



**BOARD OF DIRECTORS
MEETING
January 22, 2013**

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

MINUTES

BOARD MEMBERS PRESENT: Celeste Holder Kling, President
Bernard J. Birnbaum, MD, Vice President
Steven J. Thorson, MD, Treasurer
Joe D. Hendrickson, Liaison to PVHS Board

BOARD MEMBERS ABSENT: Timothy S. O'Neill, Secretary

STAFF PRESENT: Carol Plock, Executive Director
Jim Becker, Resource Development Coordinator
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Rosie Duran, Medicaid/CHP+ Outreach Coordinator
Xochitl Fragoso, Dental Connections
Sheryl Harrell, Dental Connections Coordinator
Lorraine Haywood, Finance Director
Cher Huesers, Dental Connections
D'Ann Lambert, Dental Connections
Laura Mai, Accountant
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Daniel Vigil, Health Data Analyst
Lin Wilder, Community Impact/Health Promotion Director

CALL TO ORDER; APPROVAL OF AGENDA

President Celeste Kling called the meeting to order at 5:55 p.m. After introductions, the agenda was approved as presented.

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

PUBLIC COMMENTS

None.

TOBACCO PROGRAM UPDATE

Quality Improvement Changes

Dr. Daniel Vigil provided a brief update on changes made to the Health District's Tobacco Treatment Program in 2012. Changes were based on a thorough review of the program as well as best practices research. Both the evidence review and the program's success rates in recent years confirmed that the program is well in-line with best practices in tobacco cessation. Dr. Vigil reviewed the changes made per best practices and to the program's operations and customer services, as well as the reasoning behind the changes. (See handout for full details.)

Some examples of changes per best practices are: encouraging earlier quit attempts and dates; using a carbon monoxide monitor as a motivational tool; combination nicotine replacement now the standard practice for clients without contraindications; utilizing text messaging service in addition to counseling; and assisting, where possible, with financial barriers to obtaining medications.

Changes to operations and customer services included: how to handle faxed referrals; revisions to intake forms; initial design and implementation of a new client database; improved internal relations and communications; additional follow-up survey options; and identification and documentation of procedures.

The program currently has an agreement to receive referrals from the Family Medicine Center. It is hoped that similar referral agreements will eventually be expanded to include other facilities such as Associates in Family Medicine and Salud Family Health Centers, as well as with other Health District programs.

NAVIGATION ASSISTANCE IN THE CO HEALTH BENEFITS EXCHANGE

For the past few months, Ms. Plock has been participating on a COHBE (Colorado Health Benefit Exchange) committee that has been working to develop the state's health insurance exchange. The committee has been working furiously to get the Exchange up and running by the Accountable Care Act's (ACA) required implementation date of January 2014. In reality, though, the Exchange must be ready to go by October so that people can start accessing the Exchange website in preparation for January 2014 enrollments. For this evening's presentation, Ms. Plock provided an overview of one of the pieces of the Exchange – the Navigator program.

The Colorado Health Benefit Exchange was created by Colorado legislation in 2011 to "increase access, affordability and choice for individuals and small employers purchasing health insurance in Colorado." The Exchange is to be an open, competitive marketplace offering two shopping paths (individual/family marketplace and small employer marketplace for businesses and non-profits with up to 50 employees; 100 employees in 2016). The COHBE Customer Service Network will include self-help (online decision support tools), call centers, navigators, and brokers.

The Navigator program of the Exchange is to provide accurate, impartial information about the range of public and private insurance options available in Colorado and provide in-person assistance to individuals/small businesses with obtaining coverage and accessing new financial assistance. The Navigator program will consist of a network of navigator entities throughout the state that employ Navigators to: inform individuals/small businesses of the range of public and private health insurance options, provide application assistance, facilitate selection of a qualified

health plan, and provide information in a way that is appropriate to the needs of the population. Ms. Plock reviewed the Navigator Program framework (central support, regional presence, navigator entities, and exchange navigators), funding, Navigator entity eligibility, and Navigator role and duties, as well as Navigator prohibitions and conflicts of interests. (See slide presentation for details.)

Next steps for COHBE include: draft and issue an RFP/funding opportunity announcement (February 2013); select navigator entities (Spring 2013) which need to be up and running by October, provide outreach to potential navigator entities, and ongoing needs assessment. Staff have been speaking with other local agencies/organizations to find out who else in the community might be wanting to apply to be a navigator entity. The Health Department and the Women's Resource Center have expressed some interest; the hospital system may not be able to apply due to conflict of interest; and the Department of Human Services says they are not interested at this time.

POLICY PREVIEW

First Look at 2013 Legislation Session

Mr. Dan Sapienza, the Health District's Policy Coordinator, provided the Board with a new legislative matrix. He created a unique matrix, developed to be accessible on the web. The matrix includes the original 3 priorities, plus two additional priorities as "FYI". Mr. Sapienza noted the following as "big themes" for this session:

- Economic issues, jobs
- Civil Unions
- Guns and firearms
- Oil and Gas – particularly as it relates to hydraulic fracturing ("fracking")
- Air quality emissions and emissions testing (allow a provision for counties to exempt themselves from emissions testing requirements)
- Marijuana – Medical and implementation of Amendment 64
- Early Childhood Development – consolidation of all ECD programs into one program (to return from last session).
- Health Care Cooperative – This initiative was initially introduced in 2009, and later reintroduced in 2011, to create the Health Care Cooperative. Its mission was to study how to create a statewide single payer system, and then report back in two years to the General Assembly. In 2013, the issue is being introduced by Senator Aguilar as a constitutional amendment that would override TABOR. If it passes, it will be on the November ballot.
- Medicaid expansion and expansion of Medicaid dental benefits
- Change to the CHP+ waiting period
- Repeal of the Colorado Health Benefits Exchange

In addition to the above topics, mental health issues are figuring prominently into the Governor's budget. Two areas that are of interest to our community are 1) increased capacity in Assertive Community Treatment (ACT) and 2) state-supported behavioral health crisis response system. The ACT program is specifically for those suffering from severe and persistent mental illness, and is similar to CDDT in that it is evidenced-based and proven to be cost effective. ACT is a critical missing piece of care in our community and the community is very interested in having an opportunity to implement this model, alongside the community's CDDT program. The current proposal would increase ACT capacity across the state by 429 individuals. In addition,

our community has been doing a lot of work around the issue of crisis response, and have identified several “missing pieces” that would help to make the state crisis response system work for our community, such as mobile crisis units, short-term crisis residential services, etc. Staff asked the Board for permission to voice these missing pieces and other concerns to legislators as well as encourage them to support mental health.

MOTION: To direct staff to express to Legislators the need for and importance of ACT in our community, and, with regard to developing a better crisis system, be sure that it integrates with high-functioning local crisis response systems.

Motion/Seconded/Carried Unanimously

The board also discussed their support for encouraging our local legislators to aid in the timely implementation of the key features of PPACA; this was a general consensus of the board and can be shared as appropriate.

An additional motion was made concerning the repeal of the Colorado Health Benefits Exchange:

MOTION: To OPPOSE HB13-1078.

Motion/Seconded/Carried Unanimously

DENTAL CONNECTIONS PROGRAM CHANGES

Towards the end of 2012, Dental Connections staff learned that the Women’s Resource Center would not be able to contribute the full amount of their share of the funds budgeted for the program. (Due to having extra resources in the CIT budget, the Health District was able to cover the needed funds for the program for 2012.) In a meeting at the end of 2012, we asked the WRC whether they would be able to commit the full amount of their share of funding to the partnership for 2013. Last week, Ms. Plock was asked to come to a meeting with the Center’s Executive Director, Ms. Mary Vivo, and a WRC Board member. At this meeting they told Ms. Plock that at a recent WRC Board retreat, the board, in determining future goals and focus, had decided they were going to focus on only women; were no longer interested in providing dental care access/assistance and thus would be ending the partnership with the Dental Connections program; and, therefore, will no longer be providing financial support to the program beyond current grant obligations (through September 2013). This has two significant implications for the Dental Connections Program: one being the loss of a key funding source for the program, and the other being the loss of the partner that was countywide, and thus, the main vehicle for serving people in the southern part of the county.

Since hearing this news, staff members have been looking at the budget and the program targets, etc., to determine the impacts to the program and how the budget may need to be adapted. In a very preliminary analysis:

- 1) The Women’s Resource Center’s portion previously included in the budget for 2013 was \$66,000. The program will receive about \$36,000, which includes the CDBG funds that has already come in, and about \$4,000 from fundraising. This amount will mostly cover the DC Specialist’s position through September. All added together, this leaves the program short about \$30,000. Staff members are looking into the possibility of applying for the Fort Collins CDBG grant ourselves (a grant previously secured by WRC) during its next cycle, but would have to do so immediately. There may be a good chance of continuing with that funding,

which could potentially amount to between \$30,000 and \$35,000. Unfortunately, the program will lose about \$11,000 annually that was used specifically to provide out-of-district services. The program will only be able to serve Loveland residents through June of this year unless additional funding can be obtained to continue out-of-district services beyond June.

- 2) While recruiting of providers is improving, it is not progressing enough to reach the level originally projected and budgeted for 2013, which would impact revenue to the budget. Thus, in order to meet a more realistic target based on the number of providers we think can be recruited this year, the number of clients expected to be served may need to be reduced from 500 in 2013 to 400, and from 700 to 600 in 2014.
- 3) Cash flow and timeline for funding – The program has applied for a 3 year grant of \$220,000 from the Colorado Health Foundation. If the application is successful, the timeline for receipt of the funding was originally thought to be February, but it now looks like April, which would impact funding for the first quarter of 2013.
- 4) On the other side, there are approximately \$5,000 in grant funds that were not expended in 2012 that may be able to be used to offset the deficits. Also, staff is looking to increase the fundraising goals by approaching the Caring for Colorado Foundation. CFC is a past funder and has always been supportive of this program, and we believe that they may consider providing one more year of funding. Finally, there is \$10,000 already committed by the Board to the program from reserves for 2013.

In addition to reworking the budget, staff are looking closely at staffing levels to determine what levels are appropriate to be able to serve the adjusted projected number of clients. While it isn't known at this point what the exact changes might be, a reduction in staffing is likely.

Staff is asking the Board to consider funding up to \$20,000 from contingency funds (in addition to the \$5,000 leftover from 2012 and the \$10,000 already allocated) for this year's program budget.

The Board acknowledged that this is a valuable service to the community and wondered if there might be other possible community partners for this program. It was noted that this project needs a full chance to be successful, since it could be a model for other services or other communities. Per Ms. Plock, obtaining partners for the program has always been difficult – the hospital system no longer provides community funding; the rest of our partners are dentists who are already donating their time; and service agencies typically don't have the money for this. There is some possible good news if Medicaid should go up to 133% and if all adults in Medicaid should be eligible for a dental benefit, which is being discussed at the legislative level, and would make a huge difference in this need.

A question was whether it might be more cost effective to take the dollars being used to fund the Dental Connections program and instead use the money to hire an additional dentist for the Family Dental Clinic. The answer is that most of the funding being used can't be allocated for that kind of model. Currently, the Health District is contributing \$50,000 in ongoing costs, which is not enough to fund a full-time dentist, necessary support staff, and all other costs.

Staff recognizes the importance of doing an analysis to determine whether the program is cost effective, and will be looking closely at the data from year 2 and 3 of the program to be sure the model is appropriate and sustainable. The Board is supportive of the program and in gaining

more information to learn more about whether the program can be developed into a cost effective and sustainable model.

MOTION: To approve up to \$25,000 (\$5,000 from leftover 2012 funds; plus additional \$20,000 from contingency funds) to support the Dental Connections program through 2013.

Motion/Seconded/

Motion was amended:

MOTION: To approve up to \$25,000 (\$5,000 from leftover 2012 funds; plus additional \$20,000 from contingency funds) to support the Dental Connections program through 2013 and to discuss any necessary funding amount changes when more information comes to the board at their next meeting.

Motion/Seconded/Unanimous

Per Mr. Jim Becker, Resource Development Coordinator, more and more funders (such as CDBG, Colorado Health Foundation, and Caring for Colorado) are requesting official board approval when submitting proposals for grants. A generic statement of the Board's consent to submit for grants was presented for Board consideration.

MOTION: To give official Board approval for future grant applications, including grants to CDBG/City of Fort Collins, the Colorado Health Foundation, Caring for Colorado Foundation, and any other grants applicable to Dental Connections.

Motion/Seconded/Unanimous

UPDATES & REPORTS

APHA, Economic Forecast Reports

Dr. Cooper also attended the American Public Health Association's annual conference last fall and thought it "incredibly fruitful." He made it a point to attend select presentations that were relevant to the Health District and was pleased with what the Health District is doing concerning particular public health issues per what he heard and observed at the conference. Topics of sessions Dr. Cooper attended included: circle of care for the family care giver; worksite wellness (including vaccinations in the workplace); ethical discussions around interventions for non-communicable diseases (i.e., obesity); integration of mental health and primary care; Assertive Community Treatment (ACT) programs; built environments and impact on physical activity; sugar-sweetened beverages; and fracking.

Economic Forecast

At a recent Leadership Economic Forecast event attended by Ms. Plock, it was learned that projections for 2013 are "slow but steady, even growth." While Colorado lost 6% of all jobs in the recent recession, it is one of the states with the best economic growth, mainly due to the high tech businesses, entrepreneurship, high number of educated people in the state, innovations, etc. Job growth in Colorado has been slow but is happening, though personal income is decreasing. Weather is becoming an increasing issue due to the drought (53% of the state is in extreme drought). One noted danger to the economy is that individuals, businesses, and the government often operate based on "immediate gratification" – wanting a guaranteed quick return, while real

change and real returns sometimes take a very long time. People are, however, optimistic – 2013 is looking to be just as good as 2012.

Spring Board Retreat Timeline and Content

Staff will work with Board members to schedule an all-day annual Board Retreat in May.

Poudre School District

The Poudre School District is forming a Wellness Committee and sent out notifications looking for community members to participate on the Committee. Ms. Lin Wilder and Dr. Bernie Birnbaum both submitted applications to participate and were accepted. CANDO has been working with the school district for the past couple of years encouraging the district to promote wellness and they have now come up with a strategic action “to support integration of health and wellness” at their schools. The Committee will be responsible for developing and proposing wellness activities.

In other news, the Health District has received a letter from University of Colorado Health’s PVH/MCR Foundation that they are no longer going to fund community programs. This change impacts the Healthinfosource web site as well as the Prescription Assistance program and being able to serve out-of-district PA clients. The Health District is likely to be given some funding for 2013 for Prescription Assistance, but funding is not guaranteed beyond 2013.

Dr. Adrienne LeBailly, Director of the County’s Department of Health & Environment informed staff that the Board of Health is concerned about cannabis plants for persons under age 21. They are asking partners (including the Health District) if they would be willing to share data and collaborate on the issue. The Board agreed that that if we already have data or can help from that side of things, we are willing to share; however they only want staff to be minimally involved at this point, unless it is discussed further.

CONSENT AGENDA

- Approval of November 13 and December 13, 2012 Regular Board Meeting Minutes
- Approval of the November 2012 Financial Statements
- Approval of Resolution 2013-01: to Establish Meeting Days, Times and Locations for Board of Director Meetings
- Approval of Resolution 2013-2 to Establish a Designated Public Place for Posting of Meeting Notices

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

ANNOUNCEMENTS

- Wednesday, February 13, 7:00 am – Board of Directors Special Meeting
- February 26, 5:30 pm – Board of Directors Regular Meeting


Mr. Hendrickson noted that he will need to leave the February 13 meeting early.

ADJOURN

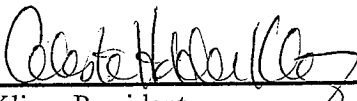
MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 9:02 p.m.


Respectfully submitted:



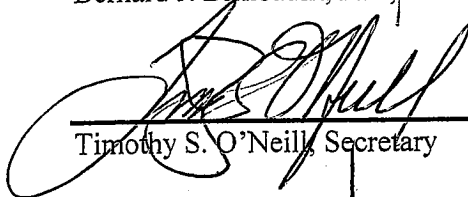
Nancy L. Stirling, Assistant Secretary




Celeste Holder Kling, President



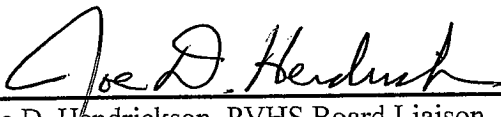
Bernard J. Birnbaum, MD, Vice President



Timothy S. O'Neill, Secretary



Steven J. Thorson, MD, Treasurer



Joe D. Hendrickson, PVHS Board Liaison