementation of ACC Phase II** – Sponsored by the Joint Budget Committee (JBC), this bill addresses ACC Phase II implementation and reporting, providing broad policy concepts to be followed, requiring annual reporting to JBC, and authorizing performance-based payment once plan is submitted to the General Assembly.
In the past, there have been many discussions about where Larimer County should fall in the Regional Accounting Entities (RAEs) in ACC Phase II. In the first ACC phase, Larimer County was placed in the Regional Care Coordinating (RCCO) region that includes the north and western part of the state; the RCCO is currently Rocky Mountain Health Plans. In the current Behavioral Health Organization (BHO) regions, Larimer County is with the eastern part of the state. HCPF went through an extensive process to determine an appropriate placement for Larimer County, and placed it with the current RCCO region. Some individuals, and particularly from Weld County, however, have lobbied to move it into the RCCO that they are associated with.

The North Larimer County Medicaid Accountable Care Collaborative (MACC) Oversight Committee, after significant discussion, chose to submit comments to HCPF in support of staying in the current RCCO region, noting that they have had no problems with the current placement, and citing the strong partnership and work that has been done to develop a strong community care coordination model. The same points were communicated with several local legislators. This bill does not mention the issue of Larimer County’s placement, but it could arise. Ms. Plock commented that the ACC is an important approach that has been successful in making major improvements in our community.

**MOTION:** To SUPPORT House Bill 2017-1353 AND STRONGLY SUPPORT the inclusion of Larimer County in the western region.
Motion/Seconded/Carried Unanimously

**DISCUSSION**

**Triennial Board Retreat**

Included in the meeting packet is a draft agenda for the Board’s triennial retreat in June. Board members were reminded to save time to review the notebook they will receive in advance of the retreat. The Board reviewed the agenda, and had a brief discussion. The importance of retaining flexibility in this time of uncertainty in health care was raised. As board members consider priorities for the future, it was noted that it is important to consider the criteria that is used to weigh options, and not to rush the process. Since decisions are not made at retreats, there will be time in subsequent meetings to have further discussions.

**UPDATES & REPORTS**

**2016 4th Quarter Program Reports and Executive Director Updates**

Although the 2016 4th Quarter program report was not yet available, Ms. Plock mentioned a few updates. The Evaluation Team has been working hard to finish up End of Year Reports and helping programs to determine proposed 2017 targets. The Team held an all-day retreat yesterday to make sense of the information gathered from the triennial survey and focus group meetings, despite a sudden health challenge with the consultant who had been scheduled to assist with the retreat.

Given the national and state activity, Policy Coordinator Dan Sapienza and other staff have been working hard to understand multiple policy initiatives. Ms. Plock was invited by Representative Ginal to participate on a legislative forum panel last weekend along with presenters from the Colorado Health Institute, the Colorado Hospital Association, and the Colorado Center on Law and Policy; there was a wealth of rich information, and a great deal of consternation over the impact of national proposals on Colorado. This morning, as the County Commissioners
designated May Mental Health month, Commissioner Steve Johnson gave an eloquent description of the need to continue advocating for the expansion of mental health services. The County Commissioners are strongly supportive of outreach to inform the community of the issue, and intend to put the issue on the ballot again.

In other news, Assistant Director Ms. Spink has been busy with multiple grants and reports. A successful site visit from the Colorado Health Foundation was recently held at Larimer Health Connect program. The LHC team is working on detailed plans on how to serve the same number of people in a much shorter open enrollment period (three months to six weeks). Ms. Plock was encouraged that it looks likely that a sub-group of the Tax Increment Financing (TIF) Study Group (which she is participating in) will be able to propose an Intergovernmental Agreement that will generate support from a wide variety of governmental entities.

Members of the Board were invited to attend the Poudre Valley Health System Foundation’s Annual Benefit; this year, proceeds from the event will be used to support critical needs in behavioral health services provided through Mountain Crest Behavioral Health Center. Unfortunately, most had conflicts on that date.

**UCHealth-North/PVHS Board Liaison Report**

The Poudre Valley Health System Board held a day-long retreat on Wednesday, April 19. Discussion centered around trends in health care and economic trends in northern Colorado. It was noted that our community is growing, and has a good economy, though salaries are not keeping up with the cost of living, particularly housing.

There is a new COO for PVH and MCR, Ms. Yvonne Rockwood. A discussion is set on June 1 regarding a new pilot practice approach/controlled study in northern Colorado Emergency Rooms to provide alternatives for opioids in order to reduce the potential for opioid dependence. Ms. Rockwood apparently used to run a behavioral health facility in the past and has significant interest in the issue. Ms. Marilyn Schock, the previous COO and now the president for the new UC Health hospital in Greeley, is working with a task force and Mountain Crest as part of a larger study looking at behavioral health.

Overall, the UCHealth system is growing by leaps and bounds, with other hospitals, like Cheyenne Hospital, Longs Peak Hospital in Longmont, and Yampa Valley in Steamboat Springs potentially joining the system. It was noted that in Estes Park, the local board all resigned, and the County Commissioners will be appointing a new board. UCHealth is currently strong, though there is a lot of completion – they feel they have to stay on the front edge, since things can turn on a dime.

**CONSENT AGENDA**

The February 28 Board Meeting minutes were removed from the Consent Agenda since one board member was absent for that meeting.
- Approval of February 2017 Financial Statements
- Approval of the January 24 and February 14, 2017 Board Meeting Minutes

**MOTION:** To approve the Consent Agenda as amended. 
*Motion/Seconded/Carried Unanimously*
- Approval of the February 28, 2017 Board Meeting Minutes

**MOTION:** To approve the February 28, 2017 Board Meeting minutes as presented.
*Motion/Seconded/Carried (1 Abstain – Heffernan)*

**ANNOUNCEMENTS**
- April 26, 11:30 am – Annual Employee Appreciation Luncheon at Aztlan Community Center
- May 23, 4:00 pm – Board of Directors Regular Meeting

Board President Michael Liggett will be attending the Employee luncheon.

**ADJOURN**

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

The meeting was adjourned at 6:00 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Michael Liggett, President

Tracy Nelson, Vice President

(Absent from 4/25/17 meeting)
Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCH Health North (PVHS) Board Liaison