



**BOARD OF DIRECTORS
MEETING
October 28, 2014**

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

MINUTES

BOARD MEMBERS PRESENT: Bernard J. Birnbaum, MD, President
Tess Heffernan, M.Ed., Vice President
Michael D. Liggett, Esq., Secretary
Tracy L. Nelson, Ph.D., Treasurer
Steven J. Thorson, MD, Liaison to PVHS Board

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
Laura Mai, Accountant
John Newman, Clinical Services Director
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact Director

OTHERS PRESENT: Charles Futoran, CDC Public Health Associate

CALL TO ORDER; APPROVAL OF AGENDA

Board President Bernard Birnbaum called the meeting to order at 5:45 p.m. An addition was suggested for the Executive Session to include a brief personnel discussion, and the Minutes were taken off the Consent Agenda.

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

PUBLIC COMMENTS

None.

PRESENTATIONS

Ebola and Local Implications

Dr. Bruce Cooper, Medical Director, provided a brief overview of the situation regarding the Ebola outbreak, state and local recommendations for Ebola response, and what preparation and

role the Health District has taken and might take in the future in the unlikely event that the Ebola virus surfaces in our community.

The Ebola virus is spread person-to-person by direct contact with bodily fluids. Air, food and water do not carry the virus nor transmit it. There is a 21 day contamination window, but on average, a person exposed to the Ebola virus who contracts the disease will become ill around 8 days after contamination. Affected persons are not contagious until symptomatic, and it appears that patients are most contagious after the illness has progressed rather than when symptoms first appear.

The Colorado Department of Public Health and Environment (CDPHE) has been monitoring the situation, working with the CDC, and initiating recommendations state-wide. The standard expectation now is that every health care provider ask everyone who comes into their health care setting their travel history, whether they may have come into contact with anyone with Ebola, and whether they have any symptoms of fever or other symptoms of Ebola. The national protocol now is "ask, isolate, call." If a person responds "yes" to any of these questions, they will be moved to a designated office with a closed door, and further questioned by a trained health professional wearing proper protective equipment. If there is any chance of Ebola, a call must be made to the public health department to get instructions for next steps – which may be evaluation, testing, or transport to facility. As new information has come out of the Dallas experience (where a person from West Africa with Ebola was in hospital care, died, and two nurses were infected), recommendations have changed. A couple of examples are the type of personal protective equipment and the procedure for donning and doffing it, 21 day monitoring of anyone who has been potentially exposed to the virus, etc.

At the Health District, management and other staff have been monitoring the situation through daily and weekly updates and advisories, as well as looking up recommendations from the American Dental Association and the Infection Control arm of the American Association of Public Health Dentistry for what to do in dental clinics. While there is currently a very small chance that our dental clinic would ever see such a situation, protocols and procedures have been developed for screening dental clinic patients, and were implemented yesterday. Appropriate PPE is on order. Additionally, an area has been identified near the clinic should a patient need to be isolated based on their responses to screening questions. Dr. Cooper, with our nurses as back-up, would be the trained health professional to further evaluate a patient. Overall, staff sees this as an opportunity to improve our infection control practices for other issues such as the flu, which currently presents a higher health risk than Ebola in our community.

In addition to implementing screening procedures in our dental clinic, the Larimer County Department of Health and Environment requested that our Communications Director, Richard Cox, be available to help with communications regarding Ebola, because the Health Department is currently without a Public Information Officer (PIO). Mr. Cox has provided some assistance, but it is anticipated to be a short-term, very part-time request. Whether there could be a bigger role for the Health District should the Ebola virus become widespread in our community would depend on the situation; we have notified the Health Department that we stand ready to assist if necessary. Possible Health District roles in the future might include holding vaccination clinics, should vaccines be considered necessary and become available, or assist the County with contact investigations and monitoring. It was noted that the Health District works to maintain its disaster preparedness in part by assuring that our staff are trained in the National Incident Management

System (NIMS), and that all Health District staff are required to receive/take a basic Incident Command System training, with Managers getting additional higher-level ICS training.

The Board noted that the Ebola situation reminds us that there needs to be a robust public health infrastructure, and that it is important to remind policy makers that funding for that infrastructure is critical for the health of the nation.

Fluoridation in Water System: An Update

One of the greatest public health achievements of the 20th Century commonly hailed by public health professionals is fluoridation of the public water system. The issue of water fluoridation has been raised recently in the City of Loveland, and we were requested to present to their City Council. Since our staff needed to update their knowledge of the issue, it was considered important to take this opportunity to give the Board a foundation of the City of Fort Collins's experience, our role, and what we found in emerging science concerning water fluoridation, in case the issue should surface again locally.

While dental disease is almost 100% preventable and tooth decay largely preventable, it is still a huge health burden, ranking as the Number 1 chronic disease in children. Water fluoridation - taking natural fluoride levels in water and adjusting it to an optimal level - has been proven to help reduce tooth decay and cavities. Whether to fluoridate drinking water or not has usually been a local decision with cities or the water districts making the determination. Currently, about 75% of the US population drinks fluoridated water.

In Fort Collins, the issue triggered community interest when the City of Fort Collins's Water Utilities was making plans to update equipment around 2000, and their Water Board considered stopping fluoridation. The City and the Health District worked together to set up an objective process to look at the issue from an evidence-based and technical point of view. During the 12 month process, a 9-member technical study group was formed which reviewed hundreds of studies and reviews and ultimately came up with a 250-page report of their findings. While there was some merit to some of the concerns on adverse effects, the consensus was that water fluoridation at appropriate levels essentially has no adverse effects except for occasional mild to very mild fluorosis, and that it is not only effective, but also dramatically cost-saving to the community. At the time, the report was given to the Water Board and City Council. The Water Board elected to stick with discontinuing water fluoridation, while City Council voted to continue it. Community members opposed to fluoridation successfully got the issue put on the ballot, and in 2004, the community voted 2/1 to support fluoridation. Since 2004, our utility department has optimally fluoridated our water to the amount of 1 part per million and has received commendation from the state health department.

Recently, it was brought to the public's knowledge by a citizen that the City of Loveland had not been fluoridating its water for 2 ½ years. It appears that fluoridation needed to be stopped while the City of Loveland installed new equipment, and the Water District Manager decided not to start fluoridating again. Unfortunately, this information was not communicated to the community, and local dentists, physicians, parents, and community members did not have the opportunity to weigh in on the decision, nor the information they needed in order to make decisions about fluoridating in other ways. The guideline is that if a community does not have adequate fluoridation, physicians and dentists need to know in order to determine whether to treat patients with fluoride. A hearing of the Utilities Advisory Board was subsequently scheduled and

a panel assembled that included an invitation to Dr. Cooper and Dr. LeBailly of the Larimer County Department of Public Health and Environment, other experts in the field, and an anti-fluoride representative. After hearing from various community members and holding several focus group discussions, the Loveland Utilities Advisory Board took a straw poll and is expected to support re-fluoridating their water in the future.

The experience with the City of Loveland offered Dr. Cooper the opportunity to review the scientific evidence since the comprehensive local report was published. In 2005, and later in 2011 or 2012, there were studies that raised new questions about adverse effects regarding potential increased bone cancer risk or lower IQ levels. However, subsequent better-designed reviews have shown no effects, and the preponderance of the evidence continues to indicate that our community did the right thing 10 years ago when they voted to continue fluoridation of the water system.

The Board wondered whether it would be possible for someone to do a study comparing the dental health of Loveland residents during the periods with and without fluoridation of the public water system.

On another topic, it was noted that staff are currently reviewing studies having to do with lithium in water supplies and the theory that has been advanced by some that higher lithium levels may contribute to less incidents of suicide.

DISCUSSION AND ACTIONS

Brief Introduction to the 2015 Budget

Ms. Plock briefly reviewed the proposed 2015 Budget with the Board. She reviewed the budget sections with the board, and pointed out a few things, including: 1) The expenditures have been reorganized in order to quickly see totals of key areas (such as MH/SA, Dental); 2) Healthy Mind Matters” is the new name to replace the Community Impact Team; the team will focus on mental health and substance issues; 3) Health Care Access (HCA) will include Larimer Health Connect and Prescription Assistance (which will combine with LHC). The HCA budget currently includes care coordination, but those funds may move to Healthy Mind Matters; and 4) while the budget includes funding for the purchase of an ACT/CDDT building, if that takes place in 2014, it will be removed from the 2015 budget.

An updated valuation from the County is expected around December 10. The budget will be revised based on the final valuation and presented for Board approval at its December 12 meeting.

Board Questions: Mr. Liggett inquired about the difference in total expenditures between Prior Year 2013 Actual and Current Year 2014 Budget. Staff will detail the differences and report back to the board. Part (but not all) of the explanation is the difference between possible and received grant revenue: it is important to include any grant funding that might possibly be received in the budget, so that the budget doesn't have to be amended when grants are received, but generally not all potential grants are received. Another big piece is the difference between the Contingency line item under Non-Operating expenditures. The Board also noted a discrepancy between the Grant Expenditures listed on the Annual Reserve and Expenditure Summary on the Explanatory Schedules and the total grants listed on the last page of the Explanatory Schedules under Grants;

staff will check on the discrepancy and bring a correction to the next meeting. The year on the last page also needs correction.

Ms. Plock also reviewed the Special Projects-Reserves page of the Budget, explaining certain projects and noting that while it is important to budget for all possible projects, it is possible that not all projects will be completed. Some items would require the Board's permission before any funding would be approved or expended; those will be identified in the next budget iteration. A more in-depth presentation on the proposed budget will be provided at the budget hearing.

MOTION: To set a Budget Hearing for November 11, 2015 at 5:30 pm.
Motion/Seconded/Carried Unanimously

Consideration of Incentive Pay for Positions Ending

From time to time, there has been consideration of whether to provide incentive pay to encourage employees to stay through a certain date when their program is closing. In the past, the Board has chosen not to set a permanent policy because every situation is different. A temporary policy is being presented for the Board's consideration at this time that would apply to Larimer Health Connect and Prescription Assistance staff. (See draft Temporary Policy for full details.)

For employees whose position is ending but who continue in their position until the end date designated by the Health District (which will occur at some time between December 2014 and April 2015), the proposal is that the Health District will provide incentive pay of four weeks' salary for an individual who has accumulated between one and four years of service, and an additional one week of salary per year of service beyond four years, up to a maximum of eight weeks' salary. Additionally, the Health District would provide up to \$500 for approved outplacement assistance for outgoing employees. There is adequate funding in the budget to cover the expense for this year, and expenses for next year will be figured into the proposed budget.

One board member commented that the Larimer Health Connect staff knew when they were hired that their position was temporary. Staff responded that while those staff did know that their job was limited, the reality is that a person whose job and income is ending needs to look for another job, and if they don't have an assurance of income, are likely to take what they are offered, even if it means that they need to leave their current position early. In our case, it is very important that we have adequate staff through the LHC open enrollment period. Another board member asked whether this strategy had worked in the past. The staff response was that we have had both the experience of not offering incentive pay and having people leave before the project ended, causing significant burden to other staff, and the experience of offering incentive pay, and gaining the commitment of staff to stay through the end of their program. It was noted that the years in the proposed policy also need to be corrected.

MOTION: To adopt the Temporary Policy Regarding Incentive Pay and Outplacement Assistance as written (with date corrections).
Motion/Seconded/Carried; 4 ayes; 1 abstention (Thorson)

Potential Board Tour of Programs

Ms. Heffernan and Ms. Plock reported that in a conversation where Ms. Heffernan requested being able to visit the Health District programs in order to get to know and understand them better, they wondered whether other Board members might also be interested. If so, a van tour

could be organized to visit several buildings/programs, such as: Dental Clinic, Salud or Family Medicine Center, Larimer Health Connect and Mental Health Connections. Staff would offer a brief presentation of each program. All board members will be invited, although they may not all attend. We will aim for a date in early 2015.

UPDATES & REPORTS

5-Year Reserves Guide

Ms. Plock presented to the Board an updated Five-Year Reserves Guide, which is not a document required in the budgeting process, but a tool developed and used by the Executive Director to assure that there will be adequate reserve funding in the future. Two amounts are set by policy: the state requires a reserve of not less than 3% of expenditures, and the Board has set a \$1 million minimum. Reserves are not used for ongoing operational needs, but for short-term or lower-priority projects. Dr. Birnbaum expressed his appreciation for the guide in that it gives a sense of how things will stand for the future beyond the annual budget.

UC Health-North (PVHS) Board Liaison Report

Dr. Thorson stated that their Board has not met, so there was no report to give.

3rd Quarter Program Summary and Executive Director Report

The 3rd Quarter Program Summary report is not yet available. It will be included in the next meeting packet.

Brief Reports:

- **Crisis Stabilization** – Touchstone Health Partners has received funding from the state to set up a crisis stabilization center/process that must be up and running by December 1. Until a new building is ready in about April, crisis stabilization staff are being housed with Connections staff at the Oak Street facility, and Connections staff will be assuming some of the duties. Health District are assisting Touchstone by organizing a community meeting to discuss the changes; the meeting is tomorrow.
- **Larimer Health Connect** – November 15 is the start of open enrollment. It is important for people renewing their plans to check carefully to determine the new costs and elements of their plans; with the decrease in the benchmark plan, some may lose some financial assistance – and there may be new, less expensive plans available. People renewing only have one short month (Nov. 15 – Dec. 15) to review their plan and decide whether to choose a different one. Staff are working on multiple outreach efforts in preparation for open enrollment, including: a Compass newsletter insert and a mailing to all Larimer County homes, speaking to organizations, participation in the CSU Homecoming Parade, etc.

2015 Board Meeting Schedule - DRAFT

The Board was presented with an updated Draft 2015 Board of Directors Meeting schedule for their review. Ms. Stirling will contact them to find out if there are any conflicts with the proposed dates. A final draft schedule will be presented for official Board approval at the January board meeting.

CONSENT AGENDA

The September 23, 2014 Board Meeting Minutes were removed from the Consent Agenda.

- Approval of August and September 2014 Financial Statements

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

ANNOUNCEMENTS

- November 11, 5:30 pm – Board of Directors Regular Meeting and Budget Hearing
- November 15-19 – APHA Annual Conference, New Orleans

It was noted that Dr. Birnbaum, Molly Gutilla, and Sue Hewitt will be presenting at the APHA conference.

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: To go into Executive Session, for the purpose of discussing a purchase, acquisition, lease, transfer or sale of any property interest pursuant to §24-6-402(4)(a) of the C.R.S.; and for 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.; and discussion of personnel matters pursuant to §24-6-402(4)(f) of the C.R.S.
Motion/Seconded/Carried Unanimously

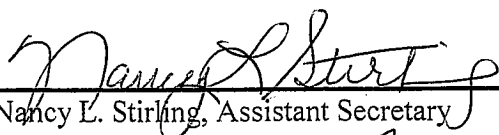
The Board retired to Executive Session at 7:46 p.m.
The Board came out of Executive Session at 8:10 p.m.

ADJOURN

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

The meeting was adjourned at 8:11 p.m.

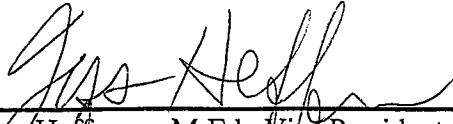
Respectfully submitted:



Nancy L. Stirling, Assistant Secretary



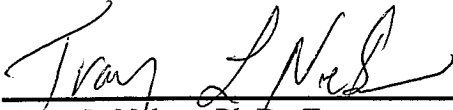
Bernard J. Birnbaum, M.D., President



Tess Heffernan, M.Ed., Vice President



Michael D. Liggett, Esq., Secretary



Tracy L. Nelson, Ph.D., Treasurer



Steven J. Thorson, M.D., Board Liaison to UC Health North (PVHS)