BOARD OF DIRECTORS
MEETING
August 28, 2018

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, Board Secretary
Joseph Prows, MD MPH, Board Treasurer
Faraz Naqvi, MD, Liaison to UHealth-North/PVHS Board

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Julie Estlick, Communications Specialist
Brian Ferrans, CIT BH Strategy Manager
Lorraine Haywood, Finance Director
Pam Klein, Communications Project Specialist
John Newman, Interim Dental Director
Vivian Perry, HealthInfoSource Project Mgr

Jessica Shannon, Resource Development Coord
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Board & ED
Dana Turner, Dental Services Director
Lin Wilder, Community Impact Director
Alyson Williams, Policy Coordinator

Others Present:
Mary Merritt, NerdyMind
Matt Rakowski, NerdyMind

CALL TO ORDER: APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:05 p.m. It was noted that newly
appointed board member Ms. Celeste Kling was officially sworn in on August 14, 2018. There
were no changes to the meeting agenda.

PUBLIC COMMENT
None.

PRESENTATIONS AND POSSIBLE ACTIONS
HealthInfoSource.com “Blueprint”
At the last board meeting, staff discussed results of focus group findings around potential
HealthInfoSource (HIS) redevelopment. Today’s presentation is to provide a “blueprint” for the
board of a potential approach to a redesigned and improved HIS website. The Health District has
contracted with vendor NerdyMind to: evaluate needs and interests of target users; identify key
features, functionality and content; recommend flow and navigation options; and offer platform
recommendations. Ms. Mary Merritt, President and CEO of NerdyMind, attended this meeting
to provide an overview of what they learned and a proposed blueprint and recommendations to
redesigning and improving the website. Ms. Merritt reviewed with the board the importance of
comprehensive advance planning, the concept of a minimum viable product (MVP) – providing a foundation that allows for multiple options in the future, and the specific step-by-step process that has proven to be effective for their work. She then reviewed the intense work that was done to determine website usage, functionality, and approach (key features, user scenarios, user personas, user mind maps, keyword research, navigation planning, wireframes, search engine optimization, technical requirements, data flow documentation, etc.).

Just a few of the critical key features included a guided search/question tree, advanced search filtration, map functionality, allowing for groups and notes, ability to save searches and send them to clients, calendar functionality, etc. Anticipated users include community members, professional users (care coordinators and providers needing to make referrals, and the administrator(s). Users could vary widely; a few examples included: Community users could be parents, individuals, care takers; professional users could include care coordinators, health and human services organization staff members working with clients, school personnel, behavioral health providers, people from the medical community, etc. Search engine optimization would be helped due to the website already having strong ‘domain authority.’

She also showed some examples of wireframes – which are not what web pages would actually look like, but show content hierarchy, give a sense of the information and features they might include, and how navigation around the site might occur. The pages are designed to be meaningful, to provide several different ways of looking up information (adapting to different styles of people’s search approaches), and easily utilized by health care professionals as well as the general public. They would be easily viewable on mobile, and users could create saves and favorites. Users could also create their own groups, which was a feature strongly recommended by care coordinators. Maps would be very flexible, and could show, for example ‘urgent care center near me that’s open now.’ Input from focus groups was that a robust filtering ability would significantly increase its value; that is part of the plan.

As part of the project, NerdyMind was asked to research and review the best platforms for this utilization, including whether it would be possible to use existing systems or if building a new system would be needed. There are a few existing platforms, but their searches (as well as those of staff) have not uncovered any that have anything close to the features that potential users are requesting. They are closed source systems, so they can’t be changed, and they didn’t have the functions that are being envisioned, nor the ability to adapt the product to meet our needs in the future. NerdyMind offered suggestions of platforms for the front end content management system and for the back end system, based on multiple factors such as security, scalability, speed, widely developed, robust, and much more. If the District decides to go with a redesigned and significantly improved website, and once it has resolved critical issues required before design begins, the design, development, and training/launch is estimated to take approximately 35 weeks to complete, and a ballpark budget for the vendor would be about $59,000 - $88,000.

Board Comments/Questions: The Board had several questions and comments:
- Using key word data, is there a way to estimate utilization, or, for example, an area that is particularly being used versus not being used? Could we generate a potential return on investment based on estimated number of users? NerdyMinds did not perform that exact analysis yet; it may be possible, but there will be some limitations. For example, local searches vs. national may not allow for enough detail; you can sometimes see demographics, but sometimes not. A challenge is how to measure the value of assisting a
person in finding the right health (vs. increasing the sale of a product). We can think about this more.

- There have been some comments about concerns with costs, and yet, as a physician, I would use this. If the Health District chooses to move forward with this project, we will need to be sure that we can explain the expenses and the benefits.
- Will there be on-going support after the application is built? Support can be provided through either monthly contracts, or pay as you go options.
- Does the site have non-English language support? That has not been planned yet but could be added in the future.
- What about HIPAA compliance? If you had groups where care coordinators could chat with one another, would it be compliant? No sensitive information would be stored on the server; any communications would actually be done utilizing the provider’s email system, and there would have to be careful standards about what notes could be shared.
- How long can we rely on your range of cost? The range is locked in until the board makes a decision on whether to pursue this approach or not.
- How did you design the user personas? User personas were based on information gathered from the project team, focus groups, and interviews with consumers and staff members.
- If done right, could this effectively replace Connections? It is more meant to be a tool for the Connections staff and for the community. Mental health is so complex that there will still be a need for consultations, assessments, and referrals.

There are many issues that would still need to be resolved before the design stage could begin, and worked on during design and development, such as the project scope, information architecture (including taxonomy), exact content, and other planning – such as maintenance, liability, training, marketing plan, performance measures, etc. Processes and disclaimers for limiting liability are important, and our counsel should weigh in. In addition to vendor development, staff time to develop the exact features, collect updated data in the appropriate forms, perform user testing, marketing costs, and other developmental costs would result in a total preliminary ballpark budget for the development year in the neighborhood of $225,000 more than is currently spent on healthinfosource.com. For ongoing years, an initial ballpark estimate is a cost of about $130,000 more than is currently spent.

In order to allow time needed to address these open issues and conduct in-depth internal planning, decision-making, budgeting, and preparation for content gathering and development, etc, staff proposes that the actual design and development phase of the project not begin until January 1, 2019.

In summary – While there are some challenges and additional steps that need to be taken, it is doable! The impact would be significant improvement in content, functionality, ease of use, and customizability, and multiple features that don’t currently exist, and input from community members, professional users, care coordinators, listed professionals, and Health District staff is that the changes would provide significant improvements in getting people linked to the health services best able to meet their needs. The staff question was whether we should move into the next stage of developing this project further so that it could be included in the 2019 budget for the board’s consideration, and so that the open issues could be worked on in the remainder of this year.
Dr. Naqvi commented that this project is not only important, but also absolutely necessary. This could become the very foundation for the Health District – helping people to access information and services, and what can keep the organization alive, moving forward, relevant, and relatable.

**MOTION:** To direct Staff to move forward with continuing to develop the HealthInfoSource redevelopment plan, including the creation of a 2019 budget proposal for consideration during the budget process, and continued work on the open issues, in preparation for the potential launch in 2019 if approved in the budget.

*Motion/Seconded*/

**Board Discussion:** Ms. Gutilla commented that this is a lot of money to commit to a project where there is no scientific evidence that says building a website improves health. She noted that if we do allocate money to this effort, we need to make sure that we evaluate it; we owe it to the public. Staff response was that the program would definitely be evaluated; they noted that in other health programs, measuring direct health outcomes is not always possible (for example, even with our prescription assistance program, we are measuring the ability to take the medication rather than the actual health outcome), but there are some logical benefits that can be attributed from things like number of users and number of hits to specific locations or topics, user input, etc. The Board asked that staff take this into consideration as they move forward with the project and identify the connection between this project and the Health District’s mission to enhance the health of the community.

**MOTION:** To direct Staff to move forward with continuing to develop the HealthInfoSource redevelopment plan, including the creation of a 2019 budget proposal for consideration during the budget process, and continued work on the open issues, in preparation for the potential launch in 2019 if approved in the budget.

*Motion/Seconded/Passed Unanimously*

**DISCUSSIONS AND ACTIONS**

**Program Space: Continue to Lease or Buy?**

Currently, the Health District leases out space for four programs: Connections, Larimer Health Connect, Advance Care Planning, and CAYAC. The question the board has asked staff to look into is whether it makes sense to continue to lease or consider buying our own space. Various options were looked at and consideration was given towards what the Fort Collins market looks like, the long-term needs of the programs, and cash flow projections for the next few years. Included in the meeting packet is a “Buy vs. Lease Analysis” document that summarizes the findings of the analysis, including information on 2019 Lease Cost Detail, Operating Cost Comparison between 2019 Lease Space and 2019 New Building purchase, 2020 Reserves Analysis, and a Lease vs. Purchase Analysis.

After a thorough review, staff recommends that the purchase of a building be deferred for at least four years (for several reasons which are outlined in the analysis). In the interim, staff recommends looking for leased space through 2022 that can consolidate the Connections and CAYAC programs in the same building, as well as maintain leases for Larimer Health Connect and Advance Care Planning in their current locations. Another analysis will be undertaken in
2021 for considering the possibility of constructing/renovating in 2022. The Board had no concerns with that approach.

Policy
The state’s Opioid and Other Substance Use Disorders Interim Study Committee solicited recommendations from stakeholders throughout the state and Health District staff answered the call by coming together to formulate the recommendations included in an email sent to the Committee (included in meeting packet). Recommendations included: improve comprehensive assessments; increase evidence-based withdrawal, treatment, and recovery capacity; increase access to and utilization of medication-assisted treatment (MAT) and treatment; increase access to MAT in jails and prisons; increase access to naloxone for those within the correctional system; require continuing medical education on substance use disorders for all health professionals; incentivize psychiatrists to become board certified in addiction psychiatry; allow crisis stabilization units to accept individuals who are in a mental health crisis but also have a substance “on-board”; and consider a more comprehensive Federal 1115 waiver with more time for development of additional facets to address substance use disorders.

MOTION: To ratify the recommendations (approved by the chairperson in the interim between meetings) in the email sent to the Opioid and Other Substance Use Disorders Study Committee.
Motion/Seconded/Carried Unanimously

Health District Policy Scope – Each year there are so many different bills presented during the legislative session that impact health that it becomes necessary to have a clear process for identifying those issues that are most important for the Health District to pay attention to. Included in the meeting packet is a honeycomb diagram that represents the policy issues that are within the scope of concern for the Health District and aims to focus staff conversations on bills and to provide a reference to staff and Board members. The diagram is meant to be a visual representation of what policy areas staff are monitoring during a session. Issues closer to the core of the diagram are usually (but not always) a higher priority than those on the outer ring; issues that fall in the outer ring may be brought to the Board’s attention if their potential impact is determined to be of importance to our mission and organization.

Approval of Contract for Re-carpeting 202 and 120 Bristlecone
In the 2018 budget, the Board approved $100,000 for re-carpeting in the 120 and 202 buildings. The project was competitively bid and the total contract price is $99,937. The project is expected to run throughout the month of September 2018. Per Board policy, contracts over $50,000 require the Board’s general approval.

MOTION: To approve the re-carpeting contract as proposed.
Motion/Seconded/Carried Unanimously

Dental Connections Transition: Incentive Pay
The need for the Dental Connections Program has reduced very considerably over the years, and as a result, so has the need for Dental Connections coordination. Currently there is a Dental Connections Coordinator position that is funded by a grant from the City of Fort Collins, Health District reserve funding, and .35 FTE of Health District operational funding. With the end of the grant from the City on September 30 and to streamline processes, the Dental Services Coordinator position is no longer needed at its current level and will end. Coordination and
eligibility services previously provided by the Coordinator will be assumed by the Dental Program Eligibility/Navigation Supervisor and an eligibility specialist. With the elimination of the Coordinator position, staff is asking the Board to approve a temporary incentive pay and outplacement policy in order to encourage the current Coordinator to remain in the position until the change occurs, and an outplacement assistance allowance to assist the person as they seek other employment. There is no ongoing policy concerning incentive pay; rather these situations have been handled on a case by case basis.

MOTION: To approve the Temporary Policy Regarding Incentive Pay and Outplacement Assistance for the Dental Connections Coordinator employee as proposed.
Motion/Seconded/Carried Unanimously

Nomination of Director to CO Special Districts Property & Liability Pool
Ms. Lorraine Haywood, the Health District’s Finance Director, has been serving on the Colorado Special Districts Property and Liability Pool Board of Directors for several years. The Board is being asked to approve Ms. Haywood’s nomination to continue with the Board. Ms. Haywood is a highly competent member of that board and it has been beneficial for the Health District having her serve on that Board.

MOTION: To approve Ms. Lorraine Haywood’s nomination for the Colorado Special Districts Property and Liability Pool Board of Directors.
Motion/Seconded/Carried Unanimously

Fair Campaign Practices Act
With the mental health initiative going on the November ballot, board members and staff are reminded that as a political subdivision of the state, the Health District is limited in what it can do in regard to ballot initiatives. Included in the meeting packet are guidelines for Board Members and Staff Members, per the Fair Campaign Practices Act, on what they may and may not do as representatives of the Health District and as citizens.

Board Retreat Planning
Board President Liggett and Ms. Plock have been working together to brainstorm topics for the upcoming board retreat. Ms. Plock distributed a list of proposed topics and reviewed them with the Board; the board members had no additions. The retreat is scheduled for October 29; a location will be confirmed soon.

Election to replace Health District Board Vice President
Now that the Board has filled the vacant board position with Ms. Kling’s appointment, the Board discussed who to fill the Board Vice President position vacated by previous board member Deirdre Sullivan. Dr. Prows nominated Dr. Guitilla for the Vice President position, which she accepted. This would open the Secretary position for Ms. Kling to fill.

MOTION: To appoint Dr. Molly Guitilla as Board Vice President and Ms. Celeste Kling as Board Secretary.
Motion/Seconded/Carried Unanimously

UPDATES & REPORTS
Executive Director Updates
Staff is excited to announce the new Dental Services Director is here, Ms. Dana Turner. Mr. John Newman, serving as Interim Director, will continue for a couple of months to assist with continuity, training and drafting the dental budget. In the conversion from the Medicaid Regional Care Coordinating Organization approach to the Regional Accountable Entity Approach, the state’s Program Improvement Advisory committee (PIAC) membership will be changing. Ms. Plock has been on that committee since its inception, and it is unlikely that she will be re-appointed; however, she continues to chair the Improving and Bridging Systems Subcommittee of the PIAC, at least through the end of the year. Involvement in PIAC gives us good information for use in our work with our local Medicaid Accountable Care Collaborative (MACC) group.

Ms. Plock and Ms. Jenna Raymond, a Mental Health Specialist with the Connections program and certified Mental Health First Aid (MFHA) Trainer, were invited to present at the upcoming Special District Association conference on the topic of why it’s important for employers to address mental health in the workplace, and useful trainings for organizations that teach individuals how to recognize and approach others who may be experiencing mental health or substance use issues: Mental Health First Aid and QPR (question, persuade, refer) trainings.

We have just received information about valuations for next year’s budget. Income from property tax is lower than anticipated, mitigated slightly because income from Specific and Ownership taxes is going up. This will be a “down year” for the District – it is the second year after property assessments, so revenue increases are much more limited than in the first year after assessments. Because some dollars had been saved in the budget process for this year’s budget, some limited pay increases will be available for 2019. The Board will receive the first draft of the budget by October 15; a final budget must be approved by December 15.

The Changing Minds campaign to educate people and change perceptions about substance use disorders kicked off at the New West Fest. “Brain Pods” were placed throughout the downtown area which held cards with addiction facts on them that people could take, with a link to the campaign web site. The next phase will include a traveling exhibition around Larimer County and eventually a treasure hunt.

**UCHealth-North/PVHS Board Liaison Report**

Dr. Naqvi gave an update on recent happenings with the UCHealth-North/PVHS health system. The system is paying more attention to the competitive environment in our region. United Health Care, which has opened an emergency room on College Ave., is the largest healthcare and insurance system in the world, and is moving to a Kaiser model. They are buying out private practices, which could drive physicians and consumers to their facilities. Locally they are employer-based and do not participate in Colorado’s marketplace. Some insurers are driving lab testing out of hospitals and towards standalone services. And Banner Health recently partnered with the University of Texas MD Anderson Cancer Center to assist in providing cancer services at Banner’s hospitals in Loveland and Greeley.

The UCHealth-North/PVHS Board had an initial conversation about the local mental health ballot initiative. Some board members were concerned about the tax; others were in support; no vote was taken yet. What would help would be knowing how many people would be served, what services would be provided, the costs, who will be running it, does the tax increase have an end date, etc. The Master Plan was just recently released and addresses many of those concerns.
PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA
- Approval of July 20 and July 24, 2018 Board Meeting Minutes.
- Approval of June and July 2018 Financials.

MOTION: To approve the Consent Agenda as presented
Motion/Seconded/Passed 4-0 (Ms. Kling did not vote)

ANNOUNCEMENTS
- September 25, 4:00 pm – Board of Directors Regular Meeting
- November meeting and budget hearing changed from Nov. 13 to Nov. 8 (due to APHA)

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

MOTION: For the purpose of determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators, pursuant to §24-6-402(4)(e) of the C.R.S.
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 6:15 p.m.
The Board came out of Executive Session at 6:23 p.m.

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

The meeting was adjourned at 6:24 p.m.

Respectfully submitted:

Nancy Stirling, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Celeste Kling

(Molly Gutilla, MS DrPH, Board Secretary)

Joseph Prows, MD MPH, Board Treasurer

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

Health District of Northern Larimer County - Board of Directors Meeting August 28, 2018