



**BOARD OF DIRECTORS  
MEETING  
July 21, 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

**BOARD MEMBERS ABSENT:** Faraz Naqvi, M.D., Treasurer  
Tess Heffernan, Liaison to UCHealth-North/PVHS Board

**STAFF PRESENT:** Carol Plock, Executive Director  
Brooke Bettolo, Evaluations Research Assistant  
Bruce Cooper, M.D., Medical Director  
Richard Cox, Communications Director  
Vanessa Fewell, MHA Project Manager  
Molly Gutilla, Evaluation Specialist  
Lorraine Haywood, Finance Director  
Sue Hewitt, Evaluation Coordinator  
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  
Finance People:

**OTHERS PRESENT:** Kendra Carberry, Attorney  
Molly Lockman, Eide Bailly  
Sara Kurtz, Eide Bailly (via phone)  
Dhara Rose, Public

**CALL TO ORDER; APPROVAL OF AGENDA**

President Michael Liggett called the meeting to order at 3:12 p.m. Under the Discussion and Actions section of the meeting agenda, an item pertaining to the Country Club Corners PUD Amendment was added.

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

**EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION: 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 3:14 p.m.  
The Board came out of Executive Session at 3:40 p.m.

The regular portion of the board meeting resumed at 3:47 p.m.

**PUBLIC COMMENTS**

None.

**PRESENTATION, DISCUSSION, ACTION**

**2015 Health District Financial Audit**

Ms. Lorraine Haywood, Finance Director, introduced Ms. Molly Lockman, the Audit Manager for Eide Bailly, who worked on previous Health District audits with Mr. Steve Collins who retired in April of this year. The work was transferred to and overseen by Ms. Sara Kurtz, a partner with Eide Bailly. (Note: Ms. Kurtz was to participate in this meeting by phone, however, due to technical difficulties, she was never able to join in the meeting.) The Board was provided copies of the complete 2015 Audit Report which includes the Independent Auditor's Report, Management's Discussion and Analysis, and the Financial Statements.

Ms. Lockman reviewed the financial statements, noting that the audit was given a "clean" opinion and went very well, as it has for many years. It was noted that the Health District's cash and investments exceeded its total current liabilities and had enough liquid assets to cover liabilities, the Health District is in a healthy position, that the Health District's governmental fund balance was lower than the previous year by \$62,185 (primarily due to renovation of the Dental clinic and the purchase of an additional building in 2015), the Health District has no debt, in compliance with state regulations, expenditures were less than budgeted, and that approximately \$8 million of the revenues received in 2015 were dedicated to providing health services to residents in the northern two-thirds of Larimer County.

In a letter to the Board of Directors, the auditors noted no significant audit findings, no difficulties in dealing with management in performing the audit, no uncorrected misstatements identified and no disagreements with management. It was a very clean, positive audit.

**MOTION: To accept the 2015 Audit as presented.**  
*Motion/Seconded/Carried Unanimously*

**PRESENTATION**

**Substance Use in Larimer County**

Ms. Vanessa Fewell, Project Manager with the Healthy Mind Matters program and the Mental Health and Substance Abuse Partnership, and Ms. Brooke Bettolo, Evaluation Assistant,

presented a community snapshot of Substance Use in Larimer County. While Fort Collins has been noted as “one of the best places to live”, Colorado has received press recently of being a trouble spot for binge-drinking and substance abuse. In developing this presentation, staff referred to several sources for data information on local, state and national drug use, including the Health District’s 2013 Community Health Survey. Although it is difficult to compare data across sources, since there were significant differences (i.e., survey sample sizes, method of delivery, length/content of survey, etc.), staff were able to find some telling information about substance use in our community.

When compared to other states, Colorado ranks: #1 in illicit drug use (#2 if marijuana is excluded), #2 in cocaine use, #2 in marijuana use, and #5 in alcohol use and binge alcohol use (*Source: NSDUH, 2014*). While shocking when taken at face value, it is still difficult to draw conclusions. We can, however, say for certain that Colorado is in the top 15% for alcohol and drug abuse.

Although Larimer County ranks 8<sup>th</sup> in health outcomes in the County Health Rankings (out of 60 Colorado counties), Larimer County has seen a recent increase in binge drinking (defined as 4 or more drinks for women; 5 or more drinks for men – on one occasion). The 2013 Health District Community Health Survey reported that 26% reported binge drinking, while 10% reported drinking that would be classified as heavy drinking. Differences between north Larimer County and South Larimer County indicate that the Health District (north LC) is higher than the county average in binge drinkers and marijuana use, but lower in use of tobacco, which has been declining since 2001.

With the recent legalization of recreational marijuana, there are some potential issues to keep in mind. Studies have proven that marijuana does affect brain development, thinking, memory, and learning in adolescent users. Marijuana can also be addictive. Research suggests that 30% of users may develop some degree of problem use – people who use marijuana before age 18 are 4 to 7 times more likely than adults to develop a problem and lifelong use. Withdrawal is possible but difficult.

Substance Use Disorder Treatment – When looking at substance use disorder treatment admissions, alcohol and marijuana total 70% of all drug admissions (40% and 30% respectively); methamphetamines are responsible for nearly 30%, heroine and other opioids 22%, and 9% cocaine. Substance use treatment has evolved over time. Substance use is changing from being seen as a moral failure to a brain disease; substance use treatment is evolving from episodic, one size fits all care to individualized, therapeutic care in a chronic disease model. And the future of treatment is looking towards integrated care, recovery management, early identification and intervention and wide access to care. We know now that substance use is a chronic care condition that can reoccur in a person’s lifetime, and requires that a person’s particular life situation and needs need to be considered for tailored treatment. To be able to meet the varied needs of individuals in our community, it is critical to have a full continuum of care. The recent study of available treatment services in our community highlighted the many areas within the continuum of care that are either lacking or non-existent locally.

The evidence is strong that treatment works. The total current cost of mental illness and substance use disorder is estimated at \$900 million in Larimer County. Many well-executed studies indicate that there are major offsets for appropriate treatment, and that it is reasonable to

expect that for every \$1 spent on substance use disorder treatment, there are \$4-\$7 of economic benefit, which over time can amount to a huge savings and people getting the care and services they really need.

Treatment Capacity – While there are 31,000 residents who meet criteria for a substance use disorder diagnosis, only about 4,200 (based on the need as of today) of those are projected to utilize treatment services. During the process of developing the recommendations for critical behavioral health services, it was estimated that approximately 2,800 Larimer County residents currently access treatment services (mostly outpatient and withdrawal management/detox). Adding to that number an additional 1,400 residents that would access treatment services if the capacity and appropriate levels of care were available, plus another 500 (population and utilization), the community needs substance use disorder treatment capacity for at least 4,700 people.

In summary, there are alarming rates of substance use in our community and treatment resources are lacking. Next steps are to consider what efforts are being made to increase prevention and early intervention, community education, transformative policies and advocacy for local change.

Board Questions – The Board asked that City Council and others interested in behavioral health issues hear this new data. It was noted that we are seeing many indicators that there is a high incidence of this behavior in our community which may prompt a need to take a closer look. A question was whether we had assessed what prevention efforts are in place in the Poudre School District; staff have not focused on prevention because that has historically been the role of TEAM Fort Collins, but staff can check into the issue. The Board also indicated interest in learning what the literature says is effective.

## **DISCUSSION AND ACTIONS**

### **Community Health Survey Vendor Contract Ratification**

The Health District has conducted a Community Health Survey every 3 years since 1995. Results of the surveys contribute to community and program planning. An RFP was sent out for a research firm to collect and examine the survey data for us. This year a new firm was selected at the amount of \$98,500. Per the current Contract Signature Policy, contracts between \$50,000 and \$99,999 require the general approval of the Board. Last November, the Board approved the budget which included the Community Health Survey. In the interim between meetings, due to that approval, Board President Michael Liggett approved the signing of the contract, but the signature needed to be ratified by the full Board.

**MOTION:**    **To ratify Board President Michael Liggett’s approval of the vendor contract for the 2016 Community Health Survey.**  
*Motion/Seconded/Carried Unanimously*

In addition to securing the survey vendor, staff are nearly finished with drafting the survey questionnaire. The questionnaire will be sent out in September/October. Staff are also working to secure funding to include the South County in the survey samples.

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

Three amendments are being proposed to Board Policy 99-01: Contract Signature Policy –

- 1) To add language that would clarify that this policy concerns the expenditure of Health District dollars only (not including grant, partner, or other funds being *received*). The Health District has been receiving large grants and the board's approval has never been required for such funds. The proposed change to the policy clarifies this.
- 2) To include a statement beneath the policy preamble that if the contract signing is time sensitive, the Board President would be allowed to approve the contract which the full Board would be able to ratify at the next board meeting.
- 3) Consider increasing the amount for Memos of Agreements and Contracts from \$100,000 to \$150,000. It would still require specific approval from the Board and they would receive the actual contract or document for their review prior to signature.

President Liggett stated that he would prefer that all board members be present to discuss and consider these proposed changes. This item will be brought back to the full Board for second reading. It was also suggested that the document be presented with and without track changes.

#### **Resolution 2016-04 – Changing Board Meeting Times**

A revised Board Meeting Schedule was presented for the board's consideration. It is proposed that future board meetings begin at 4:00 pm (changing from 5:30 pm start time).

**MOTION: To approve Resolution 2016-04 as presented.**  
*Motion/Seconded/Carried Unanimously*

It was noted that in the future, there will be two Public Comment sections on the meeting agenda – one at the beginning of the meeting, and one more toward the end of the agenda, to allow time for public to get to the meeting if they have to work until 5:00 pm.

#### **Prospective Compass Advisory Committee Member**

A memo was submitted to the Board to consider a new prospective Compass Advisory Committee member. Being nominated is Mr. Edgar Dominguez, the health equity coordinator for Vida Sana, a UCHHealth Community Health Improvement program addressing health disparities among Hispanic/Latinos and low-income community members in North Fort Collins. The commitment is for one year with the option of continuing for one additional year.

**MOTION: To approve the appointment of Mr. Edgar Dominguez to the Compass Advisory Committee.**  
*Motion/Seconded/Carried Unanimously*

#### **Country Club Corners PUD Amendment**

The Health District has received a request to modify the Declaration of Restrictions that go with the Planned Unit Development (PUD) that our 120 and 202 Bristlecone offices are part of. The request largely has to do with the undeveloped lot directly north of our buildings, and the request is largely to allow car washes (currently prohibited), to re-draw boundaries, and to update the ownership list for the area. (See the Memo "Amendment to Development Restrictions for Country Club Corners PUD" for details.)

While the Health District is supportive of positive development, particularly because that property and surrounding roads, held by absentee investors, has not been well-maintained, staff have identified a few potential questions for consideration. Some of the implications to be considered include: the new traffic load (and added cost) on the roads we must maintain, the

adequacy of storm drainage; the possibility for promoting better maintenance in the area, etc. Staff wondered whether the board had any additional concerns or comments about the request. A decision to approve the amendments is being requested by early August. The Board, by consensus, decided to defer the decision to Management, and not to require board approval on the document.

## **UPDATES & REPORTS**

### **Regional Health Connector Grant Opportunity**

The Health District applied for a grant from the Colorado Health Institute to host a Regional Health Connector position. The position is related to the statewide SIM model and would address integrating behavioral health and primary care (and other health initiatives) and would work with existing initiatives and the primary care practices to augment and connect resources. The Regional Health Connector position fits with many other initiatives in the community, such as the Medicaid Accountable Care Collaborative (MACC), the Larimer County Health Improvement Plan, etc., as well as the Health District's Mental Health Connections and CAYAC programs. Staff should hear whether the grant request was approved by August 12.

### **Children, Adolescents, and Young Adults Connections Program (CAYAC)**

The purpose of Connections is to connect people to mental health or substance use disorder care and help them overcome barriers to care. The CAYAC program is a specialized team within the Connections program that works with youth (age 0-24) and their families to help them identify needs and access mental health and substance use services in the community. The program is funded through Health District funding as well as two 3-year grants totaling almost \$1 million from the Denver Foundation and the Colorado Department of Public Health and Environment (CDPHE), through SIM. The grant supports a partnership between the Health District, Poudre School District and SummitStone Health Partners in staffing the CAYAC Team.

The program started with a soft start-up to roll out new services as funding comes in and staff are hired, oriented, and trained. Space for the program is almost secured on South College Avenue and staff should be able to move in about mid-August. The program is still awaiting some of the grant funding which has caused a delay in the hiring of some positions (School Liaison, Navigator, Family Support Partner). Staffing currently includes: a behavior health specialist, a care coordinator, a Psychologist, a nurse, and (almost) child/adolescent psychiatrists. Staff are also working on developing brochures and materials for the program, providing more Youth Mental Health First Aid trainings, etc. Challenges include: getting up to speed quickly without space and money; determining whether/how to charge for services; how best to talk about our services so that people understand our services, and ensuring that we are an interim, or gap-filling services, not the end treatment provider. Despite the slow start-up and the fact that there has been no advertising of the services, the program has seen a 25% increase in youth compared to last year.

### **Quarterly Reports and Executive Director Updates**

Included in the meeting packet is the Quarterly Service Report for the quarter ending December 2015. The 1<sup>st</sup> Quarter 2016 report was distributed to the board members at the meeting. In developing the reports, a mini-analysis was conducted and it was realized that staff were trying to capture the date, get the reports done and to the board in a very short, unrealistic timeframe. Therefore, Management devised a new timeline that would get the quarterly reports to the Board by the second month after the end of a quarter. New and clear instructions were given to the

Directors who will be responsible for their program reports. In addition to the Board receiving a hard copy of the 1<sup>st</sup> Quarter 2016 report today, it will also be emailed to all the Board members to be read later.

The Board had no comments or questions concerning the 4<sup>th</sup> Quarter 2015 report.

#### Executive Director Updates

Mr. Chris Sheafor, as Support Services Director, has been very busy working to help get both the CAYAC and Advance Care Planning programs up and running, including securing office space, furniture and equipment, as well as working on renovations for the 120 Building. Management is in the midst of reviewing all job descriptions, a process that is done every two years to ensure job descriptions accurately represent the work being performed in each position. Staff have also been handling several staff changes in Dental.

Work with the issue of Recommendations for the Development Critical Behavioral Health Services recommendations is not slowing down. Last night a town hall telephone meeting was held, with 785 people participating. Ms. Plock, along with Ms. Laurie Stolen from Larimer County, helped the hosts respond to questions from the group. There was much excitement on the topic and the level of participation, and another town hall meeting is being planned for next week. The issue is also scheduled to be discussed at City Council next Tuesday evening. The Larimer County Commissioners will be given a presentation and will consider whether to make it a ballot issue soon. The Health District has already been asked to consider helping with the next phase (figuring out how to implement the recommendations), should funding be achieved.

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

Ms. Plock received a brief report from Ms. Heffernan, the Board Liaison, to share with the board. She has attended an orientation session, a regular PVHS board meeting, and the annual combined meeting with the UCHealth main board and other local boards. Emphasis continues on excellent service, capturing market share, and growing the UCHealth brand; the vision is “Exceptional, Essential, Everywhere.” A joint board meeting between the PVHS board and the Health District board will occur in October. UCHealth is working on creating boards that are different for PVHS, MCR, and Greeley, so the implications for our liaison need to be considered.

#### **CONSENT AGENDA**

- Approval of December 2015 (Final) and May 2016 Financial Statements
- Approval of the May 24, 2016 Board Meeting Minutes
- Approval of Resolutions to Approve Signators:
  - 2016-05 – ColoTrust PLUS CO-XX-XX97-8001
  - 2016-06 – ColoTrust PLUS CO-XX-XX11-8001
  - 2016-07 – ColoTrust PRIME CO-XX-XX27-4001
  - 2016-08 – ColoTrust PLUS CO-XX-XX27-8001
  - 2016-09 – First National Bank Account XXX4934
  - 2016-10 – First National Bank Account XXXX0218
  - 2016-11 – First National Bank Account XXX6405
  - 2016-12 – First National Bank Account XXXX7351
  - 2016-13 – Certificate of Deposit Accounts
  - 2016-14 – Access to Safe Deposit Boxes XX19 and XX42
  - 2016-15 – Access to Safe Deposit Box XX19

- 2016-16 – Access to Safe Deposit Box XX46

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

**ANNOUNCEMENTS**

- August 23 – Board of Directors Regular Meeting, starting at 4:00 p.m.

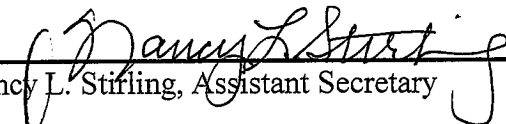
Also, an invitation was extended to the Board members and their families to attend the Annual Staff Summer Picnic on August 10 at City Park; board members were requested to RSVP.

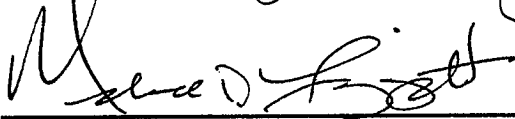
**ADJOURN**

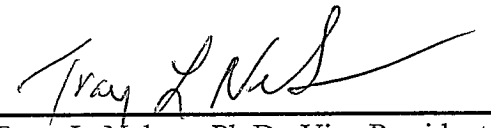
**MOTION: To adjourn the meeting.**  
*Moved/Seconded/Carried Unanimously*


The meeting was adjourned at 5:22 p.m.

Respectfully submitted:

  
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Nancy L. Stirling, Assistant Secretary

  
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Michael D. Liggett, Esq., President

  
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Tracy L. Nelson, Ph.D., Vice President

  
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Deirdre Sullivan, Secretary

(Absent for the July 21, 2016 Meeting)  
\_\_\_\_\_  
Faraz Naqvi, M.D., Treasurer

(Absent for the July 21, 2016 Meeting)  
\_\_\_\_\_  
Tess Heffernan, M.Ed., UHealth-North (PVHS) Board Liaison