



**BOARD OF DIRECTORS  
MEETING  
August 23, 2016**

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

**MINUTES**

**BOARD MEMBERS PRESENT:** Michael D. Liggett, Esq., President  
Tracy L. Nelson, Ph.D., Vice President  
Deirdre Sullivan, Secretary  
Faraz Naqvi, M.D., Treasurer  
Tess Heffernan, Liaison to UCHealth-North/PVHS Board

**STAFF PRESENT:** Carol Plock, Executive Director  
Jim Becker, Special Projects Manager  
Bruce Cooper, M.D., Medical Director  
Richard Cox, Communications Director  
Molly Gutilla, Evaluation Specialist  
Laura Mai, Accountant  
Dan Sapienza, Policy Coordinator  
Jessica Shannon, Resource Development Coordinator  
Chris Sheafor, Support Services Director  
Karen Spink, Assistant Director  
Nancy Stirling, Assistant to Executive Director  
Sarah Tilleman, Dental Services Director  
Lin Wilder, Healthy Mind Matters Director

**OTHERS PRESENT:** Katie O'Donnell, PIO from Larimer County  
Maria Medina, Executive Director for Larimer County  
Medical Society

**CALL TO ORDER; APPROVAL OF AGENDA**

President Michael Liggett called the meeting to order at 4:03 p.m. In regard to the meeting agenda, the citation for the Executive Session was changed from C.R.S. 24-6-402(4)(b) (conference with attorney) to C.R.S. 24-6-402(4)(a) (pertaining to the purchase, acquisition, lease, transfer or sale of any property interest).

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

**PUBLIC COMMENTS**

None.

## PRESENTATIONS

In preparation for the Board's Triennial Community Health Needs Assessment and planning retreat next year, brief presentations from Health District programs will be provided over the next few months so that the Board has a clear understanding of each program. This evening's presentation was from Ms. Lin Wilder, Community Impact Director, with an overview of the Healthy Mind Matters program.

In general, Community Impact is about system-level improvements and working on issues that are so large or complex that any one organization cannot make a significant impact alone. A major focus of Community Impact is Healthy Mind Matters, which includes Connections, the new CAYAC Program (Child, Adolescent, Young Adult Connections), and the Mental Health and Substance Abuse Partnership. Other Community Impact projects include pain management, helping with the revision of the HealthInfoSource website, and a new Regional Health Connector project for which grant funding was just awarded.

The Connections program includes the following programs:

- Adult Team – This program provides services to adults, including: walk-in/phone assistance, screening, information and referral, care coordination, peer support, pro bono/brief counseling, linkage to services, follow-up, and crisis discharge planning. Recently, considerable focus has been placed on working with local primary care providers (PCPs) to help them get their clients to behavioral health care if they don't have the capacity to do that in their own practices.
- CAYAC Team – While this team does all the same services as the Adult Team, its focus is more on providing more in-depth services for youth (0-24) and families. This includes: more comprehensive assessments, more intensive care coordination, a school liaison to facilitate communication between CAYAC and the schools, and convening a multi-disciplinary team that includes a psychiatrist, psychologist, therapists, and peer support.
- Other areas – Community Education (Mental Health First Aid, program outreach/topics), Professional Training and Development for providers (Therapist Networking & Training (TNT), Youth Provider Group, Crisis Consistency, special topic trainings), and CARE Team Disaster and Critical Incident Response providing mental health support to individuals affected by local disasters.

During the first six months of 2016, most services saw increases when compared to the first six months of 2015. Services that increased included: client contacts, services provided, referrals/linkage, assessment, and care coordination. Even though the CAYAC services haven't been formally rolled out yet and positions are still being filled, there was a 25% increase in youths served thus far in 2016 when compared to 2015.

The Mental Health and Substance Abuse Partnership was begun in 1999 and includes representatives from many local agencies and organizations, law enforcement, mental health consumer/advocates, etc., and is staffed by Health District staff. Ms. Wilder reviewed with the Board the Partnership's current priorities: Recommendations for the Development of Critical Behavioral Health Services (report and recommendations, information and presentations, potential implementation assistance); improving the community's approach to substance use disorder treatment (practice transformation, trainings, process improvement); frequent utilizer solutions (frequent utilizer study, Pay for Success technical assistance grant); policy and

legislation (monitoring, education, advocacy); and early identification and intervention priorities (CAYAC, LEAP initiative for ages 0-5). (See handouts for further details.)

### **TIF 101 and Intro to Work of the Local Coordinating Committee**

Chris Sheafor, Support Services Director, provided a brief overview of tax increment financing - what it is and how the process works, its impact on the Health District's income stream, and the progress of the local TIF Study Group.

Tax increment financing was originally intended to be used by cities as a way to raise funds to do projects involving economic development in areas of blight. Tax increment financing is derived from setting a base line of what the property tax is at the time a project is approved. The base amount plus any biennial reassessment increases go to local property tax collecting entities (such as the Health District). Any increases in assessed value because of redevelopment – called the tax increment – go to the project, which generally uses it to retire bonds or fund parts of the project, public improvements, etc. This collection of tax increment financing is usually set for a 25-30 year period.

The impact is that a piece of the property tax is not flowing back to any of the taxing entities (except school districts). For the Health District, in 2013 there was a \$139,917 reduction in property taxes received because of TIF districts, and there are scheduled to be two new districts to be created which will eventually add to the amount the Health District, and other taxing entities, is not receiving.

There has been much discussion around this issue in our community and concerns about the economic impact on service providers – are the projects creating a need for more services, but without the additional funding needed to provide the services? TIF is a redevelopment tool that is likely to be used in the future (and its use has expanded far beyond the original blight reduction purpose) and because of that there is a push for more transparency in the approval process. As a result, a new state law now requires county and special district representation on Urban Renewal Authority (URA) boards if there is going to be any tax increment financing on a project. Also, there is a clause that requires taxing entities' approval for TIF.

In Larimer County, a Regional TIF Study Group was formed and includes representatives from Larimer County, Cities (Fort Collins, Loveland, Timnath, Windsor, Estes Park, and Wellington), Special Districts (Health District, Fire District, Library District, Foothills Gateway), and the Poudre School District. The initial objective of this group was to devise a method to quantify costs and benefits of TIF and develop models to assess impacts from different types of projects (i.e., commercial vs. residential). The group is also working on creating a process for more meaningful County and Special District involvement.

The TIF Study Group is still in process at this time. A consultant has presented a draft report, which includes a direct cost financial model, an “other factors” evaluation matrix, and a proposed review process, and tax-funded service providers are working on developing processes for working together. The next steps for the group are to finalize the report, discuss how to implement recommendations from the Study Group, and get the final report and recommendations to governing boards. It will also be important to determine Special District representation on the URA Board, which has been postponed by the City until such time as a new URA project is proposed.

## **DISCUSSION AND ACTIONS**

### **CO Dept of Public Health & Environment's CAYAC Contract**

Included in the meeting packet is a copy of a proposed SIM contract from the Colorado Department of Public Health and Environment that will provide funding for certain positions in the CAYAC program. In October 2015, the Health District responded to a joint RFA from the Colorado Health Access Fund SIM (via the Denver Foundation) and the State of Colorado SIM (CDPHE). The Health District was subsequently selected to develop a new, 3-year, multi-agency collaborative team with expertise in behavioral health care for children, adolescents, and young adults (Team CAYAC). This contract term begins September 1, 2016 and ends January 31, 2017 with options for two 12-month renewals and is for the amount of \$171,384.00. The CDPHE contract has been reviewed and approved by appropriate staff and some minor adjustments were made with CDPHE's approval. The contract is now being submitted to the board for review and approval.

**MOTION: To approve the CDPHE Intergovernment Contract as presented for Team CAYAC funding.**  
*Motion/Seconded/Carried Unanimously*

### **Policy 99-01: Contract Signature Policy Potential Amendments**

At the last meeting, staff brought to the Board suggested changes to Policy 99-01: Contract Signature Policy. At that time, the Board members present decided to approve the changes upon first reading and asked for a second reading when all the members would be present. The proposed changes include: a clarification that this policy applies only to Health District funds and not grant, partner or other funds; an additional paragraph allowing the Board President to make determinations on contracts when time is of the essence, subject to Board ratification; increasing the contract amount requiring Board review of actual contracts and approval from \$100,000 to \$150,000 and above.

**MOTION: To approve the amended Policy 99-01: Contract Signature Policy as presented.**  
*Motion/Seconded/Carried Unanimously*

### **Advance Directive Registry – Policy Analysis**

Included in the meeting packet is a Policy Brief concerning Advance Care Planning and Advance Directives. The brief looks at policy options to ensure patients' health care wishes are known at the time that decisions are made and followed by family and health practitioners. Advance care planning is a process where individuals express their wishes about health care and ensure that in cases where that person cannot express their own wishes, others are able to do so. Individuals can record their decisions in a variety of documents, including instructional directives (give direction to guide decisions about future care) and proxy directives (formally appoint a decision-maker).

Crucial to these important documents having the effect that the patient intended is that the health practitioner and family know of the documents, that the documents are available when they are needed, and that the document be as current as possible. One possible policy option to increase the availability of these documents at critical times is the creation of a statewide registry of advance directives where individuals can store their directives and where health practitioners can access the directives in cases where the individual cannot express their preferences about care. [See the policy brief for further details.] State registries are active in a number of states and there

have been past efforts to create such a registry in Colorado. The most recent effort in Colorado to set up such a registry was Senate Bill 15-125 introduced in January 2015 which ended up being postponed indefinitely.

In order for advance care directives to be effective, the documents must be current, treating providers (and others) must know the documents exist, and the provider must adhere to the individual's wishes. A goal, therefore, is to increase health provider knowledge of and access to current and accurate advance care planning documents when and where the documents are needed. There are legislative and non-legislative options to achieving this goal. Legislative options include: developing a statewide registry; requiring providers to search out directives; utilizing Driver's License icons; and increasing funding for existing platforms/outreach/education. Non-legislative options include: developing private registries, utilizing health system resources, smartphone apps, and wallet cards.

Locally, local health systems are doing a good job at putting advance care directive documents into their electronic health records (EHR) systems, even if a person is not or have never been a patient within that system. Also, there are many physicians putting emphasis on this and there is good records sharing happening between physicians and hospital systems in this community.

In considering the development of a statewide registry, policy makers should take into consideration: emergency medical services (if can't access or locate documents on a registry, look around the house); requirements for checking the registry; budget and sustainability of a registry; where would such a program be housed in the state structure; and the perceived connection to legislative and ballot measures on aid-in-dying. Locally, there has been some interest in advocating around this.

A few questions were raised by the board. The first question was in regard to HIPAA compliance - if a doctor is aware of advance care directives and shares that information with other people, would that violate HIPAA regulations? Would a signed HIPAA release form from the patient be required (and what if they are incapacitated and not able to sign)? A question was also raised about how to get important information about advance care directives and registries out to people. With education, individual practices may do more to inform patients.

Staff asked the board whether, if there should be legislation or other policy changes be proposed on the issue of advance care directives and the development of a registry, they would be supportive of having the Health District advocate for such legislation.

**MOTION: To SUPPORT efforts to develop legislation or other public policy that would improve health provider awareness of completed advance care planning documents and improve the accessibility of these documents at times they are most needed.**

*Motion/Seconded/*

Board Discussion: The board inquired if there was any tie-in to this issue with the triennial review. Dr. Cooper commented that staff have designed questions regarding the issue to be included on the community survey. Also, there will be an opportunity to include discussion of this issue at a community health survey key informant focus group meeting with medical providers.

**MOTION:** To SUPPORT efforts to develop legislation or other public policy that would improve health provider awareness of completed advance care planning documents and improve the accessibility of these documents at times they are most needed.  
*Motion/Seconded/Carried Unanimously*

### **Resolution 2016-17**

A proposed resolution was handed out to the Board for consideration. The resolution would formally give notice of the Health District's support of "the Larimer County Mental Health, Detox/Substance Abuse Facility and Services Ballot Issue." The language for the resolution was provided by a support group for this initiative.

**MOTION:** To approve Resolution 2016-17 to support the Larimer County Mental Health, Detox/Substance Abuse Facility and Services Ballot Issue as presented.  
*Motion/Seconded/Carried Unanimously*

### **UPDATES & REPORTS**

#### **2016 2<sup>nd</sup> Quarter Program Reports and ED Updates**

The 2<sup>nd</sup> Quarter Program Report was not quite ready; it was noted that the Community Health Survey is nearly completed and will be going out to random Larimer County residents in the next month or two.

#### **Other Updates**

Regional Health Connectors – The Health District was recently notified that the state has approved its proposal for the Regional Health Connectors project with the Health District being the host for Larimer County. The Northern Colorado Health Alliance was awarded to cover Weld County. This project will work with primary care practices on integration efforts and connecting with other community resources to meet the needs of their patients. Our application focuses on behavioral health and will take advantage of the programs already going on in our community around behavioral health. Ms. Sullivan commented that it will be exciting to see how this unfolds and if it might be applied to other health issues such as cardiovascular.

Advance Care Planning – Mr. Jim Becker, Special Projects Manager, announced that the Advance Care Planning program will be hosting an open house on September 22 for key players and others who have been involved in getting the program up and running. The open house will be at the ACP office at 425 West Mulberry.

The program's contract year started on March 16 and in the first quarter hired staff, secured office space, and did extensive training. ACP staff provide in-person assistance for individuals wanting to complete their advance care directives and documents and help make sure those documents get to the appropriate people who may need them (i.e., medical providers, hospitals, etc.). Since the middle of June ACP staff have helped 141 people get their advance care information completed and talked with over 250 people. ACP staff are working on outreach to the medical community to let them know of services available to them and their patients.

Everyone is encouraged to complete their advance care directives, or update them if already done, as situations change, and get copies of them to the hospitals which will file them in medical records there.

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

Poudre Valley Hospital is getting near the end of updating its strategic plan effort. Mr. Kevin Unger, President and CEO of PVH and MCR will be attending the next board meeting to talk about their strategic plan. In October, there will be a joint board meeting between the Health District and UCHealth-North/PVHS Boards. One item that may be discussed at that joint meeting may be on UCHealth's push for a significant market share in our area and why that is important. Ms. Heffernan complimented Ms. Plock on a recent presentation she did for the UCHealth-North/PVHS Board on the behavioral health study and recommendations. The Board did have some questions and it is likely that they will vote on a related resolution later. As a side note, the UC-Health/PVHS Board did vote to oppose Amendment 69 (Colorado Cares: universal health care) and is in support of Initiative 143, which would increase the tobacco tax.

### **PUBLIC COMMENTS**

None.

### **CONSENT AGENDA**

- Approval of June 2016 Financial Statements

**MOTION: To approve the June 2016 Financial Statements as presented.**  
*Motion/Seconded/Carried Unanimously*

- Approval of the July 21, 2016 Board Meeting Minutes  
It was noted that since the phone connection to Dr. Naqvi was never completed at that meeting, his name needed to be removed from the list of board members present.

**MOTION: To approve the July 21, 2016 Board Meeting Minutes as amended.**  
*Motion/Seconded/Carried [T. Heffernan and F. Naqvi abstained due to being absent for that meeting]*

### **ANNOUNCEMENTS**

- September 27, 4:00 pm – Board of Directors Regular Meeting
- The City of Fort Collins will be spraying parts of the City for West Nile Virus

Ms. Sullivan mentioned that she had recently attended an amazing data presentation done by the Food Bank for Larimer County. A staff person who is a nutritionist and an economist looked at the issue of food security in our community.

### **EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION: For the purpose of discussion pertaining to conferences with an attorney for the district for the purpose of receiving legal advice on specific legal questions pursuant to §24-6-402(4)(b), of the C.R.S.**  
*Motion/Seconded/Carried Unanimously*


The Board retired to Executive Session at approximately 5:35 p.m.  
The Board came out of Executive Session at 5:49 p.m.

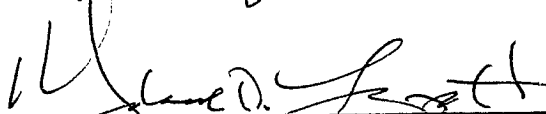
**ADJOURN**

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


The meeting was adjourned at 5:50 p.m.

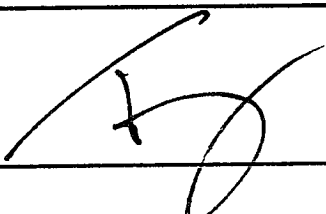
Respectfully submitted:

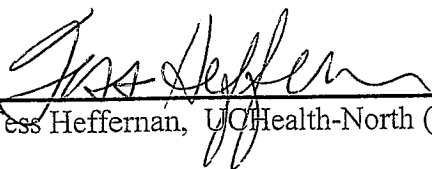
  
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Nancy L. Stirling, Assistant Secretary

  
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Michael D. Liggett, President

  
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Tracy Nelson, Vice President

  
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Deirdre Sullivan, Secretary

  
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Faraz Naqvi, M.D., Treasurer

  
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Tess Heffernan, UCHHealth-North (PVHS) Board Liaison