Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
MEETING
December 13, 2018

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: 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

BOARD MEMBERS ABSENT: Michael D. Liggett, Esq., Board 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
Dana Turner, Dental Services Director
Wendy Grogan, Administrative Assistant

Others Present:
Alyson Williams, Policy Coordinator
Suman Mathur, Eval. and Data Specialist
Pam Klein, Communications Specialist
Brian Ferrans, CIT BH Strategy Manager
Laura Mai, Assistant Finance Director
Vivian Perry, HealthInfoSource Project Mgr.

CALL TO ORDER: APPROVAL OF AGENDA

Ms. Gutilla called the meeting to order at 4:12 pm. Mike Liggett’s absence was excused. No changes were made to the meeting agenda

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

PUBLIC COMMENT
None.
BOARD ACTION
2019 Budget Approval

Changes since the Draft Budget
Ms. Ploch reviewed the significant changes made since the October 15 draft budget. The final budget can't be drafted until final valuations come in from the assessor's office; this year after final valuations, there was about $8,000 less in tax revenues than originally projected. The good news is that we project a decrease in insurance and worker's comp premiums, which balance out the lower revenue. The beginning balance for 2019 was adjusted down by about $300,000 to cover end-of-year expenses in 2018. The only changes in reserves were a slight increase in funds needed for medical billing software for CAYAC's psychiatrists, and an increase of about $11,000 in funding for transition management for high-level staff transitions.

Ms. Ploch asked if there were any questions on the final budget, and Ms. Kling stated that Lorraine gave her all the answers she needed regarding her questions from last Board meeting.

Board Discussion/Amendments
None.

Budget Approvals:

MOTION: To approve Resolution 2018-17: Adopt Budget.
Motion/Seconded/Carried Unanimously

Motion/Seconded/Carried Unanimously

MOTION: To approve Resolution 2018-19: Appropriate Sums of Money
Motion/Seconded/Carried Unanimously

MOTION: To approve the Certification of Tax Levies
Motion/Seconded/Carried Unanimously

Dental Staff Change: Incentive Pay
Ms. Turner stated that after careful consideration of Dental Clinic utilization, a .5 dentist position was eliminated, as was an unfilled dental assistant position. The current dentist was asked to stay on through December 31st. Ms. Turner requested approval of temporary incentive pay of two weeks' pay if the employee stays through the end of the year, and outplacement assistance in the amount of $500.

MOTION: To approve the temporary dental staff incentive pay policy as proposed.
Motion/Seconded/Carried Unanimously

Pain Project Update and Request for Expenditures
Mr. Brian Ferrans presented on the topic. He noted that other Board members previously prioritized developing a different approach to chronic pain management due to its close relationship to effective treatment of substance use disorders. Since that time, the staff person working on the project has left the Health District, but due to the importance of the project, Mr. Ferrans has taken it on as a leadership project for his RIHEL (Regional Institute of Health and...
Environmental Leadership) program. Since spending funds on this project requires approval from the Board, he began with a brief history and current status of the project.

Dr. Bruce Cooper and a previous Health District staff member did significant work in researching the issue and interviewing community providers and patients in order to draft a comprehensive report (Exploring the Issues Related to Pain: A Preliminary Assessment, March 2016). Since things have changed since then, staff members have been working on updates to the report. In addition to work already done, CIT plans to re-engage with a select number of providers, add other key informant interviews, complete focus groups with chronic pain patients, and reintroduce the project back into the community, in order to gauge the interest in the community. The staff request is for Board approval of up to $18,000 in additional spending beyond the original $10,000 for this project, as noted in the written request. Once the steps are completed, staff will come back to the Board to present preliminary recommendations for next steps.

Ms. Plock noted that in prior board discussion, the Board stated that the Health District should only work on this issue if we can make a substantive difference. Since the community has made significant progress on the issue, we need to determine what the remaining issues are, what is left to be done, and whether we are the right ones to help stimulate more change. Dr. Naqvi agreed that there is a lot of momentum now for this problem, so getting input about the work that’s going on will be useful. A question was whether we currently have a good sense of what else is or isn’t happening, or whether we are in the investigational phase of understanding the scope of the unaddressed problems.

Mr. Ferrans answered that we are in the investigational phase. When the Board originally prioritized this issue, the community’s focus was primarily on the opioid crisis and safer prescribing. While pain management can be a key issue for those who reducing or stopping opioids, there is also a separate population of chronic pain patients in the community, and this project needs to address both. Ms. Plock noted that we do not yet have conclusions on whether we will move forward after the report is complete, and if so, how. While there are many options for how pain management can be improved, it will be important to sort out questions like: What still needs to be done, that would make the biggest difference? Does it require collective work? Because none of the current Board members have seen the report, getting the update completed and reviewed is the first step before we re-engage partners.

Board questions and responses included the following: When this was defined as a project emphasis, was it more in response to the opioid crisis and how to address that as part of pain management treatment, or were we trying to define the issue? Was the issue that there are a lot of people in pain and we need more providers? The response was that it came up in a Board retreat and board meetings, particularly when we were in discussions starting to focus on substance use disorders - and realizing that it is almost impossible to separate many substance use disorders from pain management. At the same time, the community was focusing on the opioid problem - but providers needed options for people being taken off opioids who were still in pain. Of the total budget originally intended for the project, will the requested amount be a small fraction? Yes, this expenditure will still leave the majority of the original budget remaining for future action. The memo states a request for $18,000 in expenditures, but the request for 2019 is $8,000 – where is the rest of the request? There is $10,000 that needs to be approved for 2018 expenditures that went beyond the original $10,000 approved by the board in 2017, and another $8,000 in funding for 2019. What is the definition of an on-line focus group? A group that
gathers on an online platform so participants can participate without leaving home, and remain anonymous by either using the audio function or typing responses.

It was noted that it might be useful for Dr. Cooper to give again his original presentation on pain management, which is very helpful in understanding the complexity and physiology of pain. The board acknowledged that there has been significant time already committed to this project, and indicated support for completing the assessment process in order to determine what action it might lead to.

**MOTION:** To approve the expenditure of $18,000 to proceed with the pain project, as proposed.

*Motion/Seconded/Carried Unanimously*

**URA Project: 120 Day Notice: Appointment of Negotiating Team** – Mr. Sheafor reminded the Board that at the last meeting, Josh Birks from the City of Fort Collins came to discuss the Urban Renewal Authority redevelopment tax increment funding (TIF) project at Drake and College. Mr. Sheafor explained that while there is new TIF legislation, locally we also worked on a new process that includes a Project Review Committee (PRC) consisting of representatives from the County, Special Districts, and City to review projects and make recommendations before they go to various Boards for negotiation and approval. The PRC has met four times, and is reviewing this first application of the new Fiscal Model that was developed by consultants working with the local group, which assesses direct costs to the entities, and the Qualitative Model, which has a series of non-quantitative questions such as the need for the project. The PRC has been looking at the City’s assumptions, asking questions, and gathering information for use in the negotiation process.

Under the new statute, once project negotiations start, there is a 120-day window to reach an agreement. If an agreement is not reached, it may go to mediation. The City felt like negotiations started in October when the PRC started meeting, and sent a letter to that effect, although the entities did not enter into individual negotiations at that time. Setting the 120 days in October would put the 120-day window to the end of February, which is also the city’s goal for when they want to take the negotiations back to the Urban Redevelopment Authority, so those two line up at this point, although timing could change. The PRC does not have all the information it needs (some is being provided by a consultant to the City) to evaluate the project, and is in the middle of their review process. Once the PRC has finished its work, the next step for the Health District would be to negotiate an intergovernmental agreement between the Health District and the City. We anticipate negotiations to start in January, and we hope to bring it back to the Health District Board for a vote by the end of February, depending on whether we have enough information by then.

One board question was whether it will be a multilateral agreement between all the different entities or a different one between each entity and the City? The PRC is hoping to come to agreement on the assumptions, numbers and information used for the Fiscal Model, but that is only one piece of negotiation. Originally, the hope was that the PRC would come up with a recommendation and entities would adopt the recommendation, but that may not happen because every Board has different interests, concerns, and issues. Each entity will have an agreement with the City with its own direct cost calculations; it’s not known yet whether the agreements will otherwise be the same.
Staff suggested that the Board appoint a negotiating committee to for when we are ready to negotiate with the City; proposed members could be Mike Liggett, Carol Plock, and Chris Sheafor.

**MOTION:** To appoint a negotiating committee for the purpose of negotiating with the City for the Drake/College TIF project, with members: Chris Sheafor, Carol Plock and Michael Liggett

Motion/Seconded/Carried Unanimously

Staff will keep the Board informed at future meetings as to the progress, and the Board can use Executive Session if needed to develop negotiating approaches.

**PRESENTATIONS**

**Policy**

Alyson Williams presented the process of public policy deliberations by the Board. First the internal policy strategy team, made up of the Policy Coordinator, Medical Director, Assistant Director, and Executive Director, meet on a regular basis during session to prioritize bills and determine those that may require an in-depth analysis or other type of policy document. Analyses or briefs on high-priority topics are reviewed by the Board, which may decide to take a position, as listed in Board Policy 99-7.

Ms. Williams presented examples of past positions for the Board and highlighted the 2019 legislative session that will begin on January 4 and end on May 3. She reviewed the changes in the make-up of the General Assembly (there is now a trifecta, with the Governor being a Democrat and both houses controlled by Democrats), the key dates, key committees, and leaders. The key topics likely to arise include: behavioral health (opioids, substance use disorders, criminal justice, treatment, mental health services for youth, zero suicide, behavioral health grants for schools), health costs (transparency, prescriptions, surprise billing), health insurance costs (Medicaid buy-in, reinsurance, single geographic rating), etc. Hospitals will likely be a big focus this session. She also noted that the state budget will constrain ambitious policy agendas, and we will be keeping a close eye on Gallagher, which can impact Health District revenues significantly.

A board question was what the terms ‘support’ vs. ‘strongly support’ (or oppose) mean. The response was that when the board puts a “strongly” in front of their decision, staff is more active in sharing the position, including such things as getting with legislators to share our position, sending our analysis to more legislators, and/or testifying in front of the committee.

Ms. Gutilla noted that the Poudre School District recently passed later school start times, and asked about the Health District’s role in weighing in on local issues. Ms. Plock thanked her for raising the issue, and noted that although the Health District was invited to make a comment to the school board, the invitation came late in the process, when we didn’t have time to do research on a topic we were not familiar with. After consultation with board Chair Mike Liggett, the decision was made to wait to see if the decision would be made quickly; if not, we would ask the board if they wanted us to research the issue and draft a comment. The school board made the decision very soon after the issue came to our attention. Ms. Williams noted that she follows the City and County as time allows, but not the school board; she will add that to her list. A board comment was that we should consider weighing in when an issue impacts our community’s
health; another board comment was that it can be difficult to determine when to weigh in, since nearly anything can be related to health.

Pharmaceutical Briefing Paper
Included in the board packet was a draft of a pharmaceutical briefing paper, in order to give those considering policy changes background on the complex pharmaceutical funding situation. Dr. Naqvi noted that with the increased use of large molecule biologics and cellular therapy, health care is moving toward even more expensive ‘standard of care’ pharmaceuticals, creating a changing paradigm in how patients are treated. The price of the drug tends to be what the market will bear, not the development or manufacturing costs. In cancer, they are developing treatments where the cost for one person could approach a million dollars. In the field, many are now asking: how do you do value based pharmaceutical purchasing? Britain has a council called NICE, that looks at all medications on an economic basis to determine whether their benefits are enough to justify the cost. Ms. Williams noted that there is a similar model in the United States called ISER, but the government doesn’t use the information.

Updates
Larimer Health Connect (LHC): Midst of Open Enrollment 6
Karen Spink reported on LHC’s current busy Open Enrollment Period: about a month and a half in, there are 454 enrollments to date, about 53 more than at about the same time last year. The electronic system was changed, and is working better, with some remaining challenges – including enrollments for those in mixed eligibility households, confusing notifications to clients, etc. On the positive side, premium prices for those who qualify for the advanced premium tax credits are significantly lower than in previous years. Things that have helped inform and assist clients include the 4-page insert in the Compass, to be followed by another mailer, and walk-in clinics open nearly every Saturday. A challenge is letting Coloradans know that although the national deadline is December 15, Colorado’s open enrollment lasts through January 15.

IA Passed: What’s Next for Mental Health Services?
Ms. Plock reported on the next steps for the expansion of mental health services after the passage of the IA ballot issue in Larimer County. Reviewing an initial graphic created by the County (likely to change over time), she reported that the County Commissioners will be the final decision makers on all the funds, because they cannot, by law, delegate that duty. For the ‘distributed funds,’ there will be a Behavioral Health Policy Council that will make recommendations to the Commissioners. The Policy Council will be primarily made up of the mayors, or their designees, of the municipalities located within the county, along with a few other members.

There will also be a Technical Advisory Committee, made up of subject matter experts, to give advice to the Policy Council, who may not have a lot of expertise on behavioral health. There will be about $1 million available in the first year for ‘distributed funding,’ and about $2 million in the second and subsequent years. The development of the facility, and services related to the facility, will be done by an Operationalization Team, led by Laurie Stolen. The Health District would not serve on the Policy Council, but will decide whether to apply to serve on the TAC.

Prior to the ballot issue, a guidance team reviewed the behavioral health needs assessment, worked on a facility planning, and a subgroup did detailed work on a budget for meeting the most critical needs. The guidance team met yesterday for a discussion about next steps on the
facility. The County has a facilities planning team and intend to hire a project coordinator, the design team (architects), and contractors; they want to move quickly. It is yet to be determined whether they will build the building first, then issue an RFP for the organization that would provide the services, select the provider before the building is designed, or a bit of both. The experience with CSU’s new Health Center was that it was very helpful for the providers to be part of the design process. A board comment was that, given the challenges in finding a quality behavioral health workforce, it might be important to start early, and include the provider in the planning.

The Health District, County, and Health Department have begun working on planning a Summit for the Policy Council and other community leaders, in order to present foundational knowledge on behavioral health.

Board Contribution Reminder
Karen Spink reminded the board members that we make an annual request of board members to donate to the Health District, since some funders look at the level of Board giving as one of their selection criteria; any amount that is meaningful to the donor is helpful.

UPDATES & REPORTS
Executive Director Updates
In addition to the work on next steps after 1A, the CIT team has been kept busy assisting the jail in creating a workflow and plan to initiate Medication Assisted Treatment (MAT) in jail, in helping to initiate the Hub and Spoke model which helps connect the people and services in MAT together, and starting discussions with the hospital, who has recently become interested in doing MAT induction from the emergency room. Together, these changes are very significant.

The Medicaid Accountable Care Collaborative has started to discuss joint efforts they might be able to do as a community to meet Medicaid’s key performance indicators (KPI’s). In related news, there is a new ‘hospital transformation program’ (HTP) from HICPF, which will be a requirement for hospitals to receive full funding through hospital provider fees. The Health District has been sharing what is already happening in the community, gaps, and areas where change might make the most difference with the hospitals. Staff are also working on a new dental eligibility process to streamline getting people into the dental clinic. Finally, our search processes for key staff are taking significant staff time.

UCHealth-North/PVHS Board Liaison Report
UCHealth just announced that it provided $850 million in community benefit last year, of which about $400 million was unreimbursed care. For UCHNorth, the amount was about $300 million in community benefit, of which about $100 million was unreimbursed care. The system cared for about 285,000 patients covered by Medicaid last year.

PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA
- Resolution 2018-20: To Spend 2018 Revenues into Reserves
- Approval of October 2018 Financial Statements.
- Approval of November 8, 2018 Board Meeting Minutes.
MOTION: To approve the Consent Agenda as presented/amended.

Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS
• January 22, 2019, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 5:43 pm

Respectfully submitted:

Wendy Grogan, Acting 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 UCH Health North/PVHS Board