BOARD OF DIRECTORS
MEETING
December 14, 2017

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., President
Deirdre Sullivan, Secretary
Faraz Naqvi, M.D., Treasurer
Tess Heffernan, Liaison to UCH Health-North/PVHS Board

BOARD MEMBERS ABSENT: Tracy L. Nelson, Ph.D., Vice President

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

Nancy Stirling, Assistant to Board & ED
Sarah Tilleman, Dental Services Director
Lin Wilder, Community Impact Director
Alyson Williams, Policy Coordinator

CALL TO ORDER: APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:01 p.m. Ms. Alyson Williams, the new Policy Coordinator, was introduced to the Board. Changes were proposed for the meeting agenda: under Board Actions, add item to approve painting/remodel contract; remove the November 14 minutes from the Consent Agenda to be considered separately.

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

PUBLIC COMMENT
None.

BOARD ACTION
2018 Budget Approval
Between the initial estimated valuation received in August and the final valuation received from the County earlier this month, there was only a $144 difference in projected property tax revenue. Ms. Plock reviewed with the board some of the significant revisions made to the proposed budget, including: lowered expenses for insurance and workers compensation, and an increase in personnel expenditures due to error corrections (which includes the need for a reduction in psychologist FTE from .6 to .5). A change was also made to the beginning balance in order to cover year-end expenses which reduced the amount available as of January 1, 2018. Changes to Reserves included: decreased budget for capital replacement because of planned
purchase of new building; funds added for potential purchase of new financial software; and removal of funding for a Panorex surround-sound x-ray machine, which ended up having to be replaced this year instead. Funds were added to non-capital improvements in reserves to cover painting and remodeling projects at the Bristlecone buildings, which won’t be complete until 2018. Additionally, funding was moved to cover additional personnel costs to have adequate salary for the Mental Health Connections psychiatric FTE. Funds were reserved for Dental Connections through the end of 2018 without going to the City of Fort Collins for the 2018-2019 grant year, however, operational Dental Connections funding for 2019 has not been reserved at this time.

**MOTION:** To approve the following Resolutions as presented, and approve the Certification of Tax Levies.

- Resolution 2017-04: Adopt Budget
- Resolution 2017-05: Set Mill Levies
- Resolution 2017-06: Appropriate Sums of Money
- Certification of Tax Levies

*Motion/Seconded/Carried Unanimously*

**Approval of Painting/Remodel Project**
General Board approval is required for a contract for repainting and minor remodeling at the Health District’s 120 and 202 Bristlecone buildings. The contract price is $59,045 (contracts over $50,000 require the Board’s general approval) and was included in the 2017 budget; however, because of bidding timeframes and contractor scheduling, payments will be made in 2018 instead, requiring that the contract amount, plus $1,775 for a performance and payment bond, be moved to the 2018 budget. The project is expected to run from mid-December to mid-February.

**MOTION:** To approve the Contract.

*Motion/Seconded/Carried Unanimously*

**2018 Elections**
There will be three board positions open for the Health District’s 2018 board member elections. All of the incumbents (Michael Liggett, Tracy Nelson, and Tess Heffernan) are eligible to run again. **Resolution 2017-03: Election Resolution and Polling Place Election** proposes the following: two polling place locations (Health District Bristlecone office building and the Spirit of Joy Lutheran Church); designates Chris Sheaf as the Designated Election Official on behalf of the District; outlines timeline and deadlines for mail-in voter ballots, self-nomination and acceptance forms and write-in candidates. Election Day is May 8. If there are no more candidates than there are offices to be filled by 5:00 pm on March 6, the Designated Election Official can cancel the election and by Resolution declare the candidates elected. Over the years, more and more voters have been requesting mail-in ballots. Those who have requested to be on our mail ballot list and have voted in our election in the past will get a mail ballot automatically. Any address changes that voters have changed with the County will be made on our list too.

**PRESENTATIONS**
**Policy**
**National Tax Reform Proposals**
A Senate version of tax reform passed on December 2 and came out of conference committee just yesterday, so it is too early to have published information. Ms. Ploch provided for the board
an overview of what currently appears to be known about, and the differences between, the Senate and House proposals and Conference Committee decisions. (See “National Tax Reform Proposals – Preliminary Draft Notes”, updated December 14, 2017, for details.) Key items of concern include the elimination of the Affordable Care Act (ACA) mandate to purchase insurance (which could leave millions more uninsured), and the major increase in the deficit. The future concern is that legislators may propose reducing the deficit by reducing the budgets of Medicaid, Medicare, and the ACA. A few potential improvements in the revised version appear to include: retaining the tax deduction for medical expenses, retaining other important deductions such as student loans and mortgage deductions (though capped at less than current cap), maintaining property tax and state/local tax deductions, but only up to a maximum of $10,000, and a proposal to increase the Child Tax Credit to $2,000 (higher than what was proposed in the original Senate and House versions).

It is unknown at this time the full extent of the impact of these changes on families and communities, or the likelihood of any further changes. Staff were given board consent to share messages along the same lines that have already been crafted to key legislators if/when deemed appropriate, and in particular to again express concern about the elimination of the ACA mandate (and the increased number of uninsured and the impact this could have on safety net facilities and hospitals), the federal deficit, and impact on current programs. If there is time, the Health District may also help educate the community on these issues and possible impacts to people’s health and lives, although with things moving so quickly, and potential for further changes questionable, it may be difficult either to get the word out in time or to impact the proposed changes.

**Federal Issues**

- **Children’s Health Insurance Program (CHIP)** – The CHP program was initially created in 1997 and federal matching funds helped states to provide health coverage to children in families with incomes too high to qualify for Medicaid, but who can’t afford private insurance. On September 30, 2017, federal funding expired. Federal bills have been proposed by both the Senate and the House; the House passed a five-year extension but attached the requirement that funding come from the Prevention and Public Health Fund. The Senate proposal has not moved, mostly because their attention is on tax reform.

At the State level, the program is slated to end on January 31, 2018 with notification letters going out to affected families by end of November. State solutions being proposed for budget to address the funding shortfall include 4 options given to the Joint Budget Committee for consideration: 1) do nothing, the program ends; 2) extend through the end of February using state-only CHIP trust funds (which would exhaust the trust); 3) expand Medicaid to $250% of federal poverty level for this population of children and pregnant women, using a statute change; or 4) expand Medicaid to 185% FPL and add a buy-in option for those who make between 185% and 250% FPL. Currently, there are 90,000 children in Colorado on the program, with 4,500 of those in Larimer County.

- **Community Health Centers (CHC)** – Special CHC funding was created in 2010 by the Affordable Care Act for 5 years. It was then reauthorized with CHP in 2015 for 2 years, with funding ending in 2017. From 2010 through 2015, the program provided CHCs with $11 billion in funding for operations, construction and expansion. The impact of the loss of funding is a loss of 70% of federal grant funding for CHCs in Colorado, amounting to: loss of millions in revenue and direct grants impacting 62,000 patients, and leading to extensive
staff lay-offs and limited or closed services. Bills are being proposed in both the House and Senate in an effort to extend funding.

Last night a continuing resolution was introduced to keep government open until January 19, and CHP and CHCs were attached to the resolution. Though there appears to be support for both CHIP and CHC funding in both parties, it is unclear what proposals will move forward, or when.

The Board supported consistency in our messages to federal legislators (i.e., the suffering and impact if services go away, concerns with loss of the prevention and public health fund, etc.) and recommended that, since these issues have bipartisan support, we express thanks for legislators who are in support. When there appears to be time, it’s important to educate the general public.

**State – 2018 Legislative Session: What’s Ahead**

Ms. Alyson Williams, Policy Coordinator, reviewed with the Board key dates of the legislative session which begins on January 10 and ends on May 9; the role and membership of the Joint Budget Committee, and their timeline for getting a budget passed and adopted by the end of the session. Ms. Williams provided an overview of both the budgets for Health Care Policy and Financing (HCPF) and the Department of Human Services (DHS) Office of Behavioral Health (OBH) and budget issues for each. (See slides for further details.) Of particular concern for the HCPF budget are provider rates, funding for the All Payer Claims Data system, and hospital provider fees. For OBH, key issues include reinstating the Circle Program for those with severe substance use issues, and increasing access to substance use disorder treatment.

**Opioid Bills** – There are already 6 bills drafted from the Opioid and Other Substance Use Disorders Study Committee. In Colorado in 2015, 22,000 people reported that they had opioid abuse or dependence; there were 504 opioid overdose deaths in Colorado in 2016; and 1 out of 10 people in Colorado live in places with little or no access to Medication Assisted Treatment (MAT). Included in the meeting packet is a policy brief outlining each of the proposed bills and summarizing their objectives. (See Policy Brief for full details.) It is expected that these bills will be introduced early on in the session and could see some amendments. Staff will bring more detailed analysis to the board later.

Other likely topics to come up during this year’s legislative session may include:

- Behavioral Health – suicide prevention
- Hospitals – out of pocket spending/surprise bills; hospital data transparency; regulating freestanding emergency departments
- Insurance – moving to single geographic rating region; reinsurance
- Other – Medicaid (non-emergent medical transport and non-medical transport); I Drive (drivers licenses for undocumented immigrants)

**Local Issue: Tobacco**

The City of Fort Collins City Council has been looking at the current smoking in public areas ordinance and considering some possible changes to the ordinance. One change would be to lower the infraction penalty from a misdemeanor to a petty offense, which the board has supported previously. The Council is also considering whether to lift the ban between 10pm and 5am in designated smoking areas, and other changes regarding where smoking could occur.

With the Board President’s approval, staff drafted a letter to the members of City Council encouraging them to maintain a smoke-free downtown with no exceptions to the policy for the health of the community, while supporting the downgrade of the penalty to a petty offense. City
Council had its first reading of the bill on December 5 which passed unanimously with only the petty offense change. Second reading is scheduled for December 19.

Ms. Sullivan mentioned that the City of Fort Collins is getting ready to work on their City Plan for 2018, which could be an opportunity for the Health District to have input. Information about the timeline and process is on the City’s web site.

UPDATES & REPORTS
Executive Director Updates
- Our new members of the Community Impact Team are forging ahead on a variety of initiatives, doing a fabulous job working together, and are making great strides on the update of the Critical Behavioral Health Services Plan, which is due for completion in early 2018.
- Key issues heard in the Hot Issues in Health conference earlier included the remaining significant challenges of the cost of health insurance and health care; while the ACA made significant progress, it didn’t solve the issue of affordability for all. There is increasing talk about the possibility of a national reinsurance plan (federally subsidized) to help cover costs for those with expensive existing conditions, helping to keep costs down for everyone else, and potentially to help to stabilize the insurance market.

Brief Updates
- **Open Enrollment** – People in Colorado have until January 12 to be enrolled in a health insurance plan, while the rest of the country where there is not a state marketplace has just until tomorrow. This year, staff have benefited from enhanced access to troubleshooting with Connect for Health Colorado (C4HC), which has been very helpful in assisting our clients who have complex challenges. So far staff have served 172 more households this year than in the same period last year. A recent walk-in clinic was held with great success, serving 19 individuals. Looking ahead, staff will also be keeping a close eye on what’s happening with the Child Health Plan (CHP+) to determine possible roles and efforts should CHP+ enrollees need to find other insurance.

- **Public Awareness Campaign, Substance Use Disorders** – Ms. Lin Wilder, Community Impact Director, provided a brief update concerning a Substance Use Public Awareness Campaign to be launched in the spring. An RFP was developed to solicit outside communications expertise, and 4 vendors responded; the goal is to select a vendor and get a contract signed in January. A handout was provided outlining the purpose of the campaign (i.e., addiction is a disease that is often chronic, adequate treatment is critical, treatment can work and recovery is possible), **goals** (shift perceptions of SUDs, increase understanding of SUD treatment, improve recognition and willingness to discuss substance use), potential messages (“everyone knows someone” or “who do you know”), and identified audiences. This is a unique and exciting project in that it is focused specifically on SUDs.

To address issues pertaining to opioids, a Northern Colorado Opioid Prevention Workgroup was formed earlier this year. The Workgroup was put together by the Northern Colorado Health Alliance in Weld County, SummitStone, and other various agencies and individuals. Our staff is also involved helping with planning and prioritizing a process to help focus energies. Areas of focus include: prevention, identification and treatment, and harm reduction. In the area of identification and treatment, the project is just beginning to partner with the criminal justice system.
UCHealth-North/PVHS Board Liaison Report
Ms. Heffnerman provided a brief update on a series of meetings she recently participated in, which included the involvement of Liz Concordia, CEO of UCHealth, include:

- An announcement that it is expected that Poudre Valley Hospital (PVH) will be classified a 5-star hospital by CMS Medicare, an achievement reached by only the top 2% of hospitals in the country.
- Disaster drills are being done more frequently at both PVH and Medical Center of the Rockies (MCR) (in light of the recent disasters which happened in California).
- A representative from the Yampa Valley Medical Center in Steamboat Springs now sits on the PVHS Board, as well as representation from our community on their board. Cheyenne General looks like they will also be joining the UCHealth system.

Ms. Heffnerman also mentioned that the UCHealth Master Plan includes plans for a significant number of facilities in northern Colorado, and that the system is constantly assessing their space needs. As the Health District works on its own space needs, there might be opportunities for adjacencies or sharing space.

PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA
The November 14 board meeting minutes were removed from the Consent Agenda to be considered as a separate item.

- Resolution 2017-07: to Spend 2017 Revenues into Reserves
- Approval of Resolution 2017-03 for Polling Place Election (for 2018)
- Approval of October 2017 Financial Statements

MOTION: To approve the Consent Agenda as amended.
Motion/Seconded/Carried Unanimously

MOTION: To approve the November 14, 2017 board meeting minutes as presented.
Motion/Seconded/Carried 3-0 (Liggett abstained)

ANNOUNCEMENTS
- January 23, 2018, 4:00 pm – Board of Directors Regular Meeting

Board members can choose whether to have printed board packets or not; they will be reminded in January to bring their personal electronic devices to the meetings if they choose not to have a printed packet.

ADJOURN
MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:45 p.m.
Respectfully submitted:

Nancy Stirling, Assistant to the Board of Directors

Michael Liggett, President

[Absent from December 14, 2017 meeting]
Tracy Nelson, Vice President

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UHealth-North (PVHS) Board Liaison