BOARD OF DIRECTORS
MEETING
September 26, 2017

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
                           Tess Heffernan, Liaison to UCH health-North/PVHS Board

BOARD MEMBERS ABSENT:  Faraz Naqvi, M.D., Treasurer (excused)

Management Staff Present:  
Carol Plock, Executive Director  
Karen Spink, Assistant Director  
Bruce Cooper, Medical Director  
Richard Cox, Communications Director

                          Lorraine Haywood, Finance Director  
                          Nancy Stirling, Assistant to Board & ED  
                          Sarah Tilleman, Dental Services Director

                          Lin Wilder, Community Impact Director

Other Staff Present:  
Kristen Cochran-Ward, MH Conn Prog Mgr  
Julie Estlick, Communications Specialist  
Jane Gerberding, Regional Health Connector

                          Dan Sapienza, Sr. Special Projects Assoc.

CALL TO ORDER; APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:02 p.m. The following changes were made to the meeting agenda: under Discussion and Action, add an item to discuss date for a Joint Meeting with UCH health; under the Consent Agenda, remove the May and June minutes for consideration as separate action items. The meeting agenda was approved as amended.

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

PUBLIC COMMENT
None.

PRESENTATIONS
Dental Outreach Plan
Mr. Richard Cox, Communications Director, and Ms. Sarah Tilleman, Dental Services Director, were present to discuss current Dental Program marketing and outreach efforts. Recently, for the first time in the history of providing dental services, the Clinic has been experiencing excess clinic capacity, so extra efforts are being made to fill those slots. Outreach is particularly targeted to Health District adult residents who have incomes up to 250% of federal poverty level
(FPL), including those who are eligible for Medicaid. Staff have been working closely with the County to have them send direct mail to Medicaid recipients reminding them of the dental benefit and listing those providers willing to accept new adult clients. Other outreach channels include: social media posts, indoor/outdoor advertising (posters, buses), public radio, theatre ads, and the Health District’s Compass newsletter. Slides showing examples of the campaign’s print and social media products were presented. Ads will run through the holiday season and into January. Board questions included whether we are asking new clients how they found out about us (response: that process is currently being revised to be more accurate), and whether we are seeing an uptick yet (response: some; it appears that we have success with print copy with this population. We will be tracking changes as the campaign rolls out).

Regional Health Connector Project Focus
Ms. Lin Wilder, Community Impact Director, and Ms. Jane Gerberding, Regional Health Connector briefed the board on the Regional Health Connector project. The mission of Regional Health Connectors is to improve health in Colorado by connecting the systems that keep us healthy – including primary care, public health, social services, and other community resources.

The first phase of the project was to gather information from multiple health data and health plan sources and interviews with existing initiatives and groups. A key finding was that behavioral health, especially substance use disorders, continues to be a significant concern and top priority. SUDs in particular were mentioned 30-40% of the time as an area of concern. A challenge for this project is that primary care practices are already involved in multiple practice transformation and quality improvement efforts, so while physicians are very interested in this work, they have very little time and our approaches will need to fit their needs.

After an initial research period, three priorities have been selected:
1) Develop quick tools and processes for primary care providers and others related to tobacco, vaping, and marijuana  
2) Connect primary care providers to community behavioral health resources and improve bilateral communication loops between PCPs and behavioral health providers  
3) Build primary care provider skills in identifying substance use disorders (SUDs) and referring to community behavioral health resources.

With the research complete and the priorities and milestones selected, the next step will be to work in conjunction with the practices to develop a work plan that includes specific activities.

CAYAC Sliding Scale Charges
Kristen Cochran-Ward presented on this issue. The Child, Adolescent, and Young Adult Connections (CAYAC) program has now completed its first year, and in the first pilot year, all services were provided at no cost. As part of the program’s long-term sustainability plan, significant work has been done to develop a fair sliding fee scale for psychiatric services and for psychological testing services, and the program began piloting them on August 1, 2017. The challenge has been to strike a balance between not creating competition with other community providers and not creating financial barriers for families. People with extenuating circumstances can apply for special exceptions, and families who began services prior to August 1 have been grandfathered in and won’t be charged for services related to that initial service. In addition to the sliding fee scale, staff are in the process of evaluating the cost/benefit of billing private
insurance and/or Medicaid. A board question was how the new fees are impacting utilization; the response was that it is too early to tell, but we will be looking closely at that.

Ms. Cochran-Ward also presented a flyer listing the upcoming topics for the highly popular Parent Education Speaker Series, which includes topics such as bullying, anxiety, ADHD, adolescent substance use, etc. Information about the Series has been distributed to primary care clinics, through the Compass newsletter, via email “blasts” to anyone who has worked with CAYAC, the schools, as well as through social media. From the initial series that was provided earlier this year, staff learned that people who attend are desperate for more in-depth information on specific topics, so staff developed a more in-depth sessions.

**DISCUSSION AND ACTIONS**
**Triennial Retreat Follow-Up: Adoption of Board Priorities**
During the Board’s triennial retreat in June and a follow-up mini-retreat, the board completed an extensive review of materials from the Health District’s 2016 triennial community health survey, program evaluations, and primary and secondary data sources. While no decisions were made in retreat, the board completed an exercise to begin to indicate their priorities for Health District program and budget focus for the next few years. The Board reviewed the summarized results, which included areas of key future focus for both current programs and for areas that would require additional operational budget funding. The top three areas of program focus are Larimer Health Connect, Dental Care, and Mental Health Connections (including CAYAC).

**MOTION:** To ADOPT the 2018 Health District Priorities as presented.
*Motion/Seconded/Carried Unanimously*

**Setting Pay for Performance Budget for 2018 Budget**
Each year, the Board sets the percentage increase for the next year’s pay for performance pool budget. For 2018, due to accelerating property valuations in the past five years, there will be a significant boost in property tax revenues for the Health District, amounting to a 10.65% increase. There have been only a handful of times in the Health District’s history when there has been an increase of over 10%. Taking into consideration inflation, the very limited pay increases during recession years, and the intent to both keep up with the market and reward top performers, staff is recommending an overall 4% increase for the pay for performance pool. In preparation for the “down” property tax revenue year the following year, the recommendation is for setting aside an additional 2% for the future.

**MOTION:** To approve the allocation of 4% to the pay for performance pool, and an additional 2% as a base for the following years’ pool.
*Motion/Seconded/Carried Unanimously*

**Advance Care Planning: Donations Plan**
With funding from the Colorado Health Foundation for the Health District’s Advance Care Planning (ACP) project ending in mid-March 2018, staff are working on sustainability funding. In addition to seeking both grants and contributions from local partners, they are requesting approval from the Board to engage in an individual giving campaign that would target past ACP clients and prospective donors. The plan would provide an opportunity for the many clients who have expressed their appreciation for our services to donate and help others receive the same services. Prospective donors would be reached through direct mail, email, the Compass newsletter, and social media, and online giving would be available.
Questions from the Board: Might this fit within the ColoradoGives program? (Response: it might be possible in the future, but we have missed the deadline to apply for this current period.) Have you considered a sliding scale fee for service for this this service? (Response: we have many partners and it might become complicated to determine where the revenues would go. Also, since people are rarely eagerly seeking this service out, our goals are more often to reduce barriers to participation.) Are we asking for donations at the time of service? (Response: this is not currently being done but could be considered.) Might the hospital foundations or the Kaiser Foundation be options? (Response: Staff have been or are working on all of those options as possibilities.)

**MOTION:** To approve the Advance Care Planning Donor Plan as presented.

*Motion/Seconded/Carried Unanimously*

**National Policy Issues Update: CHIP, ACA Changes**

Ms. Karen Spink, Assistant Director, provided an update on policy issues. A recent proposal was made to replace the Affordable Care Act, called the Graham-Cassidy proposal. Major components of this proposal would end the ACA’s Medicaid expansion and subsidies for private coverage through tax credits in 2020, redistribute monies to states via block grants, allow states to remove consumer protections, and establish Medicaid per-capita allotments. It looked like it was moving fast: the proposal was released on September 13, revisions were made on September 24 and a hearing held yesterday. A limited CBO report reported that it would cause millions to lose health coverage as well as create a $133 billion deficit. The proposal failed to gain enough votes and today it was announced that the vote would be postponed, for now. In response to the proposal, staff sought and obtained an interim decision from the Board President of Strongly Oppose and communicated the position to our local federal legislators and Chairs of the Senate Finance Committee. Since the Board has already expressed their position on similar issues, ratification of the Board President’s decision was not needed.

While efforts to “repeal and replace” the ACA have quieted for the moment, staff have turned their attention to two other key issues of concern: market stabilization efforts and CHIP (Children’s Health Insurance Plan) reauthorization. With all the efforts to repeal and replace the ACA, there is concern that the insurance market will become de-stabilized. Insurers will be submitting their final premium rates soon, which will give more information.

A board member comment was to have our policy staff look for key changes that the Health District would support, so that we are not always opposing proposals with no suggestions for effective change. Staff have already done so during meetings with federal representatives or their staff, and will continue to look for concepts to bring to the Board for their support.

CHIP reauthorization is set to expire on September 30. While a recent hearing and proposal that would extend the program for another 5 years appeared promising, things came to a halt with the attention to the Graham-Cassidy proposal, so the future is still unknown. There appears to be funding for the program to continue in Colorado through the end of the first quarter in 2018. If it is not reauthorized, CHIP kids may be able to move into coverage through the Marketplace, or states may choose to include them in their Medicaid programs or to provide a buy-in option in Medicaid for some children and pregnant women. Any of these options, however, are likely to cost more for parents. Staff have communicated our position of support on CHIP reauthorization to our local federal legislators.
In Colorado, the Governor called a special session regarding the “Sustainability of Rural Colorado” (aka Hospital Provider Fee Enterprise) bill which passed in the 2017 legislative session. There was a drafting error in that bill which left out several Denver institutions as recipients of the marijuana tax.

Prospective Compass Advisory Committee Member
There is currently an opening for a Health District representative on the Compass Advisory Committee, which was vacated by Mr. Devin Kepler. It is being proposed that Ms. Julie Wenzel, a Larimer Health Connect Coverage Guide and Outreach and Education Specialist, be considered to replace Mr. Kepler.

MOTION: To approve Ms. Julie Wenzel as a Member of the Compass Advisory Committee.
Motion/Seconded/Carried Unanimously

Joint Meeting with UCH/Health/PVHS Board
The UCH/Health/PVHS Board is inviting the Health District Board members to a joint meeting. Proposed dates are for November 15 or February 21 at 4:00 or 4:30 pm. After brief discussion, the board members present chose the February 21 option.

Executive Director Review Results and Compensation
The Health District Board, at their recent annual retreat, discussed and reviewed Ms. Plock’s role and responsibilities and are very happy with her performance as Executive Director. The Board took into consideration her performance as well as market information and discussed a salary increase of 3%.

MOTION: To approve a 3% increase in the Executive Director’s salary to be retroactive to January 1, 2017.
Motion/Seconded/Carried Unanimously

The Board expressed their great appreciation to Ms. Plock for all her hard work on behalf of the Health District.

UPDATES & REPORTS
1st and 2nd Quarter Program Reports and Executive Director Updates
Quarterly program reports are not yet available. Staff are currently very busy working on the proposed budget for 2018. The first draft of the budget will be delivered to the Board on October 13.

UCH/Health-North/PVHS Board Liaison Report
Ms. Heffernan had no updates at this time.

PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA
Both the May and June Meeting Minutes were removed from the consent agenda. The June minutes will be considered at a future meeting when Dr. Naqvi is present.
• Approval of May, June, and July 2017 Financial Statements.
• Approval of the August 18 Board Meeting Minutes.
• Approval of PVHS Bylaw changes as proposed.

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

Ms. Heffernan proposed a clarification to the Board Liaison Report in the May meeting minutes. In the report, Ms. Heffernan discusses the proposed PVHS Bylaw changes due to bringing the Yampa Valley Medical Center into the UCHealth system. Ms. Heffernan requested that the sentence “Employees at Yampa Valley will become UC Health employees and will have a small ownership in the UC Health System” be changed to read “Employees at Yampa Valley will become UC Health employees and Yampa Valley Medical Center will have a small ownership in the UC Health system.”

MOTION: To approve the May 23, 2017 meeting minutes as amended.
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

• October 13 – Delivery of 2018 proposed Budget to Board Members
• October 24, 4:00 pm – Board of Directors Regular Meeting

Ms. Sullivan reminded the group that during last year’s budget process, the board talked about potentially doing a separate work session meeting for reviewing and discussing the budget in order to give more time for questions and discussion. The board agreed to add a budget work session after the regular October board meeting.

ADJOURN

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

The meeting was adjourned at 5:23 p.m.

Respectfully submitted:

Nancy Stirling, Assistant to the Board of Directors

Michael Liggett, President

Tracy Nelson, Vice President

Deirdre Sullivan, Secretary

(Absent)

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCHealth-North (PVHS) Board Liaison

Health District of Northern Larimer County- Board of Directors Meeting

September 26, 2017