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

ATTENDED BY PHONE:  Celeste Kling, J.D., Board Secretary

BOARD MEMBERS ABSENT:
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
Lin Wilder, Community Impact Director
Anita Benavidez, Executive Assistant

OTHERS PRESENT:
Rich Shannon, Public
June Hyman-Cismoski, Public
Katy Kohnen, Public
Andrew Boesenecker, Clergy/Public
Elaine Branjord, 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
Rich Shannon, 2906 Silverwood Drive, Fort Collins – a volunteer representing the Colorado Foundation for Universal Health Care attended to request that the Health District join a national movement led by National Nurses United and 25 co-sponsoring organizations, by passing a resolution encouraging our city, county, state, and national elected representatives to do all they can to support a thorough evaluation of one or more models of improved Medicare for all. Mr. Shannon noted that the request is related to several statements in the Health District’s vision, strategies, and values. He stated that while the solution to our health care problem is ultimately a national solution, the impact caused by the current expensive, complicated, and dysfunctional health care system is very local, impacting individuals, families, and businesses. Medicaid has been a critical element of our patchwork of health care financing programs but it can also lock people into poverty due to the financial cliff. The high cost of health care also impacts people’s
ability to pay for housing and child care. He stated that all major social change starts at the local level, and that fear, uncertainty, and doubt cause inaction – and that an unbiased assessment of one or more models of improved Medicare for all would help inform decisions. A resolution can be prepared for the board’s consideration at the November meeting.

June Hyman-Cismoski, 1317 S. View Circle, Fort Collins – is representing the League of Women Voters of Larimer County. In 1993, after two years of study, the League of Women Voters of the United States adopted a position of support for a basic level of quality health care at affordable costs for all US residents, which was reaffirmed in 2010. The League favors a national health insurance plan financed through general taxes to provide universal health care. Ms. Hyman-Cismoski stated that the existing health care system is so deficient for many people, stops our community from being what it could be, and that no one should have to make decisions about marriage and divorce based on the status of their health care coverage, nor lose their home or fall into bankruptcy due to health care bills. The League of Women Voters of Larimer County requests the Board’s support of a resolution encouraging our elected representatives to endorse the modeling of one or more comprehensive approaches to universal health care, so that the public can learn about the specific benefits to our families, businesses, and communities.

Rev. Andrew Boesenecker, 2136 Sheffield Drive, Fort Collins – Rev. Boesenecker expressed appreciation for the opportunity to offer comments related to the continuing crisis for many in our community – the lack of affordable health care. As a member of the clergy, his role is often to comfort individuals and families in moments of crisis, and a consistent concern that often dominates those moments is: how am I, or my family, going to pay for this? He considers it a tragedy that in these dramatic situations, people must consider the financial impact of seeking care as opposed to focusing on the health that our health care system should offer everyone. He has become convinced that what we are doing and how we are doing it is broken, that health care is a human right for all people, and that we cannot ignore the ways in which our current health care system has often meant individuals losing their home and life savings in exchange for life-saving and medically necessary care, creating undue burden on the sick and dying. He urges the Health District to explore the ways in which improved Medicare would align with the Board’s priorities, and support improved health care for all.

Board members indicated their interest in considering a resolution at the next meeting.

PRESENTATIONS
- Quit Tobacco Program: New Approaches to a Persistent Problem – James Stewart

Dr. Stewart, Medical Director, Rosi Davidson (tobacco treatment specialist), and Kate Ward (program specialist for the health promotions program) attended to speak about the persistent and significant burden that tobacco continues to present to our community.

Dr. Stewart reviewed information about the health impact of tobacco, which remains the leading cause of preventable disease, disability, and death, killing one of every two users. Not only does it continue to have massive impact on direct health outcomes in morbidity and mortality but it impacts our nation’s children through second-hand smoke, and costs billions for taxpayers. Tobacco is linked to one of three cancer deaths, 90% of lung cancer deaths, 80% of COPD deaths, and 25% of cardiovascular disease deaths. Despite historic lows in tobacco use – wins in the form of policy and culture shifts - there are significant disparities,
including its use by about 25% of those without health insurance or on Medicaid, and increased utilization by those with disabilities, LGBTQ, and those with substance use disorders and serious mental health disorders. Less than ten years ago, a completely new form of delivering tobacco entered our community, targeting youth – vaping. In a recent survey, about 26% of Colorado high school students reported having vaped in the prior month.

Locally, BRFS data show that we are slightly below the national average in prevalence of adult smokers, at 13.4% (our last Health District community health survey indicated a lower rate, at 8%). Extrapolating those data, there are an estimated 27,400-45,970 current adult smokers in Larimer County. Survey data indicate that about 70% of smokers reported an attempt to quit in the prior year, which indicates that about 25,700 were at a stage of change where they were ready to quit, which indicates a significant number of potential clients for our Quit Tobacco Program services. There are no other services like ours in the community, which are based on best evidence and practices for tobacco cessation.

Rosi Davidson is a Tobacco Treatment Specialist with 18 years’ experience. She presented an example of how when one person quits smoking, there can be a significant “ripple effect” as they influence other smokers. In a case example, she worked with a couple who had a child with severe allergies. Both parents quit, and over time, the allergies were cleared up. The couple referred a coworker with four children to get smoking cessation assistance, who also referred two other people. The couple also referred two other people, who in turn referred two more – in the end, 14 people were impacted. Policies, ordinances, laws, and increases in taxes are very important, but one on one assistance is also needed – it makes a difference, and when other smokers see a success, they often say – ‘if she can do it, I can do it.’

Kate Ward spoke of the Health District “Commit to Quit Pilot Program” which is an attempt to bridge gaps in tobacco treatment after hospitalization. The concept is that if a patient can receive nicotine replacement therapy (NRT) and receive linkages to services while they are still in the hospital, they will be more likely to utilize the program after discharge. The Pilot Program includes screening and counseling, a discharge plan, and a link to services. Patients receive two weeks of NRT and a quit smoking bag that includes patches and lozenges.

Another model for smoking cessation – the Ottawa Model for Smoking Cessation, developed by the University of Ottawa Heart Institute – has developed an inpatient tobacco treatment model and studied its impact. Their model provides evidence-based treatments in hospitals, and has resulted in impressive outcomes, including 35% of smokers receiving inpatient cessation treatment being smoke-free at 6 months (compared to 20% of usual care patients), and being 50% less likely to be readmitted, etc. The Health District is investigating the potential of using this model to offer care in the inpatient setting. An online calculator of Return On Investment (ROI) from the ‘Meds to Beds’ Program indicated that Poudre Valley Hospital serves about 1,600 smokers in a year, and that a .65FTE tobacco specialist working with those smokers would cost about $82,000, but yield about $11.8 million in potential one year cost savings.

Dr. Stewart noted that we are somewhat habituated to the significant burden of disease from tobacco use, but the cost on society and individuals are substantial and current – particularly among some of our most marginalized populations. Our impact can’t always be measured
precisely, and our efforts ripple far beyond Health District walls. We are reinvigorated by the potential of doing a more targeted Quit Tobacco Program in hospitals. The Meds to Beds Program would be our opportunity to be pioneers in community tobacco treatment, with a potentially huge payout in quit rates and in money saved for the health care system.

**DISCUSSION AND ACTIONS**

- **2020 Draft Budget: Key Factors** – Carol Plock and Lorraine Haywood

Ms. Plock reviewed the history of property tax revenue, noting that the 2020 revenues are anticipated to be higher than normal; they have been this high only two times since 2002. She shared a handout listing the current board priorities, which were consulted as the budget was developed; the Board has especially indicated its interest in putting CAYAC as a high priority in recent discussions.

In reviewing Key Elements in budget development, she noted that the estimated increase in revenues in 2020 will be about $1M from taxes, or a 13% increase, plus about $240,000 from other income, which includes some reimbursement from Salud and FMC for Integrated Care behavioral health services.

In developing the budget, there were four areas of focus: 1) maintaining key health services after grant expiration, and expanding key health services; 2) building to adequate staffing for the work we are doing; 3) keeping staff pay near or close to market ranges; and 4) having adequate space for our programs – continuing to plan for a new building in 2022. A comprehensive analysis in 2017 indicated that it is more cost-effective to purchase/build a building than to continue to lease space, and at that time a plan was developed to retain enough reserves to secure/build a building in 2022 for move-in in 2023.

A review of key program changes included some minor and some significant staffing increases in Connections - Adult and CAYAC, Integrated Care, Community Impact Team – Mental Health and Substance Use Alliance, Larimer Health Connect and Health Care Access, Dental Care, Advance Care Planning (no increase; maintenance of one FTE as grant ends), and Health Promotion, as well as in Administration.

In planning for adequate space, CAYAC is moving into the Mulberry building in November, locating both Adult and CAYAC services in the same building. In looking for a building, one option might be to purchase and renovate that building, but all options will be considered. Estimates currently show that a 15K square foot building would cost about $5M (all costs), but building costs are expected to rise. We continue to accumulate funds in reserves for the capital expenditure. Goals for the location are: easily accessible, good parking, access to public transportation, include some space for growth, and a larger meeting space.

Ms. Plock shared the tool that she uses to estimate that we will have adequate reserves going out for 5 years. She noted that there are several items that we use reserves for (in addition to the projected building), such as capital improvements and non-capital equipment upgrades, or that are required to be reserved. Reserves are also used to have flexibility in time-limited projects and programs. The Board has a policy that reserves will not fall below $1M, and the State requires 3% emergency contingency in encumbered reserves.
In Board discussion, one Board member requested to see the year-end balance sheet for the last three years; finance will get that to him. Another Board member wondered what the budget was like during the lean years of the recession; staff will look that up. Another Board question was whether Specific Ownership (SO) taxes are changing much; staff responded that it has leveled out in the last couple of months – the amount in the budget is a conservative estimate due to uncertainty about the future. There was also a board question about whether we ever take the issue of ‘living wage’ into account during the market analysis, since the County had recently completed a living wage study. Although that has not been a factor in the past, it could be considered for the future. A final comment from a Board member was that there have been increasing discussions about whether organizations should stop providing unpaid internships, since those with more financial stability are more able to accept them, while those with less need to find paying jobs. Staff can analyze what impact that might have.

- Process for Board Self-Evaluation & Policy Review (Mini Retreat) – Molly Gutilla and Carol Plock

Director Gutilla reminded the Board that, at the last retreat, there was discussion about doing a self-evaluation. One mechanism to accomplish this is to review our policies, have board members discuss their interpretation of them, and discuss how we (board members) are doing to meet the intent of the policies. An example template, based on one that Frank Lancaster shared at the retreat, was distributed as a possible tool for how we might look at each specific policy.

In discussing a process for implementing the self-evaluation process, Director Gutilla proposed that the Board could have a mini-retreat; another option would be to tackle it as an ongoing work process, creating a way to look at a certain number of policies in a given time frame. The Board was in favor of having a half-day mini-retreat, including in the retreat the topic of the culture of communication, using a facilitator that has worked with the Health District in the past. The scope of content is to be determined, but it will likely include some pre-work in preparation for testing out the template at the retreat.

UPDATES & REPORTS

Executive Director updates

Regarding work on the expansion of behavioral health services resulting from the ballot issue passed in 2018, Larimer County has now launched its behavioral health facility design process; it is a complex process to sort out all the applicable regulations, since this is a facility that will combine services that haven’t been combined before. The Behavioral Health Technical Assistance Committee is making a series of presentations to the Policy Advisory Committee, to help them make sound decisions on the funds for community behavioral health grants, and we assisted in a presentation on Early Identification and Early Intervention in Mental Health and Substance Use Disorders. Funds for the grant program are $1M this year, and $2.5M in future years. A facility in Arizona has done remarkable work in developing an effective crisis center for those in behavioral health crisis; those planning services may do a site visit. Our Community Impact Team (CIT) is working on mapping remaining gaps in behavioral health care.
In other news, our mental health staff were on stand-by in case it was needed for the Glacier View fire; we are part of the mental health response in the case of disasters. The Medication Assisted Treatment (MAT) in Jail Grant was received, and our team is working on subcontracting for the services. The program has begun and is already quite active in the jails. Our Community Health Assessment Discussion Groups take place next week, and staff have been very busy organizing ten groups in 3.5 days. Carol met with Tom Gonzales, Director of the Public Health Department, and the ED’s will be meeting with the Medical Directors from both agencies in a few weeks.

If Board members have any questions or concerns with the Draft budget, please direct them to Ms. Plock before the next meeting, since time will be short to make any changes by the final deadline. Also, a reminder that it is essential that we have a quorum of members at the December 12 meeting, when the budget must be approved.

**UCHealth-North/PVHS Board Liaison Report** – Director Naqvi
There was discussion prior to the joint board meeting about the new proposed ‘state option’ – which would set up a rate-setting benchmark at 175% of Medicare for hospital care. It is estimated to impact only 190k people in the state (those who buy health insurance on the individual market), but the concern is that the insurance companies might pick it up and use it in commercial contracts as well. Some pro forma analysis has been done; since PVH and MCR are two of the most financially healthy hospitals in the state, they could be hit particularly hard with a rate-set. Another piece of the State option is the creation of “centers of excellence,” which could force consolidation of services.

**PUBLIC COMMENT (2nd opportunity)**
No public comment.

**CONSENT AGENDA**
The August 27 board meeting minutes were removed from the Consent Agenda.

Remaining Consent Agenda
- Approval of August 2019 Financial Statements.
- Approval of September 24, 2019 Board Meeting Minutes.

**MOTION:** To Approve the revised Consent Agenda as Presented
*Motion/Seconded/Carried Unanimously*

The Board had a brief discussion about how detailed minutes should be; some prefer brief, and some more detailed. There was also a question about when a Board member name should be included when they are asking questions during discussion. A discussion about minutes will be added to the mini-retreat agenda.

On the August 27 minutes, staff will make a correction on the first full paragraph of page 8, where an ‘s’ and the word ‘is’ were left out, and will check the tape for a final public comment that may not have been included.

**MOTION:** To Defer Approval of the August 27 minutes until the November board meeting.
ANNOUNCEMENTS
- November 12, 4:00 pm, Budget Hearing & Board of Directors Regular Meeting
- December 12, 4:00 pm, Board of Directors Regular Meeting

EXECUTIVE SESSION
A motion was made to go into Executive Session.

MOTION: For the Purpose of Discussion of Matters Pursuant to C.R.S. §24-6-402(4)(f) – Personnel Matters, Executive Director
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 5:30 p.m.
The Board came out of Executive Session at 5:45 p.m.

ADJOURN

MOTION: To Adjourn the Meeting
Motion/Seconded/Carried Unanimously

The meeting was adjourned at 5:46 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 UCHealth-North/PVHS Board