BOARD OF DIRECTORS
MEETING
May 28, 2019

Health District Office Building
120 Bristlecone Drive, Fort Collins

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

BOARD MEMBERS ABSENT: Faraz Naqvi, MD, Liaison to UCHHealth-North/PVHS Board
(Excused)

Staff Present: Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director

Staff Present: (cont’d)
Lin Wilder, Community Impact Director
Mindy Rickard, ACP Coordinator
Julie Estlick, Communications Specialist
Anita Benavidez, Executive Assistant

Others Present:
Allison Slife, Auditor

CALL TO ORDER: APPROVAL OF AGENDA
Director Michael Liggett called the meeting to order at 4:03 p.m.

The agenda was amended to reflect that Alyson Williams could not be present due to a family issue, so the Legislative Wrap-up discussion will be moved to the July meeting.

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

PUBLIC COMMENT
None

DISCUSSION & ACTIONS
HealthInfoSource Bid Process – Lin Wilder
The RFP process turned out to be unsuccessful because the bids coming in were too high for our budget and the platforms recommended were questionable for our specific needs. The amount of budget for the original RFP was based on input from the original strategic planning vendor. The bids may have come in higher in part because the planning vendor had familiarity with the project, and in part because the RFP added some desired features. The original RFP was cancelled, and a
new one will be issued. The new RFP will indicate the budget available, and will have some other changes (listed in the memo). Although the total budget for the project will not be increased, there have been cost savings due to the delay, so the RFP will include an additional amount for this phase, to reflect the cost of the additional desired features.

The delay will mean a later start date than originally planned, with launch anticipated the first of May 2020. Staff request an addition to the budget for this phase to $115,000 – which includes an additional $27,000 for added features.

MOTION: To approve a total budget of $115,000 for this RFP (which includes a $27,000 increase), and the launch a new RFP process.
Moved/Seconded/Carried (3 yes; Gutilla abstained)

Executive Director Review Process – Director Gutilla
The packet includes the proposed tool to be used for this Executive Director Review process. Directors Gutilla and Liggett propose that the Board moves discussion about creating a 360 degree process and tool to the upcoming Board retreat; the Board agreed by consensus. The tool for this year will be ready next week.

PRESENTATIONS
Advance Care Planning – Mindy Rickard
Ms. Plock noted that the purpose of this presentation was to assure that the Board is familiar with the work and achievements of the Advance Care Planning Team. There will be discussion at the upcoming retreat about those programs that have grants and/or reserves commitments ending in 2020, and this is one of those programs.

Ms. Rickard gave the presentation. The Advance Care Planning (ACP) program was launched in 2016 with grant dollars from the Colorado Health Foundation and reserve funds from the Health District, and when CHP funds ended, parts of the work were continued by a NextFifty grant. The intent of the program is to assure end of life decisions and conversations early - around the kitchen table rather than the ICU bed - putting people in the driver’s seat for choosing the care they would prefer at the end of their life. The program focuses on helping people make their choices in advance, and assuring that their loved ones know their preferences. The key question in the program is “Who would make your medical decisions if you were unable to speak for yourself?” The end goal is to communicate those plans to loved ones and medical professionals.

There are typically four barriers to ACP: (1) lack of awareness, (2) medical personnel who don’t have the time or comfort level to broach the topic, (3) confusion, and (4) denial. The ACP team goal is to provide help in overcoming those barriers.

In 2016, as the CHF grants were being announced, the community came to the Health District asking for help on this topic. They were looking for a neutral organization (not tied to a particular health system) to provide leadership and organization/coordination for the various efforts underway, as well as a resource to which medical professionals could refer patients, and resources to guide patients through the planning process. The Health District had previously prioritized addressing health issues related to the aging, and agreed to work with multiple community partners to apply for the grant. We were awarded a $300K grant over 2 years, matched by approximately $250K in HD funding from 2016 – 2018. Since July 2016, over 12,000 individuals have been engaged and
educated, there have been 400 presentations and workshops, 1,000 medical personnel have been trained in ACP, and 4,000 advance care directives have been completed and shared.

Completing Advance Care Planning is a process with three steps: Starting the Conversation, Decision-Making, and Directive Completed & Shared. All along these three key actions is a continuum of services, including raising awareness, and training for facilitators, coaches, medical providers and more.

Services currently offered include: Facilitator/clinical training, guide work – offering one on one assistance for individuals and families doing their own personal planning (we are a referral option for providers in UCHealth and Associates for Family Medicine, Rocky Mountain Healthcare, Adult Protection Services, and more), and Patient Passports. Recently, a major effort is completion of Patient Passports, which is a packet of information that provides first responders and medical professionals with information on diagnoses, medications, dementia status, contact information, and advance directives. Patient Passports have a focus population (those most in need, including the elderly and chronically ill), and were created by UCHealth. We are working closely with them to implement and evaluate the program. We currently have 305 passports completed (grant goal is 400). In the course of implementing them, we uncovered behavioral health needs, and now refer people to Connections when appropriate.

As indicated in the one-pager, the program has accomplished a lot – there has been momentum and shifts in increased awareness. One example is that during National Health Care Decision week, over 5 days 29 volunteers were instrumental in getting 404 directives put in play. The program has the ability to go anywhere; it is not silo’d in one health system or another. It works in collaboration across sectors, and with multiple entities, and is seeing some significant practice changes. Currently we are getting ready to train 250 EMS personnel at UCHealth on medical orders/scope of treatment and the Patient Pasport.

Yet we find that we still have a lot more to do. There is still a great deal of work to develop sustainability through system improvements, to continue clinical training across systems (long-term care is a key focus), large workplace campaigns to do (there is growing interest among large employers), and continuing community education and awareness (including working with the faith community, and others who also work with those with low incomes). We also see an ongoing need for one-on-one support in completing directives regardless of age or health system affiliation. Without our program, key community momentum would likely decrease - and considerably less assistance would be available for training medical professionals, and for community members who need assistance.

A question was asked about how Senate Bill 73 – establishing a statewide advance care directives database – might impact the situation. Although it’s too early to tell, it is up to the Colorado Department of Health to implement. It remains to be seen whether information will be input into the system, and whether first responders and medical personnel will use it.

**Audit Presentation – Lorraine Haywood and Allison Slife**

Ms. Haywood introduced the Health District’s new auditor, Allison Slife, from CliftonLarsonAllen LLP. Ms. Slife reviewed the significant audit findings, noting that the audit went smoothly. The auditors issued an unmodified, clean opinion – the best opinion possible in an audit. There were no big changes, and no audit adjustments. The management letter found no material weaknesses or
deficiencies. It did include two recommendations; one related to moving towards more automated journal entry processes (accounts payable, payroll, and general ledger) in order to improve efficiencies and controls – and continued review by several levels (Directors, the Executive Director, and the Board), and one to track federal funds separately (including state or local funds that may originate from federal sources), in order to be sure not to miss if enough funds are received that would require a higher-level audit. There was a $4,977 change in net position year over year.

Ms. Haywood noted that our administrative overhead remains quite low, at 7%.

**MOTION:** To acknowledge receipt of a clean audit of the 2018 financials.  
*Moved/Seconded/Carried Unanimously*

**Policy: End of Session Highlights — Alyson Williams**

Ms. Williams is out due to an unexpected death in the family; topic deferred to July.

**DISCUSSION & ACTIONS**

**Changes in Eligibility — Carol Plock**

Ms. Plock called attention to the Memo in the board packet. The Health District has developed an internal committee to review the eligibility practices of each of our programs, in order to both update them and make them more consistent. As a result of this review, two changes are being proposed: (1) to eliminate asset testing across the organization, and 2) to assign automatic eligibility for clients enrolled in Medicaid. For those on the regular Medicaid program who might require dental services that are either not covered by Medicaid, or exceed the annual Medicaid limit, assign a sliding fee level based on self-reported income.

Several key health care programs have eliminated asset testing, including the regular Medicaid Program, Child Health Plan Plus, and Salud. Some, however, such as SNAP and TANF, still maintain asset testing.

The proposed changes are expected to: (1) reduce Dental eligibility/intake appointments from 60 minutes to 30; (2) facilitate getting patients in for eligibility appointments very quickly; (3) reduce barriers in accessing dental care; (4) help fill open capacity; and (5) closely align the HD eligibility requirements with Medicaid, CHP+, Salud, and other public health clinics.

**MOTION:** To adopt two policy changes: (1) eliminate asset testing across the organization; and (2) Assign automatic eligibility for clients enrolled in Medicaid. For those on the regular Medicaid program who might require dental services that are either not covered by Medicaid, or exceed the annual Medicaid limit, assign sliding fee level based on self-reported income.  
*Moved/Seconded/Carried Unanimously*

**Harmony Campus Document Amendments — Carol Plock**

As requested by the owners of the Harmony Valley Condominiums, two amendment documents are proposed in order to extend the building site lease for the Harmony Valley Condominium building from 2044 to 2062, to mirror the extension of the Hospital Operating Lease (between the Health District and PVHS) completed in 2012, which also ends in 2062. The documents include the First Amendment to Building Site Lease (originally dated October 27, 1999), and the Third Amendment...
to Declaration of Covenants, Conditions, and Restrictions for Harmony Valley Condominiums (A Common Interest Community) (originally recorded on June 30, 2000). A board question was asked regarding the context of Section 3 of the Third Amendment, which states an amendment ‘by the replacement of “fifty-five (55)” with “thirty-seven (37)”’ Section 19.04(c) of the Declaration document allows an extension of the lease to 2099 if certain conditions apply. In order to stay within that extension to 2099, the 55 years from 2044 needed to be adjusted to 37 years from 2062.

MOTION: To approve the First Amendment to Building Site Lease and the Third Amendment to Declaration of Covenants, Conditions, and Restrictions for Harmony Valley Condominiums (A Common Interest Community), as proposed.

Moved/Seconded/Carried Unanimously

Prospective Compass Advisory Committee members – Julie Estlick
Ms. Estlick reviewed three potential new members of the Compass Advisory Committee. Kate Ward, a health promotion program specialist for the HD; Jan Gianola, a retired registered nurse; and Angel Hoffman, regional program coordinator for the Alzheimer’s Association. Ms. Estlick requested approval to appoint these three to the Advisory Committee.

MOTION: To approve the appointment of candidates Kate Ward, Jan Gianola, and Angel Hoffman to the Compass Advisory Committee

Moved/Seconded/Carried Unanimously

UPDATES & REPORTS
Executive Director updates:
Ms. Plock noted that the passage rate of bills for the 2019 Legislative session was unusually high, so there will be much to track in health changes going forward. She also reported that we have hired a new medical director: James Stewart, DO, who will start July 22. His background is in primary care, and he is just completing his preventive medicine residency (as lead resident). He has experience in many of the areas of Health District focus. He has worked in the VA, and has experience in both a tobacco cessation clinic, and with people experiencing substance use disorders.

In other news, the search for an Assistant Director is in process. We don’t yet have a final proposed TIF Intergovernmental Agreement; we are still in conversations with the City about language, and hope to have final language by the July meeting. The City and Poudre School District will be going to arbitration on their IGA, and the process will take some time.

UCHealth-North/PVHS Board Liaison Report – Director Naqvi
No update as Director Naqvi was out ill.

PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA
- Approval of the April 9 and April 23 Board Meeting Minutes.
- Approval of the January and February, 2019 Financial Statements, Post-Audit
- Approve of the March and April 2019 Financial Statements.
MOTION: To Approve the Consent Agenda as Presented
Moved/Seconded/Carried Unanimously

ANNOUNCEMENTS
- June 25, 2019, 4:00 pm, Board of Directors Regular Meeting CANCELLED
- July 3, 2019, 8:00 am – 3:00 pm, Board of Directors Retreat
- July 23, 4:00 pm, Board of Directors Regular Meeting (OR MOVE TO JULY 30?)

Director Kling is available on the 23rd by phone.

ADJOURN

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

The meeting was adjourned at 5:15 p.m.
Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Guilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

ABSENT

Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board