



**BOARD OF DIRECTORS
MEETING
March 24, 2015**

**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
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Charles Futoran, CDC Public Health Associate
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluation Coordinator
Laura Mai, Accountant
John Newman, Clinical Services Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact Director

CALL TO ORDER; APPROVAL OF AGENDA

President Bernard Birnbaum called the meeting to order at 5:50 p.m. The Board requested that the January 27 and March 12 minutes be removed from the Consent Agenda due to needed corrections as well as the removal of the January 2015 Financials and the 4th Quarter Program Summary Report.

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

PUBLIC COMMENTS

None.

PRESENTATION AND DISCUSSION

Larimer Health Connect

Ms. Karen Spink, Assistant Director and Director of the Larimer Health Connect program, provided an overview of the program's early stages as well as activities and results of the 1st and 2nd Enrollment periods. In 2014 the implementation of the Affordable Care Act (ACA) brought new options for health insurance coverage with expanded Medicaid and the health insurance "marketplace." The Health District had successfully been providing Child Health Plan Plus (CHP+) and Medicaid outreach and enrollment assistance to individuals and families for several years. With the Medicaid expansion and coming state health exchange, the Health District set an expanded priority to help people in our community connect to health coverage. In Larimer County, it was estimated that approximately 35,000 currently uninsured individuals between age 0 to 64 might qualify for financial assistance for health coverage (Medicaid, CHP+, and potential financial assistance in the health exchange).

The Health District applied to become a Health Coverage Assistance Site, in partnership with the Larimer County Department of Human Services, Salud Family Health Center, and the Family Medicine Center, and was approved in the summer of 2013. In four short months, the program developed its policy & procedures, established 5 locations in Fort Collins and Loveland from which to provide services, and hired 13 staff members. The vision for the program was to provide a one-stop experience for consumers and be able to help them sort out the differences between Medicaid, CHP+ and the health exchange, understand their eligibility, and answer questions and assist with enrollment. Most Larimer Health Connect staff were trained as Medicaid and CHP+ Eligibility Specialists as well as becoming Certified Health Coverage Guides for the new Connect for Health Colorado Marketplace. They were able to assist people in: understanding the new health-care law; determining eligibility for Medicaid, CHP+, or financial assistance in the health exchange; understanding health coverage options; and assisting with the online enrollment process.

The first Open Enrollment period began October 1, 2013 and continued through the end of March 2014. Marketing efforts, including a mailer to all Health District residents, informed the community of program services and generated a huge response which filled appointment slots through most of the enrollment period. Despite challenges with a new online system and a lengthy enrollment process (which has since been streamlined), Larimer Health Connect staff were able to assist 1,651 clients in 2,081 encounters. In Larimer County as a whole, 8,340 people were enrolled in the Marketplace and 10,596 people were enrolled in Medicaid expansion, for a total of 18,936 people having access to affordable health insurance in this first enrollment period.

Outside of open enrollment, Larimer Health Connect staff were involved in various activities, including: enrollment assistance for individuals who experienced a "life-change event" (i.e., marriage, birth of a child, divorce, death, loss of employment, change of income); Medicaid and CHP+ enrollment (available year-round); client follow-up; outreach and education; and communicating computer and process experiences to the state to improve the system overall.

The second Open Enrollment period commenced on November 15, 2014 and continued through the end of February 2015. An improvement from the first enrollment was a new shared eligibility system which would start an individual on the application process, determine whether the person qualified for Medicaid or CHP+ or health exchange subsidies, and then take the person to the next step. Unfortunately the new system was not developed in time for prior testing, and at the

beginning it had many system glitches which made the application process drawn out and challenging, though they were making constant improvements throughout the open enrollment period and it improved significantly from the first few days. At the end of the enrollment period there were still some people left needing assistance who were unable to complete the application process during the enrollment period due to the system glitches, but it was a small number compared to those who successfully enrolled.

Although at the beginning of the project, we assumed that the second enrollment period for the marketplace would be simpler for staff because they already knew the system, it turned out to be about as challenging as year one. In addition to the changes in the system, this enrollment period also brought new plans, with new features and costs, which impacted consumers significantly (and required our staff to learn about the new plans). The changes in the plans meant that financial assistance levels also changed, so it was important for consumers who had enrolled in plans in the marketplace the first year to compare their costs before choosing whether to stay in that plan for the second year (or to allow the plan to "auto-re-enroll" the person or family). Therefore, staff worked not only with new enrollees, but also with many people needing to analyze their situation before they renewed their plan.

Several changes were made to Larimer Health Connect during the second enrollment period; some included: offering assistance at the Loveland Public Library two times per week and in Estes Park once each month; offering extended evening and weekend hours, making it more convenient for working individuals; outreach and education efforts via county-wide direct mailers, marketing materials (flyers, posters, etc.), articles, public presentations, and participation in health fairs and community events.

During the second open enrollment period, which was two months shorter than the first period, Larimer Health Connect staff were consistently booked, and assisted 1,349 unique clients in 1,992 encounters (in person or intensive phone encounters), and the County had 15,498 enrollments (5,207 new Medicaid Expansion enrollments; 10,291 new and renewed Marketplace enrollments).

Ms. Spink shared some client comments and stories of their experience with Larimer Health Connect. Examples of comments:

- I had not had health insurance for many years and got coverage in March 2014. April 1st of 2014 I shattered my humorous bone and was thankful for my health insurance! I was fortunate to have a health coverage guide assist me. What a wonderful program! I would not have been so blessed to have the coverage I have if it was not for the health coverage guide's knowledge. This program NEEDS to continue! I am truly thankful for the program!
- It is a very wise idea to have coverage because life happens whether or not we are prepared for it.
- I never would have signed up (and would have gone without health care) without her help.

Despite efforts to improve the online process and computer system for the second enrollment period, there were several challenges, such as lack of timely and complete training on the new system, and issues with technology, communication, Call Center knowledge and consistency, and carrier problems. These challenges often hindered staff's ability to provide effective in-person

assistance and the number of people able to be seen, caused delays in getting people covered, and for some, even caused people to forego insurance. Connect for Health Colorado is expected to tackle the challenges between now and the next open enrollment period.

Since October 2013, Larimer Health Connect has helped 3,457 clients in 6,582 encounters and thousands now have affordable health coverage. Overall, there have been over 22,000 Medicaid enrollments in Larimer County, and by February 2015, enrollments in the Marketplace stood at just over 10,400.

With Connect for Health Colorado grant funding for the program now ended, staffing is being reduced to six people by the end of March and all locations except for the Mason Office (and possibly some time at the Health District Bristlecone office) are being closed. Staff will continue with follow-up for the clients who started the process but are still not enrolled, and will assist those with "life-change events" throughout the year and are already making plans for the next open enrollment. There is a possibility that Connect for Health Colorado funding will be renewed at a significantly lower level for the future, but the amount and timing are not currently known. A new grant from the Colorado Health Foundation will help our program to continue to provide assistance with Medicaid, CHP+, or the Marketplace. Staff are also continuing to advocate for system level changes, integrating our Prescription Assistance Program into Larimer Health Connect, and working on better understanding the tax reconciliation process to be able to appropriately assist consumers. The next open enrollment period will be November 1, 2015 through January 31, 2016.

The Board inquired as to how the Health District might continue to serve out-of-District consumers if funding for those areas ceases. It was noted that while the District cannot provide services outside of District boundaries with its own funding, it is possible that grants (CHF, C4HCO) will allow some flexibility at least for the next open enrollment period. Also, there are other agencies in the County who have certified application counselors who we anticipate will continue to be partners in assisting clients.

The Board noted that in every triennial community health assessment that the Health District has completed, the lack of insurance has been a significant health burden to the people of our community, and having about 32,000 people newly insured is a significant improvement. They did, however, indicate concern about whether there is capacity in Larimer County to be able to provide primary care to everyone who now has insurance. Staff is just completing a local survey of local providers to help estimate the level of need for increased capacity.

DISCUSSION AND ACTIONS

Policy

Colorado Children's Immunization Coalition Request – The Colorado Children's Immunization Coalition is advocating three changes in this legislative session: 1) additional funding for the Colorado Immunization Information System (CIIS); 2) Additional funding for Local Public Health Agencies; and 3) regulatory changes to Colorado's personal belief exemptions for immunizations. A handout about the requests was available for the Board.

Dr. Bruce Cooper, Medical Director, provided a brief history of the Health District's experience with immunizations and the state's registry. Childhood immunizations are important in order to protect children from communicable diseases, and the Health District has long supported the use

of registries so that parents don't need to carry around their children's records and so that every doctor's office can easily look up whether a child has had a vaccination. In 1993, our local county health department applied to the Robert Wood Johnson Foundation for a grant to build a local immunization registry. Doctors were given stickers to fill out when they gave vaccinations and County staff would input the information and track the vaccinations. After a few years, when funding ran out and the registry was essentially going to be terminated, the Health District elected to take the registry over from the County and operate it at least within our boundaries. From 1998 through 2004, the Health District's Childhood Immunization program tracked vaccinations given to children by local providers, provided reminder recalls to parents when their child was due for vaccinations, and assessed provider practices to measure their rates for reporting vaccinations. In 2004, the program passed over half a million shot records to the state's immunization registry. The Health District continued to participate with the state's registry by assisting local practitioners to convert to and utilize the state's CIIS program as well as conduct periodic assessments to measure reporting rates. While we have a 98% reporting rate locally (compared to 90% statewide), there is still much work to be done, particularly in the area of providing reminder and recall to parents. In a recent report of community guidelines for public health practices, it was confirmed that registries are highly effective at improving and increasing immunization rates.

The Colorado Children's Immunization Coalition is seeking additional funds to enhance the states CIIS system. The Joint Budget Committee has already approved \$400,000 in the state budget for CIIS improvements and the Coalition is seeking an additional \$850,000 to fund enhancements that they believe will increase immunization rates and thus reduce risk for vaccine preventable diseases. (See document "Solving Colorado's Immunization Problem" for details.)

Another proposal requests a total investment of \$495,000 for local public health agencies to offset decreased dollars usually received from tobacco settlement funding (net new funding of \$260,000). These funds would be used for base operating expenses, including immunization administration and delivery, as well as help these agencies continue to immunize uninsured or underinsured kids and respond to individual cases of disease and outbreaks. The third proposal is to "strengthen Colorado's personal belief exemption requirements" by requiring parents to submit forms more frequently if they do not want their child to receive immunizations.

MOTION: To SUPPORT all three proposals of the Colorado Children's Immunization Coalition.
Motion/Seconded/Carried Unanimously

SB15-137: PACE Program Flexibility for Business Entity – The PACE Program ("Program of All-inclusive Care for the Elderly) provides community-based care and services to people age 55 or older, including dental care, who otherwise would need a nursing home level of care. Per state law, only non-profits are eligible to apply for these services. If reports show that for-profit entities are able to provide these services as well as or better than non-profits, they can receive funds from the state. Lobbyists for this bill believe this report is eminent, though staff has not seen a report as of yet. A state change would require federal approval before being implemented. The PACE program has been proven to work and would be a great benefit to this county which does not currently have the program. Sponsors of the bill are Reps. DelGrosso and Ginal.

MOTION: To SUPPORT SB15-137.
Motion/Seconded/Carried Unanimously

SB15-015: Mental Health Parity for Autism Spectrum Disorders – Current law excludes autism spectrum disorders from the definition of mental illness. This bill, a primary bill of one of our local legislators, Senator Kefalas, would allow autism spectrum disorders to be treated as a mental health issue, which means autism treatment would be covered with benefits no less restrictive than benefits for physical health. The bill has already passed third reading in the House and is on its way to the Governor’s office to be signed. Though no position is necessary, the Board expressed interest in conveying their support and thanks to our local legislators.

MOTION: To direct staff to send a letter of support and thank you to our local legislators for this bill.
Motion/Seconded/Carried Unanimously

Other Updates:

HB15-1194: Authorize General Fund Dollars for LARC Services – The Board had previously taken a position on this bill to Strongly Support. Letters have been sent to representatives as well as other communications via phone, text, or in-person conversation expressing the Board’s support of this bill. The bill is currently stalled in Appropriations.

SB15-197: Advanced Practice Nurse Prescriptive Authority - The Board had previously taken a position which “supports the concept of giving people access to medical care through modifying the training hour requirements for APRNs, but has concerns regarding the potential lack of direct supervision of newly graduated APRNs with prescriptive authority.” The bill has passed out of the Senate with the following amendments: require 1,000 hours of mentorship and require 3 years of clinical experience as RN or APRN before provisional authority (which can be accomplished prior to graduation or thereafter). The Board decided not to amend their position. Staff will continue to communicate the Board’s position with local legislators.

HB15-1029: Health Care Delivery via Telemedicine Statewide and ***HB15-1032: Mental Health Treatment for Minors*** have both been signed into law.

HB15-1087: Alcohol and Substance Abuse Medical Detox Centers is waiting on Appropriations.

HB15-1031: Ban Use/Sale of Powdered Alcohol. This bill has been sent to the Governor.

HB15-1257: Eliminate Penalty to Increase Compliance Cigarette Sale is to be heard in the Local Governing Committee on March 25.

Federal Issues – S.683: C.A.R.E.R.S. Act – The “Compassionate Access, Research Expansion, and Respect States Act of 2015” (C.A.R.E.R.S. Act) would change medical marijuana’s drug classification from Schedule I to Schedule II; allow banks to handle funds; prevent federal prosecution in states that have medical marijuana; and would promote research and study of medical impacts. This issue has been assigned to the Senate Judiciary Committee, however it is not scheduled for a hearing and there is a likelihood that it will not be heard at all. Dr. Thorson stated his belief that the Board should actively support this measure in order to allow medical

research to occur, allow its use by those with serious medical conditions (such as children whose seizures it might impact, or for people who want to use it for cancer), and to create marijuana's use as a prescribed drug – allowing physicians to prescribe it, the DEA and the medical board to regulate it, and pharmacies to dispense it - and eliminating the current very loose system of caregivers and growers in our state.

The Board asked staff what could feasibly be done at our level, since this is a federal proposal. In the past, the Health District's involvement with federal concerns has been limited to sending letters to our own Congress people. It may be possible to produce a pro/con analysis - to look into what such a measure would really mean (for example, would it really result in the outcomes noted above?), both in intended and unintended consequences, and it would be important to gather a variety of perspectives, including from the treatment community. It was noted that there are currently serious limitations on research, since marijuana is still illegal at the federal level. There was concern expressed as to whether taking a position on this issue might put the Health District at risk, and that should be included in any analysis. In general, the Board would like to be sure they understand the issues and the perceptions of the public before deciding whether to take a position, and would like to see a thorough analysis on this issue, before considering any sort of position. Given that the proposal is not likely to move quickly, staff will likely not start on an analysis until after the current state legislative session has ended.

Local Issues: West Nile Virus – There has been some interesting progress on this issue. At local meetings of the Technical Advisory Committee (TAC), the City and the County have been working jointly on strategic communication plans and on figuring out how to handle this issue this year. One idea that has emerged is a “Pest Control District” that would be similar to a weed control district that exists in the county and perhaps even merge the two together to be both a Weed and Pest Control District.

Dental Clinic Update: Senior Dental Services Grant

Mr. John Newman, Clinical Services Director, provided a brief history of the Health District's involvement in providing dental care to seniors. Through an Old Age Pension (OAP) grant (for the period of December 2013 to July 2015), the Health District has been providing dental services to seniors over age 60 with low income. From December 2013 through February 2015, the program has provided services to 325 individuals. With the advent of the new Medicaid dental benefit for adults (fully implemented in July 2014), combined with the expansion in Medicaid due to the ACA (implemented January 2014), most individuals who were eligible to receive dental care through the OAP program are now eligible for Medicaid.

The good news is that there was legislation that recognized that there would still be considerable gaps in seniors' ability to afford dental care. Through a legislative and regulatory process, there will now be a fund that will help provide dental care to seniors with incomes higher than Medicaid (which has an income limit of 138% Federal Poverty Level) – a new, limited fund will assist those with incomes up to 250% FPL (and some seniors not eligible for Medicaid).

In February, the Health District applied for a Senior Dental Program grant to provide dental care for seniors over age 60 with no dental insurance or Medicaid, up to 250% of the Federal Poverty Level (FPL). The proposal, if fully granted, would provide dental care for approximately 166 patients. Staff expect to hear whether we have been awarded the grant by the end of March.

A concern has been that there will not be any providers to provide dental care to seniors residing in the south part of the county. Sunrise Health Center in Loveland elected not to apply and no other providers in the south county applied. In the process of applying, Health District staff analyzed whether it would be possible for us to provide services to the whole county using this grant funding. Board policy states that Health District funds can only be used to provide services for those individuals who reside within Health District boundaries. In order to be able to serve individuals outside of the boundary, external funding would need to cover the full cost of serving those people. In working with the estimated revenues and expenditure, staff were surprised to see that the grant would provide an estimated revenue of \$1,203.63 per client, and an estimated cost at \$1,203.18, which is estimated to cover the cost of providing care to seniors living outside the District.

Ms. Plock explained to the Board that their permission is needed to be able to serve people outside of the district boundaries. Because Sunrise chose not to apply themselves this year (due more to time constraints than lack of interest), those in the southern part of the county would not have a dental provider without our help. The local Area Office on Aging is very concerned about that situation, and requested our help. The revenue from the grant would cover the staff time required to provide services, so that residents of the northern part of the county wouldn't have less access.

MOTION: To approve serving eligible seniors in the southern part of Larimer County (who reside outside the Health District's boundaries) in the Senior Dental Program if the Health District receives the Senior Dental Services Grant, because grant revenue is expected to meet the cost of care for those individuals.
Motion/Seconded/Carried Unanimously

UPDATES & REPORTS

Programs Significantly Impacted by Health Care Reform: What's Happening? Ms. Plock noted that with all the changes occurring due to health care reform, staff would provide the Board with brief program updates and how they are being impacted.

Dental Program

Since the expansion of Medicaid to Adults at the beginning of 2014, and the addition of a dental benefit to adults on Medicaid (fully implemented in July 2014, allowing dental care up to \$1,000, with full coverage for dentures), the Dental Clinic has seen a gradual decline in dental lottery participation. The clinic used to have 300 people wanting 50 spots and the lottery was the best way to handle that demand. In February the number of individuals who signed up for the lottery pretty well matched the number of spots available, thereby all of those individuals were able to be given appointments. In light of the lower demand, the lottery will be suspended, at least for the short term. It will be kept in place, however when an individual signs up through the lottery, we will contact them and immediately offer an appointment. This prevents the need to reprogram the process and makes it easy to utilize again later should demand for services increase again.

There are several reasons likely contributing to the decline in need for our services: 1) Salud now offers dental care at their Fort Collins clinic. The Health District previously had a contract with Salud, which ended in February, to provide dental care to their patients; 2) A few other dental

providers who serve adults participate in Medicaid and can take new patients; 3) The Health District increased our budget and staffing, thus increasing capacity for new patients, and decreasing demand; and 4) many Medicaid beneficiaries are not aware of the dental benefit.

Though we are seeing a decline right now, staff believes that demand for dental services will increase as: Salud gradually fills up their capacity; patients who go to other offices and max out their \$1,000 benefit limit then face having to pay full costs, and seek sliding fee scales for the rest of their care; adults on Medicaid learn of the new dental benefit and seek our services. In the meantime, staff will be working to increase Medicaid recipients' (and providers') knowledge of this benefit, will perform a thorough analysis of the need and capacity for dental care in the community, and will perform an analysis of the feasibility of expanding capacity at the Health District and in the community, as it is needed. It was recommended that staff be sure that the providers at Family Medicine Center are aware of the benefit.

Integrated Care

The Integrated Care program places behavioral health staff at the Family Medicine Center and Salud clinics in Fort Collins, our local primary care safety net clinics, to provide non-traditional behavior health specialist services, as well as individual and group counseling and care management. Since the program's beginnings in 2006, a major challenge to integrated care has been that Colorado has a Medicaid carve-out design where Medicaid behavioral health services and primary care services are financed differently and are delivered by a different provider, which is essentially "dis-integrated" care. Medicaid clients in need of specialty behavioral health care have been referred to Touchstone Health Partners, the community's main Medicaid provider for mental health services.

January 1, 2014 was the beginning of the Medicaid expansion and the safety net clinics saw their payer mix change dramatically – whereas before, they had large numbers of clients who were uninsured, now their Medicaid populations increase from around 30-35% to around 70%. Additionally, the community saw the Behavioral Health Organization (BHO) change from the local Northeast Behavioral Health Partnership to Colorado Access. Another upcoming major change is that Colorado applied for a State Innovations Model (SIM) grant from the federal government, with the goal of having the majority of primary care practices (both public and private) achieve integrated care in the next few years – which would significantly change how care is provided in the private health area.

With the sudden influx of Medicaid-covered lives, providers and our staff found that it was hard to get behavioral health patients into Touchstone on a timely basis, so discussions began between the clinics, Touchstone, and the Health District to look for solutions. The group is also aware that when Medicaid dollars can be used for patients, they should be used first, with Health District funding being used for those things that Medicaid will not cover. At FMC's invitation, Touchstone is looking at the possibility of placing a full time staff member at the primary care clinic in order to provide specialty behavioral health care to FMC's Medicaid patients. Salud is considering hiring their own additional staff by negotiating funding through managed care contracts (with Rocky Mountain Health Plans and/or Colorado Access).

With the upcoming changes at FMC and Salud, staff have been looking at what behavioral health needs will remain in the clinics that may still need Health District resources. Possibilities include continuing to provide the non-traditional uncovered services, such as delivering care by the side

of doctors, pain management group, helping to address psychological issues from physical issues, etc. Additionally, staff are looking into the issue of pain management, conducting interviews to learn more about the issue and exploring the idea of a pain management collaborative. For now, the resources being added to the clinics are not anticipated to meet the full behavioral health needs of either clinic, and staff will continue to work with the clinics to provide behavioral health services for at least the next year while we work out other future changes.

Prescription Assistance

Staff is presently working on the options for continuing to provide a lower level of prescription assistance to residents who still need help affording prescriptions, and will bring the options to the Board at a later board meeting.

Mental Health and Substance Abuse

The Mental Health Connections program has also been impacted by more people having Medicaid and coverage for mental health, and as a result has seen a decline in demand for services. Much of the change is attributable to our close partnership with Touchstone, which in recent years has meant that Connections' role has often been to be their "front door" – to assist people in the interim between their request for help, and the availability of an appointment with Touchstone. Now that Touchstone has significantly more funding to see the added population who are on Medicaid, the process has changed and Medicaid clients more often go directly to Touchstone.

At the same time, we are aware that there are many more needs in our community to connect people to appropriate mental health care. Key changes were discussed at the last meeting, including a) the expansion of MH Connections to include a focus on Early Identification and Early Intervention for children and their families (a priority of the Mental Health & Substance Abuse Partnership), and b) increasing provider education in order to improve the use of state of the art practices. Staff is also looking more closely at how people get their information (both electronically and otherwise) and how to reach those individuals who need our services.

To move this program forward and provide high-level leadership, Ms. Kristen Ward was recently hired as the program's Manager. Ms. Ward has been a leader in behavioral health in the community for years, working with Mountain Crest, and being a key force in creating the Crisis Assessment Center at Poudre Valley Hospital. She brings exceptional experience in program development, clinical realities, and leadership. MH Connections has also been very involved with assisting Touchstone in developing the community's Crisis Stabilization program. The Connections facility is serving as the interim location for this program until the building that will house the program is ready in June or July.

Medicaid Accountable Care Collaborative

This discussion was postponed until a later board meeting. The Board commented that it would be helpful to have some written information and data along with the discussion/presentation so to better understand this program.

Quarterly Report and Executive Director Update

The Board inquired about the EMS selection process. After a careful deliberative process and in-depth interviews with two top contenders – Poudre Valley Hospital and AMR – PVH was given the opportunity to enter into a contract to provide EMS services for Northern Larimer County.

Initially, it will be a one year contact with options to renew for 5 years thereafter, if all parties agree. Contract extension would be based on performance in accordance with the agreement.

In announcements, KRFC-FM, a Fort Collins-based public radio station, won a Colorado Broadcasters Association award for best news/talk show host or team in a major market for its "Community at Work" weekly program. Richard Cox, the Health District's Communications Director, was one of the three program hosts recognized for this distinguished award. The program has been a venue for highlighting Health District programs and services through interviews of program staff as well as guests from partnering agencies and has been a great opportunity for promoting Health District services. Deni LaRue, Larimer County spokeswoman, and Fort Collins Councilman Bob Overbeck were also recognized. The clip that won the award was aired for the Board.

UCHealth/PVHS Board Liaison Report

Ms. Plock informed the Board that the process for approving documents for UC Health North's Harmony Medical Center (Emergency Department) is getting close to being completed. Two of the four necessary documents are ready for signature and the other two are close to obtaining the City's approval. All issues have been resolved by the attorneys.

Mr. Thorson announced that UC Health's most recent expansion is to build a hospital in Longmont that will have between 50 and 75 beds. It will cost around \$125 million to build and is scheduled to open in January 2017. The new hospital is part of the UC Health system's continuing efforts to expand along the Front Range. It also evolved at about the same time that a large multi-specialty group in Longmont became part of Colorado Health Medical Group (UC Health's physicians' group), and that Longmont United Hospital announced that it would be affiliating with Centura Health. In other news, the health center to be built at Prospect and College is moving along; bonds were just sold.

A Joint Board meeting with the PVHS/UC Health-North Board is being scheduled for Tuesday, June 16. This will be in addition to the regular board meeting scheduled for June 23.

CONSENT AGENDA

The January 2015 Financials, January 27 and March 12 draft board meeting minutes were removed from the Consent Agenda.

- Approval of the February 12, 2015 Board Meeting Minutes

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

A correction was suggested for the January 27, 2015 draft meeting minutes. Under "Local Issues" on Page 3, the last sentence of the first bullet should read, "At a previous Board meeting, the Board took positions in support of smoking 'restriction' at events,..." (instead of "smoking expansion").

MOTION: To approve the January 27, 2015 meeting minutes as amended.
Motion/Seconded/Carried Unanimously

Additionally, a correction was suggested for the March 12, 2015 draft meeting minutes. The last sentence of the first full paragraph on Page 3 should read, "Dr. LeBailly has sent out letters to

'representatives' of all Fort Collins Home Owners Associations (HOAs) regarding mosquitos..." (instead of "Fort Collins residents").

MOTION: To approve the March 12, 2015 meeting minutes as amended.
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- April 8, 11:30 am – 1:00 pm – Annual Employee Appreciation Luncheon at Northside Aztlan Community Center
- April 16, 5:30 pm – Board of Directors Special Meeting
- April 28, 5:30 pm – Board of Directors Regular 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

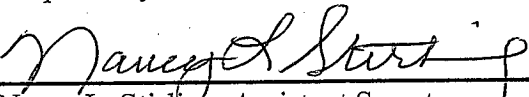
The Board retired to Executive Session at 8:52 p.m.
The Board came out of Executive Session at 8:57 p.m.

ADJOURN

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

The meeting was adjourned at 8:58 p.m.

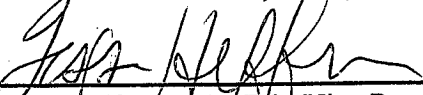
Respectfully submitted:



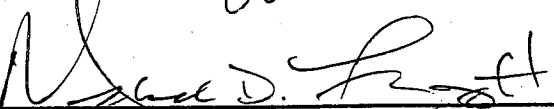
Nancy L. Stirling, Assistant Secretary



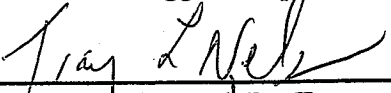
Bernard J. Birnbaum, M.D., President



Tess Heffernan, M.Ed., Vice President



Michael D. Liggett, Esq., Secretary



Tracy L. Nelson, Ph.D., Treasurer



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