



**BOARD OF DIRECTORS  
MEETING  
January 28, 2014**

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

**MINUTES**

**BOARD MEMBERS PRESENT:** Bernard J. Birnbaum, MD, Vice President  
Timothy S. O'Neill, Secretary  
Steven J. Thorson, MD, Treasurer  
Joe D. Hendrickson, Liaison to PVHS Board

**BOARD MEMBERS ABSENT:** Celeste Holder Kling, President

**STAFF PRESENT:** Carol Plock, Executive Director  
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

**CALL TO ORDER; APPROVAL OF AGENDA**

Vice President Bernard Birnbaum called the meeting to order at 5:45 p.m. No changes were requested for the meeting agenda.

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

**PUBLIC COMMENTS**

None.

**PRESENTATION**

**Community Dual Disorders Treatment (CDDT) 4 year Report**

Ms. Lin Wilder, Community Impact Director, provided an overview of the CDDT program's Year 4 findings from an evaluation completed just last year. The Community Dual Disorders

Treatment (CDDT) program, based on the IDDT (Integrated Dual Disorders Treatment) model, is evidenced-based programming serving those with co-occurring severe mental illness and severe substance addiction, by providing intensive, time-limited, stage-based treatment services through a multi-disciplinary team and community collaborative approach. The program initially began with 12 participants and has grown to 25 participants by Year 4 (with all 12 of the original clients still actively participating!). Participants are mostly men with the average age being 45. Since the programs' inception, fidelity reviews have been conducted to determine how close our program is to the IDDT model. In the first year, the program received a 3.0 out of 4.0, which increased to 3.7 in 2011. In a recent "unofficial" fidelity review, it was found that out of 28 items, 10 had improved since the last review, while 15 stayed the same.

Several desired outcomes are measured each year of the program to determine progress of the clients. Of note:

- **Outcome: Clients are housed and maintain stable housing.** While most of the clients do remain housed, it was noted that there were some "unintended" moves (client is kicked out of their housing arrangement, or lose housing for some reason) which occurrence has increased a bit over the years.
- **Outcome: Clients decrease inappropriate use of emergency services.** By the fourth year, the program has seen an 84% decrease in such use. Transports by ambulance have also decreased by 78%.
- **Outcome: Clients show a decrease in inpatient treatment.** Substantial reduction in inpatient psychiatric treatment was noted (92%) by the fourth year, along with decreases in inpatient substance abuse treatment days (75%) and medical hospitalizations (75%).
- **Outcome: Clients show a decrease in arrests and jail/incarcerations.** Since the beginning of the program, the number of arrests and time spent in jail has been below the initial baseline; however, there has been a slight increase since the first year's drop, which could partially be attributed to clients actually voluntarily serving terms that they hadn't served prior to the program.
- **Outcome: Clients improve prescribed psychiatric medication adherence.** Adherence in taking prescription medications has seen a mild improvement, however no definite trends yet.
- **Outcome: More clients are employed or increase their employability.** Measurements for this dropped off after the first year, perhaps related to no structured or supported employment services provided to the clients.

Also being measured are the behavioral changes of the clients and their progress through the "stages of treatment" for both mental illness (engagement, persuasion, active treatment, and remission/recovery) and substance abuse (pre-/engagement, persuasion, active treatment, relapse prevention). Concerning mental illness, the most common treatment stage was "persuasion", with active treatment appearing in the second year of the program, and a bit of remission/recovery appearing during the fourth year. With substance abuse treatment, overall, participants demonstrated some (small) improvements in use. By their 48<sup>th</sup> month in the program 33% of the original 12 clients were abstinent, compared to 1 of 12 in the first month.

In a cost analysis of the program, it was noted that Year 4 showed: a drop in program costs from prior years (to \$240,623 in Year 4); a drop in average cost per client (from \$22,120 in Year 1 to \$11,834 in Year 4); and an increase in program net savings in the amount of \$174,027 over the four years. For every dollar invested in the program, there are about \$1.70+ in savings.

Next steps for the program will be to address some of the challenges, including how to maintain housing for clients who need more intensive support; how to provide structure and support in vocational programs and employment; and how to increase improvements in mental health stage of treatment and medication adherence. As part of the review in the future, staff would like to add a piece of the evaluation that includes perspectives from clients participating in the program regarding quality of life and other indicators. The full report is available to anyone who would like to have it.

Board members noted that we could be underestimating the costs of outside services such as ED usage, hospitalization, etc., and should look at that closely in the next evaluation. They also commented that there is not much that is as cost effective in health as getting a return of 1.7 dollars for every dollar spent, and they encouraged us to consider publishing the findings so that others can see the results. It was also noted that in programs such as this, even if there is not full abstinence from substances, there can be significant quality of life improvement and cost savings for the community as a whole.

## **DISCUSSION AND ACTIONS**

### **CDDT/ACT (Community Dual Disorders Treatment/Assertive Community Treatment)**

#### **Expansion**

For the first time, due to budget allocations in last year's legislative session, our area will have access to \$112,000 to begin providing Assertive Community Treatment (ACT). ACT is another evidence-based approach, similar to CDDT, but for those with serious mental illness (not necessarily substance use disorders). Touchstone and Lin Wilder have been discussing the opportunity to potentially merge the CDDT program (a local partnership between Touchstone Health Partners, the Fort Collins Housing Authority, and the Health District) with ACT. Touchstone has made the commitment to increase its funding to provide more funding for both CDDT and ACT, which would increase the total numbers able to be served between the two programs to 90 (50 in ACT, and 40 in CDDT).

Envisioning a program for 90 individuals means that in order to be done effectively, the program would need a home. In our visits to other communities' programs, a facility that would include space for private offices (including possibly a nurse office), groups/classes, and have a homey, welcoming environment in order to develop life skills and involve clients in projects and activities would be appropriate – but it would not be a residential facility (no overnights). Touchstone Health Partners (THP), with the additional dollars they are expecting from their capitated payments for the increase in Medicaid lives, has set aside some funding for operational purposes, including such things as utilities, janitorial, etc.

In the Health District budget for 2014, we included funding for the possibility of purchasing a building to be used for this purpose. Touchstone has found a building that may or may not be the best fit for this purpose. Originally they were considering it for crisis stabilization, but the crisis stabilization grant process for the whole state has been stopped and is now in litigation, so it is not known whether they will get that grant and be able to use it for that purpose. At this point, staff are not recommending any particular building, but wanted to determine the Board's interest in whether or not to continue to investigate the possibility of the Health District potentially purchasing a building.

At this point, there has not been a comprehensive look between the partners of what the program really needs in terms of space, and what the numbers, purposes, activities, atmosphere, and proximity to housing are. The Health District hasn't been involved in a comprehensive look for other options, and Touchstone has not yet had that building inspected. In conversations with Touchstone, Ms. Plock noted that we needed to check with both our legal counsel and our board to be sure that our involvement is even an option.

Having just received a legal opinion a few minutes before the meeting, the bottom line appears to be that as long as we are able to show particular findings and facts regarding the relevance to the Health District's work, there is not a legal obstacle. The amount that has been set aside in the budget, IF the board should decide to proceed with this project, is \$600,000.

Board Discussion: During brief discussion, the Board expressed several things to consider, including taking the time to determine what an appropriate facility for these programs would look like (purposes and service needs, space, location, size, etc.), what impact it might have on the area in which it would be located, the value of the investment (though since real estate in Fort Collins is getting scarcer, real estate is not likely to be a bad investment), the likelihood that the space will be available for the long term (for example, considering any PVH expansion and/or possible PVH participation in the project), etc. There was significant concern that the location be appropriate for the population, taking into consideration both where they live and the availability of public transportation.

In the end, the Board noted that the concept of the Health District providing a building for this combined program makes sense, and that the services are clearly within our mission, but that we needed to use a careful process of determining the needs and possibilities and do careful due diligence. They gave approval for staff to move forward with that process.

#### **Board Liaison to PVHS: Potential Bylaws Change**

The Board has had previous discussions about what to do should a situation occur where current Board members are not able to fulfill the PVHS Board Liaison position due to either lack of time or lack of experience on the Health District board. A proposed option was to include in the Bylaws language that would allow the Board to appoint a previous Board member as Liaison who would be required to attend both PVHS and Health District Board meetings, and to serve the interests of the Health District Board. Resolution 2014-3 is presented to the Board for consideration which proposes language changes to the Bylaws based on comments from previous Board discussions.

**MOTION: To approve Resolution 2014-3 as presented.**  
*Motion/Seconded/Carried Unanimously*

Ms. Plock noted a review of the full Bylaws will be conducted to be sure it includes and aligns with the recent lease agreement amendments and the PVHS/UCH affiliation. Any proposed changes will be brought to the Board for consideration. The Board Liaison Job Description will also need to be changed.

#### **Submission of Request for Funding for Dental Connections, CDBG**

The Health District's Resource Development Coordinator wanted the Board to know that the Health District will be applying for funding from the City of Fort Collins to support the Dental

Connections program. As part of the grant application process, the City requires that the Board be aware of and authorize the submission of the grant request. A memo stating such was presented to the Board for approval.

**MOTION: For Vice President Bernard Birnbaum, MD, on behalf of the Board President who is absent, to sign the memo as presented, indicating that the Board discussed and authorized the City of Fort Collins grant submission for the Dental Connections project.**  
*Motion/Seconded/Carried Unanimously*

## **POLICY PREVIEW**

### **First Look at 2014 Legislation Session**

Mr. Dan Sapienza, Health District Policy Coordinator, reviewed with the Board the various local issues being followed and discussed at the City and County levels, including: medical and recreational marijuana, tobacco, and West Nile virus.

A Board question was whether we might have a further role in the discussion about edibles. The state regulations do address childproof packaging and limits potency. Larimer County has banned edibles in recreational marijuana sales; at this point, the City does not appear to be looking to do the same.

At the state level, the General Assembly is 21 days into its legislative session and 312 bills have been presented, and 14 of them have already been killed. A major theme addressed by many of the bills concerns the recent flood and fire disasters the state experienced. Other topics of interest this session include: elections, health care, marijuana, oil and gas, tobacco and civil commitments pertaining to mental illness and/or substance use treatment. (See Legislative Matrix for further details.)

Mr. Sapienza also briefly reviewed the process staff undertake to prioritize bills, determine which require more in-depth analysis, as well as the process for bringing bills of interest to the Board for consideration and the official positions the Board may take. (See Board Policy 99-7 for further details.)

### **Bills of Interest for Board Discussion/Consideration:**

*HB14-1045 – Breast and Cervical Cancer treatment.* This bill would extend the current prevention and treatment program to July 2019. (See Policy Brief for more detail.) Though it is estimated that caseload for this program will decline over the next few years, there is still a need for this program as it covers women up to 200% of the FPL (while Medicaid only covers up to 133%). A board question was why this issue was isolated over the multitude of other health issues; the response was that this was a part of a federal program started years ago.

**MOTION: To approve SUPPORT HB14-1045.**  
*Motion/Seconded/Carried Unanimously*

*HB14-1051 – Developmental Disability Services Strategic Plan.* This bill requires the Department of Health Care Policy and Financing (HCPF) to create a plan that would eliminate the waiting list by 2020 for those with developmental disabilities seeking services. (See Policy Brief for more details.) The Board agreed that this is an important step to helping families get

services, however expressed frustration that it will take 6 years to get this accomplished. Waiting will have an economic impact on those families as they wait for those needed services.

**MOTION: To STRONGLY SUPPORT HB14-1051.**  
*Motion/Seconded/Carried Unanimously*

*HB14-1053 – Pediatric Dental Benefit.* This bill would create consistent requirements for pediatric dental benefits in and out of the health exchange. Currently, health plans purchased outside the exchange must include the pediatric dental benefit, while health plans purchased through the exchange only have to offer it. This bill would ensure consistency in both marketplaces. (See Policy Brief for more details.) It has already passed the House and is scheduled to be heard in the Senate on February 6.

*SB14-018 – Nicotine Product Definition.* Under current law, it is illegal to furnish tobacco products to persons under 18 years of age. This bill originally changed the prohibition to include all nicotine products, but will be amended to include both terms so as not to unintentionally exclude either.

**MOTION: To SUPPORT SB14-018.**  
*Motion/Seconded/Carried Unanimously*

In regard to e-cigarettes, there is still much to learn about them and their health impacts. Staff hopes to have more information for the Board in the future.

*HB14-1122 – Keep Legal Marijuana from those Under 21* – This bill includes provisions to keep legal marijuana from underage persons, specifically under age 21. It requires that marijuana edibles be only sold in “child-proof” packaging (unless person obtains a doctor’s note that they are unable to open a child-proof package). It also increases penalties on retail stores that sell to individuals under age 21 and allows marijuana providers to confiscate identification if it seems to be fraudulent.

**MOTION: To SUPPORT HB14-1122.**  
*Motion/Seconded/Carried Unanimously*

Currently being proposed in the Governor’s budget is \$750,000 for statewide expansion of Mental Health First Aid (for trainers and training). Mental Health First Aid is an evidenced-based practice. However, at a recent Joint Budget Committee hearing, some members of the Committee did not seem to be very familiar with what this practice is or its benefits and therefore had many questions and expressed some doubts. The Community Mental Health and Substance Abuse Partnership is very much in support of this. Mental Health First Aid has become a Partnership area of focus to get more people trained in our community. In order that staff may convey the Partnership’s position to state leaders, approval from the Health District Board is needed. It was commented that with the school shootings and families dealing with floods and fires, this is a good time to bring this forward.

**MOTION: To SUPPORT the Governor’s request for Mental Health First Aid funding.**  
*Motion/Seconded/*

After brief discussion, the motion was amended.

**MOTION: To STRONGLY SUPPORT the Governor's request for Mental Health First Aid funding.**  
*Motion/Seconded/Carried Unanimously*

Other bills of note pertain to: the Colorado Local Government Election Code, changes to the Naturopathic Doctor Act of 2013, felony charges for repeat DUI offenders, allowance for acute treatment units to stock medications, and prohibiting minors from using tanning beds.

Dr. Thorson inquired about HB14-1099. Current law allows an optometrist to prescribe only schedule III, IV, and V drugs. This bill would allow an optometrist to continue to prescribe current schedule III drugs when these drugs are reclassified as schedule II drugs. There has been concern among the medical community around diversion of prescription drugs, particularly narcotics, and whether it is appropriate for optometrists to be prescribing such drugs anyway. Staff will look further into this issue and bill.

**UPDATES & REPORTS**

**Update on TIFs and Meeting with the City**

In mid-December, Ms. Plock and Mr. Sheafor attended a "Taxing District Forum" meeting organized by the City of Fort Collins (the County was not represented at this meeting). The meeting included education about TIF as well as provided an initial opportunity to discuss ways to improve the process. The City noted that the Mulberry corridor is the next target for TIF, but that they are considering potential projects carefully, and recently chose not to use TIF as a mechanism for the Woodward Governor project. Meeting organizers are considering having such meetings periodically, perhaps twice a year, as well as possibly offering presentations in the community to interested groups and boards. It is expected that there will be some legislation forthcoming on the issue, however no positions are yet being taken until that happens and language can be reviewed. Also discussed was the need for "impact reports" for the County as well as impacted taxing districts. Essentially, the purpose of this meeting was to open dialogue with those taxing districts affected by TIF.

Also in regard to the issue of TIF, Ms. Plock was contacted by Ms. Linda Hoffman, Larimer County Manager, who invited her to be involved in a process that would bring together representatives from the City, the County, other towns, and special districts to discuss and work towards a common vision for TIFs, as well as the development of a model to help analyze the benefits as well as the impacts to the various entities. She anticipated that the visioning could be done just in meetings, but that the development of a model might require the engagement of a facilitator. She also mentioned that she anticipated that there would be both a large group and a smaller Executive Committee that would shepherd the work of the group (as well as likely a "modeling" committee). It may be most appropriate for Chris Sheafor to participate in the "modeling" committee.

Mr. O'Neill, as Executive Director of Foothills Gateway, raised the issue of whether he had a conflict of issue because his organization's Board has also been discussing the impact of TIF on their revenues. He said that whether he has an actual conflict, he does have a bias on the issue due to his role at Foothills Gateway. While there does not appear to be a pecuniary interest conflict, board members indicated that they would respect his choice in deciding whether to participate in the conversation, and he indicated that this was not the right time for him to discuss the issue with our Board.

The Board was in agreement that the Health District should be “at the table” for TIF discussions and when decisions are being made. However, they wanted to keep the time spent on our participation reasonable, and to have Chris Sheafor participate when Ms. Plock is not needed.

**MOTION: To authorize Ms. Carol Plock and Mr. Chris Sheafor to participate in the initial meeting regarding TIF; and to have the Executive Director exercise CEO judgment on whether we are needed at the Steering Committee level.**

*Motion/Seconded/Carried Unanimously*

### **Update on Larimer Health Connect and the LC Enrollments**

Ms. Karen Spink provided a brief update of the Health District’s Larimer Health Connect program and enrollments. There are now just 62 days left to get people signed up for the marketplace during this first open enrollment period. As a state, 165,000 people have signed up – 101,000 of them for Medicaid. Staff are really focused at this time on getting the word out. In a recent conference in DC, we found out that polling indicates that 70% of uninsured don’t understand that they might qualify for financial help, and 80% don’t know about the March deadline.

Staff have a new priority of changing our messages, then getting it out there in as many different ways as possible. Staff recently participated in a specialized training that provided additional detailed information that will help in serving clients. Staffing hired a new SHOP team member, after the loss of one of the members of the SHOP team (which consists of two half-time positions).

Efforts to get people in the door include presentations by outreach staff, materials (brochures, business cards, etc.) to partner organizations to distribute, community flyers, in-reach efforts, etc. There are also ideas to up the program’s Facebook presence, place additional ads in the Coloradoan, and perhaps a direct mail campaign which would be a standalone piece similar to what appeared in the Compass.

Staffing of the program is expected to continue through the end of the year. After the March 31 open enrollment deadline, staff will be involved with helping small businesses, educational efforts, assisting people with understanding their benefits, assisting people when “life-changing events” occur that would require a change in benefits, and continuing to help people apply for Medicaid/CHP+, which has no open enrollment period and thus can happen all year. We will also be putting a mechanism in place to be able to track individuals’ enrollment status so will know when people are coming up for re-enrollment. Staff will be on-hand to assist those individuals with re-applying.

### **4<sup>th</sup> Quarter Program Reports & Executive Director Report (Oral)**

Ms. Plock noted that the information presented in the quarterly report continue to be our top priorities. She also mentioned that there have been two meetings regarding the possibility of the community developing an RFP for ambulance services. The first was at the request of PFA Chief DeMint to discuss whether the Health District would be a party to the effort. She shared with him that the first issue would be whether we had any legal authority, and they will be checking into the question. The issue could eventually come to the Board for consideration, but



it is not currently on the table. Ms. Plock also had a visit from Mr. Steve Main, head of ambulance services at PVH, regarding the same topic.

Discussing the quarterly report, board members noted that the numbers for the Family Dental Clinic were well over targets – a sign that people need the service and they are getting it. Staff is anticipating that the demand for services will greatly increase once the combination of Medicaid expansion and Medicaid dental coverage for adults both kick in. Medicaid dental coverage for adults was supposed to start April 1, however we were just informed that only some procedures will be covered starting in April; other procedures won't start to be covered until July. To accommodate the added demand for services, clinic staffing and hours are being expanded (as per our 2014 budget), and we are working on remodeling to maximize space in the clinic.

### **Board Liaison Report**

Mr. Hendrickson reported that the PVHS Board received a presentation on the new ER being planned for PVH, which will increase beds from 21 to 52, and include more privacy. Much thought has gone into the planning to ensure patient flow and capacity, including the development of a 3 bed isolated section for the mental health Crisis Assessment Center services that will be located at a separate entrance that is right next to a new police substation. The area for the ambulances has been expanded to be able to have 3 ambulances in the bay at the same time. The second floor of the structure will be the women's and children's area. Projected date of finish is 2015. Building A is scheduled to be torn down in May. There has been some discussion of what to do about helicopter service at the hospital and whether to include a helipad on top of the new structure.

In regard to the Connect for Health marketplace, an administrator from Anthem discussed with their board the challenges of being in a competitive marketplace. Kaiser Permanente has very low prices (and is likely taking a significant loss in order to do so), which will cause other providers to lose some of their potential client base, particularly the younger and more healthy.

UCHealth is in the process of finalizing a partnership with Children's Hospital to build a hospital in Colorado Springs. Recruitment efforts for the new CEO have begun. Mr. Kevin Unger, in a recent announcement by UCHealth, is now the president of both PVH and MCR. Mr. George Hayes, the previous president of MCR, has been relocated to take the helm of Memorial Hospital.

Fundraising for the local Cancer Center is going really well with the receipt of a couple of really large donations recently. There is a good chance that the project will reach its funding goal by the May fundraising. Financially and patient-wise, PVH had its biggest month in December.

### **CONSENT AGENDA**

- Approval of the November 2013 Financial Statements
- Approval of the November 11 and December 12, 2013 Board Meeting Minutes
- Approval of Resolution 2014-1 to Establish Meeting Days, Times, Locations for Board Meetings
- Approval of Resolution 2014-2 to Establish Designated Public Place for Posting Meeting Notices

In the December 13 meeting minutes, on page 2, fourth bullet, second paragraph, it refers to comments Ms. Kling conveyed on behalf of Dr. Thorson and Mr. O'Neill who were not present at that meeting. Ms. Kling wanted to be sure that Dr. Thorson and Mr. O'Neill agreed that their comments were conveyed accurately in the minutes. They both concurred with the comments as reflected in the minutes.

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

**ANNOUNCEMENTS**

- February 12, 5:30 pm (Wednesday) – Board Special Meeting
- February 25, 5:30 pm – Board Regular Meeting
- March 4, 2:00 pm to 9:00 am – Board Mini-Retreat

**EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION: For the purpose of determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators pursuant to §24-6-402(4)(e) of the C.R.S., and for the purpose of getting attorney advice.**  
*Motion/Seconded/Carried Unanimously*

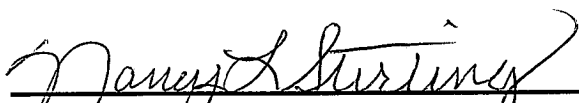
The Board retired to Executive Session at 8:55 p.m.  
The Board came out of Executive Session at 9:30 p.m.

**ADJOURN**

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


The meeting was adjourned at 9:32 p.m.

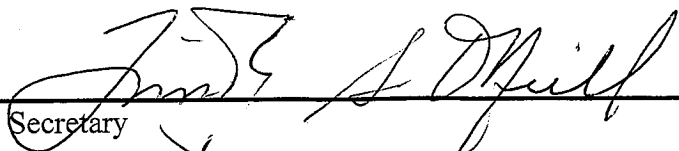
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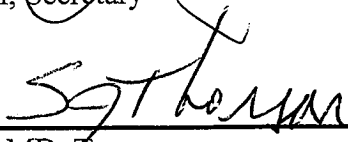
  
\_\_\_\_\_  
Nancy L. Stirling, Assistant Secretary

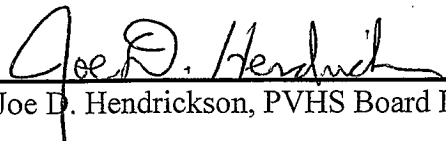
**(ABSENT)**

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Celeste Holder Kling, President

  
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Bernard J. Birnbaum, MD, Vice President

  
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Timothy S. O'Neill, Secretary

  
\_\_\_\_\_  
Steven J. Thorson, MD, Treasurer

  
\_\_\_\_\_  
Joe D. Hendrickson, PVHS Board Liaison