BOARDS OF DIRECTORS
MEETING
October 24, 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
                          Deirdre Sullivan, Secretary
                          Faraz Naqvi, M.D., Treasurer
                          Tess Heffernan, Liaison to UHealth-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 Tillman, Dental Services Director
Lin Wilder, Community Impact Director

Others Present:
Kiley Floren, Community Impact
Jess Fear, Community Impact
Brian Ferrans, Community Impact
Laura Mai, Finance
Dan Sapienza, Special Projects
Suman Mather, Evaluation
Katie O’Donnell, Larimer County Health Dept.
Molly Gutilla, Citizen/CSU Public Health
Christy Bush, Citizen

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.

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

PUBLIC COMMENT
None.

PRESENTATIONS
Select Projects on Improving Community Response to Substance Use Disorders
Naloxone Project
Ms. Kiley Floren, Project Implementation Coordinator for the Community Impact Team, briefed the Board on the Naloxone Distribution and Education Project, a focus of the Mental Health and Substance Use Alliance and a collaborative effort with the North Colorado Health Alliance. Drug overdoses are now the leading cause of death among people under 50. In Larimer County, law enforcement had over 600 calls related to opioid use or overdoses last year. In 2015, Colorado’s
legislature passed Bill 2015-053 which allows a physician or other prescriber to write a standing order for naloxone (a life-saving prescription drug that can immediately reverse an overdose), to be dispensed by pharmacies, harm reduction organizations, law enforcement, or others. In reviewing existing efforts to position naloxone throughout the county, while some progress had been made, there were several gaps in recommended practice.

In July 2017, the members of the Mental Health and Substance Use Alliance of Larimer County were presented with information on the gaps in naloxone distribution and activities and subsequently approved a project to fill these gaps. The purpose of the project is to use a collective impact model to unify, support and increase local efforts to make naloxone available to those in Larimer and Weld Counties who may be in a position to reverse an opioid overdose.

Health District staff will be providing technical assistance to this project by focusing on the areas prioritized by the Alliance (jails, the public, and harm reduction and residential and outpatient treatment facilities), as well as providing overall coordination and support for the project. The project is partnering and coordinating with the North Colorado Health Alliance, which will be responsible for implementation strategies in Weld County.

Board members asked questions about the cost of naloxone (Narcan, which is the most popular brand and the easiest to administer – training takes about 3 minutes - costs about $75 a dose with insurance; about $135 without insurance; $1 for someone on Medicaid); and why the Sheriff’s Department wasn’t mentioned; (on the Sheriff’s Department, all first responders are carrying naloxone, but they are only allowed to use naloxone on themselves in case of accidental exposure, and not on the public. The Champions Group of the naloxone project is working to meet with Sheriff representatives to discuss this project with them).

Substance Use Disorder Transformation Project
Ms. Lin Wilder, Community Impact Director, reviewed with the Board key approaches that the Mental Health and Substance Use Alliance is taking to improve our community’s effectiveness with substance use disorders in our community. Substance use disorders are pervasive and affect people from all walks of life and ages. Unfortunately, most people living with substance use disorders in Larimer County are going untreated or undertreated due to: 1) lack of understanding/inaccurate perceptions of these disorders (i.e., addictions are a result of choice or lack of willpower rather than a chronic disorder affecting the brain.) and 2) due to the lack of various services not currently available in our community.

To address this, the Alliance has prioritized projects to transform both perceptions and treatment of SUDs in Larimer County by 1) helping the community at large understand addictions differently, as treatable chronic health conditions, and 2) facilitating utilization of best practices by our health, medical and behavioral health treatment professionals. To accomplish this, the Alliance is implementing several strategies:

- **Strategy 1: change perceptions of addiction and substance use** - perceptions of both the public and professionals (utilizing an “Everybody knows Somebody”-type public awareness campaign and trainings)
- **Strategy 2: Implement and ensure use of best practices**. A two-year “Transforming Perceptions and Treatment of SUDs in Larimer County” grant from the Colorado Health Foundation will help fund Phase 1, which will focus on working with the largest treatment providers, SummitStone Health Partners, and the criminal justice system.
Strategy 2 will include: taking research to practice, identifying internal and external change leaders, assessing knowledge, skills, and attitudes and behaviors, offering training and technical assistance, and ongoing process improvement. Learnings from Phase 1 will inform plans to take this out to other organizations in the future.

- **Strategy 3: Fill gaps in treatment services to create more complete continuum of care.** The work being done to update the plan to Expand Critical Behavioral Health Services is a start, and this process will focus even more closely on substance use disorder treatment needs to identify gaps in services work to develop strategies to fill them.

**DISCUSSION AND ACTIONS**

**Brief Introduction to the 2018 Budget**

Ms. Plock provided a brief introduction to the proposed 2018 budget which was delivered to the board members on October 13. On the revenue side, both property and specific ownership taxes are anticipated to increase by about 12%, or about $800,000. A key adjustment for the 2018 budget is to lower anticipated dental revenues to better reflect current realities. On the expenditure side, the first focus was to address the programmatic and other priorities of the Board, which named Larimer Health Connect, Dental Services, and Connections/CAYAC as top priorities. In order to create permanent space for LHC, Connections (which is losing its space on Oak St.), and CAYAC (and possibly Advance Care Planning), this budget proposes a potential expenditure out of revenues of up to $3 million for a building, and reserves ongoing operational costs for the future. Ms. Plock stressed that there is still considerable analysis to be done before a final decision is made.

**Set Budget Hearing Date**

A motion was proposed to set the date for the budget hearing for November 14 at 4:00 pm.

**MOTION:** To set the Budget Hearing meeting for November 14, 2017

*Motion/Seconded/Carried Unanimously*

**Budget Process**

Ms. Sullivan noted that she appreciated the work session, giving the board more dedicated time to discuss the budget. She brought up the possibility of posting the budget on the website. The state requires that the Health District post a Budget Hearing Notice in the local newspaper as well as post a notice at the usual meeting posting locations, but special districts can do more if they choose. In a brief discussion, the Board requested that staff post the budget on the website, with a feedback form for the public to submit comments (staff to compile and send to board); put display ads in the local newspaper announcing where people can go to see the budget, the hearing, and how to comment; and come up with a more comprehensive plan for next year’s process for the board to discuss in the future. One comment was that we may want to consider having the hearing at a larger location; another was to include a Compass article. The Board also asked that all parts of the board packet be posted on the website when board agendas are posted.

**Policy**

Ms. Karen Spink, Assistant Director, provided an update on various National Health Policy issues and proposals.
2018 Federal Budget – In order to re-establish a reconciliation process that would allow a budget to be passed on simple majority (51 votes in the senate), they need a House/Senate budget resolution. The House passed their version of a budget earlier this month and the Senate released its version on Friday. On Sunday, the House tentatively agreed to take up the budget the Senate passed last week (rather than try to reconcile differences through a conference committee) to save several weeks of legislative work. The Senate’s proposal calls for $473 billion in cuts from Medicare and $1 trillion from Medicaid over the next 10 years, which are part of $5 trillion in cuts mentioned overall. Staff in federal departments are working on figuring out how that would occur. Tax reform can’t begin until after they pass a budget, and there is talk about having it done before the end of the year.

Executive Order to Increase Competition and Choice – President Trump recently issued an executive order that would, in part, expand access to association health plans; expand access to short-term health plans; and expand use of health reimbursement accounts. A primary concern is that this may cause a diversion of healthier people to cheaper policies outside of the exchange, meaning that those who are left in the exchange would tend to be sicker and more costly, which would significantly increase rates and premium costs. Concerns about association health plans is they would be allowed to include plans that do not include the ACA required standards for essential services, coverage, etc. Though the Executive Order has been signed, they are now in the rule-making process, which will include a public comment period. Changes could start impacting people during 2018.

Termination of Cost Sharing Reduction Payments – The President also announced that he was ordering the termination of cost sharing reduction payments, which ends payments to reimburse insurers for ACA-required discounts in health costs for those whose incomes are between about 138-250% FPL. There is no impact to the individual, who would still receive the financial assistance, but the burden on insurance companies are anticipated to increase average premiums by as much as 33%. A silver lining for some people who qualify for cost sharing reductions is that the Advance Premium Tax Credit would increase, many will see little to no increase, or even decreases, in their premium payments. Unfortunately, those people who do not receive assistance, those at 400% of FPL and above, would bear the brunt of premium increases.

Alexander-Murray Market Stabilization Package – The Package is a bipartisan proposal that would: restore cost sharing reductions (for remainder of 2017, 2018, and 2019), broaden availability of catastrophic health plans (opens it up to everyone), make it easier for states to receive a waiver, restore funding for outreach and education (appropriate some funding back to Health and Human Services), and allow sale of products across state lines. While the proposal does have good bipartisan support, it is currently stalled.

Medicare X – Medicare X is a brand new proposal – a “public option” – being brought forward by Senators Michael Bennet and Tim Kaine. The proposal would allow all Americans to buy a public health insurance plan, pay doctors the same prices that Medicare currently does, and allow patients to be seen at the offices and hospitals that Medicare has in network. This proposal, in part, was developed to offer a life-line to rural areas. In Colorado we have 14 counties with access to only one carrier. The proposal would roll-out this option in 2020 only in counties with one or zero health plans selling in the Marketplace, then to the rest of the country in 2023 and allow small businesses to enroll in 2024. This proposal is different than single-payer in that it is an additional option, not the only option and is an effort to try to stabilize the marketplace.
CHIP Reauthorization – There are currently two proposals to reauthorize CHIP, one in the House and the other in the Senate. Both have been approved by their respective committees. A lot of work still needs to be done, particularly in addressing disagreements on funding mechanisms. The program is currently funded through January 31. If Congress does not act, a “Notice of Action” letter will be sent to families in late December informing them that CHIP is no longer available. Those who are eligible will be notified of Health First Colorado (Medicaid) or of financial assistance through the Marketplace, if they are eligible for it. Parents who must switch to plans in the Marketplace may have significantly higher costs than through CHIP, and many may not be eligible for Marketplace assistance due to their eligibility to participate in employer plans (the ‘family glitch’).

The board indicated their support for the key concepts in the market stabilization package and the Medicare X plan, and asked for staff to bring back more information and suggestions on possible positions when timely and appropriate. They also suggested more outreach on the CHP+ program, including potentially a Soapbox. Staff will communicate with federal policy leaders and key state stakeholders the impact not reauthorizing CHIP would have on families.

UPDATES & REPORTS
2017 1st and 2nd Quarter Program Reports and Executive Director Updates
Discussion on the quarterly reports will be delayed to the next meeting. Ms. Plock noted that staff continue to be busy trying to understand the national policy changes, which also change daily; the process of filling the Policy Coordinator position is well underway. In other challenges, staff have been busy finalizing the budget for the board’s review, working to increase dental service capacity and outreach, keeping up with demand for CAYAC and Connections services, and it is important to note that demand for tobacco treatment services increased in the second quarter.

Other Updates
Medicaid Accountable Care: New Approach
Pertaining to the Medicaid Accountable Care Collaborative (MACC) and the transition from Regional Care Collaborative Organizations (RCCOs) to Regional Accountable Entities (RAEs), Karen announced that Rocky Mountain Health Plan won its bid for Region 1, meaning that our community will continue working with them. What will be different, however, will be the management structure of how RAEs operate. As a RCCO, RMHP made the decisions, worked with the communities and carried things forward. In the new system, while the RAE was awarded to RMHP, it will have a joint governance process that will include both the FQHCs and the community mental health centers in the region, which may bring changes to how things work locally, but it currently looks like the Health District will still be involved in continuing to facilitate our local MACC group. Theoretically, the transition from RCCOs to RAES occurs July 2018.

Health Insurance Open Enrollment 5 Starting Soon
Larimer Health Connect is completely staffed with 8.2 FTEs (plus the two program supervisors who will be dividing their time between direct service and program management), including four Spanish-speaking guides. Despite a shorter enrollment period this year, the program was able to increase the number of appointments available, compared to previous years, and will be open during the day Monday through Fridays, with some evenings and Saturday appointments.
available, as well as having the capability to handle some walk-ins. What health plans will be available and what they include will not be known until just before the start of enrollment, which means staff will be scrambling a bit during the first week to learn the plans.

**UCHealth-North/PVHS Board Liaison Report**
Ms. Heffernan did not have any updates at this time. Ms. Plock mentioned that she received a note from Mr. Unger about possible topics for the Joint Board Meeting, including two “deep dives”, one on UCHealth’s response to the opioid crisis and the other a legislative update. The Board chose the opioid crisis update as their preferred topic.

**PUBLIC COMMENT (2nd opportunity)**
None.

**CONSENT AGENDA**
*Approval of August 2017 Financial Statements*

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

**ACTION ITEM**
*Approval of the June 27, 2017 Board Meeting Minutes*

**MOTION:** To approve the June 27, 2017 Board Meeting Minutes as presented.
*Motion/Seconded/Carried (Nelson and Sullivan abstained)*

*Approval of the September 26, 2017 Board Meeting Minutes*

**MOTION:** To approve the September 26, 2017 Board Meeting Minutes as presented.
*Motion/Seconded/Carried (Naqvi abstained)*

**ANNOUNCEMENTS**
*November 14, 4:00 pm – Board of Directors Regular Board Meeting and Budget Hearing*

**RECESS**
The Board recessed at 5:23 p.m. to have dinner and participate in a Work Session meeting to review and discuss the proposed 2018 budget.

The Work Session meeting concluded and the regular board meeting was reconvened at 6:31 p.m.

**ADJOURN**

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

The meeting was adjourned at 6:33 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

Tess Heffernan, UCH Health-North (PVHS) Board Liaison