



**BOARD OF DIRECTORS  
MEETING  
June 28, 2011**

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

**MINUTES**

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

**BOARD MEMBERS ABSENT:** Bernard J. Birnbaum, MD, Vice President

**STAFF PRESENT:** Carol Plock, Executive Director  
Bruce Cooper, M.D., Medical Director  
Rosie Duran, Medicaid/CHP+ Outreach Coordinator  
Lorraine Haywood, Finance Director  
Laura Mai, Accountant  
Melanie Marin, Childhood Immunization Coordinator  
John Newman, Medical Services Director  
Nancy Stirling, Assistant to Executive Director  
Lin Wilder, Community Impact/Health Promotion Director  
Kristan Williams, Health Promotion Coordinator

**OTHERS PRESENT:** Molly Lockman, Sample & Bailey

**CALL TO ORDER; APPROVAL OF AGENDA**

President Celeste Kling called the meeting to order at 6:02 p.m. The agenda notes a "Possible Executive Session" - President Kling confirmed that there will be an Executive Session this evening.

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

**PUBLIC COMMENTS**

None.

**BOARD DISCUSSION AND POTENTIAL ACTION**

**2010 Audit Report**

Ms. Molly Lockman, representing Sample & Bailey, attends this meeting to provide the annual audit report to the Board. Ms. Lockman commented that Finance Director Lorraine Haywood and her staff were incredibly prepared, staff were responsive and overall contributed to an easy audit process. Ms. Lockman reported that they were giving an unqualified report, that it was a very clean audit, and the financials are in order. The Health District exhibited a very strong financial position with total assets exceeding total liabilities, and no debt or outstanding obligations. Notably, most expenditures were for services, with only 8% of current expenditures going to general and administrative costs, which is much lower than other organizations.

Concerning the “Balance Sheet for Governmental Funds”, Ms. Lockman noted one change to the statement which now includes the Fund Balance Notification, newly required by GASB for all governmental entities so that they will classify net assets the same way. Non-spendable Fund Balance was defined as assets already committed. Other than that, the rest of the report is pretty similar to the prior year’s with all accounting policies in accordance with standards.

Dr. Thorson, the Board’s Treasurer, commented that he had met with Ms. Lockman, Ms. Haywood and Ms. Plock previously to review the audit report and was very happy with the audit, that the Health District had been given an unqualified report and with the preparedness of the staff. The Board and Ms. Plock commended the Finance staff for their hard work, diligence, and management which contributed to a clean audit.

#### **Liaison from the Health District Board to the PVHS Board: Change in Policy?**

The board is interested in considering the creation of a back-up plan in case there should ever be a situation when an existing board member would be unavailable to serve as a liaison to the PVHS board. The issue is being brought up at this time so the Board has time to consider this issue before it may be necessary to come up with an alternative approach. Mr. Hendrickson presented a written narrative to help the Board consider the idea.

The first attempt would be to appoint one of the five board members. However, if the board determined that none of the members had time or were qualified, the idea would be to expand the number of qualified individuals who could serve in the liaison role by including previous Health District board members as potential representatives. One question is whether an existing member could fill more than one board officer/liason position; the Board would like for that to be an option. There was support among the Board members for Mr. Hendrickson’s proposal with the assurance that the selected person attend Health District board meetings regularly (so they are able to convey information between the two boards) and that the Health District Board retains the responsibility of selecting who serves in the Liaison role. The Board asked staff to propose language for a change to the By-Laws for their consideration and vote.

#### **PVHS Announcement Regarding LOI to Create a Joint Operating Agreement with University of Colorado Hospital**

PVHS recently announced that they have signed a letter of intent with the University of Colorado Hospital to develop a joint operating agreement between the two organizations. Comments from the public, PVH employees and administrators/managers at both hospitals have been very positive and some have commented on the potential for this to bring additional/new resources to the community.

### **Policy: Verification of Chair Decision on the Issue of Federal Medicaid Block Grants**

An alert was received by staff from the National Council for Community Behavioral Healthcare indicating that the issue of including federal block grants for state Medicaid is a key part of negotiations in federal budget discussions, and that it could pass this time. Since the issue came up between board meetings, staff asked Board President Celeste Kling whether she would like staff to send a letter opposing federal Medicaid block grants to our federal legislators, and she approved strong opposition. A letter (included in the meeting packet) was sent to Rep. Gardner, Sen. Udall, Rep. DeGette, and Sen. Bennet. The Board is being asked to decide on whether to ratify President Kling's action.

**MOTION: To ratify the Board President's position to STRONGLY OPPOSING federal block grants for state Medicaid programs.**  
*Motion/Seconded/Carried Unanimously*

### **Medical Marijuana Ordinance and Petition**

The City Council passed a proposal earlier this year that grandfathered a number of dispensaries that were, at the time, in violation of the original ordinance passed last year. A group of people have recently gathered to submit a petition to City Council to either adopt an ordinance to ban all dispensaries in this community or refer the issue to voters at a regular or special municipal election (likely the November regular election). Since the Health District had taken a position before on this issue, a group of citizens that put this petition together has asked if the Health District would support it. Members of the Board agreed that hearing from the community on this issue is important.

**MOTION: To support the initiative allowing the people to vote on the issue of whether or not to prohibit “the operation of medical marijuana centers, optional premises cultivation operations, and medical marijuana-infused product manufacturing within the city of Fort Collins corporate limits.”**  
*Motion/Seconded/Carried Unanimously*

### **Potential Change in July Meeting Date**

The July 27 board meeting may be changed to accommodate those attending the CO Health Symposium the next morning. Staff will check on Board availability and notify them of any changes.

### **PRESENTATION**

#### **The End of an Era: Childhood Immunization Registry and Outreach Program: Program Highlights and Wrap-Up**

Ms. Melanie Marin, Childhood Immunization Outreach Coordinator for the past 7 years, presented to the Board an overview of the Childhood Immunization Registry and Outreach Program, including successes, lessons learned, the transition plan for turning the program over to the state and the community, and the future of childhood immunization registry in the state. (See Presentation slides for full details.)

#### *Humble Beginnings*

One of the earliest comprehensive community health reviews conducted by the Health District showed that childhood immunization rates could be improved. Through research, staff learned that one of the “best practices” was to place children’s immunization records in a population-based registry, and using it to perform reminder-recalls. The Board at that time approved the

program and we started with the goal to increase immunization rates in the community. Soon after, the Health District partnered with the Larimer County Department of Health and Environment on their Every Child by Two (ECb2) immunization registry, which was used to inform parents on when immunizations were due for their children.

### *Laying the Ground Work*

In addition to engaging partners, the program was just getting started when it was met with an obstacle – the registry lost funding. At that time, the Board elected to have the Health District take over and maintain the registry for a brief time (one or two years), until the state could take it over. At the same time, the state was also trying to establish an immunization registration system but, within 6 months the state program also lost its funding. In the hopes that eventually a statewide system would be developed, and not wanting to lose all the valuable information/records gathered thus far, the Health District took up the state’s system as well and combined the two registries. Staff then set about creating better functionality of the computerized system and improving how immunization information was received from providers for better registry accuracy.

### *Growing Pains*

The initial commitment of 1 to 2 years turned into 5 years as we waited for a state registry to get in a position to take over. Through a House bill (drafted by the State’s Health Department and a coalition) that was passed, a little bit of funding was provided to create a statewide registry, which resulted in CRISP. It took almost 3 years to get the system totally up and running, to obtain additional funding to keep the system running and maintained, and to transfer data to the statewide system.

During this time, the Health District’s program had a merge and a shift – now that staff no longer had to do data entry, the focus turned to promotion and outreach, which included helping practices do assessments, promoting and sustaining the registry, promoting recall functions with parents, and helping practices to increase their own accuracy rates.

About this time it became clear that parents were getting information about immunizations from a variety of sources – but much of it was not accurate. In order to get important and correct information out to parents, staff began to focus on the relationships parents value with their health provider and peers or people they believe have similar values. The program hosted annual events, dinners, lunch and learns to help providers know how to talk to vaccine shy parents and how to provide accurate information (i.e., vaccines and autism).

### *Harnessing Technology*

Improvements in technology advanced greatly, and while it sometimes slowed down registry efforts as providers gradually got on board with needing to upgrade their computer systems and beginning to implement and utilize electronic medical records, it eventually led to an improved reminder/recall process and improved and quicker data transfer to the state registry. For those practices who wanted to participate but couldn’t afford the costs of upgrading their technology, the project obtained grant funding to help practices with implementation.

Finally, just yesterday the state registry went “live” with a brand new, fully functional population-based registry. It is very robust and includes a school nurse component (which allows them to make reminder calls to parents of children in their school) and tracks

immunizations as well as offers full inventory control. A physician's office can now track what vaccines they have in their refrigerator, what doses have been given and what they have left at the end of the day. Ms. Marin has participated in webinars to train users on the new system throughout the state.

#### *Successes and Lessons Learned*

The #1 success is that 15 years later we have a robust and fully functional statewide population based registry! Other successes: the program was a successful community-based collaborative model and is being used in other areas in the state; our Board had the foresight to recognize that Health Information Technology is a powerful tool and we were early adopters of the Health Information Technology Exchange; and the program was able to obtain grant funding that expanded the program beyond Health District boundaries. Because of the work of this program, 91% of Colorado children under the age of six now have two or more immunizations in the registry. Locally, 89% of primary care providers participate.

One of the major lessons learned during the time of this program was that change takes time. Also, when change happens or is needed, partnerships are crucial, unintended consequences can lead to opportunities, and goals change depending upon the given landscape and need.

#### *Transition and the Future*

While we consider the program "mission accomplished", there is still much to be done until vaccine-preventive diseases are eradicated. The program has been brought to a "mature level" and it is now time to turn it over to our partners. A sustainability plan was created with some partners and the local health department has embraced the new registry. The Larimer County Immunization Coalition will continue to promote immunization in the community, the registry at the State Health Department has expanded to almost double the number of staff who will carry on the work of maintaining registry accuracy, and a Coordinator has been assigned to oversee both Weld and Larimer counties.

#### *Board response*

The board commented on a wonderful report and great success story. A question was raised concerning who might be doing outreach to impact undocumented and refugee students. Since the new system will have unique ID numbers, and school nurses can access the registry, they may be able to help with outreach to students at their schools. Also, federally qualified health care centers have systems in place to try to contact the parents of all their patients in need of immunizations. Another concern raised was that of misinformation about vaccines and the barriers it creates to getting children immunized. The importance of continuing to emphasize that vaccinations are effective and safe was discussed.

## **UPDATES & REPORTS**

### **Dental Connections**

The new Dental Connections Coordinator, Sheryl Harrell, has been busy learning and is moving things forward quickly. The program plans to pilot its first patients in early August. Job descriptions have been drafted and approved for a Dental Assistant and a Program Assistant. Interviews for these positions begin this week. Ms. Plock and Ms. Harrell have started efforts to recruit dental providers to provide care to program patients. Staff have also been busy preparing forms and outlining processes, as well as working on a web portal that will facilitate communications between dental providers and Dental Connections staff.

The General Anesthesia Program (GAP) pilot has been working very well as it continues to treat patients each month and work out the bugs.

### **Health Care Matters**

The Health Care Matters project is also moving forward. The project will engage with three community populations – senior citizens, college aged, and women, with initial efforts beginning with seniors. Much work has been done to identify potential “champions” to help us understand those over age 50 – what concerns they have about health and health care, how they prefer to get information, what messages resonate with this population, etc. We will be piloting some community conversations late in the summer or early fall.

### **MHSA Early Identification and Early Intervention (EIEI) Project**

This project is still deep in the process of surveying community MHSA providers to determine what is currently being done in terms of services, as well as working with the committee to identify what the ideal is in terms of various levels of service. One example of learnings occurred at a recent committee meeting where it was discovered that there was a lot of confusion about what school mental health staffs (school psychologist, mental health counselor, etc.) are allowed or not allowed to do. It was eye-opening for committee members to learn that they are not allowed to diagnose and that there are two types of psychologists – some clinically trained and some not. Such information will help as the committee works to identify and address gaps or obstacles to early identification and intervention in children.

### **Medicaid Accountable Care Collaboration (ACC) Project**

Work on the Medicaid ACC project continues at a fast pace. There has been a delay in the State’s process of assigning patients to the project, which impacts budget planning. Karen Spink has been working on getting the combined community care coordination team up and running (the Foundation has approved job descriptions and is close to posting; however, hiring is being held up until a budget can be finalized). Ms. Plock has been working on creating the agreements between the different participants.

### **PVHS Liaison Report**

Mr. Hendrickson, Liaison to the PVHS Board, noted two issues that the PVHS Board is presently focusing on: 1) the situation with Greeley Medical doctors not being allowed access to Northern Colorado Medical Center; and 2) some remodeling at Poudre Valley Hospital to expand the obstetrics and delivery and neonatal unit. Other conversations among the Board have been concerning the letter of intent with the University of Colorado Hospital. The intent is to have an agreement with UCH in place by end of September.

### **CONSENT AGENDA**

- Approval of Final December 2010 and May 2011 Financial Statements
- Approval of the May 24, 2011 Board Meeting Minutes
- Resolution 2011-03: Adopting the Colorado Special District Records Retention Schedule

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

### **ANNOUNCEMENTS**

- July 27-29 – The Colorado Health Foundation’s Colorado Health Symposium, Keystone CO

- August 23, 5:30 pm – Regular Board of Directors Meeting

**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.**  
*Motion/Seconded/Carried Unanimously*

The Board retired to Executive Session at 7:46 p.m.

The Board came out of Executive Session at 8:37 p.m.

**ADJOURN**

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

The meeting was adjourned at 8:38 p.m.

Respectfully submitted:

---

Nancy L. Stirling, Assistant Secretary

---

Celeste Holder Kling, President

(ABSENT from June 28, 2011 Meeting)

---

Bernard J. Birnbaum, MD, Vice President

---

Timothy S. O'Neill, Secretary

---

Steven J. Thorson, MD, Treasurer

---

Joe D. Hendrickson, PVHS Board Liaison