



**BOARD OF DIRECTORS  
MEETING  
September 6, 2012**

**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  
Dee Colombini, MH Connections Coordinator  
Richard Cox, Communications Director  
Lorraine Haywood, Finance Director  
John Newman, Medical Services Director  
Dan Sapienza, Policy Coordinator  
Karen Spink, Special Projects Director  
Nancy Stirling, Assistant to Executive Director

**OTHERS PRESENT:** Kevin Unger, President/CEO, PVH

**CALL TO ORDER; APPROVAL OF AGENDA**

President Celeste Kling called the meeting to order at 5:50 p.m. It was requested that the "Discussion" section be changed to "Discussion and Possible Action."

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

**PUBLIC COMMENTS**

None.

**PRESENTATIONS/DISCUSSIONS**

**Legislation: 2012 Session Wrap-Up; 2013 Issues**

Included in the meeting packet is a summary of enacted and defeated legislation from the 2012 legislative session. (See summary for full details.)

Updates on specific bills:

- House Bill 12-1097 concerns the Food Protection Act and Civil Penalties which would limit action by local authorities in regard to violations by food vendors. The Board had previously

taken a position to oppose the bill due to concerns over the ability of our local agency to act quickly in cases of potential serious health threats. We were informed that the bill, while it passed in the legislative session, would be revisited in the interim between sessions, and we have heard that the Governor's office and the Colorado Restaurant Association have begun discussions and that another bill may appear in the 2013 session to address concerns remaining from the 2012 bill.

- In June, The Larimer County Board of Health approved the proposal made by the Northern Colorado AIDS Project (NCAP) to initiate a needle exchange program in Larimer County. A Memorandum of Understanding has been signed between the two organizations, but the program will be monitored closely. Data such as how many needles are distributed, and how many returned, will be tracked. The next step is the development of a list of procedures and policies which is to go before the Board of Health next month for approval.

There are at least a couple of health-related ballot initiatives that could be of interest to the Board that will be included on the 2012 ballot. Board members and staff were reminded that per the Fair Campaign Practices Act, as a government entity, no Health District funds or staff time can be used to promote ballot issues. However, the Board can vote on a resolution that can be published on the Health District web site, which is a usual and customary practice.

The initiatives which we know of at this time and which are health-related – one at the state level and the other at the local level – both concern marijuana. The state initiative, Amendment 64, is an effort to legalize marijuana, and the local initiative seeks to repeal the vote concerning medical marijuana dispensaries that passed on last year's local ballot. The Board expressed interest in obtaining information regarding Amendment 64, including ballot language and potential impact, as well as how it may be affected by federal laws concerning marijuana.

**MOTION: To direct staff to obtain information about the ballot language, and analyses regarding its impact, for Amendment 64, the statewide ballot initiative concerning legalizing marijuana.**  
*Motion/Seconded/Carried Unanimously*

In addition to these issues, the City of Fort Collins is looking at the potential of creating or amending regulations on oil and gas drilling. More information would be needed to determine what, if any, impact such drilling could have on the community's health. The Board determined that due to other priorities and the fact that we do not have significant existing expertise in this area, the Health District will not tackle analysis of this issue at this time.

### **High Park and Woodland Heights Fire Mental Health Response**

Ms. Carol Plock, and Ms. Dee Colombini, Mental Health Connections Program Manager, provided an overview of the High Park and Woodland Heights fires – the role we played and what it was like for people who experienced it.

In short, the fire was HUGE (87,000 acres burned), fast-moving (at one point burning a mile in 10 minutes), destructive (259 homes destroyed, 1 life lost), and long-lasting (began June 9 and fully contained about July 6). Key issues with the fires were the unpredictability and the unknowns - which caused much frustration for all those impacted.

Both Ms. Plock and Ms. Colombini, after seeing the thick black smoke coming off the mountain mid-day on June 9, had the feeling this was going to be something big. By the afternoon of June 9, the Red Cross made a formal request for the community's mental health responders, Ms. Colombini put a request out to our local Care Team, and responders were in place that evening. Within the first couple of days, thousands of people had been evacuated from areas threatened by the fires. The fires impacted five of our staff members as well – all were evacuated from their homes, one person who had a home in Glacier View served as a volunteer fire fighter with the Glacier View Fire Department, another person was affected by the Woodland Heights fire in Estes Park which burned right up to the foundation of their home (which was spared), and one person did lose their home in the 12<sup>th</sup> Filing in Glacier View.

The Health District, with many staff having been already trained in the incident command system of response to large-scale disasters, and having had prior experience and learnings from the 1997 flood and the recent tornados, was prepared, along with mental health professionals from Touchstone Health Partners, to respond to the need for mental health assistance. Ms. Sue Zasadil from Touchstone, Ms. Colombini, and Ms. Plock worked closely with the Red Cross to staff and assign Mental Health responders, as well as worked with the Sheriff's department to develop a more compassionate process for informing families about what had happened to their homes. Responders were placed at each of the disaster shelters and were present at the daily updates on the status of the fires, when families were informed of the status of their homes, and in the communities when families were allowed to return to their homes/property. In all, the local community provided 55 mental health workers who volunteered over 1,000 total hours to provide 2,000 units of care (1 unit = 15 minutes of significant contact with a person) to individuals in need of mental health assistance.

In addition to providing and organizing mental health assistance, the Health District was able to position the Health Van at The Ranch. In partnership with PVHS, the Van was staffed by PVHS medical personnel and saw approximately 50 people throughout the incident. In addition, a few people who sought assistance at the Van were helped by the Health District's dental clinic and prescription assistance program.

Ms. Colombini provided first-hand information on what it was like for the organizers and mental health responders in dealing with this disaster. The responders provided "Psychological First Aid" – which was to give hope, information, and referrals – as well as sometimes just being there and handing out water bottles. The goal of responders was more to provide "stress management" than traditional mental health assistance, and this approach led many people to be comfortable with seeking assistance. Responders attended informational meetings where people expressed much concern and fear of not knowing what was happening and worry about pets and property left behind. Things were very uncertain, ever-changing, and the challenges lasted a long time, and although people started out very strong, even the strongest could experience anger, frustration, and eventually break down due to the stress of it all.

Although the fires have now been put out or contained, and there is already evidence of new plant growth in burned areas, the experience is not over for many families who have to literally rebuild their lives. Mental Health Connections continues to receive individuals seeking counseling and support who were impacted by the fires.

Ms. Plock and Ms. Colombini were acknowledged for their work and commitment in getting the CARE team organized and mobilized before the Red Cross could respond. Other staff members were also acknowledged for their efforts and time spent to respond to this disaster. Appreciation to the Board was also expressed for supporting the Health District's role in community emergency response. The Board expressed its appreciation to all who were involved and called what was accomplished "wonderful."

### **Poudre Valley Health System/University of Colorado Health Updates**

Kevin Unger, President and CEO of Poudre Valley Hospital attended the meeting to update the Board on the Poudre Valley Health System-University of Colorado Hospital (PVHS-UCH) Partnership, a new Cancer Center at Harmony Campus, reconstruction of parts of PVH, and to give a brief overview of PVHS Core Measures and Clinical Quality Data. (See slides for full details.)

The PVHS-UCH partnership is still so very new that there hasn't yet been an opportunity for formal mission, vision, and value statements to be established. It is believed, however, that the statements will likely not be much different than what PVHS has currently, though they will include research and education components due to UCH's focus. Mr. Unger reviewed the reasons for the merger, the strengths of each entity (PVHS and UCH), and what is hoped to be accomplished in the future by this merger.

The new entity, University of Colorado Health (UC Health), has a governing board of 11 members and includes representatives from each entity's boards. It is not a legal entity quite yet, since they are still waiting for 501(c)(3) tax-exempt status. Recently, a switch was made between the President and CEO positions with Mr. Rulon Stacey now as the President and Chairman of the Board of Directors for UC Health, overseeing the system as a whole and particularly responsible for strategizing, and Mr. Bruce Schroffel as the Chief Executive Officer, overseeing operations of each of the system's facilities. With the merger, and including Memorial Hospital in Colorado Springs (which 83% of voters favorably endorsed), the new system has over 14,000 employees, includes 5 hospitals, and has a net revenue of \$2.2 billion – making UC Health the largest health system in the state. They have also entered into a management agreement with the Laramie, WY hospital.

At this time, the System is in the process of planning its conversion of all medical records to the EPIC electronic records system, which UCH currently uses. The conversion should go live next July. This conversion is expected to save \$30 million as PVHS will be able to utilize the EPIC licenses UCH already has, and will mean that the System will have an EHR system that spans the Front Range.

Locally, changes will soon be happening at both the Harmony Campus and at Poudre Valley Hospital. In January, there will be a groundbreaking for a new Cancer Center on the Harmony Campus. The goal is to bring all cancer-related services under one roof in a "patient-centric design" that would streamline care for patients, make it easier for patient navigators, and facilitate care coordination among providers. The new Center is expected to be complete in late 2013.

At Poudre Valley Hospital, demolition of the A Building, the oldest part of the hospital, will be beginning soon. In its place is being planned a 2 story facility that will house a new Emergency

Department on the first floor and an orthopedic focus on the second floor. The Birthing Center, Level 3 Nursery and Women's Care areas will also be expanded. The old ED area will become the entrance for ambulatory outpatient care services, and laboratories will be relocated to underneath the new ED. Plans are still going through the approval process with the City.

Mr. Unger briefly reviewed some indicators of how PVH and MCR measure up against other hospitals or benchmarks. Overall, both PVH and MCR rank in the top 10<sup>th</sup> percentile of national care measures in their composite scores.

In addition to everything else going on locally for the System, a new free-standing emergency center is being constructed in Greeley. Due to Banner not allowing Greeley Medical Clinic physicians who are employed by the UCH System to access their hospitals, this facility will support and be staffed by those physicians and refer patients to MCR. It is expected to open around the end of October.

Mr. Hendrickson, as Health District Board Liaison to the PVHS Board of Directors, commented that the PVHS Board has had some challenges in determining its role within the new system. One area of focus that will be needed is to ensure that local needs continue to be met as the System figures out its next steps.

On behalf of the Board, Ms. Kling thanked Mr. Unger for his presentation and asked him to inform the PVHS Board that the Health District wants to continue to collaborate with them and work together to move forward for our community.

### **DISCUSSION & POSSIBLE ACTION**

#### **Future Board Communications: more electronic?**

The PVHS Board of Directors, in the last year or so, decided to "go paperless" and have been receiving their meeting packets and communications electronically on iPads provided by the System. A question was raised as to whether the Health District Board might consider this option as well and receive their meeting packets and communications electronically. The idea has been discussed with our IT Manager to see how this might work and still be able to maintain security and he believes it can be accomplished utilizing one of the servers. This approach works best if everyone has a device other than a stationary computer, that also has wireless access, so that information can be accessed away from home or desk. The Board agreed that this is the direction everyone is moving and are willing to make the change to electronic meeting packets and communications. At this time, all board members have devices to access communications electronically (either a desktop computer and/or hand-held device). Staff will look into costs for mobile devices that include wireless access for any board member who does not currently have one.

#### **Approval of Board Policy 99-01: Contract Signature Policy**

Staff brought new language for the Contract Signature Policy, but noted that the wording was still somewhat unclear. After brief discussion, the Board asked staff to revise the policy by raising the first limit to \$50,000, removing the proposed second limit (\$25,000 to \$49,999), and include clarifying language, then bringing the policy back to them for final approval.

### **UPDATES & REPORTS**

#### **2013 Budget: Preliminary Valuations**

Preliminary valuations were received at the end of August. Final valuations come in December. For the second year in a row we have a decrease, which in 2013 will be about \$7,600 less revenue than in 2012 from property taxes. A proposed budget based on the preliminary valuations will be provided to the Board on October 15.

### **2<sup>nd</sup> Quarter Service Reports and Executive Director Report**

Ms. Plock had nothing to add to the written report. However it was noted that most staff are heavily involved in the budget process at the moment.

### **CONSENT AGENDA**

- Approval of Board Resolution 2012-5: Approve Signators for Access to Safe Deposit Box
- Approval of the June 2012 Financial Statements
- Approval of the April 24 and June 26 Board Meeting Minutes

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

[Note: Resolution 2012-5 had inaccurate offices listed on some signature lines. Corrections will be made and the document will be given to the Board at the next meeting for signatures.]

### **ANNOUNCEMENTS**

- September 25, 5:30 pm – Board of Directors Regular Meeting
- October 23, 5:30 pm – Board of Directors Regular Meeting
- October 27-31 – American Public Health Association (APHA) Annual Conference in San Francisco, CA

### **EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION: For the purpose of discussion pertaining to personnel issues pursuant to §24-6-402(4)(f) of the C.R.S. (Follow-up to Executive Director review)**  
*Motion/Seconded/Carried Unanimously*

The Board retired to Executive Session at 8:25 p.m.

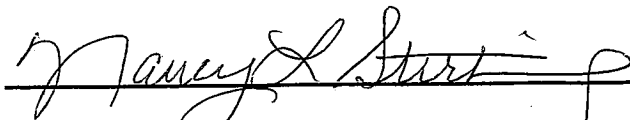
The Board came out of Executive Session at 9:02 p.m.

### **ADJOURN**

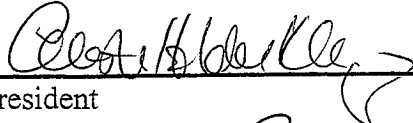
**MOTION: To adjourn the meeting.**  
*Moved/Seconded/Carried Unanimously*

The meeting was adjourned at 9:03 p.m.

Respectfully submitted:



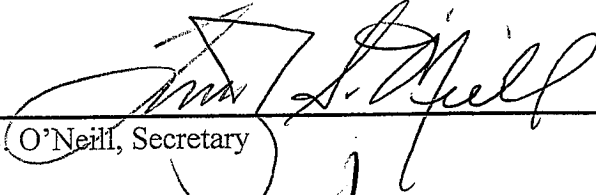
Nancy L. Stirling, Assistant Secretary



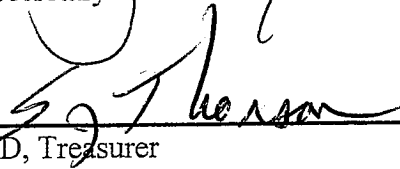
Celeste Holder Kling, President



Bernard J. Birnbaum, MD, Vice President



Timothy S. O'Neill, Secretary



Steven J. Thorson, MD, Treasurer



Joe D. Hendrickson, PVHS Board Liaison