



**BOARD OF DIRECTORS
MEETING
October 22, 2013**

**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
Gail Bridger, Support Services
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Vanessa Fewell, MHSA Partnership Generalist
Molly Gutilla, Evaluations Specialist
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluations Coordinator
Rhea Maze, Communications Specialist
John Newman, Medical Services Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Special Projects Director
Nancy Stirling, Assistant to Executive Director
Sara Stone, CDC Public Health Associate
Elizabeth Sutphin, MHSA Partnership Specialist
Lin Wilder, Community Impact Director

CALL TO ORDER; APPROVAL OF AGENDA

President Celeste Kling called the meeting to order at 5:54 p.m. After introductions, a request was made to move the Policy Issues item ahead of the Budget on the meeting agenda

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

PUBLIC COMMENTS

None.

DISCUSSION AND ACTION/POSSIBLE ACTION

Policy Issues

City of Fort Collins Smoking Ordinance Proposed Expansion – At the November 5 City Council meeting, the members will be considering proposed modifications to the City's Smoking Ordinance. The proposal seeks to prohibit smoking tobacco in outdoor dining areas, bar patios, and Transfort's public transit facilities. An analysis of the issue was included in the meeting packet. Health District staff were previously contacted by the Larimer County Department of Health and Environment and asked if the Health District would provide comment at the November 5 City Council meeting. At this point it looks like the City Council is unanimously in support of the expansion.

MOTION: To SUPPORT the proposed expansion to the City of Fort Collins Smoking Ordinance as presented.
Motion/Seconded

The Board, after brief discussion, determined that a stronger position might be preferred in order to direct staff to take a more active role, which would include sending a letter to the members of the City Council, sharing the analysis with them, and making in-person comments at the November 5 meeting. The above motion was revised as follows:

MOTION: To STRONGLY SUPPORT the proposed expansion to the City of Fort Collins Smoking Ordinance as presented.
Motion/Seconded/Carried Unanimously

It was noted that the City, sometime in the future, intends to consider further expanding the smoking ordinance to include open spaces and public events.

E-Cigarettes – At the last board meeting, board members had questions about e-cigarettes – what they are, how they work, whether there are health or safety issues. Included in the meeting packet is a fact sheet on the subject. Staff is monitoring the issue for potential future action.

Expected Upcoming Legislation

- **Special District Elections** – A bill was passed in last year's legislative session that made some changes concerning elections, and related to coordinated elections. At that time, an analysis of the legislation was not done as it was generally agreed upon that it did not impact spring special district elections. After the bill was passed, the Secretary of State, however, issued an opinion that the legislation does affect spring special district elections. Other organizations (including the county clerks who would have to coordinate the elections) do not believe that was the intent of the bill, nor an accurate interpretation. It is expected that a bill will be introduced early in the 2014 session to clarify last year's bill. Staff is monitoring this issue as it could impact the Health District's board election next May.
- **Tax Increment Financing** – There is likely to be a bill in the next legislative session concerning Tax Increment Financing that would allow input from County Board of Commissioners (and possibly other affected organizations) before TIF projects are approved. No exact wording has been proposed yet. Our local County Commissioners are promoting the change. In general, the Colorado Municipal organization is likely to be against it, and the Special District Association is likely to be involved in the negotiations regarding wording. Staff are monitoring the issue and will review the legislation once it comes out.

Mr. Sapienza noted that the Smoking Ordinance memo and analysis included in this evening's meeting packet had a slightly different format than used previously, and asked for board input on the changes. The Board expressed their appreciation and support of the new format.

Brief Introduction to the 2014 Budget

On October 15, the proposed 2014 Budget was delivered to the Board members for their initial review and consideration. Ms. Plock noted that the challenge of this budget is projecting what may or may not happen to certain programs due to changes in health care policies and programs at the national and state level, as well as grant dollars that may or may not be available. She noted that the "Three Year Budget Summary" of the proposed budget shows a healthy increase over 2014 from both tax revenue and fee income due to the health care changes, but also noted that part of the increase comes from budgeted grant revenue. The grant revenue budget was increased not because of any specific additional grant expectations at this time, but because with all the upcoming changes, it may be that the Health District would apply for more funding to assist our community in the transitions. Since it is required that budgets include revenue and expenditures for all possible items (or go through a mid-year supplemental budget approval process), the budget includes about \$500,000 in extra grant revenues and expenditures just in case.

The increase in fee income in operating revenue is largely to do with dental services. At the beginning of 2014, Colorado's Medicaid expansion will take place, and in April 2014, Medicaid coverage of limited dental care for adults will begin. The challenge for the budgeting process is in projecting how many people will sign up for Medicaid, by when, and estimating what will be covered. In addition to those factors, at this point we anticipate an increase in funding in the Old Age Pension grant that provides funding for dental services for Old Age Pension recipients. However, it is not known for certain at this point whether the OAP dollars will continue or change because people will qualify for Medicaid.

Another expected change in the dental services budget is that the Salud Family Health Clinic has informed us that they are likely to open a dental clinic in their medical offices by the end of 2014. Salud has been providing funding for one dentist, along with support staff, for several years. This change will result in the loss of Salud funding, which is likely to be largely replaced with new Medicaid funding for those who were previously uninsured. With the Medicaid expansion, we anticipated that there will be more than enough need for both Salud and the Health District to serve.

The biggest decrease we are likely going to see will concern prescription assistance, since the majority of people currently getting assistance from the Health District's PA program will be eligible for Medicaid. The plan is that in 2014, the PA staff will redirect much of their effort towards assisting clients in applying for Medicaid. There is still much uncertainty about what type of prescription plans will be available for those who can purchase in the new Marketplace (for example, what deductibles and copays will exist), as well as what changes prescription manufacturers' assistance programs might make. In developing the budget, a conservative approach was taken until we know more about what transpires for our clients.

In regard to the Larimer Health Connect program, budgeting has been included to see the program through to the end of 2014. It is unknown at this point what will happen after that,

though we will likely continue to need some enrollment assistance services, and in particular to continue our CHP+/Medicaid Outreach Program.

What will happen with mental health is still largely unknown; planning is in process. Staff just learned that the State awarded the new crisis stabilization responsibilities to an out-of-state for-profit company. There have been significant concerns raised about this decision, and it will be discussed at the next Mental Health and Substance Abuse Partnership meeting.

In this time of significant health services changes, this year's budgeting process has been complex and required estimated projections. Information changes almost daily, and as more information is gathered, adjustments to the proposed 2014 Budget are likely.

Budget Public Hearing

It was proposed that a formal Budget Public Hearing be set for the November 12 Board of Directors meeting.

**MOTION: To set the Budget Public Hearing for November 12, 2013 at 5:30 pm.
*Motion/Seconded/Carried Unanimously***

UPDATES & REPORTS

Disaster Response: Floods of September 2013

Mental Health Care Team

In mid-September, the community experienced severe flooding of both the Poudre and Big Thompson rivers. When its severity became evident, the decision was made to close the Health District offices. Members of the Management Team attempted to gather to work on response efforts, but most were unable to reach the office building due to bridge and street closures. Ms. Lin Wilder was one of the managers who wasn't able to reach the office building and so instead she headed to the crisis shelter being set up at the Timberline Church in Fort Collins. Red Cross and Touchstone staff provided Mental Health Care Team services at the shelter that opened in Loveland.

While the Red Cross had initially helped set up the crisis response at the Timberline shelter, efforts were quickly turned over to local volunteers as the Red Cross was having to spread out and address response needs throughout the front range and eastern plains (they had to open a total of 22 shelters). The Church had great volunteer response from its members and essentially ran the shelter. Ms. Wilder was able to deploy several members of the Mental Health "Care Team" (those that could get to the shelter) who provided assistance to individuals and families impacted by the flooding. Some education was required to help volunteers understand the role and purpose of the Care Team. At Timberline, mental health providers assisted with a variety of people impacted by the floods, including people evacuated there from the homeless shelter, and those who came there after being helicoptered out of the canyons. Some people had experienced extremely traumatic situations, and some arrived with all they had left on their backs and in their hands – covered in mud, having spent the night outside, and having to hike to the helicopter pickup point.

One of the greatest challenges of this disaster was that it divided the cities in the county. Due to flooded areas and road/bridge closures, it caused limitations as to who could respond where. The MH Care Team was challenged in finding enough people on the right side of the river to provide

assistance at Timberline, in Loveland, and eventually at the Recovery Center that was opened in Loveland.

Ms. Plock added that this was an unusual situation in that we are usually working from the same headquarters shelter location as both the Red Cross and Touchstone. In this case, though, we were split geographically, and had to take more responsibility for particular tasks. We were grateful to have had previous experience to rely on for guidance and structure.

Mr. Newman reviewed the number of hours spent by Care Team members and the numbers of individuals helped. The Care Team is made up of staff from both the Health District and Touchstone Health Partners, as well as other community mental health providers. From the Health District, 15 staff members worked a total of 233 hours. At the Timberline shelter, Care Team members provided 228 hours of assistance in 517 contacts. At the Loveland shelter, 227 hours of assistance were provided in 429 contacts.

Larimer County Emergency Health Care Coalition

This local community coalition is in the organizing phases. In our county, the health department is the first to be contacted in disaster situations. Dr. Adrienne LeBailly, Director of Health and Environment, and Janelle Henderson, who is Dr. LeBailly's designated ESF #8 lead (#8 is the portion of disaster response that deals with health needs), were called into emergency operations from the beginning, which is a first and a significant achievement for the Coalition. They were present to handle particular tasks such as making sure people were there at the shelters/disaster centers to do triage when helicopters landed; figuring out how to assist individuals that required medications or who had specific health issues or needs. At a recent meeting of the Coalition, debriefing indicated the need to have Red Cross continue to have a presence in any significant shelters; the need for better organized health provider response; and the need to figure out how to transport people who need access to care across a river.

Two Health District related members were impacted by the flooding. Kendra Carberry's (the attorney for the Health District) home is under water, and Joan Cmar, a Mental Health Specialist at Mental Health Connections, while her home in Estes Park is safe from the flooding there, had to leave her home in Estes Park due to the ravaged road conditions. Both have the challenge of continuing to cover both mortgage costs for houses that they can't inhabit, and at the same time rent for current living situations. The Health District will organize a way for people to make voluntary contributions to assist should they so desire.

Dr. Cooper added that the Health Van was used at one point to provide tetanus immunizations to those impacted by the flood. 35 vaccines were provided; vaccinations later were offered by the Health Department in other locations.

On behalf of the Board, Ms. Kling offered her thanks to all who "went the extra mile". It is such a benefit to the community to be able to be in a position to provide assistance when disasters strike. Ms. Plock also expressed her appreciation to all the staff who were able to step in and help with disaster response efforts.

Inpatient Behavioral Health Services in the Community

At the last board meeting, it was mentioned that Strategic Behavioral Health, a for-profit business that provides in-patient behavioral health services, is planning to set up a facility very

close to Medical Center of the Rockies. There has been some discussion between PVHS and SBH, as well as between the Health District and PVH, about what this might mean to our hospitals, our local mental health system, and our community. Initial efforts by PVHS to negotiate with SBH and develop a partnership have not been successful. From conversations with our local hospital system, while there is concern that there will be a shift in paying clients (and that the hospitals will be left with indigent care needs), they feel strongly about keeping their existing behavioral health services in the community, accessible to all.

PVHS Liaison Report

Mr. Hendrickson reported that the PVHS Board has a meeting scheduled for tomorrow. In regard to the flood situation, PVH has a medical clinic in Estes Park. Since physicians have been unable to reach Estes Park due to the damaged roads from the flooding, PVH has contracted with a helicopter service to fly doctors into Estes Park so they can care for their patients.

RFP for Ambulance Services Access to 911

Ms. Plock recently met with Poudre Fire Authority Chief Tom DeMint who requested to meet with her to discuss emergency response. He explained that PFA and the City and others who deal with 911 are considering the creation of an RFP, which would be sent to emergency responders, for the purpose of creating standards and a clear system for how emergency response happens. Chief DeMint is meeting with various folks to discuss the issue, and likely met with us because we are members of the Larimer Emergency Telephone Association (LETA). The board had questions about whether ambulance services might change in regard to both PVHS and Banner hospitals in Larimer County (including the new Banner hospital being built in Fort Collins); answers are unknown at this point.

Program Updates

Health Coverage Assistance Sites – The Health District’s “Larimer Health Connect” office opened on October 1 and began serving people. The first week began with a soft launch approach because the website was not ready before then, and staff needed to learn how to use it. All program staff operated out of the Mason Street facility at that time. Since the last board meeting, 3 other sites have been opened at the Family Medicine Center, Larimer County Human Services, and in Loveland at the Larimer County Health & Environment. Three satellite sites in Loveland also opened; one at the Loveland Library, AIMS Community College, and at House of Neighborly Services. So far, over 100 people have been served and 81 people are scheduled for appointments.

Ms. Spink explained the process clients and staff are going through to reach a point where clients can sign up for coverage, which has been complicated by multiple website and process problems at the state level that can lead to long waits and the inability to complete various steps in the process. While it has been frustrating to not have the “slick” process originally envisioned, staff have been very helpful and patient, and clients have been mostly appreciative for the assistance with such a complex process, and willing to come back for future visits.

In addition, staff have been spreading the word about the program, and are developing a more intensive public relations campaign for the program that will be ready to roll out once most of the glitches have been fixed.

Ms. Plock commended Karen Spink for her leadership, as well as the Larimer Health Connect staff in dealing with these challenges. Karen has put in an enormous amount of hours to get this program up and running and continues to help her staff through the complexity and challenges of this project.

Mental Health & Substance Abuse Partnership

The Partnership program is now fully staffed! Vanessa Fewell and Elizabeth Sutphin join the team as project coordinators.

Ms. Fewell explained that her role is comprised of two different pieces. The first is working with and assisting the Early Identification & Early Intervention subcommittee; and the second as a “generalist.” Since being hired, Ms. Fewell has been working on several Partnership needs, including developing a service map of the EIEI system to include who is doing what, how the services fit together, what are the missing pieces and service gaps, what substance abuse and addiction services are currently available and where the gaps are, etc.

Ms. Sutphin explained that she is responsible for professional development and training. A project she has been spending much of her time with is developing a crisis response consistency matrix to be utilized by anyone who is a first responder that may encounter a person experiencing a mental health crisis. The crisis matrix is also available via website at www.larimercrisismatrix.org. Ms. Sutphin has been working with Fort Collins Police, the Sheriff's Department, Salud Family Health Centers, Mental Health Connections, etc. to provide training on the matrix. She has also been working on researching and/or developing other training opportunities for responders. Mr. Hendrickson encouraged staff to reach out to the local schools and CSU who could use this guidance and information.

Community Health Survey

This year's community health survey process is going very well. The survey was able to be expanded to include the south part of Larimer County after donations from the Northern Colorado Health Alliance and support from our local Health Department. The surveys were scheduled to be sent out the week when the flooding occurred but were subsequently postponed.

Community discussion groups are another part of the community health survey process of collecting data. Several discussion groups have been scheduled for next week and will include physicians, mental health providers, human service agencies, individuals of low-income, Spanish-speakers, as well as the general public. Michael Felix, who has facilitated these discussions since the Health District's first health survey, will be facilitating these as well.

As part of a public health improvement process, it was previously noted that one huge data gap is that of kids. Staff is optimistic the school district is going to start recirculating the survey used nationally to address health issues to the older youth. Our community is interested in looking at the younger kids, ages 0 to 14, and “piggy backing” on our current survey; a grant has been submitted to fund such a survey; a response is pending.

3rd Quarter Program Summary and Executive Director Report

Concerning the 2nd Quarter program report that was distributed at a previous board meeting, Mr. Hendrickson had pointed out an apparent discrepancy in regard to dental visits. Mr. Newman reviewed the data and worked with the programmer and discovered there was a glitch in the

program which was causing some inaccurate numbers. Corrections have been made and the board was given an updated report. Prior to the 3rd quarter, dental visits appeared to be low compared to the RVUs being provided; however, with the corrections and the 3rd quarter report, there is a significant increase in visits, which is also due in part to school screenings that occurred in September.

Ms. Spink commented that the Medicaid/CHP+ targets have already been exceeded for the year.

2014 Board Meeting Schedule – DRAFT

A draft 2014 Board meeting schedule was presented and discussed. Several amendments were made, including moving the special board meetings to the evenings, on the 2nd Wednesdays of each month during the legislative session (January through April); scheduling a board mini-retreat in March to review the initial information from the health survey and deal with any other required business, and then schedule the usual day and a half triennial retreat in the summer that would include the new board members. Dr. Thorson offered the suggestion that we could invite the departing members (Mr. Hendrickson and Ms. Kling) to participate in the summer retreat in order to take advantage of their wisdom and judgment as experienced members.

Mr. O'Neill and Dr. Thorson will not be able to attend the December 13 board meeting but will call in to the meeting if they are able.

CONSENT AGENDA

- Approval of August 2013 Financial Statements
- Approval of the June 25, July 18, August 27, and September 11, 2013 Board Meeting Minutes

MOTION: To approve the Consent Agenda as presented.
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- November 2-6 – APHA Annual Conference, Boston MA.
- November 12, 5:30 pm – Regular Board Meeting (and Budget Hearing)
- FRIDAY, December 13, 7:00 am – Regular Board Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of discussion pertaining to personnel issues (Executive Director Review) pursuant to §24-6-402(4)(f) of the C.R.S. (Continued from the September 11 Board meeting)
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 8:12 p.m.

The Board came out of Executive Session at 9:12 p.m.

Ms. Kling resumed the regular session of the board meeting. In Executive Session, the board had discussed the Executive Director review. Overall, the Board is enthusiastically delighted with the Executive Director's performance, and reported a positive review. They indicated that they are

very appreciative of her amazing leadership, with the organization as well as with the community. Mr. Hendrickson commented that he was very appreciative of Ms. Plock's self-evaluation and asked that the board include that as part of the Executive Director review process in the future, using the same style.

In regard to the Executive Director's salary, the board noted that they had been provided with the ED's salary history, comparable information, and what has occurred over time for other senior directors. The following motion was offered:

MOTION: To increase the Executive Director's salary from 94% of market to 100%, a 6% increase, retroactive to January 2013; and to review the salary again in the Spring (March) to determine if any adjustment is needed at that time.

Motion/Seconded/

Discussion

Board comments were that this salary increase is appropriate, noting that the ED's salary has been consistently low compared to market. The budget has increased over the years and the work has increased and the increase in salary is reflective of the work being done. Ms. Kling noted the importance of doing a salary review earlier in the year and not waiting until the last quarter of the year.

MOTION: To increase the Executive Director's salary from 94% of market to 100%, a 6% increase, retroactive to January 2013; and to review the salary again in the Spring (March) to determine if any adjustment is needed at that time.

Motion/Seconded/Carried Unanimously

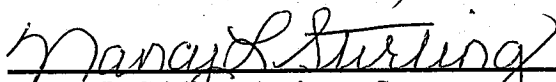
ADJOURN

MOTION: To adjourn the meeting.

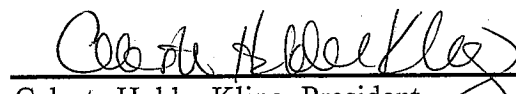
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 9:20 p.m.


Respectfully submitted:



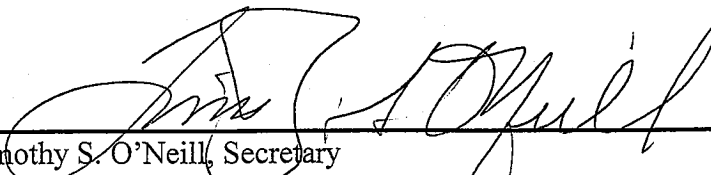
Nancy L. Stirling, Assistant Secretary



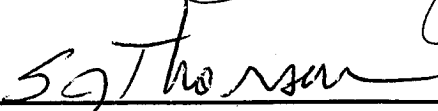
Celeste Holder Kling, President



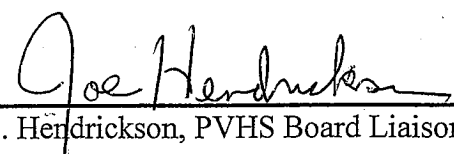
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