MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Molly Gutilla, MS DrPH, Board Vice President
Celeste Kling, J.D., Board Secretary
Joseph Prows, MD MPH, Board Treasurer
Faraz Naqvi, MD, Liaison to UCHHealth-North/PVHS Board

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
James Stewart, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
Lin Wilder, Community Impact Director
Anita Benavidez, Executive Assistant
Cheri Nichols, Clinical Nurse Manager
Jessica Shannon, Resource Development
Jess Fear, Mgr Beh’l Health Strategy
Brian Ferrans, Mgr Beh’l Health Strategy

Additional Staff Present:
Kate Ward, Health Promotion Program Specialist
Laura Mai, Assistant Finance Director
Kristen Cochran-Ward, Connections Progr Mgr
Suman Mathur, Evaluator & Data Analyst

Others Present:
Alice Jorgensen, Public
Sylvia Garcia, Poudre River Public Library
June Hyman Cismoski, LWV, Larimer County
Rich Shannon, CO Fdn for Universal Health Care
Katy Kohnen, CO Fdn for Universal Health Care
Julie Towan-Zoch, DSA Fort Collins
Peggy Budai, UCHHealth Nurse Practitioner
Lynda Meyer, Public

CALL TO ORDER; APPROVAL OF AGENDA
Director Michael Liggett called the meeting to order at 4:05 p.m.

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

PUBLIC COMMENT (items not related to the Budget Hearing)
Rich Shannon, a member of the Colorado Foundation for Universal Health Care, requested support for Resolution 2019-07 as included on the agenda, noting that modeling could help people learn about the impact of Medicare for All, leading to improvement of our dysfunctional health system. He encouraged people to talk about the subject, sharing their stories, so that it moves beyond the political to the personal implications.

Katy Kohnen, a member of the Colorado Foundation for Universal Health, also expressed thanks for consideration of Resolution 2019-07, and advocated for a simpler, more affordable health
system that covers all of us. She shared a story about a life-threatening bicycle accident she experienced in Italy that required emergency surgery and a week in the hospital, yet the total bill was $8,500 – far less than it would have been in the U.S.

June Hyman-Cismoski, a member of the League of Women Voters in Larimer County, noted that the League strongly supports Universal health care that is affordable and government-funded and requested support for Resolution 2019-07.

**BUDGET PRESENTATION AND PUBLIC HEARING**

**Health District Direction/2020 Budget Presentation – Carol Plock and Lorraine Haywood**

Ms. Plock and Ms. Haywood presented the key elements of the budget, noting that 2020 is looking like a good year for revenues; tax revenues are anticipated to have a percentage of increase not seen since 2002. In addition to reviewing the proposed programs and projects, the Health District recently completed ten community discussion groups as part of the current Triennial Health Assessment that the Health District is engaged in, so some relevant comments will be interspersed. In the discussion groups, we heard from people from multiple walks of life, with a wide variety of perspectives and needs and comments that touched the soul.

Ms. Plock first reviewed the ongoing Operational Programs. The Health District’s Larimer Health Connect helps people find the most affordable and appropriate insurance for them, and Prescription Assistance helps people afford their prescriptions. We also facilitate the MACC (Medicaid Accountable Care Collaborative) Team, working with the three major primary care clinics that serve the majority of those who are uninsured or on Medicaid in our community, the Regional Accountable Entity (RAE), and SummitStone to assure the provision of care coordination for those with the most complex care and increase the effectiveness of care.

A very common theme in the community discussion groups was strong concern about affordability- the high cost of health care. We heard voices of quiet desperation, and voices of passionate fear, as evidenced by one participant who said “We can afford health insurance but we can’t afford to use it.” There is intense fear, among seniors and others, about whether they will be able to afford insurance, whether it will cover their needs, and whether they will be able to pay their medical bills. Some are going without insurance; recent CHAS data is indicating an increase in the uninsured from over 4% to over 9% in Larimer County. The 2020 Budget increases the hours of the Larimer Health Connect outreach coordinator to help address the trend.

Another major Health District program is Dental Care. In addition to providing a dental home, the Health District provides a significant amount of senior dental care, and offers the GAP program – which provides care under general anesthesia for those who need it. Connecting more people to specialty dental care providers is a special focus in 2020. In discussion groups, we heard kudos for our Dental Care, but our remaining challenge is getting people quickly through our eligibility process, so the 2020 Budget includes funds to increase eligibility FTE.

There are three major services that relate to Mental Health/Substance Use. Mental Health and Substance Use Connections and CAYAC (Child, Adolescent, and Young Adult Connections) – connecting anyone in need to the right services for them – where demand for services is rising; the Integration of Mental Health and Substance Use Care into Primary Care, where we place therapists and a psychiatrist into the two safety net primary care clinics in the community; and Community Dual Disorders Treatment, where we provide psychiatric care and nursing services to
supplement a team provided by SummitStone that provides intensive services to those with both severe mental illness and substance use disorders.

Every discussion group mentioned increased mental health and substance use issues in strong, passionate voices. From the very first group we heard about an “uprising in addiction” that is impacting all walks of life, throughout the community – particularly mentioned were meth, heroin, and alcohol. Participants asked that it be talked about more; that there be more services and help; that people needed to know what to do, and where to go for help; and that we needed more long-term addiction care.

At the end of 2019, two grants supporting CAYAC are ending, but CAYAC services remain a top priority. The 2020 budget includes funding to replace grant funding to fully cover a current psychologist and navigator position, adds a position in the adult Connections team (operational funding) and one in the CAYAC team (reserve funding) – both with substance use disorder expertise, and increases the FTE of other positions. In the Integrated Care program, an additional position will be added (half through reserve funding), in particular to provide assistance at the Family Medicine Center for chronic pain management focus - FMC has had challenges in accepting new pain patients. In the Community Dual Disorders Treatment program, funding for the part time nurse position will move from reserves to the operational budget.

The Community Impact Team (CIT) works with the Mental Health and Substance Use Alliance to increase and improve behavioral health services. Work continues on the implementation of the funds approved by voters for the new behavioral health facility, and many discussion group participants mentioned how important that facility will be. Health District staff are also involved in the implementation of Medication Assisted Treatment (MAT) in jails, increasing the quality of treatment for substance use disorders, and increasing public awareness about substance use disorders. CIT also works with HealthInfoSource.com (HIS), which is shifting from a broad information source to a tool to focus mostly on behavioral health resources; the new version is set to be implemented next year. Discussion group members mentioned the need for assistance in finding behavioral health resources and the fast-growing demand for care. CIT is also working on the issue of Pain Management. In community discussion groups, providers noted that they can’t keep up with the demand for pain management; they don’t have enough tools, enough time, and are lacking a well-coordinated process. The discussion group with those who are unhoused revealed a strong concern that their pain was not being taken seriously by providers.

In Health Promotion and Preventive Services, the two key services are in-person Tobacco Cessation counseling, and Health Screenings (Hypertension, Cholesterol, and Glucose), with emphasis on nurse consultation for those with high risk. The 2020 Budget changes include a small increase in FTE for a Health Promotion specialist, and making the public health screenings free, in order to serve more people.

The Advance Care Planning (ACP) Program works in a variety of ways to help the community understand why advance directives are important, and to work with individuals to help them complete them and get them filed. Staff also train providers and volunteers. Patient passports were implemented with a recent grant, and will continue to be used for certain individuals going forward, although they won’t be the major focus. With the end of grant funding that at one time supported over 3 FTE, educated over 4000 community members, trained over 200 medical personnel, and resulted in over 1,200 filed directives, the 2020 Budget supports just one ongoing
position (funding split between operational and reserves). In community discussion groups, the
topic of the needs of older adults was raised, and there were several requests to have ACP
continue and expand their services. Participants in the senior discussion group raised questions
like: What to do if somebody dies at home? How do you make long-term care claims? How to
have lower-cost funerals? They also noted the importance of addressing companionship and
assistance for those who enter aging solo (without partner or family nearby).

Other operational programs include communications; policy; resource development;
assessment/research/evaluation, and support services. The Evaluation Team is in the midst of
gathering information for the Triennial Health Assessment; in addition to the discussion groups,
a random-sample survey is in the field. For the 2020 budget, two positions will be added in the
area of Support Services (accountant, information specialist) in order to keep up with demand.

Major Time Limited programs included in the 2020 budget through reserve, grant, and
partnership expenditures include Larimer Health Connect (some of the funding needed to run the
program still comes from grants and reserves), Substance Use Disorder Transformation work,
Public Awareness, which will include a name change and new website, and the reservation of
funds for the future purchase or construction of a building to replace our currently rented space,
with move-in slated by 2023. Dental Care will include specialty care, client assistance, and the
purchase of a wheelchair-accessible dental chair. The CAYAC BHS (behavioral health
specialist) with SUD expertise, part of the Integrated Care Family Medicine Center BHS, and
part of the ACP staff person funding come from reserves. Other time-limited projects include
a variety of community Mental Health and Substance Use projects, the Robert Wood Johnson
Fellowship for Health Equity efforts, Aging and Health, Community Health Data, Community
and Staff specialized training, completion of the Triennial Review Process and the HIS rebuild,
Emergency Preparedness, Transition Management (two directors are transitioning next year),
Special Projects, Contracts/Compliance, and Census 2020 outreach, among others.

In summary, the 2020 Budget Priorities are 1) Services: to maintain key services after grant
expiration, and expand services in needed areas; 2) Adequate staffing levels; 3) Staff pay at or
very near market levels; 4) Keep enough in our reserves to acquire the new building.

Ms. Haywood reviewed the timeline and revenues. Timeline: On December 10 the County
provides final valuations that may result in some slight changes in tax revenue. Once that is
received, the budget will be revised based on final numbers. On December 12 the Board meets
to adopt the budget and appropriate funds, and on December 15 the Certification of Mill Levy is
due to the State. Sources of revenue include property and ownership taxes, lease revenue, fee
income, investment income, grants & partnerships, and miscellaneous income. Net tax revenue is
about $8.7M; net total revenue is about $12.7M.

Key changes in revenue include anticipated increases in taxes, reimbursement from Integrated
Care clinics and dental billing, and investment income; and decrease in grant revenue because of
the end of the CAYAC grants. Key changes in expenditures include health insurance increases;
employee salaries; and the services changes already discussed. Additional changes to be added to
expenditures include reserve expenditures for part of the FTE of the HIS to be assigned to the
Family Medicine Clinic, and for additional Transitional Management, and there may be some
adjustments for insurance and other expenses still being determined before the final budget.
Administrative costs are 6%.
Budget Public Hearing

The hearing was opened by Board President Michael Liggett at 4:55pm.

Lynda Meyer (Director, LC Office on Aging) spoke in support of the ACP, noting how important it is that we plan for the end of life. Before her current position, she worked with hospice care, where she noted that although our society does a good job of helping people enter our world, we don’t do a good job of helping them exit. She indicated support for ACP’s approach.

Peggy Budai from UCHhealth spoke in favor of continuing the budget for the ACP team, noting the direct impact it has on improving care for older adults, the difference it makes to the person and their families at the end of life, and the importance of moving from a death-denying culture to one where discussions about end of life are a natural/normal part of health care. She discussed the program with Jill Taylor, Director of the Aspen Club, who couldn’t be here tonight but wanted to share that Aspen Club and the Health District’s ACP program have a great partnership, and they regularly make referrals to ACP. Ms. Budai referenced a report from the Institute of Medicine on Death and Dying that offers a substantial body of evidence for improved approaches to end of life, including that it may help both stabilize total health care costs and ensure better quality of life. She expressed thanks to the Health District for supporting the program.

Sylvia Garcia, an outreach librarian at the Poudre River Public Library spoke of her appreciation for the creative out-of-the-box thinking used in this project, including the development of an Advance Planning Discovery Kit that has been very popular, the Book Club for Mortals, TED talks, and the Death Game. She noted that there had been great attendance at the library and that participants noted that they didn’t anticipate liking the events, but found that they did – and reported learning so much, and that it held great meaning for them.

Budget - Board Discussion and Questions

Ms. Plock addressed prior board questions and comments. The first related to whether we pay student interns, noting the equity issue that students who have low financial resources are at a disadvantage to those who don’t need to find paying internships. Although we are still checking into full details on the issue, we can say that we pay the PhD Psychology interns according to the amount set by CSU, and that several interns get stipends in varying levels; we had 15 student placements of varying types in 2018. The challenge is figuring out an appropriate compensation amount - since students come and go, and often come with little experience, if an organization has enough budget to pay full wages, they would likely be hiring ongoing employees rather than setting up student placements. We will work to create consistency in our approach, within legal parameters.

Other prior board questions were addressed. One was whether our fund balance went down in recession years. The fund balance remained relatively constant except in the year when we bought the Shields building (2014), but revenues went down, and the operational budget was cut, resulting in years of no or little pay raises and some staff cuts. Another was how our staff pay compares to ‘living wage’ studies locally. There is an online calculator that helps communities consider ‘living wage.’ The challenge is that determining what is a living wage for one family is different from the next, based on the size of the family and the total number of wage earners and how much they earn. Comparing our pay to the calculator, it indicates that our lowest staff pay is enough for a living wage for an individual living on their own, or for a family with 1-2 children.
where there are two wage earners in the family.

Another Board question was whether we have the capacity to evaluate innovative programs. The Health District does evaluate all its programs, but it typically doesn’t do control group research. When possible, we rely on other research, as in the case of Advance Care Planning, where there is a robust body of evidence for the work. A related board question was how we compare current programs to other options. That is typically done through the Triennial Review and Retreat process. Since our authority is to provide health services, our comparisons are broader than public health literature, and include such areas as medical and behavioral health. In addition to looking at health interventions, we have also historically looked at the need to fill gaps in health care. Further discussion was deferred to the triennial retreat.

The discussion was opened to any further Board comments or questions about the budget. One Board member expressed appreciation for the inclusion of some of the community discussion comments in the presentation. Another Board member asked if there is redundancy of services in the community relating to ACP since Aspen Club also assists people with advance directives, and what is the outlook for future grant funding. The staff response was that although Aspen Club does provide some services, it is one of many programs for them, has limited time, and they regularly need to refer out to our staff. As for grant funding, we have looked carefully for funders, and there are very few options (although there is considerable funding in California). While we have made significant differences, there are still thousands of people locally who need advance care directives. We do continue to request funds from patients and our local partners. The Board member noted that the program is likely one of the most cost effective programs we offer, considering that the savings that can be accrued in the health system are tremendous. Another Board member acknowledged the ACP team’s efforts, saying they are doing a great job getting others trained – rippling the impacts out.

**BOARD DISCUSSION AND DECISION**

Consideration of Board Resolution 2019-07 Regarding Modeling of Improved Medicare for All and Other Options for Health Coverage for All – Michael Liggett

**MOTION:** To adopt Resolution 2019-07 Regarding Modeling of Improved Medicare for All, and other models of Health Care for All.

*Moved/Seconded*

Discussion: A Board member noted that when one studies different types of health care systems, it is not just about the end provision of health care, but also concerns a nation’s economy, which leads to the question of whether there should be private or public health care. If health care should be provided for every individual and should minimize cost, what is the best way to go? Different approaches have different impacts, and years ago when England went one way and the U.S. another, there were trade-offs in both systems. While stories are important and passionate, analysis should be dispassionate and thorough. If the country moves too fast toward a particular system, there could be significant economic disruption that could impact the system dramatically in ways people don’t support, such as wards in hospitals vs private rooms, high nurse to patient ratios, limited access to care. Moving toward coverage for all is important, and supporting careful, thorough modeling and analysis is critical – but using slower steps to get there is important. The Board member noted that the term “Medicare for All” implies one specific approach, when there may be others that should be modeled. In Board discussion, the phrase
“health care for all” was considered appropriate to use.

Another Board member noted that the current health system is having devastating impacts on people and families now, which needs to be compared to the devastating impacts that were mentioned that change might have on the economic system. Board discussion included whether improvements can be made stepwise or whether a complete change is needed. Either way, the modeling would help flesh-out the issues and gives us an opportunity to look at all sides and all directions. Board members agreed that there needs to be a comprehensive system of health care for all, and agreed to remove the phrase “Medicare for All.”

A proposal was made to amend the Resolution, striking the references to ‘Model (or models) of improved Medicare for all, and other models of’, and replacing it with language that refers to ‘independently evaluated models of health care for all.’

MOTION: To adopt Resolution 2019-07 Regarding ‘Modeling of Improved Medicare for All’, and other models of Health Care for All [Replaced with ‘Independently Evaluated Models of Health Care for All’], as AMENDED. 
Moved/Seconded/Passed Unanimously [rescinded later in the meeting]

Amendments to Declaration and Map for Harmony Valley Condominiums – Chris Sheafor
Staff was approached by UCHealth regarding Buildings A and B on the Harmony campus. They are in the process of amending and restating the entire Declaration of Covenants, Conditions, and Restrictions for the Harmony Valley Condominiums to incorporate the amendments previously approved, incorporate the Cancer Center addition, and remove language that applies only to the initial lease-up period. They are also updating the Condominium Map to include the Cancer Center addition and correct for changes made to the configuration of suites since the maps were done. The Health District attorney has reviewed the changes and stated that they don’t change our control. We do recommend a change, that Article XVI, Special Declarant Rights, have language added that makes it clear that these rights are subject to the HOLA. Staff is seeking Board approval with the addition of the HOLA phrase.

MOTION: To approve the Restated Condominium Map, and the Restated and Amended Declaration of Covenants, Conditions, and Restrictions for Harmony Valley Condominiums as presented, with the addition of a change to Article XVI, Special Declarant Rights, making it clear that the rights are subject to the HOLA.
Moved/Seconded/Passed Unanimously

Compass Advisory Committee Nomination – Julie Estlick
Staff noted that there is an opening on the Compass Advisory Committee and they are requesting approval to seat Adriana McClintock.

MOTION: To approve Adriana McClintock for the Compass Advisory Committee
Moved/Seconded/Passed Unanimously
Board Meeting Schedule for 2020
The Board reviewed the 2020 Board of Directors Meeting Schedule.

MOTION: To adopt the 2020 Board of Directors Meeting Schedule, subject to further review.
Moved/Seconded/Passed Unanimously

UPDATES & REPORTS
Executive Director updates – Carol Plock
The budget and behavioral health work have dominated staff time. Carol Plock and Brian Ferrans will be joining the group visiting two model Arizona facilities to understand options for the new Larimer County Behavioral Health Facility.

There was no UCH Health-North/PVHS Board Liaison Report; no meeting since our last one.

PUBLIC COMMENT (2nd opportunity)
Rich Shannon wondered why the term “Medicare for All” was of concern, since it is a huge part of the current public debate. His opinion is that the phrase “universal health care” is almost meaningless, and noted that keeping the reference to the Foundation in the 4th paragraph makes it sound as if the Foundation proposed the new language, when it did not. He questioned whether the revised wording really asks the recipient to do anything.

Further Board Discussion on Resolution 2019-07
In discussion, the Board suggested rephrasing the 4th paragraph, making the other changes, and bringing the resolution back to the Board for reconsideration.

• MOTION: To withdraw Adoption of this resolution.
  Moved/Seconded/Passed Unanimously

• MOTION: To redraft Resolution 2019-07 pursuant to today’s discussion and present for consideration at the next board meeting.
  Moved/Seconded/Passed Unanimously

CONSENT AGENDA
• Approval of October 24, 2019 Board Meeting Minutes
• Approval of August 27, 2019 Board Meeting Minutes
• Approval of September 2019 Financial Statements.
MOTION: To Approve the Consent Agenda as Presented/Amended
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS
• THURSDAY, December 12, 2019, 4:00 pm, Board of Directors Regular Meeting
• Friday, December 20, Board of Directors Mini-Retreat

ADJOURN
MOTION: To Adjourn the Meeting
Moved/Seconded/Carried Unanimously

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

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Guitilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD, Liaison to UCH Health-North/PVHS Board