



**BOARD OF DIRECTORS  
MEETING  
March 1, 2011**

**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, HD  
Bruce Cooper, M.D., Medical Director, HD  
Carrie Cortiglio, Policy Analyst  
Richard Cox, Communications Director  
Rosie Duran, CHP+ Outreach Coordinator  
Lorraine Haywood, Finance Director  
Kathy Johnson, Integrated Care Program Assistant  
John Newman, Medical Services Director  
Chris Sheafor, Support Services Director  
Nancy Stirling, Assistant to Executive Director, HD  
Lin Wilder, Community Impact/Health Promotion Director  
Cherrilyn Wallace, Human Resources Coordinator  
Kristan Williams, Health Promotion Coordinator

**CALL TO ORDER; APPROVAL OF AGENDA**

President Celeste Kling called the meeting to order at 5:55 p.m. Suggested changes to the meeting agenda were: to remove the meeting minutes from the consent agenda and to re-order policy items for discussion in case Dr. Birnbaum needs to leave the meeting early.

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

**PUBLIC COMMENTS**

None.

## **AWARD**

### **Well Workplace Award**

In 2006, the City of Fort Collins began its “Well City Initiative” towards achieving “Well City” recognition from the Wellness Council of America (WELCOA). WELCOA is a national not-for-profit organization that promotes improving the health and well-being of Americans. To accomplish this, efforts are focused on the workplace, encouraging businesses to promote and support employee wellness by developing quality and evidence-based wellness programs. Cities can earn the “Well City” designation when at least 20% of businesses in the community have earned a “Well Workplace” designation from WELCOA. Several local organizations have already achieved the Well Workplace designation, including Front Range Internet, Poudre Valley Health System, Miramont Lifestyle Fitness, Heart Center of the Rockies, City of Fort Collins, Anheuser-Busch, Flood and Peterson Insurance, Sample and Bailey, and United Way of Larimer County. On February 23, the Health District joined this esteemed list of awardees, with Ms. Plock receiving the Silver Well Workplace award from WELCOA on behalf of the organization.

Ms. Cherrilyn Wallace and Ms. Kathy Johnson, with assistance from the Health District’s Staff Wellness, Activity, and Training team and other volunteer employees, led the development of a successful, evidence-based wellness program for the organization. The program included lunch-and-learn sessions, fitness and nutrition challenges, regular email “Wellness Tips” on various topics, and after work activities. Activities and learning topics were determined based on employee responses to the annual Wellness Interest and Health Risk Assessment surveys. The pursuit of the Well Workplace designation enhanced the existing wellness program and resulted in a “culture of wellness” and improved camaraderie of employees, and is now noted as one of the things that makes the Health District a great place to work.

## **PRESENTATION**

### **Medicaid/CHP+ Outreach and Enrollment Project**

In October 2010 the Health District was awarded the “Maximizing Outreach, Retention and Enrollment” (MORE) grant, one of several integrated state programs of Colorado’s Comprehensive Health Access Modernization Program (CO-CHAMP) to improve access to health care, increase positive health outcomes and reduce cost-shifting. Under the Colorado Health Care Affordability Act, health care coverage was expanded to over 130,000 Coloradans, expanding eligibility to the state’s CHP+ and Medicaid programs. In 2010, adults with children, who live in families up to 100% of poverty level, were added to Medicaid, and in 2012, adults without children who live in households up to 100% of poverty level will be added.

The goal of the MORE Grant program is to partner with community organizations to design, develop and implement outreach for enrollment into Medicaid and CHP+ for those expanded populations. The Health District has partnered with the Larimer County Department of Human Services to increase awareness of availability of Medicaid and CHP+ to low income families and increase enrollment of individuals living in Larimer County into these programs. A small contribution of matching Health District funds leveraged a grant of \$66,153, which funds a full-time Program Coordinator and a part-time program assistant, and all project expenses.

The Health District was fortunate to be able to re-hire Ms. Rosie Duran as the CHP+/Medicaid Outreach and Enrollment Coordinator. Ms Duran was the Coordinator for a similar CHP+/Medicaid Enrollment program the Health District operated with grant funds until 2006,

when the grant funds were no longer available and state contractors took over those responsibilities. Ms. Duran is bilingual and is very knowledgeable about the program and successful in communicating the program to others and enrolling families.

The Health District's goal for the grant is to enroll at least 900 individuals (out of 5,000+ children and adults estimated to be eligible but not enrolled) into the Medicaid and/or CHP+ programs (500 children to Medicaid; 200 parents of children to Medicaid; and 200 children or pregnant women in CHP+) by the end of August 2011. To accomplish this, Ms. Duran is conducting outreach activities to community organizations, school districts, businesses, doctors' offices, etc., providing presentations and trainings, and participating in community events to get the word out about the programs and who is eligible. She also provides application assistance to families. After applications are submitted, the Coordinator follows up on them to ensure applications are processed correctly and advocates for families when issues arise pertaining to eligibility or coverage. Thus far, 100 applications have been completed and approximately 226 individuals have been enrolled (Medicaid Adults: 43; Medicaid Children: 94; CHP+: 89).

## **DISCUSSION & ACTION**

### **Policy – Updates**

Ms. Plock announced to the Board that Ms. Carrie Cortiglio, Policy Analyst for the past five years, is leaving the Health District to accept the Legislative Liaison position with the State's Health Care Policy and Financing Department. Although it is difficult to lose her talents, it is a terrific opportunity, for both Carrie and the State. She was wished all the best in her new job and given great thanks for her service to the Health District.

With Carrie's departure right in the midst of the legislative session, staff is considering options for how to continue our policy functions, and will likely use a combination of 1) contracting with a well-respected policy/lobbying group with expertise in health policy and, 2) utilizing existing staff to help with tracking legislation, doing research, and working with the contractor.

SB 168: Colorado Health Care Cooperative bill. This bill creates an authority that is charged with designing a health insurance cooperative. While there was not enough time to prepare an analysis, Ms. Cortiglio and Dr. Cooper have read the bill, and both have multiple questions as to how it is expected to work. At this point, the bill has the board being appointed by the Governor, but there are no standards as to who can serve on the board. In other areas, the bill is fairly prescriptive for a product that would have to be competitive in the marketplace. This is not a single-payer bill; people would be able to choose to join or not. At this point, it is unclear whether it would replace the Exchange, or be a part of the market – whether inside or outside of the Exchange. There is currently no House sponsor for the bill, so whether it will continue to make progress is up in the air.

After brief discussion, the Board decided that they could not take a position on this bill without learning more both about cooperatives in general, and this bill in particular. Staff will monitor the progress of the legislation and will research the issue and provide a training for the Board at an appropriate time.

Ms. Cortiglio distributed to the Board a matrix covering all the bills being tracked and their current status in the legislative process.

Fort Collins Medical Marijuana Regulations. At its previous meeting, the Board took the position of not supporting the “grandfathering in” of existing, non-compliant dispensaries (but granting them a reasonable time within which to come into compliance), and supporting a cap of the number of dispensaries allowed in Fort Collins. At the most recent Fort Collins City Council meeting, Ms. Cortiglio and a representative from TEAM Fort Collins were the only people in attendance testifying against grandfathering. In the end, the Council dismissed the staff-recommended cap and voted (first reading) to support grandfathering-in those dispensaries that are non-compliant with current regulations. They did, however, decide to have staff reach out to neighboring businesses and entities near the dispensaries to determine if they had concerns. The initiative passed on first reading and will be up for second reading on March 22. There may be an opportunity in the future to have further discussions with the City about the health concerns related to edibles.

HB 1250 concerning regulations for edible medical marijuana products. Although there was a hearing today, it appears that there is not enough support for a ban, so if the bill remains, it may change into a proposal regarding labeling or packaging.

HB 1043: Changes to the Colorado Medical Marijuana Code. The Board discussed this bill at its last meeting; the bill is making its way through the process. Staff learned from the Colorado Medical Society lobbyist that they were not satisfied with the original language around the Medical Services Board’s process for restricting a physician’s ability to do medical marijuana certifications. New language clarifies that if restrictions are placed on a physician’s license for any purpose after July 2011, the Medical Board will also indicate on the license whether that person is allowed to write marijuana certifications or not. If the restriction was placed before that date, by default, the physician would not be able to do certifications without receiving permission from the Medical Services Board first.

Physical Activity in Schools. There are efforts, both at the state level and in our community, to establish guidelines for physical activity in schools. CanDo has been working with the Poudre School District to find ways to increase the time students spend in physical activity and to establish standards, including assisting the school district with a ballot initiative that passed locally last November. At the state level, there is currently no statute that guarantees physical activity in schools.

House Bill 1069 addresses this issue by directing school districts to adopt physical activity standards for elementary school students, including a prescribed number of minutes per week per student in physical activity. Per the bill, physical activity can include fitness breaks, recess, field trips, classroom activities, etc. A reporting requirement has been taken out of the bill. CanDo is concerned that this bill does not meet the higher standards outlined by the CDC in its Morbidity and Mortality Weekly Report (MMWR) and may actually allow schools that currently have physical activity programs to regress. Along with its partners, CanDo is seeking support from other local entities, including the Health District, to propose that our local school district and the state adopt MMWR standards and strategies towards preventing obesity. (See CanDo document “Physical Education in the Poudre School District Update February 2011 for details.)

Supporters of the bill think that this may be a first step towards having a standard for physical activity in schools throughout the state. While the proposed legislation may not meet the “gold standard” for improving health, it may have merit from an education policy perspective (activity

has been shown to positively influence academic performance), and could potentially impact obesity. It was noted that the schools have huge budget challenges and cuts ahead and there is uncertainty of how that will play out, and particularly whether there would be enough trained people to lead effective physical activity. After brief discussion, the Board determined that they would prefer to address and focus on the issue locally. The following motion was offered:

**MOTION: To 1) support CanDo’s action “to encourage the superintendent and cabinet to communicate a district priority for physical education to school sites”; 2) encourage schools to utilize the guidelines set by the CDC in the MMWR recommendation in setting the minutes of physical activity required; and 3) annually provide data to the School Board, incorporated in the School Accountability Report.**  
*Motion/Seconded/Carried Unanimously*

Budget Cuts. There is considerable concern about the federal budget cuts that might seriously impact local public health. Staff asked the local Health Department for a list of potential cuts, which will be shared with the Board if it is received. If specific local examples emerge, it may be important to send a letter to Rep. Cory Gardner so he is aware of any direct harm to the community such cuts could cause.

Health Insurance Exchange Bill. The bill has not appeared yet.

The Board again expressed their appreciation to Carrie for her “top-notch” work and will miss her policy analyses. In recognition for her five years of service to the Health District, staff presented Carrie with her 5-year award.

## **SPECIAL STAFF REPORTS**

### **10 Year Facilities Plan**

Chris Sheafor, Support Services Director, provided a brief overview of the information provided in the “Health District of Northern Larimer County Ten-Year Facility Plan” document included in the meeting packet. (See document for full details.) The goal of the plan is to do the preventive maintenance needed to keep the facilities fully functional and to avoid major expenditures that might happen without it, but not spend more than is needed.

The Health District hired Architecture Plus to help develop a long-range plan for keeping things running. The plan schedules out major building improvements over the next 10 years, including replacement of finishes that wear out because of use or exposure and replacement of mechanical and other building systems that wear out over time. Funding for the anticipated maintenance is being incorporated into both a 3-year facilities budget plan and the annual budget. It was noted that the plan should be updated every 2-3 years, and should project costs not only on a current dollar basis, but also a future dollar basis in order to assure that adequate funds are budgeted.

### **Annual Investment Report**

Included in the meeting packet is the Annual Investment Report for 2010. Interest rates continued to dip between January and December for various accounts. The Certificate of Deposit Account Registry Service (CDARS) matured in December and was not renewed because available rates were well below those offered by regular certificate of deposits. Additional certificates of

deposits will be purchased from banks authorized to accept public funds; however, finding authorized banks that will take public funds is becoming more and more challenging.

### **GENERAL STAFF UPDATES**

#### **First Dental Care Under General Anesthesia Services and Dental Connections Report**

After considerable preparation, working out complexities and delays, and purchasing needed supplies and equipment, the GA program treated its first patient on February 18. The procedure went very well with the patient having 3 extractions and 4 fillings and no complications afterward. The mother of the patient was very pleased with the treatment given and was particularly impressed that the dentist came out to talk to her to brief her on what was needed before starting the work. The head of the surgery center was even in attendance to make sure that all was going well. Staff are now in the process of interviewing all individuals involved with the treatment process (including care coordinators, dental providers, and anesthesiologist) to see if there are any areas that need fine tuning. The next clients are being scheduled for April to allow time for staff to make adjustments and preparations. The GA program has been given one day a month at the surgery center and hopes to treat an average of 3 patients each month. Nine community dentists have stepped up to provide this service locally.

In other oral health news, on the same day, Ms. Plock was invited to meet with representatives of United Way of Larimer County's Pathways Past Poverty (PPP) program and the Women's Resource Center, and the Dental Connections Program was invited to apply for a PPP grant. The grant, if received, would fund \$25,000 per year for 3 years.

#### **Medicaid Accountable Care Collaborative Project**

Significant progress has been made in our community's planning to create a Medicaid Accountable Care Collaborative Pilot project. The group working to plan the project include representatives from the Health District, Rocky Mountain Health Plan, a consultant, Larimer Center for Mental Health, and key participating clinics including Salud Family Health Centers, the Family Medicine Center, Sunrise Community Clinic, and a few private practices (Associates of Family Medicine, possibly Big Thompson Medical Group and Miramont Medical Clinics).

The project's goal is to improve health and contain costs, and the initial focus will be on targeted adult Medicaid clients using a care coordination approach. Information about the best evidence-based care coordination approaches, as well as what care coordination services are already in the community, is in the process of being gathered. The practices are interested in potentially pooling their (state pilot) funding (to be matched by RMHP state pilot funds) in order to create a multidisciplinary community care coordination team.

### **CONSENT AGENDA**

The January 25 and February 11 meeting minutes were removed from the consent agenda.

- Approval of Draft December 2010 Financial Statements

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

### **ANNOUNCEMENTS**

- March 11, 7:00 am – NO Board of Directors Special Meeting

- March 29, 5:30 pm – Board of Directors Regular Meeting
- April 6, 11:30 am – 1:00 pm – Health District Employee Appreciation Luncheon at the Northside Aztlan Community Center

**EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION: To go into Executive Session for the purpose of discussing personnel matters pursuant to §24-6-402(4)(f) of the C.R.S. and pertaining to legal matters pursuant to §24-6-402(4)(e).**  
*Motion/Seconded/Carried Unanimously*

The Board retired to Executive Session at 8:20 p.m.  
The Board came out of Executive Session at 9:40 p.m.

**ADJOURN**

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

The meeting was adjourned at 9:42 p.m.

Respectfully submitted:

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Nancy L. Stirling, Assistant Secretary

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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

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Steven J. Thorson, MD, Treasurer

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Joe D. Hendrickson, PVHS Board Liaison