BOARD OF DIRECTORS
MEETING
June 29, 2010

Health District Building
Conference Room

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

ABSENT:  Celeste Holder Kling, President

STAFF PRESENT:  Carol Plock, Executive Director
                       Jim Becker, Resource Development Coordinator
                       Bruce Cooper, M.D., Medical Director
                       Carrie Cortiglio, Policy Analyst
                       Richard Cox, Communication Director
                       Lorraine Haywood, Finance Director
                       John Newman, Clinical Services Director
                       Nancy Stirling, Assistant to Executive Director
                       Lin Wilder, CI & HP Director

OTHERS PRESENT:  Michael Felix, Consultant with Oral Health Initiative
                       Wendy Williams, Assistant City Manager,
                       City of Fort Collins

CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA
Vice President Bernie Birnbaum called the meeting to order at 5:55 p.m. in the absence of
President Celeste Kling, who is on vacation. An item was added to the agenda concerning the
Orthopedic Center of the Rockies no longer taking Medicaid clients.

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

PUBLIC COMMENT
None.

PRESENTATION/DISCUSSION
City of Fort Collins – “Resourcing Our Future”
Ms. Wendy Williams, Assistant City Manager of the City of Fort Collins, attended this board
meeting to discuss with Board and staff what the City is working on in regard to future services
and budget needs. The City of Fort Collins, in addition to putting intense attention to operating its services as efficiently as possible within budget constraints, and working hard on local economic development, has been taking an in-depth look at what resources will be available for the future. While having to address pressing, immediate needs, they are also striving to maintain the long-term vision of a strong, sustainable community. Although they have had to significantly cut costs and have had success in increasing efficiencies, ultimately cutting $24 million of planned and existing expenses, in this economy City revenues are not keeping pace with the demand for basic City operations and services. The City has outlined critical needs in several of its major services, including Street Maintenance, Police Services, Poudre Fire Authority, and Parks and Recreation. (See handout for details.)

Staff of the City of Fort Collins have been meeting with various groups and citizens throughout the community to discuss these needs, specifically asking the question, “How does the community want to address the unfunded needs in street maintenance, police, fire, and parks and recreation?” There are several options being considered. One option is to make deeper cuts to existing services. Another option is to ask voters to consider new revenue such as increased sales tax, property tax or fees.

What City Staff has heard thus far from citizens is that they want an opportunity to vote on this. City Council is considering putting a ballot initiative on the upcoming November ballot. If this moves forward, staff will draft the ballot language in August. While it is uncertain what City Council will ultimately ask for, one possibility at this point is for a 1% increase to the City’s sales tax, which could generate up to $21 million a year and still be lower than any other city in Colorado, other than Loveland and Greeley. If a ballot initiative is not pursued, the City will be looking at $16 million in cuts, with $5.5 million in cuts for 2011.

Board Comments:
The Board overall was supportive of City Council taking this issue to the voters and preferred a proposal for an increase in sales tax rather than in property taxes. They acknowledged that it seems that the City has already done a great deal to trim services and increase efficiency within its operations and that asking for voter input makes sense. They discussed that the availability of things such as parks, which are open to people of all incomes, can have a definite impact on the health of the population, along with the prime safety services such as police and fire response. They encouraged the City to do what it can to inform and educate the community of the options and what they have already accomplished. Board members wondered whether the “Resourcing Our Future” handout and the 2009 Community Scorecard booklet they received could be distributed to more people (in utility bills, on the website, etc.).

**MOTION:** To send a letter to the City of Fort Collins City Council in support of putting a measure before the general public regarding a potential sales tax increase to support critical City services into the future. *Motion/Seconded/Carried Unanimously*

The board asked for a letter to be sent to City Council in a timely manner; staff will get one to City staff in time to be included in their meeting packet.
DISCUSSION & ACTION

Amendments to Employee Handbook Personnel Policies

The Board received a copy of the Employee Handbook with proposed changes for the Board’s review and consideration. Every couple of years, staff review the Handbook and may propose changes or clarifications to language, based on changes in law, policy, or need for clarification.

One comment was that it seemed highly detailed and somewhat complicated; the response from staff was that it is typical for a public organization, and that the Health District over time has chosen to put detailed information into its handbook in order to insure both clarity and impartiality. Ms. Haywood also noted that many of the administrative pieces are automated and therefore not as complicated as it might seem on paper.

**MOTION:** To approve the Employee Handbook as presented.

*Motion/Seconded/Carried Unanimously*

The Board acknowledged the great work and effort of staff in keeping the handbook relevant for our organization. Final copies without redlining will be distributed to any board member who wants one.

Oral Health Initiative: Dental Connections

Ms. Plock introduced consultant Michael Felix to the Board. Mr. Felix has worked with the Health District on various projects over the years, ranging from the District’s first ever health assessment to projects which involve multiple partners and delicate discussions. At this point, Mr. Felix has been assisting with the oral health project and, related to today’s discussion, providing expert assistance to the Dental Connections Task Force as it works to identify and define services, resources, functions, roles, etc.

As noted in the “Dental Connections Concept” document, the largest population in greatest need for dental care is adults and people who require care under general anesthesia. In Larimer County, it is estimated that approximately 11,700 adults are in need of dental care assistance and that about 4,600 adults receive care annually from organizations such as the Health District, the Loveland Community Health Center and the Women’s Resource Center. This leaves about 7,100 adults in the county who need care but cannot afford it who must rely on the generosity of local dentists or other nonprofits to assist them, or, more frequently, or go without dental care. The work of the Dental Health Partnership is to try to take what we currently have available in our community – in services, providers, and resources – and make changes without outside resources.

In general, there are three proposed services in the Dental Connections concept: 1) to provide resource and referral services to anyone in the community; 2) to provide pro bono services for adults who cannot afford the full cost of care; and 3) to assist with coordination of care for those who require general anesthesia. Much of the Dental Connections Task Force focus has been on care for low income adults. Through conversations with over 30 dentists in the community, we’ve learned that they would be willing to provide more care to this population if a management process could be developed that would take care of nearly everything outside of actually providing the care, including assessing needs and eligibility, prioritizing care, billing, payments, troubleshooting, care coordination, etc. The Dental Connections model illustrates what services would be provided to clients, to providers of care, and overall administration of the program. (See handout for details.)
The issue of dental care for those requiring general anesthesia has been addressed by a separate task force and is therefore not included in the Dental Connections Concept document. Much progress is, however, being made by participating organizations and providers, and they have secured a location, providers, and are still working on determining and obtaining necessary equipment and supplies, and defining roles and responsibilities.

Ms. Plock and Mr. Felix briefly reviewed and commented on the additional documents provided with the Concept document, including the “Dental Connections Decision Map,” a summary of potential eligibility guidelines, a visual of the screening process to be used for dental needs, and a shared financial responsibility approach. They noted that the task force discussed the issue of where Dental Connections should be located. In a brainstorming session, nine different locations were suggested and considered among the group. The list was eventually whittled down to the Health District, which, for the group, made sense in that it already has an excellent dental program and access to equipment and infrastructure for the Dental Connections program, although some limitations were also noted.

The next steps are to present the Dental Connections Task Force recommendations to the Dental Health Partnership Steering Committee in August; and at the same time, request approval from the boards of both the Health District and the Women’s Resource Center. In the meantime, due to an impending deadline, staff submitted a grant proposal to the Caring for Colorado Foundation for funds to assist in the detailed planning, and the first six months of implementation. The Caring for Colorado Foundation provided initial funding to support the planning process. Should all steps fall into place, the program would be able to be open for business on July 1 of next year.

Ms. Plock and Mr. Felix both expressed their appreciation to all the many individuals, both staff and community, who have been involved in working through every detail and their commitment to bringing this idea to a reality.

Board members asked how the program would fit with our dental facility, and whether it would be cost-effective to use this approach rather than just hire more dentists. While the program would be separate from the dental clinic, and run by another department in order to keep it neutral, it would benefit from being able to use the digital radiography and other equipment as needed in the screening process, and from having access to the dentists’ judgment regarding appropriate referrals. After extensive financial projections, it was determined that this would be more cost-effective than simply hiring dentists over the long run. Staff also noted that despite researching other models across the country, we have not found a community model quite like this.

One idea was to see if the digital radiography web-based information sharing between the program and the dentists could be done by using Poudre Valley Health System’s “PACS”.

Mr. O’Neill noted that he is looking forward to the future report about providing care to individuals who require general anesthesia. Foothills-Gateway serves many of these individuals and in his 35 years of working with the developmentally disabled, it has been an enormous struggle to secure this kind of care for his clients. He is appreciative of the efforts of the Health District in bringing the principals together to address this important issue and the progress made so that eventually people will no longer have to go years with this kind of discomfort.
Ms. Plock informed the Board that staff will be soon coming to them to request permission to move into the implementation phase of this project, including the potential use of the funding set aside in the 2010 budget for Dental Connections start up costs.

In additional news, our Resource Development Coordinator, Jim Becker, noticed and took advantage of an opportunity to apply to the Centers for Disease Control for their “Public Health Apprentice” grant. Our proposal was approved and the CDC will assign and pay for a person who has recently obtained her Master’s degree in Public Health to work with us for the next two years beginning in July. We are receiving one of only 60 apprentices in the country. The project is for two years and will mean that the apprentice will work their first year with the Dental Connections project and the second year on efforts relating to obesity, should we pursue that area.

**Purpose/Content/Approach for Joint Board Meeting**

The Board will have two opportunities to hear from and have discussions with the Poudre Valley Health System (PVHS). In July, Mr. Rulon Stacey, CEO and President of PVHS, will present on the system and give an annual report. Then in August, the Health District will be hosting the annual Joint Board meeting with the Poudre Valley Health System Board of Directors.

The board held a brief discussion about the purpose of the joint board meetings, the format, and potential topics for discussion. The purpose of these meetings in the past has been to share the direction of each organization, establish relationships between the two boards, and discuss common issues. The board was interested in a format that mixed presentation and small group discussion. Topics brainstormed included integrated health care systems (including the role of a health system in direct care including primary and specialty care); how to assure health care to the underserved; preventive health and health promotion; and specific issues such as dental care, mental health.

**Access to Care for the Underserved**

It was reported that the Orthopedic Center of the Rockies (OCR) – the largest provider of orthopedic care in the area, is no longer accepting patients covered by Medicaid. This decision leaves very little to no options for orthopedic coverage for those on Medicaid. OCR will continue to take care of orthopedic patients in the hospital, due to their contract with PVHS.

The Board indicated strong concern about the ability of Medicaid patients (who are largely children and the disabled) to access orthopedic care in our community, and discussed several potential responses. The concern is shared by PVHS. The decision was to research what the potential impact could be on those who will now be excluded from access to OCR, then have the Executive Director contact OCR’s CEO to discuss their reasons and the potential impact of their decision, then report back to the Board.

After some discussion the following motion was proposed:

**MOTION:** To direct staff to research the potential impact of OCR determining that they will no longer accept Medicaid clients, then have the Executive Director to contact and meet with Mr. Mike Bergerson, CEO of OCR, and report back to the Board.  
*Motion/Seconded/Carried Unanimously*

**DISCUSSION**
Proposition 101, Amendments 60 & 61 – Brief Overview
Per board’s request at the last board meeting, Ms. Carrie Cortiglio shared with the Board information concerning the initiatives (all information was put together by other organizations), including the text of each amendment, and a copy of a preliminary analysis by the Bell Policy Center. Ms. Cortiglio promises to forward to the Board any further materials as she finds them.

Concerning medical marijuana, the City of Fort Collin’s City Council has set a date to make a decision concerning grandfathering in existing dispensaries. At this point in time, there are 30 potential medical marijuana dispensaries. Prior to the meeting, City staff will be performing background checks of each dispensary and determining who meets the City’s zoning requirements. The Council will decide whether to grandfather in all 30 businesses, or decide to grandfather none of the businesses, or decide on a case by case basis on general criteria that would have to be determined. The Board, in the past, has expressed opposition to grandfathering in such businesses.

MOTION: To STRONGLY OPPOSE any “grandfathering in” by the City of Fort Collins of currently existing medical marijuana dispensaries.
Motion/Seconded/Carried Unanimously

Staff will draft a letter to the City Council regarding the Board’s position and provide testimony at the City Council meeting.

UPDATES
Executive Director Oral Report, MHSA Partnership, Oral Health Initiative
A new Mental Health & Substance Abuse Partnership Manager, Ms. Samantha Murphy, was just hired and will start with the Health District next week.

PVHS Liaison Update
Mr. Hendrickson informed that he recently attended a Board orientation and has attended one PVHS Board of Directors meeting thus far. Discussion at the board meeting was around the impact of healthcare reform on hospital systems and preparation is needed. There was also continuing discussion on refocusing and expansion. Mr. Hendrickson also attended an organization-wide family picnic which was attended by over 4,000 people.

CONSENT AGENDA
• Approve May 25, 2010 Board Meeting Minutes
• Approve May 2010 Financial Statement
• Approve Final December 2009 Financial Statement
• Board Policy – 2010-01: Financial Accounts Signature Policy
• Resolution 2010-05: Approve Signators for FNB Account 1844934
• Resolution 2010-06: Approve Signators for FNB Account 1886405
• Resolution 2010-07: Approve Signators for FNB Account 35127351
• Resolution 2010-08: Approve Signators for FNB Account 43030218

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

ANNOUNCEMENTS
• July 21, 5:30 pm – Board of Directors Regular Meeting (rescheduled from July 27)
• July 28-30 – Colorado Health Symposium in Keystone, CO
• August 24, 4:00 – 6:00 pm – Joint Board Meeting with PVHS Board (with brief Health District Board meeting afterward)

ADJOURN

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

The meeting was adjourned at 9:07 p.m.

Respectfully submitted:

__________________________
Nancy L. Stirling, Assistant Secretary

(Absent)

__________________________
Celeste Holder Kling, President

__________________________
Bernard J. Birnbaum, MD, Vice President

__________________________
Timothy S. O’Neill, Secretary

__________________________
Steven J. Thorson, Treasurer

__________________________
Joe D. Hendrickson, PVHS Board Liaison