



**BOARD OF DIRECTORS  
MEETING  
May 21, 2014**

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

**MINUTES**

**OUTGOING BOARD MEMBER**

**PRESENT:** Celeste Holder Kling, President

**CONTINUING BOARD MEMBERS**

**PRESENT:** Bernard J. Birnbaum, MD, Vice President  
Steven J. Thorson, MD, Treasurer

**INCOMING BOARD MEMBERS**

**PRESENT:** Michael Liggett  
Tess Heffernan  
Tracy Nelson

**STAFF PRESENT:**

Carol Plock, Executive Director  
Jim Becker, Resource Development Coordinator  
Bruce Cooper, M.D., Medical Director  
Richard Cox, Communications Director  
Molly Gutilla, Evaluation Specialist  
Sue Hewitt, Evaluation Coordinator  
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:**

Kathryn Southard, Policy Intern

**CALL TO ORDER; APPROVAL OF AGENDA**

Board President Celeste Kling called the meeting to order at 5:55 p.m. Introductions of all present were made. Two changes were proposed for the meeting agenda: 1) move the April 22 Board Minutes item of the Consent Agenda to the top of the agenda; and 2) Swear-in the newly elected board members after approval of the minutes of the last meeting.

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

#### **APPROVAL OF MINUTES**

- Approval of the April 22, 2014 Board meeting minutes.

**MOTION:** To approve the minutes as presented.  
*Motion/Seconded/Carried Unanimously (by Kling, Birnbaum, Thorson)*

#### **NEW BOARD MEMBER SWEARING IN**

The Health District held a Board Election on May 6, 2014. The three newly elected board members are: Ms. Tess Heffernan, Mr. Michael Liggett, and Ms. Tracy Nelson. Ms. Celeste Kling, in her capacity as Board President, conducted the “Oath of Office” for each new board member with each new member reading the Oath of Office statement and signing the statement document.

With the new board members now sworn in, Ms. Kling was released from her board duties after fulfilling two board terms. Vice President Birnbaum took over conducting the meeting from this point.

#### **PUBLIC COMMENTS**

None.

#### **PRESENTATIONS**

Between now and the upcoming board retreat at the end of July, staff will be presenting information on health district programs to help get a sense of current status and future issues; the presentations begin tonight.

#### **Larimer Health Connect: Experience Since October; Future**

Ms. Karen Spink, Assistant Director, provided an overview of the Larimer Health Connect program. Studies have shown that having health coverage is associated with better population health. The Health District, in its mission to improve the health of those who live in our community, has long been involved in helping people connect to insurance through the Child Health Plan+ (CHP+) and Medicaid. In 2006, enrollment was changing and less funding was available and outreach and enrollment efforts were phased out and transitioned to the County. In 2010, a federal grant was reinstated to help people get enrolled in Medicaid and CHP+ and the Health District was awarded a grant. Ms. Rosie Duran was re-hired as Coordinator of the program as she had previously led the Health District’s outreach and enrollment efforts and developed an excellent reputation as an expert in our community. In 2012, a new grant through the Colorado Health Foundation made it possible to continue the CHP+ and Medicaid Outreach and Enrollment efforts county-wide through May 2014.

In 2013, two big things happened in the state – 1) the state’s Medicaid program would expand to 133% of the federal poverty level (FPL) on January 1, 2014, thereby increasing the number of people now eligible for Medicaid; and 2) the Colorado Marketplace, a state-based health insurance exchange, was implemented in October 2013, which allows tax credits for qualified people with incomes up to 400% of FPL for the purchase of health insurance. Given the importance of helping people connect to health insurance on our local community’s health status,

the Health District applied for and received a “Connect for Health Colorado Assistance Site” grant in July 2013. From July through October 1, 2013, the date when the Marketplace was scheduled to go live, the Health District: formalized partnership agreements; selected and outfitted 5 locations; hired 13 new staff members; created program policies, processes, forms and integrated the CHP+ and Medicaid Outreach program; trained, cross-trained, and certified all staff members as Health Coverage Guides; and developed a new appointment system and program website. Combining Health District funds with funding from Connect for Health Colorado, a new program called Larimer Health Connect was developed, with the main objective of providing in-person assistance at multiple locations through strategic partnerships. Outreach and Education efforts have included: Compass newsletter articles, ads and inserts; mailers; newspaper and community newsletter articles; social media; community presentations; and representation at Health Fairs and at various public locations.

Since October, the program has assisted more than 1,800 people through nearly 2,500 in-person or intensive phone encounters – in addition to the huge volume of phone calls staff responded to from individuals with shorter questions. To date, the County has nearly 19,000 more people now enrolled in health insurance - 8,340 enrolled through the marketplace and 10,596 enrolled in expanded Medicaid. Staff recently heard that our county grew in the number of people insured by 38% - much faster than other counties in the state, which averaged 25%; by April, it looks like that growth is up to 44%.

As with any new program or effort there are bound to be challenges along the way. The marketplace was new to everyone, from the national and state levels on down. There were training challenges, technology challenges, periodic long waits for customer service center assistance. Staff found that many individuals had very little, if any, computer experience, as well as varying levels of knowledge of health insurance coverage. Despite the challenges, our efforts have been recognized as a “top performing site, and a “best practice program” from both in the state and nationally. Between now and when open enrollment begins November 1, LHC staff are working with people who have life change events that allow them to enroll between open enrollment periods, helping people understand their health insurance, continuing to enroll people into Medicaid, working with small businesses and nonprofits (which is year-round), continuing outreach and education efforts, and preparing for how to re-enroll individuals while at the same time helping new people get enrolled during the enrollment period.

Ms. Plock commended Ms. Spink for her leadership through the whole process of establishing a new program, developing processes and procedures and handling the various challenges. Ms. Spink has a unique talent for taking a very complex project and efficiently and effectively breaking it down into the pieces necessary to develop and organize a quality program.

#### **Community Impact Team: Mental Health and Substance Abuse Partnership**

Ms. Lin Wilder, Community Impact Director, provided an overview of the Mental Health and Substance Abuse (MHSA) Partnership. The Community Impact program works with partners in the community to develop solutions to issues that are greater than can be solved by any one organization in areas prioritized by our Board. Currently the CI team works on mental health and substance abuse system restructuring. The MHSA Partnership began in August 1999 and includes representation from 25 organizations and individuals working together to restructure the community’s system of mental health and substance abuse services as well as improve responsiveness to the needs of those most affected by mental illness and addictive disorders. The

Partnership includes a Steering Committee with various committees and work groups stemming from it addressing more specific issues. Examples of accomplishments of the Partnership include: Connections (“a place to start” for people seeking mental health or substance abuse providers/services); a restructured crisis assistance approach, featuring a Crisis Assessment Center housed in the Emergency Department of Poudre Valley Hospital; Integrated Care Teams at local safety net clinics (Salud Family Health Centers and Family Medicine Center); as well as implementation of more effective approaches to treatment such as the Community Dual Disorders Treatment team (CDDT), system improvements and training in co-occurring treatment, and provision of professional trainings.

By having such a Partnership, the community has been able to: respond to emerging community issues and opportunities (i.e., crisis intervention, detox transportation issues, avert county budget cuts), provide an informed voice (for funding proposals, legislative/budget issues, community initiatives), and facilitate targeted improvements (Mental Health First Aid, trainings).

Current areas of focus for the Partnership include: Early Identification and Early Intervention (EIEI) to earlier identify MHSA disorders for better outcomes; increase community knowledge and understanding of MH/SA via trainings in Mental Health First Aid and other curriculum and forums; quality improvement of services via state-of-the-art services and trainings and professional development; and provision of the best support for those with complex needs (CDDT maintenance and expansion; integration with new Assertive Community Treatment [ACT] program). (See presentation slides for more details.)

## **DISCUSSION AND ACTIONS**

### **Board Officer Elections**

Now that the board has its newly elected board members, it is necessary for the board to elect officers for the five board positions: President, Vice President, Secretary, Treasurer, and Liaison to the Poudre Valley Health System (PVHS) Board. The following nominations were proposed for consideration:

Bernard Birnbaum, MD – Board President  
Tess Heffernan – Board Vice President  
Steve Thorson, MD – Liaison to PVHS Board  
Michael Liggett – Board Secretary  
Tracy Nelson – Board Treasurer

**MOTION:** To approve the above proposed board position nominations.  
*Motion/Seconded/Carried Unanimously*

### **Approval of Signature Resolutions**

Included in the meeting packet for the board’s consideration are Resolutions which identify specific board and staff members as eligible signators for various Health District bank accounts and safe deposit boxes. Now that the board positions have been filled, the names of the Board President, Treasurer and Secretary will be inserted where appropriate on the Resolutions, which will be printed for Board signature once approved.

**MOTION:** To approve Resolutions 2014-05 through 2014-11 with appropriate board members as signators.  
*Motion/Seconded/Carried Unanimously*

### **Policy Issues:**

A review of the 2014 Legislative Session will be done at the next board meeting. Mr. Dan Sapienza, Policy Coordinator, briefly reviewed Board Policy 99-7 which outlines the process for prioritizing legislation as well as options for board positions on legislative items. Mr. Sapienza presented on West Nile Virus Prevention and City of Fort Collins Tobacco Policies for the board's consideration this evening.

- **West Nile Virus: City of Fort Collins** -- At the April 22 Health District Board meeting, the Board proposed a message to City Council which was conveyed by staff via letters and public comment at the May 6 City Council meeting. The original message approved by the Board was that "our community's public health professionals are the right people to make balanced decisions to aid public health", that West Nile Virus is dangerous and mosquito adulticides are effective. With approval from Board Chair Celeste Kling, the message was considerably expanded upon before conveyed to the City Council May 6.

Mr. Sapienza provided background information on what is currently being done to address West Nile Virus in our community, options being considered by City Council and their decisions, and the Health District's stance on particular options/decisions. (See presentation slides for more details.) One in 150 individuals exposed to West Nile Virus can develop severe illness; 20% a more milder illness; while 80% may show no symptoms at all. In 2013 in Larimer County, out of 97 total identified cases, 17 were severe with 2 deaths. Larimer County was #1 in the state, and in the Top 10 nationally for number of serious WNV cases.

Currently, the options for West Nile Virus (WNV) prevention are: mosquito prevention (killing mosquito eggs, treating standing water, etc.), mosquito monitoring (tracking and testing), and mosquito adulticide application (spraying). Spraying for WNV has garnered concern from some community members about possible health, environmental, and economic impacts, which has led City Council to consider other possible options regarding spraying. Options included: an "opt-out" program, "zones" instead of a city-wide approach to spraying; modifying the makeup of the Advisory Panel that assists the City Manager in decision-making; and modifying program-response guidelines.

One of the major remaining issues is the thresholds that the City uses to make a decision on whether to spray or not. Current standards are a VI (vector index) of 0.75 and 2 human cases in one week. It was pointed out that human case reports as a factor in determining whether to spray or not is a "lagging indicator," so that by the time they appear, the public has already had considerable exposure to health risks. For example, on average in Larimer County, from the time that the symptoms first appear until public health receives a positive report, and spraying can actually occur, can easily take between 16 and 30 days, during which time the public is exposed to the virus. The better indicator is the level of infected mosquitoes, which can reasonably be anticipated to predict a level of health risk report. The CDC and the State of Colorado have both stated that human cases are a lagging indicator and should not be relied on as a good determinate of when to spray. Mr. Sapienza shared several graphs pertaining to 2013 "Reports vs. Vector Index" and comparing reports with actual infections (See slides.), which illustrated the time that the public is unnecessarily exposed to the health risk.

Next Steps: The board discussed taking the new information about the risk of the lagging indicator of human cases back to City staff and Council, and asking for reconsideration of the decision to wait for human cases. The board recognized that some people's concerns are more around environmental issues rather than public health risk and that the issue overall is very complex, but the evidence indicates that when there is a definite human case infection rate for such a serious disease, there is a serious health risk. The Board asked staff to share the new data with City Council as well as convey the following messages: that waiting for confirmation of human cases is not the best way to protect the health of the community (conveying this in the strongest way possible); and that the board supports a small, expert advisory panel (comprised of public health and medical experts) to be able to make quick decisions. After considerable discussion:

**MOTION:** To **STRONGLY SUPPORT** and convey the following message to City Council members and in a "Soapbox" article in the Coloradoan that: **using human cases as an indicator is not the best way to protect the health of the community; the Health District is in strong support of REMOVING human cases as an indicator of when to spray, and urges the City Council to reconsider the issue; and that the community's public health professionals are the right people to make balanced decisions concerning West Nile Virus protection. The Board requests that staff share with City Council members in whatever means possible the new data relating to human cases and vector index indicators, and its effect on the timing of spraying.**  
*Motion/Seconded/Unanimous*

- **City of Fort Collins Tobacco Policies** -- On July 1 the Fort Collins City Council will have a first reading of a proposed Smoking Ordinance expansion. The expansion would make all hotels 100% smokefree, and treat e-cigarettes as cigarettes in city ordinances. Last October, a proposed expansion to the smoking ordinance included prohibiting smoking in outdoor dining areas, bar patios, and Transfort's public transit facilities. The Health District Board took a position of "Strongly Support" for those changes. The Council also, at that time, determined to consider other possible regulations in the future, including other public areas such as areas in old town, parks and recreational areas, etc. Staff will bring further information for the board's consideration at its next board meeting.

#### **Board Transition: brief discussion**

To assist the new board members as they transition into their board roles, a board orientation is being planned, as well as program presentations at upcoming board meetings; board members were encouraged to ask if there were other things that would help them gain the information needed to perform their new role well. Ms. Plock asked the board if they would like to use the DISC instrument for learning about personal styles that can be utilized for learning how to best work together; there was interest and it will be incorporated into future work, likely at the retreat.

#### **UPDATES & REPORTS**

##### **1<sup>st</sup> Quarter Program Summary Report & Executive Director Report**

The 1<sup>st</sup> Quarter Program Summary Report was included in the meeting packet for the board's review. Dr. Birnbaum encouraged the new board members to take time to review these reports as they provide important information.

**CONSENT AGENDA**

- Approval of March 2014 Financial Statements

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

**ANNOUNCEMENTS**

- June 24, 5:30 pm – Board of Directors Regular Meeting

**EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION: For the purpose of discussion of matters required to be confidential under law, related to patients' constitutional right to privacy and HIPAA, pursuant to §24-6-402(4)(c) of the C.R.S.**  
*Motion/Seconded/Carried Unanimously*

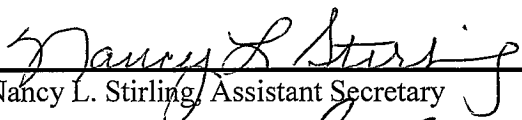
The Board retired to Executive Session at 8:15 p.m.  
The Board came out of Executive Session at 8:30 p.m.  
The board had a brief discussion about the Board retreat.

**ADJOURN**

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

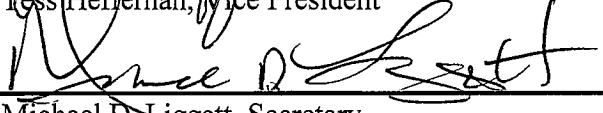
The meeting was adjourned at 8:34 p.m.

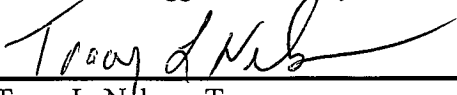
Respectfully submitted:

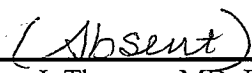
  
\_\_\_\_\_  
Nancy L. Stirling, Assistant Secretary

  
\_\_\_\_\_  
Bernard J. Birnbaum, MD, President

  
\_\_\_\_\_  
Tess Heffernan, Vice President

  
\_\_\_\_\_  
Michael D. Liggett, Secretary

  
\_\_\_\_\_  
Tracy L. Nelson, Treasurer

  
\_\_\_\_\_  
Steven J. Thorson, MD, PVHS Board Liaison