

## **SWORD Meeting Minutes Approved 8/09/23**

June 14<sup>th</sup>, 2023

Zoom

### **Attendees:**

<b>Voting members</b>	<b>Attendance</b>	<b>Proxy</b>
<b>(Chair)</b> Steve Garchar, Dolores County Commissioner	Present	
<b>(Vice Chair)</b> Andrea Phillips, Pagosa Spring Town Manager	X	
<b>(Treasurer)</b> Adam Rogers, Finance Director, La Plata County	Present	
<b>(Secretary)</b> Erin Hyder, Durango Assistant City Manager	X	Bob Brammer
Austin Lashley, San Juan County Commissioner	Present	
Bob Brammer, Durango Police Chief	Present	
Bobbi Lock, Montezuma County Public Health Director	Present	
Chauncey McCarthy, Rico Town Manager	X	
Jessica Thurman, Montezuma County Community & Economic Development Coordinator	X	
Justen Goodall, Mancos Marshall	X	
Laurel Shafer, Montezuma County Public Health Assistant Director	Present	
Malynda Evans, Dolores County Social Services Director	X	
Marsha Porter-Norton, La Plata County Commissioner	Present	
Martha Johnson, La Plata County Department of Human Services & San Juan County Department of Social Services Director	Present	
Nathaniel Baca, 6 <sup>th</sup> Judicial District Court Judge	X	
Ronnie Maez, Archuleta County Commissioner	X	

<b>Advisory Members</b>	<b>Attendance</b>
Brandon Mencini, CEO, Centura-Mercy	X
Breeah Kinsella, Executive Director, Colorado Providers Association	X
Christal Dye, Executive Director, Mothers Against Prescription Drug Abuse	X
Donna Mae Baukat, Co-founder, Community Compassion Outreach	X
Dr. Kent Aikin, Retired Physician, Community Member	Present
Dr. Will Finn, Physician, Southern Ute Indian Tribe	Present
Haley Leonard Saunders, Sr. Director of Development/PIO, Axis Health System	Present
Imo Succo, Program Manager, SW Colorado Area Health Education Center	Present
Kelly DiGiacomo, Therapist, La Plata Family Therapy	X
Martha Tinsley Minot, Retired County Court Judge, Community Member	X

<b>Facilitator &amp; Guests</b>
Heather Otter & Laura Lewis Marchino, Region 9 EDD, SWORD Facilitators
Dr. Andrea Ryan, Centura-Mercy Hospital
Ashley Gonzales, San Juan Basin Health
Becky Joyce, San Juan County Public Health
Butch Lewis, Colorado Agency for Recovery Residences (CARR)
Candice Ludwig, Advocates for Recovery Colorado
Eric Barker, Colorado Consortium for Prescription Drug Abuse Prevention

Jay Wood, 22 <sup>nd</sup> Judicial District
Jennifer Miller, Centura-Mercy Hospital
Paul Reich, Axis Health System
Rebecca Kellenberg, Health Management Associates
Reuben Schafir, Durango Herald
Robyn Odendahl, Health Management Associates
Rosalind Penney, San Juan Basin Health
Shaine Gans, La Plata County
Shannon Breitzman, Health Management Associates
Suzanne Carlson, 6 <sup>th</sup> Judicial District Court
Tom Harms, 6 <sup>th</sup> Judicial District Probation
Tony Banda, Health Management Associates

- Commissioner Steve Garchar, Chair, called the meeting to order at 2:31pm.
- SWORD members were introduced.

I. **Feasibility Study:** Health Management Associates (HMA) presented a draft of the feasibility report and communicated high level findings and recommendations. SWORD members had the opportunity to ask questions during the meeting. The presentation included an overview of the methodologies used in the design of the study, community context and population demographics, previous needs assessments and corresponding work conducted in the region and state to assess substance use (SUD) and opioid use disorders (OUD). Of note, opioid overdose related deaths were higher in Region 9 compared to alcohol related deaths and the death rate due to alcohol was significantly higher in Region 9 compared to Colorado. Males had significantly higher drug overdose death rates compared to females. American Indian/Alaska Native (AI/AN) residents living in Region 9 had a higher rate of overdose deaths compared to that of white residents. Drug overdose deaths have increased in Region 9 since 2017. The number of overdose deaths are not significantly different compared to Colorado. Opioid overdose deaths from prescription and non-prescription increased from 4.1. deaths per 100,000 people in 2017 to 16.4 deaths per 100,000 people in 2021. Opioid overdose deaths with mention of fentanyl increased from 8.1 deaths per 100,000 people in 2017 to 12.6 in 2021. HMA compared a full continuum of services to Region 9’s services as it relates to identified gaps. Substance Abuse and Mental Health Services Administration (SAMHSA) and American Society of Addiction Medicine (ASAM) continuum of services and care were used as the comparator for identifying gaps in Region 9. According to SAMHSA, a good and modern addictions and mental health system includes being person centered, offering a full array of services and emphasis on upstream prevention and a wide range of community based care, focusing on achieving equity, and reflecting evidence-based and community defined best practices. Barriers to delivering the best SUD and OUD services reported by providers in Region 9 included gaps in the continuum of care and inability to meet the high demand for services. These barriers can lead to inequitable access for those seeking services. Specifically, the levels of care and service offerings missing in Region 9 included ASAM levels 2.5, 3.1, 3.3 and 3.5. There are a spectrum of services and treatment approaches being provided in Region 9 including SUD early intervention services, outpatient therapy, intensive outpatient therapy, and phone and mobile crisis services. Crisis was defined as a combination of mental health and SUD issues that are called in. The crisis line service utilization numbers in the report are from the Colorado Crisis Services including Hotline, Lifeline, Support Line, and Text Utilization. The Axis crisis line data was not included. SWORD members had discussion and it was agreed that HMA will include Axis crisis line data in the final report. While many services are being provided in the region, the gaps identified indicate a lack of acuity across services, specifically for people with moderate risk of severe withdrawal, people with a need for concurrent medical monitoring and mild to moderate severity including the need for 24 hour care in a structured setting and/or stabilization. HMA summarized the findings from SUD/OUD and mental health service provider surveys and key informant interviews. Medically assisted treatment (MAT), housing supports, and

workforce were reported as unmet needs or barriers to delivering SUD/OD services in Region 9. Populations with the most unmet needs were reported to be adults with serious mental illness, youth with serious mental illness, and tribal populations. The most important substances of concern were alcohol, methamphetamines, and opioids. The top three SUD services to build out the continuum were low intensity residential, SUD intensive outpatient therapy, and SUD prevention and early intervention services. HMA provided summaries of potential residential treatment facilities and crisis units. Critical drivers for both are volume and average reimbursement rate. One aspect of volume is the physical capacity of a space. For a residential treatment facility, estimates were based on emergency room admissions and market data. The financial model was based on 240 admissions per year with a 30 day length of stay with potential variation in payer mix and rates. Each of the three scenarios projected an annual loss ranging from \$440,000 to \$2.2M. For a crisis unit, the model was based on 800 admissions per year with an average 6.5 day length of stay. Three scenarios projected annual losses ranging from \$900,000 to \$2.2M. A question was raised about how funding decisions might impact the region's ability to operate a treatment facility. For example, if local governments or other entities committed funds to bridge the projected losses, would it be feasible? HMA reiterated that the key dynamic behind the losses is the reimbursement rates. The other concern is volume and the related issues of bed and space capacity. Increasing volume could help leverage some of the fixed costs that go with operating a unit. The scenarios adjust for variability in payer mix which includes uninsured, Medicaid (Colorado rate), and insured patients (used Medicaid rate for Colorado and added a premium for commercial rates). Opioid settlement funds were not included in the projections. HMA expressed willingness to look at break-even scenarios and other funding models for potential inclusion in the final report. SWORD members will be given the opportunity to submit feedback on the draft report. The final written report was slated for completion by the end of June 2023 but will now be completed by July 31<sup>st</sup>, 2023, to allow HMA time to consider SWORD feedback and refine the final written report.

## II. Approval of Minutes from 05-10-2023

- A quorum was established.
- **Bob Brammer motioned to approve the May 2023 minutes as distributed. Martha Johnson seconded. Approved unanimously.**

## III. Updates

- Heather will send in the follow up email.

## IV. Wrap Up & Next Steps:

- Next SWORD meeting – July 12<sup>th</sup> at 2:30pm via Zoom. The meeting will be extended by 30 minutes until 4:30 to accommodate the presentation of the final feasibility study results and recommendations.
- Voting and non-voting SWORD members may submit feedback on the draft feasibility study results by using a feedback form that will be emailed to you and collected by Health Management Associates (HMA). The deadline is June 27<sup>th</sup>. The HMA team will use the feedback as they prepare a summary of the final feasibility report for the July meeting.
- July meeting
  - a. Feasibility report summary unveiled to the public.
  - b. If time, discuss and vote on SWORD org chart.
  - c. If time, discuss and vote on staffing opportunities for SWORD project implementation through Region 9 EDD.
- August meeting – affirm priorities for funding year 1 and possibly year 2 funds and SWORD org structure going forward.

Meeting adjourned at 3:55pm

Minutes prepared by Heather Otter