



**BOARD OF DIRECTORS
MEETING
October 1, 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
Bruce Cooper, M.D., Medical Director
Sue Hewitt, Evaluation Coordinator
Jillian Jetter, CDC Public Health Associate
Laura Mai, Accountant
John Newman, Medical Services Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact Director

CALL TO ORDER; APPROVAL OF AGENDA

President Celeste Kling called the meeting to order at 5:54 p.m.

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

PUBLIC COMMENTS

None.

PRESENTATION

Filling Current Dental Capacity

Mr. John Newman, Clinical Services Director, reported that although 2011 End of Year reports indicated that the dental clinic workload was decreasing, he could now report that when they closely reviewed the data, they found inconsistencies in the data that led them to review the computer programming. They found that there were errors in the programming that occurred when recent programming updates were made, and when the errors were corrected and the numbers re-run, the number of RVUs should have been reported as 42,333 rather than the 36,000

previously reported. Reports for 2007 through 2010 were reviewed and no other major problems were reported and the problems that were found were corrected.

Because of the initial impression that the dental clinic was not achieving its workload capacity, he started early in 2012 to make changes to increase the number of patients, visits, and RVUs. Three changes were made: 1) minimize no shows (make sure clients understand the no show policy, automated reminder calls, warning letters, and follow-through), 2) maximize use of the patient schedule (fill no show slots with stand-bys, increase number of individuals on stand-by, implement "squeezed" appointments, and expedite eligibility determinations for emergencies), and 3) increase the number of new patient comprehensive exams/cleanings (in September, they were able to add 50 new patient appointments). The result of all of those changes is that in 2012, visits and patients have been the highest anytime since 2009, and there has been a huge jump in RVUs. Between the correction of the computer programming and the efforts to maximize our use of available time, our ability to provide more care is significantly improved from 2011.

Ms. Sue Hewitt, Evaluation Coordinator, reviewed how we evaluate customer service. Client satisfaction surveys have been used since the program began and provide an opportunity for customers to voice what they like and do not like with the program. In the last couple of years, they have been updated to allow ranking of responses.

Due to high demand for the dental clinic's services, the Health District this year instituted a lottery system for new clients. The "old" system would have an open phone line on a certain day of the month that clients could call to try to get one of the open appointments for new clients (those who do not have dental emergencies). This system was problematic as it meant that clients would have to be available at an exact day and time, and would be frustrated when they could not get an appointment. This system has been replaced by the lottery, which uses an on-line signup system (those without access to a computer can call the staff at any time, and they will be entered into the lottery system). Clients can signup for the lottery each month, and the more consecutive months they signup, the better chance they have of being accepted (i.e, within 3 months, an average of 36% of applicants are accepted, and within 6 months, an average of 71% of applicants are accepted). An evaluation of the lottery system is being planned to determine the effectiveness perception of fairness of the process. Dental Connections is using a very similar lottery system. It was also reported that we now have the services of an oral surgeon on staff on a very part-time basis.

BOARD DISCUSSION AND POTENTIAL ACTION

Policy: Colorado Amendment 64

As allowed by state law, the Board had previously directed staff to prepare an overview of the issues in Amendment 64, a ballot issue that would amend the state's Constitution to legalize marijuana. Included in the board's packet was a report that includes: a background of the amendment, pro and con statements from the "Blue Book", health claims from proponents and opponents of the amendment, revenue and spending implications and legal implications. The Board was very complimentary of the thoroughness of the report and its balanced portrayal of the issues around this amendment. Some board members noted that decriminalization, regulation, and taxation of marijuana might be positive changes. In other comments from the Board, staff, and Dr. Adrienne LeBailly (Director of Larimer County's Health and Environment Department), it was noted that the amendment and the information does not address some issues of concerns, including: how it would regulate food products made from marijuana, how disposal of products will be handled (for example, impact on animals), the increased risk of child poisoning, the issue

of younger users having more potential negative health impacts, the possible perception of youth that if it is legal - it must not be bad for you (when it actually has health risks), the impact on the Clean Air Act, the challenge that the combination of both alcohol and marijuana use together can have greater impacts than either one alone, and the situation that some forms have higher levels of THC than others. Also, no one can anticipate what might happen regarding the conflict between federal and state law should the measure pass. Another concern was whether it was an appropriate issue for a constitutional change. The board noted that while as a group, they were neither for nor against the measure, they encouraged citizens to become educated about the issue.

MOTION: To take the position of **NEUTRAL** concerning Amendment 64 and make the research document available on the Health District web site.
Motion/Seconded/Carried Unanimously

Board members also requested the document be sent to them by email so that they may share it with colleagues and interested parties.

Budget Amendment Process

In September, the Health District received \$410,000, a prorated amount of the lease revenue due from the amended lease and consent agreement with Poudre Valley Health System and the University of Colorado Health. Per State Statutes, the Health District is required to draft a supplemental budget to accept and expense the funds into the current 2012 budget. The process for approving a supplemental budget is similar to approving the annual budgets: a proposed supplemental budget is presented to the Board, the Board sets a date for a budget hearing and causes a "Notice of Supplemental Budget Hearing" to be posted in the local newspaper, a public hearing is held, and then the Board may vote to approve the budget. Along with the proposed supplemental budget, the Board received an outline of proposed expenses of the funds which include funding for a new department (Health Care Reform/Program Development/Policy) and one-time capital/non-capital equipment expenses. The rest of the funds are to be put into the Special Projects-Operations contingency fund to be accessed only if needed for the short-term (unlikely) or to go into reserves for future years if unused. (See "Proposed Budget Amendment due to Increased Lease Revenues" document for further detail.)

MOTION: To set the date for a **Public Hearing of the Supplemental Budget for October 23, 2012** and cause a **Notice of Public Hearing** to be published.
Motion/Seconded/Carried Unanimously

UPDATES & REPORTS

PVHS Liaison Report

Mr. Hendrickson reported that the PVHS Board held a retreat last week. A new Foundation Coordinator has been hired and will oversee both the PVH and MCR Foundations (which will eventually be merged into one foundation). Money raised locally by the Foundation will mostly be utilized locally. A goal for the Foundation is to move from a community granting organization to specifically support the hospitals. Research will be a high priority for the Foundation Board. Additional items of note:

- Cancer Center – The time it takes for new patients to be accepted at the Center has been shortened from 3 weeks to 48 hours.
- Emergency Department is getting patients out 70 minutes earlier than a year ago.

- Poudre Valley Hospital – A bid has been received for the north end of the hospital. It is going to take up to a year for demolition of that area due to asbestos, and up to 2 ½ years before the new Emergency Department is up and running.
- Banner Health has purchased 35 acres across from Hewlett-Packard in Fort Collins and plans to build a small hospital there.
- CHMG (formerly PVMG) has now expanded to include 45 more doctors from Memorial Hospital. There are about 200 physicians at the University that will likely join.
- MCR is creating a sleep lab, and rehab is moving to MCR.
- The new Emergency Department in Greeley will be opening in October.

The Board is still figuring out its governance role. They are committed to community issues and having the operations of PVH and MCR remain a local responsibility. They anticipate that strategic planning for each of the hospitals will happen locally, then go to the SuperBoard for its stamp of approval.

There was a comment of concern that the foundations would be focused solely on the hospitals, because they have created a lot of important relationships in the community.

Program Updates

Ms. Lin Wilder provided a brief update of the following programs:

- Mental Health & Substance Abuse Partnership (MHSA) – The County is facing needing to make cuts of several millions of dollars in the next 3 years. They have proposed significant cuts in 3 different areas related to mental health: Touchstone Health Partners funding, funding for detox, and funding for transportation to detox. The issue was discussed in the Partnership Committee and a letter is being drafted to express concerns with the cuts and impacts to programs and the community. In regard to the detox transportation issue, staff was able to update a “fair share calculation” done previously in 2004 (when the Crisis Assessment Center first came online and needed 24/7 transportation to detox) where partners (City of Fort Collins, Larimer County, Colorado State University, Poudre Valley Hospital, etc.) came together to look at the data of where contacts came from and how they got to detox in order to determine each entity’s share of transportation costs. The new “fair share” calculation was able to show cost increases over the years, as well as current fair share amounts. In addition to the letter, a meeting with County leaders has been scheduled where staff and Partnership representatives plan to present the data and make a plea for them to at least keep the funding level at its current level, to show that it’s a foundational piece of the crisis system, and discuss the possible ripple effects such as the Sheriff’s Department having to take people to Greeley, thereby taking officers off the streets.
- Dental Connections – The program just completed its first full year of operation; staff will present a full report to the Board at a later time. A Celebration is going to be held on October 24 to honor the folks who helped to bring the Dental Connections vision to life and to give information on what the program has accomplished so far. Also, Jim Becker, the Health District’s Resource Development Coordinator, is working with Program Coordinator Sheryl Harrell to increase the number of participating providers.

Two dentists who have been involved with this program, Brandon Owen and Greg Evans, are heading an upcoming fundraiser for dentists with proceeds to go to Dental Connections. Staff is helping them with donations for a silent auction and will also be on hand at the event to provide information about the program and how providers can participate.

A grant proposal has been submitted to the Colorado Health Foundation for additional funding for the program, and staff received a complimentary letter from representatives of Caring for Colorado Foundation, who have always been supportive of our program.

Ms. Plock gave the following updates:

- Colorado Behavioral Health Conference (CBHC) – Ms. Plock recently attended this conference, and perhaps the big take-away message was: “everything about behavioral health is going to change.” Some believe that 95% of the people with any sort of mild to moderate mental health needs are going to be served in primary care offices. The goal for the 5% of the severe and persistently mentally ill will be to work in new ways to help these individuals stay as healthy as possible in a specialty care/care coordination model. Also, many of the processes for mental health will be different – practices (both primary care and mental health centers) are going to have to change a lot. There will be new competition, and since businesses are moving quick, nonprofits and other entities are going to have to balance taking less time to analyze, while at the same time not going so fast that mistakes are made in serving the needs of the populations.
- Budget – Staff are currently working on the 2013 budget. Due to the constant changes in health care, we will need to build flexibility into the budget.
- Advancing Colorado’s Mental Health Care (ACMHC) – We received several years of funding from the four foundations that created the ACMHC for the CDDT project. Those foundations are being honored by the Mental Health of America Colorado group at an event on October 11 for the work accomplished by ACMHC. Ms. Plock was asked to participate in a video that will be shown at the event.

CONSENT AGENDA

The August 7 and September 6, 2012 Board Meeting Minutes were removed from the Consent Agenda.

- Approval of the July 2012 Financial Statement

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

ANNOUNCEMENTS

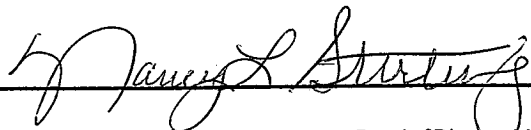
- October 23, 5:30 pm – Regular Board of Directors Meeting
- October 27-31 – Annual APHA Conference, San Francisco, CA
- November 13, 5:30 pm – Regular Board of Directors Meeting

ADJOURN

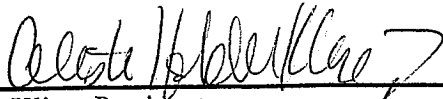
MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 8:36 p.m.

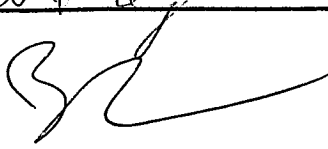
Respectfully submitted:



Nancy L. Stirling, Assistant Secretary



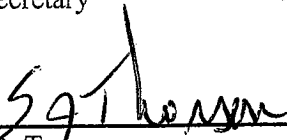
Celeste Holder Kling, President



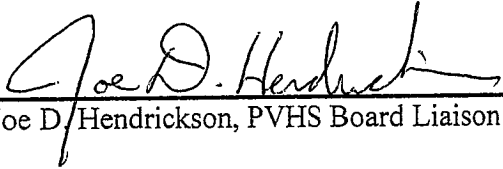
Bernard J. Birnbaum, MD, Vice President

(Absent for Approval Vote)

Timothy S. O'Neill, Secretary



Steven J. Thorson, MD, Treasurer



Joe D. Hendrickson, PVHS Board Liaison