CALL TO ORDER: APPROVAL OF AGENDA
Director Michael Liggett called the meeting to order at 4:02 p.m. Director Liggett noted the revised agenda, which changes the order of topics, and added policies for board consideration.

MOTION: To approve the revised agenda
Motion/Seconded/Carried Unanimously

PUBLIC COMMENT
Laurie Stolen, Behavioral Health Director of Larimer County and member of the Mental Health and Substance Use Alliance and the Health Care Sector Partnership, expressed the need for, and importance of, a comprehensive web based health resource. She reported that the Technical Advisory Committee, which includes 27 local Behavioral Health subject matter experts who advise the County on the utilization of the funding resulting from the recent behavioral health ballot issue, has prioritized the need for system mapping so they can better understand who does what in our community. A local, easily accessible, updated and enhanced HealthInfoSource (HIS) would be invaluable for system mapping and referrals. She noted that increasing service capacities and improving the continuum of care in our community won’t do much good if we don’t have a way for those in need to find them. She noted that she had tried plugging key terms into Google, but results came up in the millions, whereas a small, local, source of relevant information puts all the information in one place, including useful information like service-type,
specialization, age group served, the fee structure, and hours of availability for patients. Ms. Stolen noted her appreciation for a Health District that is willing to do this, and that recognizes the need for an organization willing to assume ownership, maintenance, and support to stay current, relevant, and useful. It is an invaluable resource for our community.

Ann Hudgens, Executive Director of the CSU HealthNetwork, noted that she has been an active member of the Mental Health Substance Use Alliance for more than 15 years, and is currently the chair. She recalled the half-day retreat that the Alliance held where members of the group were assigned roles (as a person in need of assistance – a person in crisis, a mom who has a son or daughter who has a substance use disorder…etc.) and given the task of trying to navigate finding the services that individual would need. It became very clear that it is really difficult to navigate to effective resources, where they were, whether or not they were taking new clients and more. An outcome of that exercise was to prioritize creation of a better hub that allows people to find what they need. In this era of extensive information, the difficulty of assimilating it is real, and HIS is an important resource for the community, mirroring the work of the Alliance to connect people to the right resources at the right time. This generation navigates their lives through the Internet, and though it takes an investment, that investment can turn the tide for people in need.

Dan Sapienza, who formerly worked at the Health District as Policy Coordinator, attended as a member of the public to express his opposition to HIS. He noted that he also worked as a web developer, and that one platform/approach was to use the Lean Startup approach. He described the approach as one which uses a build, learn, and iterate approach; one builds a product to see if people use it, then pivot as appropriate depending on what you find out. He noted that there have been various board meetings since 2017 that have discussed HIS, originally proposed to launch October 2018. In August 2018, the budget for development was estimated at a maximum $88,000, but with the first RFP, all bids were over budget. With the new RFP process, the Board approved a budget up to $115,000, but at the next meeting a potential $130,000 was indicated. He noted that lean startups are meant to avoid this by starting with a minimum viable product (MVP) – in this case, a central clearinghouse of information that is updated, current, available, to see if people want to use it. He believes that there is already a MVP with the current HIS, and stated his opinion that nobody uses it. His opinion is that the project is spending $400,000 for a website, and that it is tackling a problem that doesn’t exist. The problem, from his perspective, is that there aren’t enough mental health professionals.

Jerrod Hall noted that he seconded everything that Dan had said. He is a software engineer and noted that he was there to gain clarity about the project.

**PRESENTATION, DISCUSSION AND ACTION**
- Health Info Source Redevelopment – General Approval of Vendor Contract – Lin Wilder

Ms. Wilder gave a presentation entitled “Creating a New and Improved HealthInfoSource.Com: What it Is (and can be) and Why It’s Important.” She noted that HIS is far more than just a website; it is a solid foundation for the efficient, effective behavioral health system we are trying to create, and a critical resource for our Connections program and other professionals who connect people to behavioral health services; it is THE foundation upon which Connections is built. The key focus of the updated HIS is on behavioral health information. The goal is to help residents make the best, most informed health care decisions, and to sort out the most important and reliable information amongst voluminous information. The new iteration plans a robust but
simple to navigate, easy to use, neutral, local tool. Resources currently available on the web have many gaps, and do not offer neutral information; providers have to pay to be on the key source of information. The redesigned tool is intended for the use of care coordinators, discharge planners, transition of care coordinators, providers, health and human services organizations, and the public, and will include more detailed information, several new features (including mobile-friendly, mapping, ease in updating, ability to save and share lists, ability for professionals to include and share notes on services, health guides, and more), and far better search and filter capabilities than are currently available. It is being designed as a more efficient way to get people in need connected to the right resource, at the right time.

Consumers consistently report that it is incredibly frustrating to try to figure out where to go for behavioral health care on the web. Searches are often confusing, lead to voluminous information but limited relevant information, and often don’t answer their key questions. Insurance provider lists have very limited information about the providers listed. This redeveloped tool is being designed to better meet those needs.

Staff are working hard to gather information from multiple sources to assure that the redesigned system will work well for their needs, and are doing the groundwork to build a system that identifies the right resources for an individual’s need.

It will be a comprehensive system with no cost to providers, easy for providers to use and update, as well as a tool for provider-to-provider referrals. The ease of use for providers helps assure quality, updated information. The system allows for specific information that referrers and the public often request, such as providers who prescribe Medication Assisted Treatment for addiction, providers from the LatinX community, provides with specific specialties, etc.

Ms. Wilder noted that in 2015, the Health District installed filters in Google Analytics to more accurately report site usage, eliminating website visits from ‘bots’, routine maintenance performed by staff, staff usage, and visits from users outside of Colorado. In late 2018, the numbers were again adjusted to eliminate some usage by staff that had not been caught during a Connections staff office move. Although the current HealthInfoSource.com website is using very old technology and has very little advertising, market, or outreach due to the impending redesign, the number of remaining unique users (external to staff) in 2017-2018 averaged about 11,800, and the projected 2019 external utilization is about 8,300 users.

Organizations currently linked to HIS on their website include the Poudre School District, Fort Collins Area Chamber of Commerce, Associates in Family Medicine, Larimer County, and more. Participants in several professional focus groups indicated that for those who used HealthInfoSource, the behavioral health resources were the most helpful part of the site and were often used to find the right providers for their clients’ needs. Staff from key partners (like schools and physician’s offices) indicated that they use even the existing website daily, but that they would use it far more, and it would be incredibly more valuable, if it were improved.

Consumers participating in focus groups indicate strong interest in comprehensive, local, and routinely updated provider directories, with high interest in behavioral health resources. They requested health guides to help navigate the health care maze, and information on local relevant classes, support groups, and community events. They noted the difficulty in the layperson understanding the differences between various services (such as therapists, psychologists, and
psychiatrists), and asked for information that would help them sort out their needs and the best professionals to help them address those needs, and tools to help them understand what questions they should consider asking.

While it is challenging to project utilization for any website, there are nearly 90,000 behavioral health related web searches annually in Larimer County. If even 15% of those found and used HIS, that would equate to over 13,000 public users each year. In addition, Connections makes approximately 8,000 referrals every year; if half of those were made through HIS, it would be another 4,000. There are an estimated 500-700 other professional users who would find the new tool useful in working with their clients, which would boost utilization even more. And the tool is anticipated to be critically important to the success of the connections and referrals that will be needed back and forth between the new behavioral health facility being planned.

Ms. Wilder noted that there are three budget phases, including the current Development Phase (Sept ’19 – May 2020) the Startup Phase (Spring and Summer 2020), and the Maintenance Phase (ongoing). Costs for the project include existing content staffing for content development, project management, the development vendor, website hosting and maintenance, and eventually project coordination. A Project Manager is currently on staff to assist in the first two phases. For the third phase, a very part time coordinator will be hired, and there will be a need for slightly increased FTE for existing content specialist time. The cost for the vendor developing the website increased from an original estimated $88,000 for reasons that include added features, requirements for added security measures, and bids coming in higher than anticipated; the current estimate is for a maximum of $130,000.

In summary, Ms. Wilder noted that HIS is critical for our services because: it results in greater efficiencies for our staff at Connections, helps meet the needs of other professionals; gets people to the best place the first time; meets the needs of skyrocketing demand for Behavioral Health information; provides better customer service for clients seeking care from a stressed workforce; helps people understand the new service offerings; strengthens the HD and Connections visibility and brand; and supports more informed healthcare decisions for some of our most vulnerable community members.

Staff from the Health District’s Connections Program added information. Kristen Cochran-Ward, the Mental Health Connections Program Manager: noted that between Jan 1 – Aug 27, 2019, her team gave out over 9,000 referrals, and now anticipates 13,000 for the year. They use a variety of sources of information, but the team has made 1500 phone calls to private providers in the community to ascertain their specialty and availability. They do use the current HIS, but in its present form, it is clunky, its layout is outdated, and it is not user friendly. The improved product will significantly decrease the amount of time staff is taking to get the information – creating efficiencies that leave them more available for the work they are meant to do.

Michelle Clark, Behavioral Health Provider Supervisor and Tasha Steinbach, Behavioral Health Provider at Connections, spoke briefly about their perspective on HIS: Ms. Clark has been here for 8 years and has seen first-hand how hard it is for individuals to navigate the behavioral health world. They currently have to use a variety of work-arounds to get people the information they need, and some important information, like comprehensive information on substance use services, are lacking in comprehensiveness and good search capabilities. Ms. Steinbach noted that she regularly works with clients who ask questions about potential therapists, and there is a
clear need for information about all providers (not just those who pay to be on websites). She noted that she regularly needs to search for specific specialties or features, such as an ADA accessible office, or evening/weekend hours. She noted that if you have never had to try to find help, you might not understand how difficult it can be – but they hear it daily from consumers, and that it only takes about 2 phone calls for a client to give up and not pursue seeking needed services. She noted that by the time clients get to us, they typically need help now – and this new, improved tool is really vital to getting them connect to the right help quickly.

Ms. Plock noted that reasonable people sometimes disagree, and can agree to disagree. She reiterated that staff have done a great deal of work over the past two years to understand community need and craft a solution that would meet multiple needs. While our own staff need comprehensive information, other community coordinators and providers also rely on this information – and if it were more useful, with added information and features, it would make a big difference in meeting clients’ and the community’s needs. Since the need for information is greater than Connections staff’s capacity, it’s important to have it available for the whole community at all hours. This is a project that is far more than a website; it is an important tool that connects people to the services that can help them meet critical behavioral health needs.

MOTION: To grant general approval to move forward with a vendor contract for HealthInfoSource.com redevelopment, not to exceed $130K

Moved and Seconded

Board Discussion: Board Director Prows noted that the concept of this tool is great, but that what needs to make sense to him is the use of the funding, current and future. He is concerned about whether we can develop a useful tool moving forward. In responding to the current expenditures, Ms. Wilder noted that we have an active website with regularly updated information, and the content specialist is actively engaged in gathering and updating information. Current expenditures in the Operational budget (YTD $29,269) are for salary and benefits for content management, fixed costs, some of Lin’s time, and a small bit of community outreach. Reserve spending includes funding for the Project Manager, and the upcoming development vendor. Ms. Haywood noted that a portion of the budget for HIS is for allocated fixed costs expenses – all programs have allocated expenses that are designated for overhead costs, based on FTE. He noted that he would like to have more information on budget. He also had a concern about the timing, noting that based on the original timeline, the system have been launched by now. Ms. Plock agreed, adding that, as is the right of the board, they have asked additional questions at every stage, which has significantly extended the timeline to resolve those questions. She also noted that the current product is still being used and impacting lives, which requires staffing.

Director Gutilla noted appreciation for the community engagement of stating opinions on this issue, both through emails and presence at the Board meeting. Since the Board wants this to be “Our Health District,” it’s important to welcome community comments. She noted that this project requires a significant expenditure, that community opinions differ, and that it is important to consider its value. She is interested in objective, quantifiable evidence of HIS’s impact, and asked the board to consider whether it wanted to invest in an intervention that is not an evidence-based practice. While there is proof that something like Larimer Health Connect increases access to care, there is no proof that this service can impact community health.
Director Naqvi noted that he is taking a business perspective in terms of resource allocation and return on investment. From his perspective, if we used this amount of funding to hire a physician or counselor to serve people, there would be an impact, but the number of people served would be quite limited. The potential of this service is to connect far more individuals to the care that they need; in his view, HIS has the potential to have a massive impact – if it works, the potential return on investment would be a home run. He acknowledged that in all projects that are nascent like this, the impact is speculative. But looking at the trends in the growth of our community, the rapid expansion in substance use and mental health needs, and the reality that utilization of the internet as a means to gain information is growing exponentially, he views this as potentially transformational. While it could be fraught with risk, the potential for success is there, and it seems to him that the Health District would want to be in front of that wave. He also noted that a good website requires adequate expenditure; they are not inexpensive.

Director Kling expressed the thought that it doesn’t seem fair to measure success based on the old website when we know it isn’t working well. Her opinion is that since we have gone out and done focus groups and talked with our partners in the community, and they are asking for the changes that would create something that works well – if we can avoid redundancy of services and have a website that is neutral and modern to make these connections, we are doing our job. In particular, she noted that if we can use this tool as leverage to free up the time of those people who work to connect people to work with more clients, and get more people to the behavioral health services they need, we can maximize the amount of services in our community. She believes that behavioral health is one of our highest priorities, and that it is worth the risk.

Director Gutilla noted that there are trade-offs, and directed a question to Kristen Cochran-Ward, Connections Manager, “If you were given that funding and could spend it in whatever way you see fit to assist CAYAC and Connections, how would you use it?” After thoughtful consideration, Ms. Cochran-Ward answered that her first emotional/gut response would be to hire more staff, because the demands for our services are high and we don’t have enough professionals to serve everyone. However, when she considers the whole big picture, she noted that it’s important to look at the efficiencies. The time that staff are spending to gather information that is not readily available wastes a lot of time. The reality is that both are true: Connections needs more staff, and staff have to have access to updated resources and information at their fingertips. We need both – we can’t have one without the other and get good results in our program.

Ms. Plock noted that her job in entering the budget process is to look at both of those needs and try to balance them out, since we are aware that both are very important. She shared some insight gained by multiple conversations with community care coordinators: they can’t coordinate care well without the right information. While just a few years ago, we had a handful of care coordinators in our community, we now have over 100 care coordinators daily working to identify, and connect people to, services.

Director Gutilla reiterated her concern about choosing a solution that is not an evidence-based solution, and her interest in measuring the impact (not just use). Director Prows noted his concern that the Health District’s expertise is not web design, and that if the result is not spectacular, we could face public criticism. Staff noted that the reason for hiring a Project Manager with years in the technical field was to fill in that gap, and that a top priority is to be sure that our vendors are highly qualified. Director Naqvi noted that the project also has the
potential to give a big boost to community support, noting that when the world is changing as quickly as it is, you’ve got to attempt to stay in front of it and that with the trends now, the effort is absolutely worth the risk.

Director Gutilla acknowledged that there were strong emotions and personal opinions involved in this discussion, and noted that this has nothing to do with personalities or personnel.

Director Liggett stated that, from his perspective, this is a good, forward-looking move for the HD. He values the opinion of the professional staff who have walked us through this to get a competent answer at the best price.

MOTION: To grant general approval to move forward with a vendor contract for HealthInfoSource.com redevelopment, not to exceed $130K
Moved and /Seconded/Carried 3 – 2
Yay: Directors Naqvi, Kling, Liggett; Nay: Directors Prows, Gutilla

PRESENTATION
- Upcoming Triennial Community Health Assessment – Bruce Cooper

Dr. Cooper noted that staff members are excited about the Triennial Community Health Assessment process, and proceeded with an overview of what’s coming. Noting that the Health District regularly creates logic models, he noted that this Assessment process has many stages, and starts with collecting collecting data, and ends with making decisions on interventions expected to improve the health of the community. The information is valuable both internally, and to other organizations in the community. This is the 9th triennial review over 24 years.

Triennial Assessment Components
The components of our triennial assessment include a random-sample community health survey, community discussion groups, utilizing secondary data to further describe our community, a compilation of trends at the local, state and national level, and disease and risk factor burden estimates. The process is to compile and assemble the data, then take the time to study and analyze it. This provides strong, quality CHA data and products which drive improvement in community health status. After review by the Board, the Evaluation Team disseminates the data to the community. The goal is use of the data for good decision making on programs, services, and policies. The process can help transform our community, through providing information insight into emerging issues, and building collaborative approaches to issues.

The random sample survey (12,000 households will be invited to participate) is about ready to launch, after a year of development. Questions are included on topics in the areas of health behaviors, physical health, oral health, mental health, chronic pain, substance use, access to health care, social determinants of health, and policy options. In the area of social determinants of health, questions have been added around housing, access to childcare, substance use questions, and attitudes around mental health and SUD treatment. The Evaluation Team has been working really closely with Weld County who is doing a similar survey process and we have figured out efficiencies that will now allow us to be general
contractors for the survey - managing some of the components, and contracting out others. The survey will be launched in September and fielded through late November – both mailed and online surveys in both English and Spanish in September. Discussion groups will be held in October. Staff compilation and analysis of those, as well as gathering further information and completing the burden of health estimates, will take place in early 2020, and results will come to the Board in advance of the April 2020 Board retreat.

Director Gutilla noted Fort Collins is considered a great place to live, but that is not true for everyone. She wondered whether there were methods that would help to reveal the disparities that might exist for marginalized populations, such as LGBTQ, those with low incomes, Latinx, etc. Dr. Cooper responded sometimes information is available, but some populations that we would like to have more information on are under-responders. The strategy last time was to oversample census tracts; this time, we will be adding extra mailings, and double stuffing envelopes Spanish and English surveys. We are also working on getting the word out that it’s worthwhile to fill out the survey, and asking local organizations to help spread the word. A website has been developed that explains the survey. Some of the questions in the survey have been changed to specifically address some of those underrepresented populations.

PRESENTATION, DISCUSSION AND ACTIONS

- Key Bills for 2019 Legislative Session – Alyson Williams
- Board Policy Survey Results
- Three policies for consideration: Federal, State, Local

Late breaking issues:

Local – The PSD Health Education Requirement for graduation was abruptly cut off in the 2018 school year, resulting in lower numbers in health education classes. The Partnership for Healthy Youth has been made aware and a group is presenting to the Wellness Advisory Council for Schools, the District Advisory Board, and the Board of Education to request reinstatement of the health education requirements, and possibly include social and emotional learning, into the curriculum. At a minimum, the request is that it should be a prerequisite for any other wellness class offered. The decision to eliminate the requirement was not well known.

Board discussion included the importance of sex education in the schools, and the value of social and emotional learning. The Board asked that the Health District be involved in advocating for reinstatement; Alyson will get in touch with the ad hoc grouping working on the issue.

State – HCPF released their draft application for the 1115 waiver to provide more comprehensive substance use including inpatient residential treatment. The Board gave permission for the Health District to enter comments if they seemed indicated (to be approved by the Board President).

Federal – The federal administration is proposing elimination of broad-based categorical eligibility, which is a process that allows a person who is eligible for TANF to be categorically eligible for SNAP, without a separate asset test. This is important for child nutrition because once families have SNAP, kids receive free school lunch. If this proposed rule goes through, it is estimated that approximately 33K people in Colorado would drop off of SNAP (including 11,000
children. Comments are due on September 23. The Board granted Alyson permission to draft comments in opposition to this rule.

2019 Key Bills:

HB19-1004: Proposal for Affordable Health Coverage Options. HCPF and DOI are developing a proposal, often called the public option, to get a health plan on the market that is more affordable and accessible. They are having stakeholder meetings across the state, but there is not yet any indication of what that plan might look like. They are required to have a draft report ready around September 30, with the final report due on November 15, and implementation in 2021. It’s an incredibly complex issue. Questions they are investigating: What would be the ideal solution for consumers? What is affordable? What is the cost of care?

HB19-1033: Local Governments May Regulate Nicotine Products. Towns and counties are already starting to discuss whether to implement this, and how. In Larimer County, Communities that Care is working on draft policies. Potential topics for consideration include: moving the age to purchase tobacco to 21, requiring licensure of tobacco retail shops, taxation, banning flavors, etc.

HB19-1168: State Innovation Waiver Reinsurance Program. The Federal Government has approved the waiver, and insurers are getting their final rates to the DOI, in late Sept/early Oct. They are proposing a 15% drop in rates, but it could be as much as 25%. It affects those who purchase their insurance on the individual market on the Connect for Health Colorado exchange.

HB19-1174: Out-of-Network Health Care Services. Otherwise referred to as “surprise billing,” efforts have begun to determine how they will put these caps in place and how the arbitration will work. Rulemaking will be done by DOI; one of the challenges is how to be sure the intent of “holding the consumer harmless” is met.

HB19-1216: Reduce Insulin Prices. The bill that capped the costs to an individual at $100 per 30-day supply of insulin. Rulemaking just came out on Sunday, identifying the Pharmacy Regulations for the Board of Pharmacy to uphold.

HB19-1237: Licensing Behavioral Health Entities. There is an advisory group pulling together all the disparate regulations on substance use and mental health facility licensing and working to define how it will work under one house.

HB19-1269: Mental Health Parity. Implementation is in progress. Data from insurers is being gathered and full batch of data is anticipated in September. DOI will be searching the data for existing gaps in parity compliance.

SB19-005: Import Prescription Drugs from Canada. The Canadian response has not been positive; they are concerned about their own costs rising and possible shortages of drugs. The Trump administration has said they are in support of this, and are looking at issuing guidance as to how states would apply to the program for Federal approval.

Board Policy survey:
Alyson reviewed the survey responses, noting that the overarching measure of engaging in policy
work is relevancy to the mission and values of the organization.

In general, all board members use the analyses in making decisions, and most felt the policy presentations held an appropriate level of detail, length, and were clear and concise. Regarding the length of analyses, Board members wanted to be sure that in the future, there is a clear summary of the, issues, with longer analyses attached (when time permits). That way, those who want to read the summary only, can do so (whereas it is often important to have more complete information available for legislators and other decision makers).

It was noted that one of the key values of the Health District analyses is that we are one of very few organizations that provide analyses with cover both sides of an issue. Board members noted that they were satisfied with the legislative tracking process. In addressing whether the current process allows for appropriate discussion and questions from the Board, a board comment was that it is sometimes hard to know when to jump in to discuss an issue thoroughly; that is an issue that the Board can take up. In the future, policy staff will be more closely tracking local policy issues. During Alyson’s leave, Karen Spink will be on policy point.

**UPDATES & REPORTS**

**Executive Director updates:**
In the interest of time, this report was postponed. Director Gutilla noted the importance of developing a relationship with Larimer County Department of Health and Environment Tom Gonzales. Ms. Plock noted that they had been in several meetings together, and that she is in the process of setting up a meeting with him, as well as a meeting between the two Executive Directors and the two Medical Directors of the organizations.

**UCHealth-North/PVHS Board Liaison Report – Director Naqvi**
Their Board meeting was on August 21, where it was reported that UCHHealth experienced their first financial challenge to the system in two years, due to a variety of factors which may include admission rates, payer mix, and a trend toward observation stays in hospitals vs. admissions (observations are paid per hour, while admissions are paid per day). Greeley Hospital is doing very well, though some of the business may be coming from MCR. Trend in outpatient services is growing rapidly.

On the political front, HCPF has been making presentations that don’t reflect well on hospitals. The hospitals believe it’s important to share information with legislators so that they will understand how many Medicaid patients they serve, and how critical they are to the safety net – which is likely to be an effort this fall. The hospitals are working on understanding the impact of the public option concept, or other options that might be considered for payment systems. They are extremely concerned that current public option proposals under consideration could not only sink hospital margins, but have hospitals go into the red.

**PUBLIC COMMENT (2nd opportunity)**

Dan Sapienza noted his support for commenting on the SNAP issue (elimination of broad-based categorical eligibility). He noted that although Larimer County is involved in both TANF and SNAP locally, the county determined that they will not make any public comment on the issue, and he noted that there are 1,000 families in Larimer County potentially affected by this issue. On the HIS topic, he thanked the Board for talking about and debating the topic. He noted that
he was somewhat uncomfortable with the process; that the emails that were sent should be in the public record, and that he thought staff reports should be neutral rather than answering the concerns he raised in his email. He reiterated his belief that HIS is a program that is a waste, and that he will continue to watch. It would also be good for the Health District to make some changes to better welcome people.

Jared Hall expressed thanks to Director Gutilla. He felt her comments were excellent and he is grateful for her perspective.

**CONSENT AGENDA**
- Approval of August 14 Board Meeting Minutes.
- Approval of June 2019 Financial Statements.

**MOTION:** To Approve the Consent Agenda as Presented

*Motion/Seconded/Carried Unanimously*

**ANNOUNCEMENTS**
- September 24, 4:00 pm, Board of Directors Regular Meeting
- October 16, 4:00 pm, Joint meeting with UCHhealth North/PVHS Board
- October 22, 4:00 pm, Board of Directors Regular Meeting

**ADJOURN**

**MOTION:** To Adjourn the Meeting

*Moved/Seconded/Carried Unanimously*

The meeting was adjourned at 6:35 p.m.
Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

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 UCHealth-North/PVHS Board