



**BOARD OF DIRECTORS
MEETING
February 25, 2014**

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

MINUTES

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

STAFF PRESENT: Carol Plock, Executive Director
Jim Becker, Resource Development Coordinator
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluations Coordinator
Cher Huesers, Dental Connections
D'Ann Lambert, Dental Connections
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

OTHERS PRESENT: Tess Heffernan, Board Candidate

CALL TO ORDER; APPROVAL OF AGENDA

President Celeste Kling called the meeting to order at 5:55 p.m. After introductions, a change was made to the meeting agenda to remove the Board Liaison Job Description Changes item.

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

PUBLIC COMMENTS

None.

PRESENTATION AND POSSIBLE ACTION

Dental Connections Learnings and Recommendations

Ms. Lin Wilder, Community Projects Director, provided an overview of the Dental Connections project that included: a review of Dental Connections services, a brief history of the program, learnings about services, recruitment, program costs and budget. (See presentation slides for full details.) The Dental Connections program provides 3 services: Dental Care Access (placements with volunteer community dental providers; for adults with no dental insurance and who have low incomes); the General Anesthesia Program – GAP (for adults, mostly with developmental disabilities, who require dental care under general anesthesia); and Navigation Assistance, Information & Referral which is available to anyone.

The program came out of a community process that was initiated by another group looking at dental care access issues who eventually asked the Health District to take this issue on as a community project. A steering committee was formed that included various health and human service agencies, as well as dental providers and consumer advocates. The project began initially as an experiment to see if it was possible to create a program that could eventually become self-sustaining, and which could expand community capacity, with the help of local dental providers, to increase access to dental care for those who cannot afford the full cost of care or who require care under general anesthesia. The program eventually became a partnership between the Health District and the Women's Resource Center, with program staff being housed within the Health District's Dental Clinic area. The first GAP patient was served in February 2011, with the other Dental Connections services following in early 2012. In 2013, the Women's Resource Center announced that they would be withdrawing from the program in order to focus on other priorities.

Highlights of accomplishments in the first two years of the program include:

- the development of a provider network of 40 committed volunteers (32 serving Dental Care Access clients, and 8 serving the GAP program);
- the provision of 1,157 procedures by volunteer providers in 542 appointments, 371 placements, for 277 unduplicated adults;
- providing care to 50 adults with developmental disabilities, most of whom had been waiting for care for months or years, totaling 350 dental procedures performed under anesthesia;
- a total of nearly \$250,000 in donated care value; and
- over 1,000 contacts with community members in need of information and referrals

In reviewing the program, there were many "learnings." In general, it was learned that the initial projections were over-optimistic and required adjustments as experience was gained. The first lesson was that although our community has many, many generous dentists willing to participate, it takes longer to recruit them than anticipated, because a face-to-face meeting is almost always most effective, but it takes awhile to get in the door. This change impacted projections for the number of clients served, and the number of procedures provided. The second lesson was that the ratio of categories of care being provided (acute, health/life, preventive) was different than the community committee had hoped, based on dentists' choice to focus more on the acute and preventive categories than the more extensive health/life impact category. Third was that though dentists took fewer patients than even they originally anticipated (due to vacations and other life events), they actually provided more services per client than expected, so their average workload per dentist balanced out to very close to original projections. (See slides for full details.)

With the announcement of the Women's Resource Center leaving the partnership and the loss of their financial support in the amount of \$50,000 annually, staff set out to mitigate impact to the program's budget through fundraising, staffing reductions, and seeking and obtaining an additional \$35,000 of reserve funds from the Board that would see the program through 2013 and into 2014.

At the same time, there are upcoming changes to dental coverage that could have a significant impact on needs. The combination of a Medicaid expansion starting on January 1, 2014 that allows childless adults with incomes up to 133% FPL to be eligible for Medicaid for the first time in Colorado, combined with Medicaid changing its rules in Colorado so that starting April 1, basic dental coverage would be available for adults, up to a \$1,000 annual benefit limit, will create an unprecedented increase in access to dental care for adults. At this point, it looks like the state will not allow the benefit to cover dentures, and the \$1,000 benefit limit will not always be enough to cover other needs. The biggest challenge with these Medicaid changes is that very few dental providers accept Medicaid.

After reviewing the costs of organizing Dental Connections in its current format, the "bottom line" is that though there are many benefits derived from the Dental Connections program, including community collaboration, provider participation, and navigation assistance (information and referral), in its current form, the "extraction" of these benefits is more costly than it needs to be, and the changes in coverage also require changes in the program. In order to maximize the benefits, reduce program costs, increase efficiencies, and address remaining needs, staff presented to the board a recommendation of a potential new program model. The recommended model would incorporate the Dental Connections program into the Family Dental Clinic (retaining but reorganizing the existing staff), streamlining the process into one lottery process, standardizing messaging and processes for clients, and cutting out redundancies.

Board Discussion – The Board noted that the changes in coverage mean that our goal should be to continue to grow capacity for dental care for those with lower incomes. They wondered whether there might be a way to leverage Medicaid, such as billing Medicaid on behalf of volunteer providers, which would bring them more revenue than Dental Connections. Staff will look into the possibility. Even with that assistance, there is a question about whether dentists would sign up for Medicaid; barriers include the application process, reimbursement rates, concern about being able to follow all the regulations, and frustration if the state decides not to allow reimbursement for dentures, which is a major need for this population. If billing for another provider is an option, we would talk with the providers to find out their interest level.

Overall, the Board was supportive of the recommendation, saying that systematically, it "makes sense." Staff will move forward in talking with the advisory committee, including providers, to determine whether they have any concerns with the changes. The Board asked that we track carefully whether the Dental Connections approach can be a stable, ongoing program, and specifically asked that we examine its performance against projections in another year to continue to determine whether the approach is worth its cost. It was also mentioned that one of the issues our society may have to wrestle with is the number of providers who don't want to accept Medicaid (for both medical and dental care), which creates problems with stability of the system for the long-term. Proactively, we need to think way ahead - policy changes may be necessary in order to be able to serve people into the long-term.

The Board agreed that we should pursue the concept of a change. While the decision of how to structure Dental Connections is not a board decision, the decision of whether to continue the program *is* appropriately a board decision. They commented that they liked the concept of one entry process and one system, making it easier for clients. Staff will bring more information to the board as it evolves.

DISCUSSION AND POSSIBLE ACTIONS

Policy

Community Health Survey: Early Release of Findings at Request of Policy Deliberators

- ***West Nile Virus*** – In response to a request from the City, staff have prepared a summary of responses from the 2013 Community Health Survey (CHS) that pertain to West Nile Virus spraying. Overall, the majority of respondents residing in Fort Collins supported the spraying for mosquitoes if recommended by the local health department, with 69% supporting, 16% not supporting, and 15% choosing “don’t know.” (more information included on the data summary available at the meeting). The City is requesting this information for a technical advisory committee meeting scheduled for tomorrow that will include deliberation on when it might be appropriate to spray mosquitos in order to reduce the spread of West Nile Virus. Dr. Adrienne LeBailly, Director of the Larimer County Public Health and Environment, would also receive a copy of the summary. While the full results of the CHS have not been received, analyzed, or seen by the board yet (the normal procedure is to do the full release at once), staff asked the Board if they would approve the sharing of this document due to the timeliness of policy deliberations.

MOTION: To support sharing the early findings of the Community Health Survey that pertain to West Nile Virus with the City of Fort Collins and Larimer County.

Motion/Seconded/Carried Unanimously

- ***Marijuana Policies*** – The Community Health Survey also includes questions that pertain to marijuana use and policies around marijuana (questions were only given to Fort Collins residents). Asked about their attitudes toward policies allowing marijuana retail establishments, neither side held a majority: about 45% of Fort Collins residents favor allowing the establishments, while about 40% oppose, with 15% providing no opinion. (more information available on the summary) The Fort Collins City Council will be looking at this issue at its March 4 work session.

MOTION: To support sharing the early findings of the Community Health Survey that pertain to marijuana with the City of Fort Collins City Council.

Motion/Seconded/Carried Unanimously

Staff are working on a press release on these findings for the Coloradoan, and will also make the summaries available on the Health District’s web site.

2014 Legislative Session Updates

Dan Sapienza, Policy Coordinator, provided an update on various bills of interest to the board.

- ***HB14-1225: Hands-free telephone use while driving*** – This bill is on its way to the House Transportation and Energy Committee and is scheduled to be heard on March 12. Local Representatives Fischer and Ginal are members of the Committee. At a previous meeting,

the board supported the prohibition on mobile application use while driving, and supported a more complete prohibition of cell phone use while driving, noting that evidence suggests there is little difference in the safety level of hands-free versus hand-held cell phone use while driving. The Board packet included a Health District Pro/Con Analysis done in 2009 indicating that in a major review of state of the knowledge on the issue of driver distraction completed by NHTSA in 2008, NHTSA concluded that “whether it is a hands-free or hand-held cell phone, the cognitive distraction is significant enough to degrade a driver’s performance.” Mr. Sapienza noted that there have been additional studies completed since then that appear to corroborate that conclusion, and that staff will update the analysis with new information and research that applies directly to this bill. It was also noted that in the recent Community Health Survey, 71% of Larimer County residents indicated support of policies prohibiting use of cell phones while driving. The Board expressed concerns with the current language of the bill as indicated in their motion.

MOTION: The Board of the Health District of Northern Larimer County is in strong support of:

- Strong restrictions on cell phone use while driving, and
- Prohibitions on the use of mobile apps while driving

However, the Board is unable to support the Bill in its current form because:

- A more complete prohibition is indicated in order to adequately impact safe driving (hands-free cell phone use while driving can also be unsafe), and
- Allowing hands-free cell phone use gives the impression that it is safe, which can create a false sense of security, and
- The bill needs “more teeth” – the instances in which a person can be charged are too narrow

Motion/Seconded/Carried Unanimously

- *HB14-1263: Tobacco Products to Those Under 21* – This bill has passed the HIE and now goes to the House Finance Committee for a hearing on March 13. Staff has received thanks from legislators regarding our letters.
- *HB14-1253: Civil Commitments Legislation* – The bill had its first hearing today by the HIE and passed out of committee to the committee of the whole. Various treatment providers and the sheriff’s association provided testimony in support of this legislation, with opposition coming from gun advocacy groups. This is a complex bill, and staff are meeting with a variety of people from interested agencies in the community, who appear to have varied opinions. They will be making a presentation to the Mental Health and Substance Abuse Partnership to point out what it is proposing. They do not currently have a recommendation on the bill.
- *HB14-1099: Optometrist Prescription Authority Questions* – This bill has passed the House. In response to Board questions regarding optometrist authority to prescribe Schedule III drugs in Colorado, research uncovered that authority was initially granted in 1988, with an expansion to include more drugs in 1996. It is up to states whether they will grant this authority.

2014-2015 Budget Update

- *Mental Health First Aid* - There is currently a proposal in the budget that would provide funding to train trainers for Mental Health First Aid; it is anticipated to train approximately 90 instructors.
- *Proposition AA Tax Revenue* – Colorado Proposition AA, which passed in 2013, taxes retail sales of marijuana. Beginning January 1, 2014 two different taxes on the sale of recreational marijuana were imposed: a 15% excise tax on all sales in the state, and a 10% sales tax (in addition to Colorado's standard 2.9% state sales tax). In the 2014-2015 Budget, the Governor proposes that the revenue from Proposition AA go towards: youth marijuana use prevention, substance abuse treatment, public health, regulatory oversight, law enforcement and public safety, statewide coordination, and school capital construction.

Board Liaison Job Description Changes

This item was removed from this agenda to be discussed at a future board meeting.

UPDATES & REPORTS

Executive Director and/or Staff Updates (LHC, elections law, etc.)

- Larimer Health Connect – There are just 35 days left for open enrollment through the marketplace. Much extra effort has gone into getting the word out to the public, including to our own Health District clients. Those applying for Medicaid can do so any time during the year.
- Board Retreat – This retreat will provide an opportunity for the current board members to review some of the early end of year reports and survey results in regard to key Health District programs that are or will be experiencing the biggest changes. A more extensive retreat, to include the new board members, will be held in the summer.
- Legislation pertaining to special district elections – The elections bill (pertaining to special districts) passed and has been signed by the Governor. The bill takes special districts out of the unified election bill (that passed last year); this bill now is the bill that special districts will follow. The bill mostly makes minor changes, but does remove the 30 day residency requirement. Staff are studying the bill closely to be sure they understand implications for this year's board election.
- Health District Board Elections – This year's board election seeks to fill 3 board positions. Six board applications have been picked up and 4 of them have been turned in so far, so there will be an election this year.
- Touchstone Health Partners and Medicaid for Behavioral Health Services – It was recently announced that Colorado Access received the contract to provide behavioral health services to Medicaid beneficiaries in northeast Colorado, rather than NBH, the partnership that Touchstone is in. It is likely that Touchstone will be able to contract with Colorado Access to provide services, but the details are currently unknown. This may impact the Health District due to its upcoming discussions regarding a facility for the CDDT/ACT project, but we will continue with the planning stages for now. The next step in that project is bringing together representatives from Touchstone, the Health District, and the Fort Collins Housing Authority to begin planning. Members of the Board expressed concern over whether behavioral health services that Touchstone currently provides may go away. Staff replied that while there will likely be changes and adaptations over time, Colorado Access is required to ensure continuity of services.

PVHS Liaison Update

Good news for Poudre Valley Hospital, which received top recognition from the Magnet organization for the 4th consecutive year. The Magnet award ranks nurses, and patient satisfaction and care from nurses ranked very high.

A topic of concern at PVHS is what to do with patients with mental health issues who don't belong in a hospital, but no other options exist. For example, if a patient is admitted and treated, no longer needs hospitalization, but has been deemed incompetent, has a brain injury rather than a mental health diagnosis, or has demonstrated aggressive behavior, there is often no placement for them. When a patient stays in the hospital for a long term, it is costly and inappropriate for both the patient and the hospital, and can become a safety issue for hospital personnel. There are apparently no facilities in the state to accommodate such people, and no obvious solutions.

The PVHS board is bringing their bylaws into alignment, and their language will be brought to our board for approval soon. There are two sets of bylaws – the one for PVHC, which covers PVH; and another set for MCR. The board also wants to clarify their role in particular decisions such as the appointment of the CEO for PVHC. The board has already appointed Kevin Unger as CEO for PVHC, which will be official by formal vote next month. In 2015, UCH will have the authority to appoint the CEO.

Draft December 2013 Financial Statements

A draft December 2013 financial statement was provided for the board just as information and does not require board approval at this time. The final statement will be presented after the annual audit is completed.

CONSENT AGENDA - approved

- Approval of the January 28, 2014 Board Meeting Minutes

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

ANNOUNCEMENTS

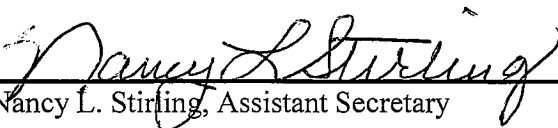
- March 4, 2:00 pm to 9:00 pm – Board “Mini-Retreat”
- March 12, 5:30 pm (Wednesday) – Board of Directors Special Meeting
- March 25, 5:30 pm – Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 8:31 p.m.

Respectfully submitted:


Nancy L. Stirling, Assistant Secretary

Celeste Holder Kling

Celeste Holder Kling, President

[Signature]

Bernard J. Birnbaum, MD, Vice President

[Signature]

Timothy S. O'Neill, Secretary

[Signature]

Steven J. Thorson, MD, Treasurer

[Signature]

Joe D. Hendrickson, PVHS Board Liaison

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