Member Advisory Council Minutes
Larimer County – 7/6/23

Larimer County RMHP Client Council

Jul 6, 2023

Members Present: Owen Kent, Pat Chamberlain, Kathy Hartman, Heather Akins, Alison Dawson, Alison Sbrana, Mary Michael Justice, Sarah Gales, Jo Carroll, Denise Meyer
Excused: Kim Jackson, Maddie Johnson, Dave Hejde
Rocky Staff: ReNae Anderson, Heather Akins
Guests: Senator Joann Ginal
Facilitator: Julie Reiskin

The meeting began at about 11:35 am. After members made introductions, Julie introduced Senator Ginal and asked her to introduce herself. She is in her 12th year as an elected official. She spent 6 in the House 2012-2018 and last six in the Senate. She represents Fort Collins SD 14, Her goal is to bring bills forward that help people, especially those who do not have a voice or are not heard. She is the Vice Chair of Senate Health and Human Services Committee and was chair of the House Health Insurance and Environment Committee.

Top priorities include health care as it pertains to those with disabilities and others who need help with affordability of drugs, medical bills, etc. She feels it is really important to be here (in the general assembly) for a reason. She is here to do things that are good for the people of the state. She chooses bills that are for the good of the people of the state.

This year there were 617 bills brought forward, and she thinks that there were the most vetoes ever this year. Her area is behavioral health, physical health, and telehealth. She talked about SB 23-144 which had lots of patient input and expert input. Many groups and the medical professions came to the table and realized how important it was to deal with chronic pain and how this affects both physical and mental health.

She said that she did not know that the new building (mental health in Fort Collins) was not inclusive of people with IDD. She was surprised that this is not happening. Julie said we ran a bill last year to stop discrimination HB 22-1214 and it is not doing anything. The excuses are about who contracts with whom. We need a stronger bill. We have not heard that they will not be inclusive but have not heard how they will be inclusive. Julie and others clarified that while no one has said people with IDD will NOT be served, no one has told us how they will be served. The group feels good about Laurie Stolen but the contract is with Summit Stone.

SB 144 As a pharmacologist she knows that there are millions of people disabled due to chronic pain and growing. She said that a long time disability advocate Christina Johnson had called and asked her to sponsor this and said doctors were refusing to treat chronic pain patients. This bill came to her from people who really need something. In the past decade we had success in fighting the opioid epidemic and we needed to do this, but we went too far and left out the population that needs opioids. She said she cannot imagine being in pain and not having the medication that will help you live your life. People needed it to function, to work, to deal with daily lives. There were a couple bills in other states that had some success, but it was not as successful as we had with this bill. Many prescribers were afraid because of CDC guidelines. Doctors and pharmacists were afraid of being tagged. She and the group wanted this to be the best possible bill to help providers so they would not be afraid of losing their license. Had to kill the first bill because the wording was not right. Christina set up all of the meetings, we met weekly for a while. We also had a great drafter.

Discussion:

1) Is there a UCH policy against prescribing to chronic pain patients? We need to get to the bottom of this. UCH and Village Medical (formerly Associates in Family Medicine) are still telling patients that such a policy exists. Julie said that the medical society had committed to doing training and she will reach out to them and also see if they can include the Family Practice Docs and she will reach out to that organization as well. We will also reach out to Dr. Robert Valluk who was very helpful in the bill process and who is affiliated with UC Health.
2) Of course, the bill does not require any doctor to take any specific patient, just says they cannot refuse to take someone based on the dose. No doctor has to prescribe anything specific, but they are not to engage in forced tapering. The concern is what do you do if the doctor does not say it is about the opioids but just says " you are not a good fit"? Julie said that this is already a long standing problem in Grand Junction. Practices there require patients to do an application and reject anyone with a pain diagnosis or other complexities. Rocky addresses this every time they get proof of it but the issue keeps popping up. Julie said the only way to really prove discrimination is to do paired testing where one would have two similar patients apply, but one would have the characteristic we think involves the discrimination. Then we could prove it and file a complaint with the civil rights division. For example, having two people apply, both are 35 year old males with diabetes and one of them has another disability, or one of them is a different race, etc. This is hard to do with medical situations. If there is not change in practice behavior (most of the problems are with practice level policy not individual doctors) we will have to go back and run a more prescriptive bill.
3) Apparently, UC Health has a policy that says if you see one specialist you cannot see a different person. This is true even if your provider is not the right fit and lacks the expertise to meet your

needs. This is UC Health Wide policy. Heather said "If you establish care with a provider and want to change. The patient's current provider has to approve the consultation with a new MD and the current provider would need to release you to the new UC Health provider." Alison said that the physical medicine clinic in town does not allow people to see other providers who have expertise. There is one particular provider that specializes in people with chronic illnesses and if the patient does not know to only schedule that person when they establish care, they are stuck with someone unable to meet their needs and cannot change. There is the same problem with MACC case managers. It's a for profit business model issue - the administrators realize some providers who deal more with us complex patients and they want to stop that. There is no extra reimbursement to deal with complex patients. That's part of where those policies come from in my understanding. We (complex patients) are not profitable because we take too much time from the visits so that's why they enforce these policies — because otherwise specific providers who know how to help us, their entire caseload would fill up with patients like us, and then they would just lose so much money from that provider. So, it's tied back to the insufficient reimbursement for time addressing complex patients. Long COVID is only worsening this issue because it's just increasing the number of complex patients needing care. It's only a matter of time before the Long COVID clinics end up shutting down because they are not financially sustainable, and these issues are all related

4) Senator Ginal asked about pain specialists in Fort Collins or Larimer in general. The consensus is that there are no pain specialists that can actually help people and none that prescribe. A lot of specialty for Banner health is in Greeley or farther areas too, making that a limited resource in NoCo. There are no pain clinics that are easy to work with in Fort Collins that take Medicaid and prescribe opiates. One clinic exists (the one near Harmony and I 25) has many issues. One, you can't have any kind of PRN benzo on your record to get opiates. They often have different providers each time. They require in person visits once a month and they don't do telehealth. This is not feasible for many people. They also require applications to review the members' case. If accepted, they are almost exclusively NOT prescribing medications. They are only using non-oral pharmaceutical modalities and or injections . Also, if a member tests positive for any marijuana use they will not treat. UC Health just does injections and that's there 'pain management' which doesn't work if you can't do them for whatever reason. (or have bad reactions or have tried them and they failed).
5) Someone else noted that problems with UC Health are common and shared about a person who had a service animal who was disallowed from having her animal with her in hospital unless she could find a dog walker three times a day or hire someone to do so.

Action: *Julie will ask the hospital association to connect us with the right person at UC Health. She will see if they can come to a meeting and work on solving these issues at least in that system.*

We also had a discussion about mental health issues, especially for those with other disabilities like IDD. There is no place for someone with IDD to wait for a bed and sleep, only option is to call police and put in jail until there is a competency hearing and he is found incompetent, or the ER where released in a few hours. Members of this group are hoping that the new facility would be a place to take someone with IDD. There is worry that the focus is substance abuse to the exclusion of other populations and that they will not be able to accommodate someone with IDD. There is also concern that the facility has a goal of a 3 day turnaround and this is not workable or better than the ER. People with cognitive disabilities might need a longer stay to stabilize. One of the many problems with using the ER is that they cannot really evaluate, they say it is "behavioral" . This shows that they do not see people with IDD as full humans.

At the ER they also do not place because they know there are no services. Everyone says this is beyond their scope of expertise but no one ever gets the expertise needed and this population keeps getting ignored. Senator Ginal said they are doing tours and asked if we wanted to tour with her. We said we are meeting there in September and were having a tour then. We shared that we have had meetings and do not get solid answers about how they will help. Someone noted that people are afraid to let mental health providers know that they have complex health issues because this triggers rejection and then they cannot get any mental health care. One member said she wanted to visit a place to get past her fear (caused by past mistreatment). They do not let people visit a place to get over fear of facilities.

From the chat: "I don't know if y'all know there are feedback sessions with the new Behavioral Health Administration. I know they just ended some meetings related to rules, but it's a way to really get at the state level with some of these concerns. If you go to their website, you can find links to Town Halls and meetings where there are feedback sessions."

There was a discussion of the lack of psychiatrists and psychologists for Medicaid, and it is even worse for Medicare. Where has all of the money for mental health going? There was nothing for seniors and disabled people. There needs to be some sort of audit finding out where all of this money went as billions were appropriated for mental health over the past several years.

Other comments:

- I propose a Secret Shopper program where regular updates from consumers are included in ongoing improvement programs. These ongoing improvement resolutions should be part of the contracts with the state.
- Veterans are not getting the care they need federally from the VA and the state does not seem to want to do anything about this. What can we do at a state level? State elected officials can be

conduits to federal legislators which in Larimer is Joe Neguse. There used to be a Larimer county veterans' program.

- Federal asset level for Medicaid is $2000. We need to raise this. If you want to put a deposit on an apartment you cannot save that money to do this. This low of an asset level is not workable. This needs to be changed. We could change in Colorado for HCBS but that would not help people on SSI.
- Senator Ginal wants to hear from the group and a cell phone is the best way to get in touch. Text is the best way.

Because we ran out of time Alison will email her PIAC update to the group after the meeting.
The next meeting will be IN PERSON (with remote option) at the new facility on September 7th. Specific directions will come closer to the date.
We will then meet December virtually, and February in person and alternate. In person meetings will be in Fort Collins. This is based on 50% wanting to keep the meetings 100% virtual and 50% hybrid. We will get a CART captioner for hybrid meetings to accommodate for sound issues

Here is what Alison emailed:
Things we talked about that I want you all to know:

- I reported to the meeting about the themes we often talk about on our Larimer council – chronic pain access and the barriers to care there, behavioral health access and barriers there. And also touched on our last meeting regarding the feedback we offered on the possibility of regional boundaries changing for 2025 Medicaid forward. I brought up some of our ideas from that discussion and Rocky folks followed up with me about that. More on that below

- **SSI/SSDI application assistance is live!**
    - You might remember I have talked previously about how the voting members of the PIAC (myself included) proposed ideas and voted on how some extra funding Rocky had for reinvesting into the community. My proposal was assistance for folks applying for SSDI/SSI because we all know how challenging it is to be successful there, and that there is so little help for it. We ended up getting about half the funding I think, maybe slightly more, for this proposal which I think is awesome. Julie has been the main one helping execute the plans and it is already rolled out and happening here in Larimer county!!
    - Our site doing this in Larimer is Disabled Resource Services. If you refer someone to them for this, please have them say it is a Rocky referral so we can track the success of this pilot program. There is a flyer attached for this that was for case managers, but I wanted you all to see it because I am really excited about the potential of this program for

demonstrating the need for additional funding in the future. (There is not unlimited funding for this so please be mindful of that when referring folks)

- The other proposal we voted for the funding to go for was a social determinants of health slush fund. All of that funding is now gone and was used for a variety of needs across Region 1 for things that Medicaid doesn't cover. Think like car repairs, childcare while parents are applying for assistance, recreation equipment for kids/families, etc.

- **Dental benefits expansion** - this is another really exciting thing. See attached flyer! Great news.

- **Follow up on recommendations from our last meeting** - After I mentioned in my Larimer report some of the ideas we had suggested when we discussed the possibility of region lines changing for Medicaid here, Rocky folks followed up with me. They really liked the idea (I believe Mary Michael had) about care coordinators doing sort of case studies with successful cases to teach the other care coordinators from the successes. *And* that us members would be the ones to define successful cases. We didn't have tons of time to talk about this idea last meeting, but Rocky would like to try it out. **So, I am asking if you know of any success stories from care coordination that they could use to pilot this idea of case studies for care coordinators based on cases that we define as successes.** Please let me know if you do and I will let their director of care coordination know!

- **Hospital transformation project** - Last important update. In our meeting, we had updates from several administrators about the hospital transformation project, and relevant to us here in Larimer is UC Health (PVH, MCR) and Banner (McKee.) I know how many of us feel about these places 😅 I attached their slideshow here because they specifically asked for feedback to know if the data they were collecting matched the experiences of what we hear about and experience here in Larimer.
    - Social Needs:
        - UC Health - 1 Housing, 2 Utilities/Financial assistance 3 - Food
        - Banner - 1 Housing, 2 Interpersonal Safety 3 - Food
            - In person, I commented on the difference between Banner and UC Health here, that Interpersonal Safety showed up as #2 for Banner and wasn't on the list at all for UCH. I also commented on the challenges of accessing utility assistance that is more of a statewide barrier than Larimer-specific. I also commented that I am not surprised to see housing as #1 across both because it is such a need here, and that our Section 8 waitlist opened up for one weekend recently and I was worried about the many people who

probably should have signed up but may not have known or had the support they needed.

- **Behavioral Health:**
  - UC Health: 1 - Alcohol Abuse 2 - PVH: Stimulant Abuse while MCR: Anxiety 3: PVH: Anxiety while MCR: Suicidal Ideation
  - Banner: 1 - Nicotine Dependence 2 - Anxiety 3 - Alcohol Abuse
  - They wanted to know if the diagnoses listed matches our understanding of the community, and what types of services we think are most needed in the community
    - I have questions about the stimulant abuse being listed for PVH and asked if they have any additional info. We ran out of time entirely for this section during the meeting, so I just sent a follow up email.

The meeting ended at 1:00 PM.