



**BOARD OF DIRECTORS
MEETING
January 26, 2016**

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

MINUTES

BOARD MEMBERS PRESENT: Bernard J. Birnbaum, MD, President
Tess Heffernan, M.Ed., Vice President
Michael D. Liggett, Esq., Secretary
Tracy L. Nelson, Ph.D., Treasurer
Steven J. Thorson, MD, Liaison to PVHS Board

STAFF PRESENT: Carol Plock, Executive Director
Gail Bridger, Support Services Specialist
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Julie Estlick, Communications Specialist
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Sarah Tilleman, Dental Services Director
Cherrilyn Wallace, Human Resources Coordinator
Lin Wilder, Healthy Mind Matters Director

OTHERS PRESENT: Brooke Bettolo, Policy Intern
Katherine Chu, CDC PHAP

CALL TO ORDER; APPROVAL OF AGENDA

On behalf of Board President Dr. Bernard Birnbaum, who was a bit delayed getting to this meeting, Vice President Tess Heffernan called the meeting to order at 5:46 p.m. Introductions of all present were made, including Ms. Sarah Tilleman, the Health District's new Dental Services Director. She has been working at the Health District since early November, working with previous Dental Services Director, John Newman, to transition into her role and officially took over as Director on January 1. Prior to coming to the Health District, Ms. Tilleman worked three and a half years with the state's Medicaid program and spent much of her time there developing the adult dental benefit. Before that, she was employed at UC-Anschutz and gained other non-profit experience.

The draft meeting minutes for the December 14, 2015 and January 5, 2016 meetings were distributed to the board members who decided to include them for consideration as part of this meeting's Consent Agenda.

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

[Note: Dr. Birnbaum arrived at 5:51 p.m. and conducted the rest of the meeting.]

PUBLIC COMMENTS

None.

DISCUSSION AND ACTIONS

Revisions to Mission/Vision/Strategy/Values Statements

A revised version of the Mission/Vision/Strategy/Values Statement document was presented for the Board's consideration. This version includes suggested changes from the November 17 board discussion. Mr. Liggett commented that the intent of the changes was to simplify the statements while keeping the original intent or character.

MOTION: To approve the revisions to the Mission/Vision/Strategy/Values Statements as presented.
Motion/Seconded/Carried Unanimously

Employee Handbook Revisions

Every other year staff review the Employee Handbook in order to ensure compliance with state law as well as address issues that have arisen over time. Suggested handbook changes are reviewed by the Management Team, Mountain States Employment Council (MSEC), and the Health District's attorney before being finally presented to the Board for consideration and approval. (See revised Employee Handbook for further details.)

MOTION: To approve revisions to the Employee Handbook as presented.
Motion/Seconded/Carried Unanimously

Ms. Heffernan would like to see Internal Policy 1-23: Political Activity, referenced in the handbook under Section 700.04 Employee Political Activity; staff will get a copy to her.

PVHC Bylaws Revisions

Per the lease operating agreement between the Health District and PVHS/UCHealth, the Health District Board must approve any changes to PVHS Board Bylaws. A revised copy of the PVHS Bylaws was included in the meeting packet for the Board's consideration. Dr. Thorson commented that with all that went on with the merger between PVHS and UC Health and the subsequent departure of the two CEOs, the PVHS board had previously decided to suspend the term limitations in the PVHS Bylaws. These revisions set the term board member term lengths, but eliminate term limits. The revisions also change the process for board member elections, which will now be done by secret ballot.

Dr. Thorson, in his capacity as Liaison to the PVHS Board, affirmed that he is satisfied with proposed changes.

MOTION: To approve the PVHS Board Bylaws amendments as presented.

Motion/Seconded/Carried Unanimously

Dr. Thorson will notify the PVHS Board of the Health District board's approval of the bylaws changes.

Policy

The 2016 Legislative Session began on January 21, a little later than usual, so it is early yet. Mr. Dan Sapienza, Policy Coordinator, reviewed with the Board the Health District's policies and procedures for prioritizing bills and taking board positions on bills as well as highlighted some of the legislation emerging thus far.

General Assembly 2016 Session

So far, 261 bills have been introduced (House – 154; Senate 82); 236 of them are active and 1 bill has been PI'ed (postponed indefinitely). The budget process has been interesting thus far. A major legislative "theme" of the budget is that essentially any bills with fiscal notes are going to be a real challenge as legislators must deal with increased new required costs (\$830 million) and decrease in expected revenue (\$457 million in revenue). Figure-setting will happen in March, and the Long Bill (the budget) must be done and approved in April. Budget items of note:

- *Health Care Policy and Financing* – A 1% across the board cut to the community provider rate has been proposed, in an effort to save millions of dollars. The JBC, however, has already voted to not approve the cut, a significant move. Another proposal would end the Primary Care Provider Rate Bump for Medicaid which would return providers to 2012 rates (more than 20% less than now). A board comment was that this could have a serious impact on local community primary care providers, who might limit or quit accepting Medicaid patients. HCPF has stated that the original increase didn't increase providers willing to accept Medicaid, so they project that a decrease would not decrease capacity.
- *Behavioral Health* – The 1% across the board cut to the community provider rate would impact behavioral health services as well, although not those that are capitated (and the behavioral health services that come through the BHOs are capitated). JBC has already said they do not want that cut, though if it is not made, they will need to find the funds elsewhere. Also, the behavioral health system is going to be reorganized via the Accountable Care Collaborative version 2.0. RCCOs and BHOs will be merged to create new "Regional Accountable Entities" (RAEs), which will have an effect on how behavioral health services are funded. CBHC, SummitStone, and our local BHO have concerns about how this will play out, and many discussions are happening at the state level.
- *Hospital Provider Fee* – At the November 17, 2015 meeting, the board voted to support the development of legislation to change the HPF to a state enterprise. There was much support voiced during opening day speeches, however there is opposition by those who believe this could violate the intent of TABOR. While it's not looking promising at this point, it could be an important point as people deal with the budget – the fee would open up a lot of extra dollars and bring in around \$700 million in federal matching dollars. It is a significant state budget challenge that available dollars are very tight despite a healthy economy and higher revenues, due to TABOR.

Bills of Interest

Mr. Sapienza also mentioned several bills of interest, including bills relating to the state's health exchange, marijuana, nicotine product warning labels and possession, methadone treatment facilities, drug cost transparency, immunity for overdose events, and community paramedicine.

Long Acting Reversible Contraception (LARC) – In 2015, a bill was proposed to continue funding for a state program that provides low income women with LARC. That bill failed to pass, but the issue has risen again in the 2016 legislative session as a budget line item proposal. The Governor's budget request includes \$2.5 million for family planning services that would include LARC. A coalition has formed to advocate for funding in the coming budget. Due to its effectiveness in preventing pregnancy, in expanding access to contraception across the state, and several other indicators, the Health District board took a position last year to Strongly Support the concept.

MOTION: To STRONGLY SUPPORT funding for the Long Acting Reversible Contraception (LARC) project in the state budget.
Motion/Seconded/Carried Unanimously

End of Life Options for Terminally Ill Patients – In 2015, Representative Ginal introduced a bill regarding Death with Dignity that was based on Oregon's law regarding aid in dying. In the end, she pulled the bill so she could continue to work on it, and this year she has reintroduced a different bill in 2016 as the End of Life Options Act, which is similar to the 2015 law that passed in California. Last year, because the board met on January 27 and the bill was defeated on February 6, there was no time for staff to draft an analysis nor for the board to discuss. This year, with the hearing scheduled for February 3 and 4 and the next board meeting not until February 9, staff wanted the board to at least have the opportunity to discuss the issue and provided a copy of the Colorado Health Institute's "Aid in Dying" document as neutral background information on the topic. The document also includes information on the differences and changes between last year's proposal and this year's.

Board Discussion: There were different perspectives expressed by different board members. One member wondered whether it could create a "slippery slope," where those in vulnerable situations might be taken advantage of. Another supports the concept as a basic human rights issue – having seen people suffer helplessly, the concept would allow people who are in pain and at the end of life to choose when to end their suffering. That member noted that the concept has been used in Washington and Oregon for years, with no evidence of any abuse, while at the same time, thousands of people in other states suffer needlessly at the end of their lives. Another member supported that position. Since the issue is one where people have strong opinions, the board opted to take a neutral position at this time, acknowledging honest differences of opinion.

MOTION: To take no position at this time on the End of Life Options Act, with the possibility of revisiting it at the February meeting .
Motion/Seconded/Carried Unanimously

Dr. Birnbaum added that if the methadone treatment facility bill does not die, we should look further into that legislation.

Other Policy Issues

Colorado Care Analysis – At the board’s October 27, 2015 meeting, the board was notified that while staff would not be allowed to lobby or spend any Health District time or dollars on a ballot initiative, the board could request an objective analysis and determine a position which would be posted on the Health District’s web site, which is usual and customary for our policy analyses. The Board subsequently approved a motion to “request an analysis of the proposal should the ColoradoCare petition be certified... and deemed eligible to be placed on the 2016 ballot.”

Since that time, the petition has been certified. However, staff have revisited the rules and regulations outlined in the “Fair Campaign Practices Act” and now need to clarify that since this issue cannot be defined as an issue of “official concern” to the Health District (ballot issues are of official concern only to the organization directly responsible for that initiative), the Health District is not allowed to spend time on an objective analysis, creating a fact sheet, or creating a board resolution. Staff are allowed to pass along information to Board members that have been written by other organizations, but if they should do so, would only do it in a neutral fashion.

City of Fort Collins – Board Permission to Submit Request for Funding

The City of Fort Collins grant program requires entities which are submitting grant requests to include a memo that states the Board of Directors are aware of and authorize submission of such requests. The request to the City is for funding for the Dental Connections program.

MOTION: To authorize the Board President to sign a memo that the Board is aware of and authorizes the submission of a grant request to the City of Fort Collins for funding for the Dental Connections program.
Motion/Seconded/Carried Unanimously

URA Board Expansion

Last May, the Colorado General Assembly passed a bill, the “URA Reform Bill”, which affects Urban Renewal Authority operations in a number of important ways. One of the chief changes is the availability of up to four new URA Board appointments. Included in the meeting packet is a copy of a letter received from the City of Fort Collins stating their intent to “move forward with an expanded [URA] board.” The letter provides basic information regarding the appointment of new URA commissioners and extends an invitation to an informational session to discuss the Fort Collins URA and its plans for the expanded board. The appointments will include a County Appointment, and a representative for each the School Districts and Special Districts. The question was whether we should participate in an informational meeting, and whether any of our Board members would be interested in being appointed to the URA board.

Discussion: At this point, it appears that the Library District and the Health District may be the only special district entities having an interest in this. There is a requirement that whoever is elected to the URA Board must be a board member of a participating entity. Mr. Liggett expressed his interest in serving on the board as he is a member of the Health District board, and is just going off the Library District board. Staff will work with the other special districts to inform them of our interest, and we will have a representative at the informational meeting.

Initial Discussion: Aging and Health Care Assessment – Purpose, Parameters

The Board has expressed interest in the issue of aging and having the Health District assess the community’s preparedness for providing health care services with the rapidly growing aging population. Funds have been set aside in the budget for an assessment, and Ms. Karen Spink will

be the Director in charge, with Mr. Jim Becker working on this issue this year. Staff have learned that there are at least two groups interested in the issue of aging – one, an employee of CSU Extension who has been doing community development work and through her work has found that aging is a common issue, and the other, certain professors at the CSU Social Work Department who are also interested in this topic. As staff head into this project, they asked Board members to brainstorm what questions they might like to have asked or considered as they plan the assessment.

Board Discussion – The board brainstormed the following:

- What health services do the aging need that they can't get? What are the gaps in services? What is lacking now? What will be lacking in the future?
- What would enhance the health of our elderly population?
- Are the elderly aware of the services that exist? Do they know who to ask?
- What resources are available for people making end of life choices/decisions?
- What is the role of the Health District in bringing a coalition together to address potential gaps?
- General categories pertinent to the aging to consider: access to geriatric health care, home health care, access to other appropriate health care, advance care planning, housing, transportation, financial planning, food. The comment was made however, that our assessment should not duplicate assessments and planning being done by other groups in the community (for example, transportation).
- What has been done, is being done, or is being planned by other entities?
- In what areas could we make the biggest difference? In what areas would giving the community critical information make a difference?
- Who are our natural partners in this effort?

The Board agreed that an assessment would be beneficial to better understand what services and resources are currently out there and what is lacking, as well as help to identify potential partners. The assessment could be used to help the community understand the needs as well as identify gaps and get the community working together to fill those gaps. Once an assessment is completed and gaps identified, the Board would like to get a sense of the gaps and consider what the Health District's role might be in bringing together a coalition to address the gaps.

Ms. Spink informed that staff did get a notice from the Colorado Health Foundation that the Advance Care Directive grant proposal we submitted is being considered for funding. An onsite visit that included community partners was conducted earlier in the month.

UPDATES & REPORTS

Brief Updates on LHC 3rd Open Enrollment, Grants

Ms. Karen Spink, Assistant Director, provided a brief update of the third open enrollment period which ends on January 31. Larimer Health Connect staff are completely full with appointments and open both Saturday and Sunday, the final days of open enrollment. Staff have so far served 1000 clients since November 1, and with the closing of the Colorado Health Op, Kaiser has become a key choice of clients, along with Anthem. Individuals with CO Health Op plans still have until the end of February to find another plan.

Other Grants

Denver Foundation/SIM Fund Grants – Towards the end of last year, staff worked frantically to meet last minute grant deadlines, including a combined grant application for the Denver Foundation and the SIM Fund through CDPHE which would help us to expand our youth program and implement the CAYAC (Child, Adolescent, and Young Adult Connections) program. Staff received word that both grants are being awarded, totaling about \$300,000 per year for 3 years. Staff are now beginning to move forward with hiring and filling positions for the CAYAC Team which will be responsible for helping families and youth with assessments and determining appropriate services, as well as working with practices and with the schools to develop new processes. Work will also be done to secure a longer-term location for CAYAC services. Plans are for a March 1 service “soft” startup.

EIEI Project - A grant submission by the Early Childhood Council, which the Health District was involved in and related to certain priorities of the Early Identification Early Intervention (EIEI) project, unfortunately was not funded. However, it was learned that the County is considering funding a similar project.

Larimer Health Connect – The Health District currently receives funding from Connect for Health Colorado (C4HC) and the Colorado Health Foundation and recently learned from both that they plan to renew funding. One application has been submitted; one will be later this year.

Staff have been working with NIATx consultants to develop the Critical Behavioral Health Services Plan. The original goal was to have a completed Plan by end of December, however the project was more complex than anticipated, and it has taken a great deal of staff time. Staff hope to present the Plan to the Board at its February 9 meeting prior to presenting it to the Mental Health & Substance Abuse Partnership Steering Committee meeting on February 12 when hopefully the Committee will adopt the Plan and propose it to the community.

Elections Update

Mr. Chris Sheafor, Support Services Director, provided an update on election efforts. At this upcoming election, there will be two open positions due to the departure of two board members being term limited off the board. The Call for Nominations will be going out shortly and a press release has already gone out. Nomination forms are currently available and must be submitted no later than February 26. February 29 is the deadline for anyone interested in being a write-in candidate. If more than two applications are received by February 29, there will be an election. There will be two polling places for walk-in voters – one at the Spirit of Joy Church on the south side of Fort Collins and the other at the Health District offices in the north.

Other important election-related dates:

- April 4 – deadline for staff to mail ballots to previously identified mail-in ballot voters.
- Between April 4 and April 29 – individuals may request mail ballots via an application.
- May 3 – Election day

Quarterly Program Summaries & Executive Director Updates

This item was postponed as there are no quarterly reports available quite yet.

UCHealth-North/PVHS Board Liaison Report

Dr. Thorson provided the following updates:

- A year ago the Employee Engagement Assessment (an employee satisfaction survey) was conducted with PVH and MCR employees and the results were not as positive as hoped for. The good news is that the mood of employees is generally improving as people are assimilating to the system. However, there is still room for improvement when PVHS's results are compared to like institutions.
- The impact of the Banner Health hospital emergency department has so far been less than what might have been anticipated, and PVH and MCR continue to increase the market share slightly. An exception has been a significant increase in obstetrical deliveries at Banner hospitals, likely due to their association with Kaiser Permanente, with a concurrent reduction in PVH and MCR deliveries.

CONSENT AGENDA

The board took a few minutes to review the draft minutes distributed at the beginning of the meeting.

- Approval of the December 14, 2015 Board Meeting Minutes

MOTION: To approve the December 14, 2015 Board Meeting Minutes as presented.

Motion/Seconded/Carried (Mr. Liggett did not participate in the vote)

- Approval of November 2015 Financial Statements
- Approval of the January 5, 2016 Board Meeting Minutes
- Resolution 2016-01: Establish Meeting Days, Times & Locations for Board Meetings
- Resolution 2016-02: Posting of Public Meetings Notices
- Resolution 2016-03: Election Resolution, Polling Place Election

MOTION: To approve the above Consent Agenda items as presented.

Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- February 9, 5:30 pm – Special Board of Directors Meeting
- February 23, 5:30 pm – Regular Board of Directors Meeting

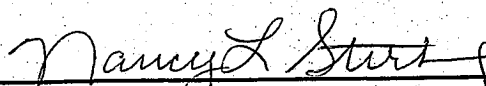
ADJOURN

MOTION: To adjourn the meeting.

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 7:55 p.m.

Respectfully submitted:



 Nancy L. Stirling, Assistant Secretary

BJB

Bernard J. Birnbaum, M.D., President

Tess Heffernan

Tess Heffernan, M.Ed., Vice President

Michael D. Liggett

Michael D. Liggett, Esq., Secretary

Tracy L. Nelson

Tracy L. Nelson, Ph.D., Treasurer

SJ Thorson

Steven J. Thorson, M.D., UCHealth-North (PVHS) Board Liaison