



**BOARD OF DIRECTORS
MEETING
May 24, 2016**

**Health District Office Building
120 Bristlecone Drive, Fort Collins**

MINUTES

BOARD MEMBERS PRESENT: Tess Heffernan, M.Ed., Vice President
Michael D. Liggett, Esq., Secretary
Tracy L. Nelson, Ph.D., Treasurer
Faraz Naqvi, M.D.
Deirdre Sullivan (via phone)

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Devin Kepler, Larimer Health Connect Co-Lead
Laura Mai, Accountant
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Sarah Tilleman, Dental Services Director
Lin Wilder, Healthy Mind Matters Director

NEW BOARD MEMBER SWEARING-IN

Dr. Faraz Naqvi was sworn in as a new member of the Health District of Northern Larimer County's Board of Directors. Ms. Deirdre Sullivan was sworn in previously on May 23rd.

CALL TO ORDER; APPROVAL OF AGENDA

Vice President Tess Heffernan called the meeting to order at 5:40 p.m. In reviewing the meeting agenda, it was noted that the items on the Consent Agenda would need to be voted on separately (and thus taken off the Consent Agenda) because only the three board members in office at the time of the April 26 board meeting could vote on the minutes for that meeting.

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

PUBLIC COMMENTS

None.

PRESENTATIONS

Larimer Health Connect – Open Enrollment 3; Current and Future Focus

Ms. Karen Spink, Assistant Director, provided an overview on the background of the Larimer Health Connect program and the results of the latest open enrollment period.

Brief History – The Affordable Care Act was signed into law in 2010 and implementation planning for the 2014 launch (of most features) began in 2012. In 2013 the Health District applied for a grant opportunity provided by the Colorado Health Benefit Exchange (later changed to Connect for Health Colorado) to become an Assistance Site. The Health District was awarded a \$650,000 grant in July 2013 and the first open enrollment period began in October 2013 – a very short time to get a program up and running.

Initially, the program was a partnership between Larimer County's Department of Health and Environment and the County's Department of Human Services, the Family Medicine Center, and the Health District. Thirteen Health Coverage Guides were hired, as well as an office assistant, and services were provided at 5 locations throughout the County. The program's main office was set up as a storefront in Old Town. The objective of the program was to help people find the best health insurance to meet their family's health needs and budget. Health Coverage Guides provided free, impartial, in-person assistance with eligibility applications and helped individuals understand health insurance options available through the state's Marketplace (Connect for Health Colorado) and Medicaid.

In the first 18 months, between October 2013 and February 2015 (including the open enrollment periods from October 2013 through February 2014 and November 2014 through February 2015), Larimer Health Connect staff served 2,969 unduplicated customers and provided 6,352 intensive in-person or phone visits.

After the first 18 months, the program experienced (anticipated) significant reductions in funding. A smaller grant (\$130,000) was received from Connect for Health Colorado, and an additional grant (\$102,967) was received from the Colorado Health Foundation. For the second enrollment period the program had 3 locations, and 9 Health Coverage Guides totaling 6.5 FTEs. Since March 2015 (15 months), Larimer Health Connect has served an additional 2,358 unduplicated customers and provided 4,757 intensive in-person or phone visits.

Overall, the program has served 4,680 unduplicated customers and assisted with over 11,000 intensive in-person or phone visits since its inception in 2013. The program, while it can take only partial credit, has played a major part in the reduction of the uninsured in Larimer County. In 2013, the uninsured rate in Larimer County was 15.1%. In 2015 that rate fell to 6% with over 12,000 individuals enrolled in a Marketplace health plan and an additional 29,547 enrolled in Medicaid. The challenges are not over, though: 1 in 16 (between 17,000 and 24,000) people in our county remain uninsured. Staff are working on innovative ways to outreach to them, while continuing to assist those who already have insurance to review their plans each year (as benefits and plans can change from year to year) and, if necessary, re-enroll in a different plan.

Challenges – The marketplace system has been successful, however it was not without challenges. Our goal has been to turn the challenges into opportunities whenever possible. Since the beginning, staff have needed great flexibility as they continually learn new, everchanging ways of doing things, document system problems, communicate those problems to the funders

and the state, and learn the new revisions. Larimer Health Connect staff were some of the first to report problems, and our feedback has been much appreciated by the State in helping to point out issues and help recommend solutions. Another challenge has been the ever-changing landscape of insurance providers – carriers come on and drop off, and change benefits and plans, making it essential that consumers look carefully at their plans and their cost sharing allocations annually.

Successes – The number of people now insured in Larimer County has grown significantly and a large part of that success is due to our Larimer Health Connect program – both due to major outreach efforts, and the services provided by the Health Coverage Guides. The program was able to reach households throughout the county through direct-mail and Compass inserts, which have been extremely effective vehicles for giving people information about the changes, deadlines, our services, and giving them a nudge to take action to get insured whether or not they use our services. Larimer Health Connect has been named a model program at both the state and national level. We continue to have high customer satisfaction and high demand for our services – unlike others in the state, our appointments during open enrollment are almost always filled. Currently, about half the number of staff as served during open enrollment are on duty, and they are focusing on outreach, though they also continue to be busy serving people who are eligible (due to life changes, or eligibility for Medicaid) to sign up for insurance outside of the open enrollment period.

The Future – There continue to be uncertainties about the future, including whether the upcoming elections might make changes at the national or state level, and the uncertainty of future funding. While the Health District has made the commitment to have a small core staff to continue, adequate staffing has been dependent on outside funders. The Colorado Health Foundation has informed us that the upcoming year of funding will be the last year for funding Health Coverage Guides, although they may have other priorities that relate to this program. Original plans for the ACA shortened the open enrollment period following the next two open enrollments to just 6 weeks, which would create an enormous challenge for serving the numbers of people that we have been serving in open enrollment periods.

Board Discussion – There was a question from the board regarding how we estimated the number of people who might need our services, how we set targets, and how our original targets related to reality now that we have experience. Staff reviewed extensive data and created an estimate of those eligible for either Medicaid or cost reductions in the Marketplace, and targets for how many would be served. In reality, enrollment in Medicaid exceeded our expectations (partly because eligibility for Medicaid is based on tax household rather than physical household), and the number of people we were able to serve was lower than our original targets (largely because making decisions on health insurance is a complex challenge, and system glitches created even more challenges, making appointments longer than anticipated, and number of appointments needed per client higher than expected).

There was brief discussion about outreach. Staff specifically targeted outreach efforts towards areas where there were the highest percentage of uninsured and also talked to local agencies and business owners. Staff also reached out to those who speak Spanish, including recently producing a Facebook video of two of our bilingual staff. Connect for Health Colorado has put the video on their YouTube channel, which expanded the number of views. Additionally, the video has been sent to partner agencies to put on their social media.

DISCUSSION AND ACTIONS

Board Officers Election Part 1: President, Liaison to PVHS

With the addition of the two newest board members, the Board needs to elect new board officers. Ms. Plock reviewed the roles and responsibilities of the five positions: President, Vice President, Liaison to the UCHealth-North/PVHS Board, Secretary and Treasurer.

The following nominations were offered:

- Board President – Michael Liggett
- Board Vice President – Tracy Nelson
- Board Liaison to PVHS/UC Health North – Tess Heffernan
- Board Secretary – Deirdre Sullivan
- Board Treasurer – Faraz Naqvi

MOTION: To approve the above-named board officer nominations.
Motion/Seconded/Carried Unanimously

Newly elected Board President Michael Liggett took over leading the meeting from this point.

Board Name Badges

A suggestion was made that a name badge might be useful for board members to wear when out in public as a representative of the Health District; all board members indicated their interest. Ms. Stirling will work on securing them.

Review of Ballot and Candidate Campaign Limitations

The Fair Campaign Practices Act provides limitations to what campaign activities our board and staff may undertake. Included in the meeting packet are guidelines for both Health District Board Members and Health District Employees in regard to elections, ballot issues, etc. With upcoming elections and a possible ballot issue concerning Critical Behavioral Health Services, it is important the staff and Board members understand what is allowable and what is restricted under the Act. A few of the more important provisions are that as a board, the Board can: pass an advocacy resolution to be distributed through “customary means” (for the Health District, that is generally posting on the web site); direct staff to prepare and/or disseminate a factual summary on an issue of “official concern” (which, for the Health District, would only apply to an issue appearing on a Health District election); or, if an issue appears on a ballot of another jurisdiction, the board can request balanced, factual summaries created by others. Individually, board members can respond to unsolicited questions about ballot questions or express personal opinion as a private citizen. Although allowed to spend up to \$50 of public funds individually, legal counsel suggests that board members refrain from doing so, to avoid any challenges.

Employees are prohibited from all political campaign activity during work hours or when acting as a representative of the Health District. They can, however, express personal opinion on a ballot issue or candidate as long as they state they are acting as a private citizen and not as a representative of the Health District.

Board Conference Options

Included in the annual budget are funds for each board member to attend a conference relevant to their duties as Health District board members. There are two conferences that board members have typically attended in the past – the Colorado Health Symposium in July and the American

Public Health Association (APHA) annual conference in late October/early November. This year's APHA conference happens to be in Denver and the theme is "Ensuring the Right to Health." It appears that the APHA conference, when compared with the Symposium, is likely to have more sessions on topics of interest to the Health District, and although the Colorado Health Symposium was still open today mid-afternoon, a notice was just posted that it has sold out. Ms. Stirling will send an email to board members to determine who will be attending the APHA conference and start the process of making arrangements.

UPDATES & REPORTS

Policy: End of State Legislative Session; Movement on Federal Level

As of the end of the 2016 legislative session, 685 bills were introduced and 387 of them passed. There are still several bills waiting for the Governor's signature. Health District staff tracked 86 bills and 10 Board positions were taken. Mr. Dan Sapienza, Policy Coordinator, highlighted a few of the legislative items the Board discussed during this most recent session.

Community Paramedicine – SB16-069 Passes

The Board had taken a position of Support for Senate Bill 16-069 which would create a state structure for the licensure and operation of Community Mobile Integrated Healthcare. The Board's position was shared with legislators and the bill passed with bipartisan support. One of the foci of this program is lowering frequent unnecessary utilization of emergency rooms.

Substance Treatment Money through MSOs Passes

Senate Bill 16-202 would increase access to effective substance user services and provide \$6 million to managed service organizations (MSOs) from the Marijuana Tax Cash Fund to fund substance use treatment. This bill was written to be a direct cash transfer from the marijuana cash fund in order to get the funds quickly and directly to communities. Efforts are to be directed towards developing community action plans – looking at geographic areas and determining what the needs are and developing and implementing plans to increase access to effective substance use disorder services. Locally, the next steps are for our regional MSO organization, Signal Behavioral Health Network, to begin work on a community action plan. The Community Mental Health and Substance Use Partnership of Larimer County will be working with Signal to assist with plan development and implementation.

Hospital Provider Fee Enterprise Proposal Fails

House Bill 16-1420 proposed turning the hospital provider fee into an enterprise, thus averting future significant state budget challenges, and the Board voted to support such a conversion last November. The bill was killed in Senate committee despite apparently having enough votes to pass on the floor. A special session is possible, but currently looks unlikely. The issue is likely to arise again next year, when significant budget pressures are anticipated.

Federal Opiate Treatment Legislation

The federal Senate has passed a bill, the "Comprehensive Opioid Abuse Reduction Act," and the House offered 18 bills pertaining to opioid abuse. A major difference between the Senate and House versions is how much money to authorize (money that is not yet appropriated) to address the issue – the Senate bill authorizes \$62 million and the House bill authorizes \$103 million, and the bills will go to Appropriations and Conference Committee. Commonalities between the Senate and House versions include: increase access to naloxone; provide grants for treatment and prevention programs; reducing access to opioids; expand access to medication-assisted treatment

(MAT); increasing patient limits for suboxone; and reports on treatment availability and access, including study of the IMD (Institutes for Mental Disease) exclusion that restricts the ability of residential facilities of a certain size from receiving Medicaid funding. It is important to note that this is the first major substance use treatment bill to move in decades and is evidence of the attention the issue is now getting at the federal level. President Obama has requested \$1.1 billion to fight the opioid epidemic. This all puts a politically positive light on addiction services and recovery.

Critical Behavioral Health Services Update

Ms. Plock was invited by the City of Fort Collins' Finance Committee to present on the Recommendations for the Development of Critical Behavioral Health Services report, and on the issue of cost offsets if the recommendations were implemented. She and Ms. Laurie Stolen from Larimer County have been working with Rick Harwood, national economic expert on cost offsets arising from increases in mental health and substance use disorder treatment, to understand other states' and communities' cost offsets and what we might anticipate here. Mr. Harwood advised that we could with confidence report that if the recommendations were followed, our community could expect a \$4-\$7 offset (or, conservatively, \$40 million in cost offsets) for substance use disorder services if the funds were raised for the recommendations, and implemented as recommended. The summary document, and other documents used, were shared with the Board. (See handouts for details.) Reaction from the Finance Committee appeared positive; they requested that their staff report to them on impact to City concerns.

It was noted by board members that this issue is getting significant attention; one commented that there was a phenomenal article in the Sunday Coloradoan of one families' story which was very powerful. There are conversations happening throughout the community and there appears to be a general understanding of the need for a better continuum of services and, for the most part, people are supportive. The next step is that a citizens committee is anticipated to propose a county ballot issue sometime in July or August.

The Board expressed their appreciation for this information and inquired as to whether the PVHS Board has received the presentation on the results and recommendations for critical behavioral health services. They have not yet, though an invitation to present is expected but not yet scheduled. A question was raised as to whether the school district might be including mental health services in their proposed ballot issue; the answer will need to be researched.

Advance Care Planning Update

The Health District has received a \$300,000 grant over a two-year period to work collaboratively with a variety of partners to promote and assist the public with completing advance care planning. The new program will hire 3.5 FTEs for 4 positions. The staff members will start working on June 7. Mr. Jim Becker is the Program Manager and will be working with the Project Lead on an implementation plan and outreach work. Staff will function as "Guides" and will work much like the Health Coverage Guides in the Larimer Health Project, providing one-on-one assistance to clients. The search for office space for this program is nearly complete with staff working on the final details of a lease. The objective is to get 2,400 people engaged in this process.

4th Quarter 2015 Program Summary Report

Due to changes in staffing and challenges with data accuracy, the quarterly reports will be postponed until the next meeting.

UC Health Liaison Report

Dr. Steve Thorson, previous Board Liaison, submitted a written report to Ms. Plock to share with the Board.

- Included in the board's meeting packet is a copy of the hospital system's Community Health Assessment. PVHS/MCR, per IRS regulations, is required to complete an assessment every 5 years in order to maintain not-for-profit status.
- Quality Measurement – Both hospitals have a robust set of data metrics, and have excellent policies and procedures in place to analyze and correct deficiencies. Overall performance is excellent.
- Financials – Both hospitals are performing well. Excess revenues over costs are being invested in capital improvements/replacements/new technology. Market pressures from payers, and competition, may decrease performance in the future.
- Market Activities – US Health has multiple expansions planned for facilities and staff in our "North" region; growing market share is planned in order to best respond to new models of care delivery and payment schemes.

CONSENT AGENDA

The two items were taken off consent agenda and voted on individually.

- Approval of April 2016 Financial Statements
MOTION: To approve the April 2016 Financial statements as presented.
Motion/Seconded/Carried Unanimously
- Approval of the April 26, 2016 Board Meeting Minutes
MOTION: To approve the April 26, 2016 Board Meeting Minutes as presented.
Motion/Seconded/Carried 3-0 (Liggett, Nelson, Heffernan voting)

ANNOUNCEMENTS

- June 28, 5:30 pm – Board of Directors Regular Board Meeting (consider alternate dates June/July)

Due to several scheduling conflicts, the June and July meetings may be combined into one meeting in July if schedules permit.

Also, Board members discussed a suggestion of possibly moving the board meeting start times up to 4:00 pm (instead of 5:30 pm as is current), and asked Ms. Plock to see if that could work for staff. To accommodate public who cannot arrive to a board meeting until after 5:00 pm, one option is that the public comment section of the meeting agenda could be moved to later in the meeting.

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of discussion pertaining to personnel issues pursuant to §24-6-402(4)(f) of the C.R.S.
Motion/Seconded/Carried Unanimously

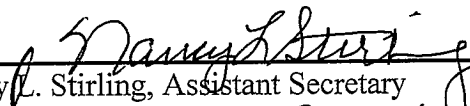
The Board retired to Executive Session at 7:10 p.m.
The Board came out of Executive Session at 7:17 p.m.

ADJOURN

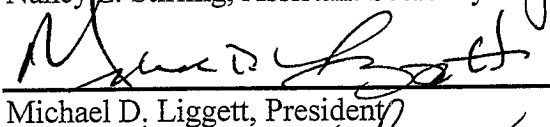
MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 7:18 p.m.

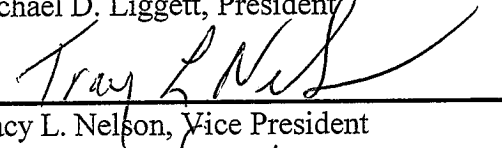
Respectfully submitted:



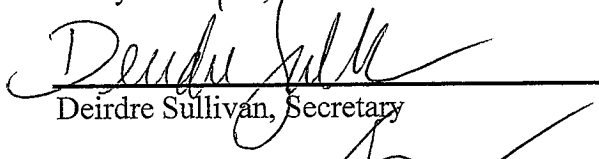
Nancy L. Stirling, Assistant Secretary



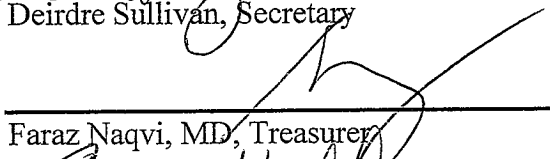
Michael D. Liggett, President



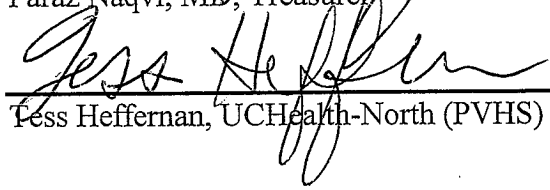
Tracy L. Nelson, Vice President



Deirdre Sullivan, Secretary



Faraz Naqvi, MD, Treasurer



Tess Heffernan, UHealth-North (PVHS) Board Liaison