



**BOARD OF DIRECTORS
MEETING
August 25, 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 (via phone)
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
Jim Becker, Resource Development Coordinator
Gail Bridger, Support Services Specialist
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
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

OTHERS PRESENT: Kendra Carberry, Attorney with Hoffmann, Parker, Wilson
& Carberry

CALL TO ORDER; APPROVAL OF AGENDA

President Bernard Birnbaum called the meeting to order at 5:49 p.m.

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

PUBLIC COMMENTS

None.

PRESENTATION & DISCUSSION

Health District Role in PVHS/UCHealth North Assets

Ms. Kendra Carberry, Health District counsel, was present to address the Board's questions pertaining to the Hospital Operating Lease Agreement (between the Health District and PVHS in 1994) and its amendments, the JOA (created when PVHS and the University of Colorado Health were affiliating in 2012), and the Consent Agreement (between the Health District, PVHS, and the JOC) regarding the Health District's assets.

It was noted that this is a very complicated topic, so Ms. Carberry created a memo for the Board to describe the framework under which assets are determined at any given point during the lease agreement, who controls them, and what happens to them if/when the agreement expires or is terminated. Although the Board has access to a list of assets, it will be a fluid list as assets change over the years, but the changes are governed by the agreements. Ms. Carberry noted that although the Health District was not a party to the JOA, the Consent Agreement indicates how we said that we would consent to the new affiliation (between PVHS and the University of Colorado Health) and how the JOA would be applied to us. She noted that she was involved at the time of the affiliation, but that the Health District had a mergers and acquisitions attorney who did most of the negotiations on the documents.

A board question was whether the Health District has all of the documents mentioned in the agreements. It was confirmed that the Health District and the attorney have all the agreements and documents as mentioned in those agreements. Another question was asked as to who has the authority to borrow against or encumber assets that might be returned to the District at some point. While PVHS/UC Health does have the authority to encumber assets, they can not encumber the Health District's interest in them. Should assets be scheduled to come back to us at some point (either from termination or expiration of the lease agreement), the Board would have some options, such as leasing the assets to another party, selling the assets, acting as a conduit to a sale, declining to take the asset/debt, paying off the debt, or taking on the debt with voter approval. Dr. Thorson also noted that he had discussed the agreements with the PVHS Compliance Officer to be certain that she was aware of them and of the need for compliance with their contents.

Another board question was whether we should ask PVHS to sign off on the summary of assets. The idea may be a good one, however Ms. Plock and Ms. Carberry will need to work together to determine its implications and whether it could be implemented.

Ms. Carberry was commended for her excellent work on this issue as well as for her role in the JOA process.

Frequent Utilizer Study

Ms. Lin Wilder, Healthy Mind Matters Director, presented a quick summary of learnings from a recent "Larimer County High Utilizers Study – 2014/15". The purpose of the study was threefold: 1) to better understand frequent utilizers' needs and utilization patterns; 2) to identify potential system-level changes to better address needs; and 3) to increase health and create potential cost savings through best practice interventions. The study had a starting sample of 155 frequent utilizers of the Larimer County Detention Center with four or more bookings in each calendar year of 2012 and 2013. Utilization data was gathered from the Fort Collins Police Services, detox/ATU, homeless/housing services, hospital emergency department and inpatient

beds, and outpatient treatment and primary care. A few of the more important learnings from the study include:

- There was a cost of over \$2.2 million each year in potentially avoidable service utilization for this population
- The top 3 services being utilized by this population were: 1) Larimer County Detention Center; 2) PVH Inpatient and ER; and 3) Law enforcement (FC Police and LC Sheriff)
- A small number of frequent utilizers are the primary drivers of the majority of related costs. (For example, one person with 104 ED visits in a year; and 7 individuals with 38 or more detox days each in 3 years – which drove 70% of the costs for detox utilization).
- Roughly 9 of every 10 people in our sample of frequent jail users were identified as having substance use problems; nearly half have mental illness. The majority of those people are not connected with our public behavioral health services.

The study highlights that there is great need in our community for the development of a better continuum of behavioral health treatment services, and for better connecting people to the services that exist. The Mental Health & Substance Abuse Partnership has endorsed the Expansion of Critical Behavioral Health Care project, which has identified the following services needed to fill gaps in care in our community: residential treatment for substance use disorders, intensive outpatient program for substance use disorders, medication assisted treatment, detoxification services, acute treatment unit, intensive care coordination and transportation.

Other needs identified:

- Specifically, do a better job at connecting frequent utilizers with the most relevant services that do exist in our community (i.e., CDDT, SummitStone Health Partners, Salud Family Health Centers, etc.).
- Address housing needs for the nearly 40% who have experienced homelessness.
- Recognize and capitalize on key opportunities to intercept frequent utilizers as they move through the system and intervene at critical transition points (i.e., at time of release from jail).
- Better community care planning that includes sharing staffing teams and patient information.

Overall, there are many opportunities for improvement. We are in the process of getting the data and information out into the community, and linking it to planning efforts.

Board members made a variety of comments, including:

- The sequential intercept model would be a great way to intercept and help involve frequent utilizers in appropriate services. It was commented that oftentimes people in jail get released to the probation department (or other agency) and there is no follow-up.
- Between 2012 and 2014, our jail experienced an “explosion” in the homeless population, and it may be important to differentiate between transients and those who live in our community. [Staff pointed out that the great majority of individuals in this study were found to be long-term residents of this community.]
- It’s important to consider this information within an integrated care model – it seems that it would work better if primary care and behavioral health worked closely together to coordinate care, which is not generally happening now. An example of integration is the

placement of a SummitStone representative directly in the Salud clinic to provide behavioral health services to Salud patients.

- Dr. Birnbaum mentioned a model out of Yale University where the client/patient, a high utilizer who is discharged from the jail system, comes to a central location, where the services all meet with the client. The client becomes “the hub” and service providers work around/with the patient – thereby bringing the services to the patient rather than having the patient be expected to look for and access services, which is where patients with high needs are often lost.
- This information is “Awesome!” It needs to be published and shared [staff noted that they are finishing up some additional data collection, then will be ready to share it] – maybe with the paper, Compass, the PVHS/UC Health North Board, and community leaders.

Facilitating the Voting Process in HD Elections

Mr. Chris Sheafor, Support Services Director, provided information concerning the board election process. There are two ways that people can vote in the Health District Board elections: 1) by ‘absentee’ (mail) ballot, or 2) at polling places. To receive an absentee ballot, a voter is required (by state law) to submit an application for a ballot. The voter is then verified as an eligible voter, and if eligible, the voter is sent a ballot via mail. Before 2008, absentee ballots were not very popular. Since then, interest in absentee ballots has grown. In 2014, 77% of the votes came from absentee ballots, compared to 55% in 2012. Ballot applications are made available in the Compass newsletter and the Health District web site. Ways to make applications available to more people might be to have forms available in public places and/or in the Coloradoan newspaper. People are allowed to scan and email their application, and we can emphasize that more clearly in the future. As the number of people who have requested to be on the permanent list of ‘absentee’ (mail) voters increases, the number of people who get ballots directly increases.

Since 2008, the Health District has offered two polling places for voters to be able to vote in-person (the Health District in the north, and the Spirit of Lutheran Church in the south, at the intersection of Harmony and Lemay). Prior to 2008, there was a third location offered, usually in a north location such as Wellington or Laporte. Those locations had very few voters and so were discontinued. It costs about \$3,000 per location to cover costs of hiring election judges, voting booths, voting machines, etc. A Health District employee is usually assigned as a judge at each location to address any issues that might come up. In 2014, the Health District received 232 votes through the polling places. While adding another location might increase votes, it might not.

Staff is in the process of developing the 2016 budget. If the Board is interested in utilizing additional methods to try to gain more voters in the 2016 board elections, it would be helpful to know soon so costs can be included in the final proposed budget. The 2014 board election cost around \$10,000.

The Board didn’t think it necessary to add another polling location. Instead, the board supports emphasizing getting the word out to the public about upcoming elections, making ballot applications more readily available in more places, and making the ballot process easier for voters (and focusing on the fact that it is acceptable to print, sign, scan and email ballot applications). They mentioned more coverage in the Coloradoan, print, Compass (maybe every Compass), the website, and other media venues, and suggested using the term “mail” in

conjunction with the term “absentee” ballot). They also suggested making it clear to people that they won’t automatically receive a ballot in the mail unless they are on the permanent list.

UPDATES & REPORTS

First Indication of Budget Revenues

Despite a due date of today, staff have not yet received the estimated revenue valuations from the County; they are anticipated to be received Friday or Monday.

Lehman Brothers Investment Update

In response to a question from the last board meeting concerning reimbursements from the Lehman Brothers investment fallout, Ms. Haywood reviewed our records to see how much the Health District has received over the years. In September of 2008 when Lehman Brothers collapsed and filed for bankruptcy, the Health District had \$104,123.14 invested in Lehman Brothers through Colorado Diversified Trust. As of 2015, the Health District has been reimbursed in the amount of \$36,688.19. It is not known at this time when or if we will receive future payments.

Upcoming Grant Opportunities

Mr. Jim Becker, Resource Development Coordinator, gave a brief update on pending grants and new grant opportunities due over the next 8 weeks.

Update on Pending Requests:

- 1) The Centers for Disease Control (CDC) did approve another Public Health Associate for placement at the Health District. This individual will start in October while Charles Futoran (current PHAP) will transition to the Health Department for his second year of placement.
- 2) The Health District, SummitStone Health Partners, and two other agencies submitted a collaborative proposal requesting technical assistance from the University of Utah to further our efforts on a Pay for Success Initiative designed to help the “frequent utilizers” described earlier by Ms. Wilder. The proposal was funded, and the technical assistance will begin in October with SummitStone as the lead agency.
- 3) In early summer, the Health District submitted a proposal to SAMHSA to fund a multi-year community training initiative for Youth Mental Health First Aid training; we have not heard the result yet.

New Grant Possibilities:

There are several exciting possibilities coming up, most with a deadline of October 20 or before for proposal submission:

- 1) We plan to request funds from the Bohemian Foundation to support bringing national trainers to our community to provide state-of-the-art training on current treatments for substance use disorders (including how to be effective with medication assisted therapies).
- 2) We are talking with Salud (and offering to help) to encourage their submitting a proposal to offer medication assisted treatment for substance use disorders at their Fort Collins clinic. Funding for two year grants is available now through HRSA for that effort.
- 3) There are several opportunities being offered to work on transition issues and to help communities improve the integration of primary care and behavioral health care. We are looking at options to submit one or more proposals. These could be fairly large multi-year grants.

- 4) The Colorado Health Foundation has an initiative about Advanced Care Planning, and how to help assist more community members in understanding and implementing it. We are looking at a collaborative proposal with UC Health and others in this area. This may require matching funds from us.
- 5) The LAUNCH initiative is a statewide grant process strongly related to our EIEI effort to improve behavioral health assessment and services for children ages 0 – 8. The Health District is looking at participating in or leading a collaborative proposal in this area. The opportunity starts with a \$50,000 planning grant, with an opportunity to apply for implementation funding which could be up to \$500,000 per year up to 4 years.

Ms. Plock commented that it's an interesting time for grants as there is more focus on mental health and substance use disorders than ever seen or heard before. Typically, the Health District might be working on one, two or possibly 3 grants at most. There are amazing grants and opportunities we have not had before. One of the grants that stood out most is the Advance Care Planning grant which addresses the issue of aging – an area the board has determined to be a secondary priority. The Board thinks this is a great idea and is supportive of matching funds from our budget if needed.

Executive Director Report

- Larimer Health Connect – The third open enrollment is coming up quickly. Staff have been busy working on messaging. Staff is also expecting data from the state very soon that will be able to tell who was insured and who remains uninsured. Staff recently were pleased to have the opportunity to meet directly with the Interim CEO of Connect for Health Colorado during his statewide listening tour.
- Dental Clinic – Staff continue to work with and understand Medicaid as it pertains to dental care as well as working to move more individuals who are not yet in Medicaid and eligible into Medicaid. Affecting the dental budget is the issue of Medicaid's \$1,000 limit – once that amount is used up, patients quit coming in for dental care until the next year when they have another \$1,000, which can disrupt treatment plans as well as revenue.
- Expansion of Critical Behavioral Health Care – A contract has been drawn up with consultants who will work with the Guidance Group for this project to help define a fiscal picture (how much money will need for services). From there efforts will be devoted to have a plan by the end of the year.
- 2016 Budget – Staff is gearing up to start working on the budget for 2016 as soon as the estimated valuations are received from the County.
- Dental Services Director Search – Ms. Plock, along with Mr. John Newman, Dental Director, and Dr. Rob Gartland, Lead Dentist for the Dental Clinic, have been interviewing possible candidates to replace Mr. Newman when he retires at the end of the year.

UCHealth-North Board Liaison Report

- Last week, the PVHS/UCHealth-North Board approved adding 12 new beds to their Mountain Crest Behavioral Health facility, for a total of 41 beds, in early 2016. This change should occur in early 2016.

- There is ever increasing competition in the health care system; UCHealth is pushing a marketing campaign that will utilize various forms of media as well as establish a common branding to be used/seen throughout the system.
- Presently, there are 367 physicians, and 88 allied health practitioners, employed by Colorado Health Medical Group (CHMG). CHMG is a subsidiary of PVHS.
- The PVHS Board was provided a presentation from the Chair of the CU medicine department on the topic of personalized medicine. This rapidly advancing practice analyzes a person's genetic code and translates to what is going to work best for that particular patient based on their genetic code. Instead of looking at the data set of 16,000 individuals who took a particular drug, for example, a physician would be able to determine what is going to be the best treatment or therapy for this person based on their personal genetic makeup. There is an ethical question – would this genetic data somehow allow for that person to be excluded for employment, insurance, etc. The bioethics are being intensely looked at – who would have this information? Will there be packaging that would target particular persons? This is an exciting science – the opportunity to personalize your treatment and maximize effectiveness.

DISCUSSION & ACTIONS

Board President Decision on Expansion of Critical Behavioral Health Services Project budget (ratification)

Dr. Birnbaum was recently contacted by Ms. Plock to discuss the Expansion of Critical Behavioral Health Services project and budget needs. The budget for the project ended up coming in over its original approximation by \$23,000 and a request for approval was sought from Dr. Birnbaum, as Board President, to add \$23,000 to the project budget. Dr. Birnbaum did approve the request. The Board now has an opportunity to ratify Dr. Birnbaum's decision.

MOTION: To ratify Dr. Birnbaum's approval to add \$23,000 to the Expansion of Critical Behavioral Health Services project budget, moving it from other projects in Reserves that will not need it this year.
Motion/Seconded/Carried Unanimously

Executive Director Performance Review Results and Compensation

At the Board Retreat held in July, the Board discussed the Executive Director's performance. The Board determined at that time to approve a 5.2% pay increase for the Executive Director, to be retroactive to January 1, 2015.

MOTION: To approve a 5.2% pay increase for the Executive Director to be retroactive to January 1, 2015.
Motion/Seconded/Carried Unanimously

CONSENT AGENDA

- Approval of June and July 2015 Financial Statements
- Approval of the June 16 and June 23, 2015 Board Meeting Minutes
- Policy 97-16: Policies and Procedures for Reviewing and Copying Public Documents - Amendments

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

ANNOUNCEMENTS

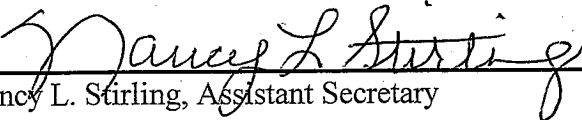
- September 22, 5:30 PM – Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 7:38 p.m.

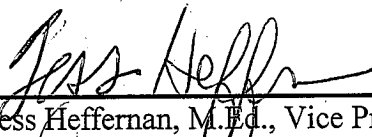
Respectfully submitted:



Nancy L. Stirling, Assistant Secretary

(Absent when approved)

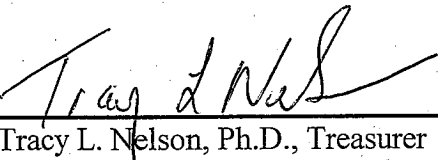
Bernard J. Birnbaum, M.D., President



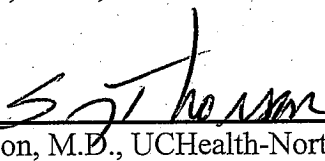
Tess Heffernan, M.Ed., Vice President



Michael D. Liggett, Esq., Secretary



Tracy L. Nelson, Ph.D., Treasurer



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