



**BOARD OF DIRECTORS
MEETING
January 20, 2009**

**Health District Building
Conference Room**

MINUTES

BOARD MEMBERS PRESENT: Joe D. Hendrickson, President
Celeste Holder Kling, Vice President
Bernard J. Birnbaum, Secretary
Steven J. Thorson, Treasurer
Lee Thielen, PVHS Board Liaison (participating by phone)

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Carrie Cortiglio, Policy Analyst
Richard Cox, Communication Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Lin Wilder, CI & HP Director
Kristan Williams, Health Promotion Coordinator

CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA

President Joe Hendrickson called the meeting to order at 6:00 p.m.

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

PUBLIC COMMENT

None.

DISCUSSION & ACTION

Upcoming Policy Proposals

Policy Coordinator Carrie Cortiglio began with an overview of the impact of the Arveschoug-Bird law on the Colorado state budget. With the serious state of the economy, legislators are increasingly concerned about what will happen to the state budget both now and into the future, and are looking closely at all of the measures that control the state's general fund. The main ones are TABOR, Arveschoug-Bird, Gallagher, and Amendment 23 (which mandated increased levels of funding for K-12 education; right now, K-12 gets 41% of the total general fund). Arveschoug-Bird is in the Colorado Revised Statutes, and among other things, creates a limit of 6% over the total state general fund appropriations for the previous fiscal year. It is not in the Constitution, but TABOR (which is in the Constitution) includes a section that prohibits

weakening of limits on revenue, spending, and debt without voter approval. TABOR does not specifically protect Arveschoug-Bird, but there are varying interpretations of what Arveschoug-Bird really requires, as well as whether it can legally be changed by legislators or not. The bottom line of Arveschoug-Bird's 6% limit is that in times of recession (or depression), legislators are tied to the dip in expenditures for the following years, which doesn't allow the state to recover even if the tax dollars are available. Even though voters approved Referendum C, which allowed a five-year time-out from TABOR, legislators still had the 6% limit to deal with. Developing a solution for the limits of both TABOR and Arveschoug-Bird in times of recession/depression will be critical for Colorado's future, and legislators are looking closely at possibilities for this legislative session.

Ms Cortiglio shared a handout that was used when she was invited to attend a meeting of the House Health and Human Service Committee and give a five-minute presentation on the Health District and what we do. The HHS Committee was inviting a variety of groups to give presentations, and Ms. Cortiglio was invited by Chair Jim Riesberg.

Ms. Cortiglio then provided brief overviews of coming attractions in this state legislative session. We are still expecting to see a proposal for a health care provider fee. The fee would be assessed on hospitals, and the revenues would be used as match for expansion of federal programs. One possibility for the expenditure of new revenues would be the addition of adult dental services under Medicaid. Details of this proposal have not yet been released, but staff will create a background overview of the general issue for the board and local legislators.

A key piece of legislation this year will be a proposal to prohibit cell phone use while driving for all those under 18, school bus drivers, and cars regulated by the PUC, as well as to prohibit any cell phone usage except hands-free for all other drivers. Although we do not yet have this bill in hand, the hearing is scheduled for February 3, which is before the next board meeting. Staff have not completed research on the issue, but so far in our review of evidence, it seems to be indicating that it is the cognitive distraction of the conversation that is dangerous rather than whether the person is holding the phone or not.

The Board held a significant discussion about the issue. Points of discussion included whether the law was enforceable; whether there would be a strong public health impact – specifically, whether it would change behavior; the belief that cell phone usage is a major issue, and accidents are common and growing more common; the concern that the law may not be strong enough (that it might need to ban all cell phone use, not just hands-free, to be effective); the political possibility that changes may need to come incrementally; the value in starting to change the public conversation, consciousness, and then action; the challenge of running against the tide of culture for those who have started to rely on cell phone usage for their business; and the need to truly understand the science. One question was whether the evidence shows that cell phone usage is more dangerous than other distractions, such as listening to the radio or talking to a passenger in the car. Preliminary information appears to show that cell phone usage is considerably more dangerous than other such distractions, and may be as dangerous as driving drunk, though staff need to research the issue further. Some board members support the gold standard of restricting all cell phone usage, but believe that this is a step in the right direction.

MOTION: To actively support the restriction of the use of cell phones while driving a motor vehicle.
Moved/Seconded/Carried Unanimously

Staff will create an analysis of the actual bill language and submit it to Board members. If they have concerns, they can respond to the analysis. Board President Joe Hendrickson will make the final determination on testimony to be used during the hearing.

Other bills that we are closely tracking include a bill that would change the Special District law (sponsor Morgan Carroll removed a part that we requested be removed, but there are still some concerning parts in it), and bills governing healthy snacks in schools, carbon monoxide monitors in new homes, the sale of tobacco, and continuing competencies for mental health providers.

The proposal from Rep. Kefalas to create a single payer system for health care insurance in Colorado has been substantially changed, and now proposes the creation of an Authority charged with creating a single payer system, specifies how it would be constituted, addresses financing (liberating federal health care dollars coming to the state, and taking all state and local dollars currently going into health care). The bill is controversial, and the sponsor is also considering ways to move more incrementally. The Health District's role so far has been to try to uncover unbiased evidence to help inform the discussion. There was brief discussion about whether such a proposal would take all of the Health District's funding, and the concern was expressed that even if every person had health insurance, there would still be many local barriers to health. There is also uncertainty about whether an incremental process might be more disruptive than comprehensive, and discussion about whether single payer should be a state or a national initiative.

Ms. Cortiglio briefly mentioned the overview in the Board packet on the federal reauthorization of the State Children's Health Insurance Program (SCHIP). The reauthorization appears to be on the fast track, and likely to pass under the new Obama administration.

Board Retreat Follow-Up

During the last Board retreat, it became clear that there were more issues to consider than the Health District has time and resources to address. Ms. Plock handed out a form for Board members to use to help prioritize how we will schedule future discussions, and make future decisions on where to focus our time and resources.

DISCUSSION

Addressing Mental Illness and Substance Use Disorders in the Criminal Justice System, Next Stage

Ms. Plock reported to the Board that the next step in creating the most effective interventions in addressing mental illness and substance use disorders to change lives and reduce recidivism in the criminal justice system is to create a more detailed pro forma analysis of services, facility, and budget, in order to determine more precisely the financial feasibility and the impact of the services. Many community organizations are working to pull this information together, including Larimer Center for Mental Health and their managed services organization, NBH; Larimer County; Poudre Valley Hospital; and the Health District. As part of the process, it is important to engage an unbiased, skilled organization to perform the financial modeling. Lewin Group has been involved in initial feasibility studies for the combined ATU/Detox idea in Weld

and Larimer County, and has both the financial expertise and unique knowledge of our local situation to do the modeling. It is too early to know yet how much such a project would cost. Although there is funding in the Health District budget that is under the Executive Director's discretion that could be used for this purpose, she wanted to be sure that the Board would be supportive of using some or all of the funding to help the community analyze the proposal.

Board members indicated their strong support for a significant solution (such as that being proposed by a combined services facility and associated services both within the facility and in the community) for the issue of those with mental illness and/or substance use disorders who need more treatment, care coordination, and allied services. One board member stated that a significant investment is "desperately needed," and also stated that the County should be expected to participate in the cost of the analysis. Board members left the decision of participating in the cost of the modeling up to the Executive Director, even suggesting that they may support more funding if necessary to have a quality analysis.

UPDATES & REPORTS

4th Quarter 2008 Program Report, Updates

Staff reported a clarification on the 4th quarter report under the section on Health Promotion services. In the first paragraph, it stated that there were no Healthy Weighs courses held in the fourth quarter. Actually, there were none *started* in the fourth quarter, but the last course of the year was started in September and ran through November.

There was a Board question about what happens to people who receive blood pressure and cholesterol screenings. Staff described the process of follow-up for those who have high or moderately high risk levels. The percentages of those followed up, and those who follow our guidance, is reported in the program annual reports. Dr. Thorson requested the guidelines used by the program from Dr. Cooper.

Mental Health and Substance Abuse Partnership Progress and Re-Assessment Report

Board members received in their packet a copy of the report entitled "Mental Illness and Substance Abuse in Larimer County: Foundation of Progress, Future of Hope," along with a list of the current priorities of the Mental Health and Substance Abuse Partnership. Although there had not been time enough for them to have read it completely, they commented positively on the quality and substance of the report, and noted that it speaks powerfully of how partnerships can achieve so much more than organizations can achieve alone and how sustainability emerges.

APHA Attendee Reports, Continued

Mr. Hendrickson reported on his APHA experience. Some striking facts on adolescents and young adults: 3600 adolescents try their first cigarette every day, and 25% of those advance to regular usage; adolescent smokers don't encourage non-smokers to start, but kids don't encourage smokers to quit; there is a considerable correlation between heavy users of energy drinks and heavy users of alcohol (and ¼ of college students use energy drinks at least sometimes to deal with sleep deprivation); 3-8% of adolescents have developed a serious gambling habit online (defined as \$200/week or more); 88% of kids with a serious drug/alcohol problem also appear to have a mental illness. Regarding access to health insurance, he reported the following: the uninsured are coming increasingly from the middle class; greater than half of bankruptcies are now attributed to health care costs; and the government of Mexico provides more health care to its citizens than the US provides to US citizens. And in learning about how

to manage a major crisis, one session compared Mississippi's response to Hurricane Katrina with that of Louisiana, concluding that a military format of control (in Mississippi) was more effective than the collaborative/consensus approach used in Louisiana.

CONSENT AGENDA

- Resolution 2009-01: Establish Meeting Days, Times and Locations for Monthly Board of Director Meetings
- Resolution 2009-02: Establish a Designated Public Place for Posting of Meeting Notices
- Approve the November 2008 Financial Statement
- Approval of Board Minutes for November 18, December 12, and December 18

The Board Minutes were removed from Consent Agenda, because they were not included in the board packet.

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

ANNOUNCEMENTS

- January 24 – Health District Annual Winter Party, 6pm Cocktails/7pm Dinner, at the Fort Collins Marriott
- February 6, 7:00 am – Board of Directors Special Meeting
- February 24, 5:30 pm – Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 7:50 p.m.

Respectfully submitted:

Carol Plock, Executive Director

Joe D. Hendrickson, President

Celeste Holder Kling, Vice President

Bernard J. Birnbaum, Secretary

Steven J. Thorson, Treasurer

Lee Thielen, PVHS Board Liaison