



**BOARD OF DIRECTORS
MEETING & BUDGET HEARING
November 17, 2009**

**Health District Building
Conference Room**

MINUTES

BOARD MEMBERS PRESENT: Joe D. Hendrickson, President
Bernard J. Birnbaum, Secretary
Steven J. Thorson, Treasurer
Lee Thielen, PVHS Board Liaison

ABSENT: Celeste Holder Kling, Vice President

STAFF PRESENT: Carol Plock, Executive Director
Shelly Borrman, MHA Program & Research Asst.
Bruce Cooper, M.D., Medical Director
Carrie Cortiglio, Policy Analyst
Richard Cox, Communication Director
Rebecca Gonzalez-Rogers, Finance Accountant
Lorraine Haywood, Finance Director
Desiree Lange, Finance
John Newman, Clinical Services Director
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, CI & HP Director
Kristan Williams, Health Promotion Coordinator

CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA

President Joe Hendrickson called the meeting to order at 5:58 p.m. Changes to the meeting agenda included: removing the Intermediate Medical Leave discussion, the Quarterly Program Reports, and the Consent Agenda; and adding a brief Executive Session, if needed, to discuss personnel issue.

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

PUBLIC COMMENT

None.

BUDGET PRESENTATION AND HEARING

Ms. Carol Plock, Executive Director, and Ms. Lorraine Haywood, Finance Director, provided an overview of the proposed 2010 budget. It was noted that with very little increase expected from

this year's county assessed valuations, there are very few suggested changes between this year's budget and next's year's proposed budget.

Ms. Plock reviewed the programs supported by funds from the operational (regular) budget and from reserve dollars and grants (time-limited projects). Most of the dollars spent (72%) go to providing direct services that are mostly geared to those with low incomes and 7% goes towards administration. In areas where we try to have a significant impact on health – such as weight/nutrition, tobacco cessation, adult immunization – services are provided for all residents within the District and sliding scale fees are available to help those who cannot afford the full cost of services.

Some time-limited projects noted for 2010:

- Oral Health: Oral health efforts will be a focus in the next year as the Oral Health Initiative takes steps towards planning and implementing a Dental Connections program similar to Mental Health Connections. Also, thanks to recent fundraising efforts and a matching grant from an anonymous donor, the Health District has around \$84,000 (over the next few years) to assist select Family Dental clients who cannot afford dental care.
- Community Health Survey: The 6th Triennial Community Health Survey will be conducted to continue to gather information about community health trends.
- HPSA Application – The Health District regularly does the research to determine whether or not our area/region fulfills qualifications for being a health shortage area, and if so, submits an application for a Health Professional Shortage Area designation from the federal government. HPSA designation helps in bringing loan repayment funds for health providers to our community, and in particular is a great help to the Health District in recruiting dentists recently out of school.
- Others include: the partial cost of a stipend for a Preventive Medicine Resident for part of next year, utilizing the remaining funds from those allocated in prior years from PVH to be used for Children's Dental equipment or similar expenses, HRSA Congressional Set-Aside Funds which we were given to support future efforts to establish a local ATU Detox center, and a grant for work with CIIS (the Childhood Immunization Information System) project that tracks immunizations.

Also included in the proposed budget are some possible time-limited projects where funds have been set aside but the projects have not been fully developed yet, or are there just in case of need. Such projects include: an Obesity initiative, Health Information Sharing, Implementation of Community Projects Process & Plans, Depression in the Workplace, and Dentist Loan Repayment. Place holder funds may or may not be spent depending upon the need, and would not be spent without Board approval.

Ms. Haywood reviewed sources of revenue, certification of tax levies, property and ownership tax revenue and the mill levy. Taken altogether, we expect a slight decrease in revenue compared to previous year. Noted areas of revenue decrease include investment income, grant revenue (a major grant is ending in October 2009 which accounts for the decrease in this area for next year), and partnership revenue.

The good news is that the health insurance premium in July 2010 will only increase by 8%. Challenges continue to be the economy (lower interest and specific ownership taxes), the increase of some costs despite deflation, and disappearance of dental payers (Delta Dental and Old Age Pension).

Members of the Board requested that as we work on the Triennial Review and Community Health Survey this year, we work closely with the local Department of Health because of their new requirements for data gathering, and that we take a look at the new public health profiles that will be created for every county; and that we look at what child/adolescent data exists in the county.

December 10 is the date when we should receive the final assessed valuation from the County. Based on the final valuation, some minor changes may be made and a final proposed budget will be given to the Board for consideration and approval at the December 14 meeting. Ms. Plock asked that the Board please submit any questions or changes to her before December 14. President Hendrickson asked that if any significant changes are being proposed to notify the board members of such. To comply with state law, the Board is required to approve and submit an approved budget to the State by December 15.

DISCUSSION & POSSIBLE ACTION

The Board reviewed the proposed revisions to Board Policy 97-15: Employee Compensation. Proposed changes were based on Board comments and suggestions at a previous meeting. The Board reviewed the proposed revisions and requested a few additional changes. Particular changes of note under the section titled “Staff Responsibilities to the Board”, are:

- **Bullet 7** – Change to read “Periodically (generally every 3 years), perform a comparison of benefits to benchmark organizations and present to the Board of Directors.

MOTION: **To approve the above changes.**
Motion/Seconded/Passed
[Approved-Hendrickson/Thorson; Opposed-Thielen;
Abstained-Birnbaum]

Last Bullet – Change to read “Annually report to the Board of Directors 1) the amount of salary changes budgeted and actually allocated; the average percentage of where the Health District positions fall in relation to comparable market positions; 2) a summary of the benefits provided to employees; and 3) information regarding the salary history and market level of the Executive Director and whether their benefits differ from other employees.

MOTION: **To approve the above changes.**
Motion/Seconded/Unanimous

MOTION: **To approve Board Policy 97-15: Employee Compensation as amended.**
Motion/Seconded/Unanimous

Policy 97-2: Board Governance Policy

The Board reviewed a revision of Board Policy 97-2: Board Governance Policy – Governing Manner and Board Meetings. A motion was offered to add the word “rescission” to the last bullet under Section 3 as follows:

“Generally, the Board President is authorized to take action between board meetings if he/she judges the situation to be of such urgency that action is

required, provided that the situation and decision is brought to the net board meeting for ratification, *rescission* or further action.”

MOTION: **To accept the above change.**
Motion/Seconded/DENIED
[Approved-Thorson; Opposed-Thielen;
Abstained-Birnbaum/Hendrickson]

A motion was offered to accept the original changes to the policy as presented.

MOTION: **To approve revisions Board Policy 97-2: Board Governance Policy – Governing Manner and Board Meetings as presented.**
Motion/Seconded/Passed
[Approved-Hendrickson/Birnbaum/Thielen; Abstained-Thorson]

Resolution of 2009-8: Approving the Execution of an Agreement for Emergency Management of Broad-Ranging Public Health Incidents

The City Managers and Attorneys of the City of Fort Collins and the City of Loveland, have approved an “intergovernmental agreement” that would take effect in the event of any broad-ranging public health emergency, and it will (or has been) be taken to the Larimer County Commissioners for approval. As a governmental entity, the Health District can join as a party to this agreement with approval from the Board. The agreement outlines, among other details, the command structure and responsibilities and relationship of the parties in addressing such emergencies. The Health District could play a role within the “Unified Area Command (UAC) structure” in at least two areas: as a representative of “Public Health” within the Unified Area Command Group (most likely to be Dr. Adrienne LeBailly, Head of Larimer County Department of Health and Environment, with Dr. Bruce Cooper from the Health District as back-up) and in assisting the Emergency Managers in organizing the UAC.

MOTION: **To approve Resolution 2009-8 as presented.**
Motion/Seconded/Unanimous

BOARD PRESENTATION

Mental Health & Substance Abuse Partnership’s Newest Priority: Early Childhood Mental Health Disorders Identification and Prevention

Ms. Shelly Borrman, Program and Research Assistant for the Mental Health and Substance Abuse Partnership project, provided an overview of the Partnership’s newest priority addressing early childhood identification and intervention of mental health and substance abuse issues. The vision of this priority is the early and proper identification of mental illness or substance use disorders, followed by appropriate and prompt diagnostic and treatment assistance, with initial focus on children, youth, and young adults into their mid-twenties. Ms. Borrman presented on staff research into this priority and findings from talking to community stakeholders about the issue.

The Partnership chose this particular priority in part because of alarming statistics – 50% of all lifetime cases of mental illness begin by age 14; 75% begin by age 24, and the prevalence of mental illness in children between 9 and 17 years of age is almost 21%. Outcomes related to early onsets of mental illness include increased school drop-out rates, increased criminal justice involvement, increased instances of violence as well as biological effects such as decreased brain functioning. It was found that all outcomes are at least partially avoidable when it is possible to identify disorders early and apply effective interventions.

Ms. Borrmann reviewed how mental disorders can develop. Biological, psychological and social aspects of an individual work together in development of the brain. When there are disruptions in brain development in any of these areas the risk of developing a mental illness increases. Whether one develops a mental illness is also partially determined by an individual's "risk factors" versus "protective factors." Risk factors are those factors that increase the chance of having a mental illness, such as family history (biological), trauma or abuse (psychological), or poverty (social). Protective factors are those positive factors that can mitigate risk factors, such as high intellectual functioning (biological), close bond with caring adult (psychological), and supportive family network (social). The presence of risk factors does not mean a mental illness will develop; however it does mean there is a chance one could develop.

Partnership staff have met with over 50 people in the community to understand their perspectives on early identification and intervention in mental illness and substance use disorders. The following themes were common in these discussions: 1) early identification – the first challenge is proper identification: many providers are not adequately trained in differential diagnosis for children, further complicated by the fact that mental illness can present differently in children than adults, yet children are identified by adult symptoms; and the second big challenge is that it can be difficult to differentiate symptoms that are actually part of normal development vs. those that are indicators of mental illness; 2) the need to partner with parents and youth in the community: parents must be willing to take active role in identification and treatment; youth want to be actively involved in setting their own treatment planning and goals and given some ownership in treatment outcomes; and 3) start early – people and research recognize that the earlier identified, the better the treatment outcome.

While staff found a great deal of room for improvement in our community, they also found a great deal of hope and people who are passionate about making changes. There are exciting, evidenced-based practices in our own and other communities that are working, there is more that we can do locally to be more effective. Currently, staff are working to refine a report on the issue and identifying people to work on a task force which will identify options where we will have significant impact on child identification and prevention.

UPDATES & REPORTS

H1N1 Vaccination: Health District Involvement Update

Ms. Plock called on three individuals to share with the Board what their role has been with the H1N1 vaccination clinics, challenges they faced and most heartwarming experience.

Nancy Stirling is the Staff Registration, Scheduling, and Communication Leader, responsible for overseeing setup, revisions, information entry/changes of the online registration system. This required a team of individuals, particularly the IT staff, working many hours to get the registration system configured properly and information entered (positions, position descriptions, shifts, training materials, orientation documents, etc.) to be up and running in a very short timeframe. Additional responsibilities include developing and overseeing a quick and efficient staff/volunteer check-in/out process and assisting with staffing needs at the clinics. "Change" has been a constant throughout this process. There have been clinics cancelled, times changed, shifts changed, staffing needs changed – and each change requires changes to the registration web site and additional communications to staff/volunteers that can take hours to accomplish. Despite all that, it has been a rewarding experience to be involved in such a huge collaborative

effort and to see and hear the appreciation from folks who have shown up to receive vaccinations.

Dr. Bruce Cooper serves several as Medical Safety Officer, which includes being responsible for ensuring that all clinical volunteers are adequately trained. Dr. Cooper designed position descriptions, on-line training materials for clinical staff and just-in-time trainings for trainers of those people. With the large number of staff/volunteers with various skills sets and levels, it was a challenge to determine necessary training needs and materials. Dr. Cooper expressed his satisfaction with the high level of clinical volunteers, and mentioned that he had heard a high level of satisfaction from both the volunteers and clinic attendees.

Richard Cox's primary role has been to assist Jane Viste, the Public Information Officer for the Health Department. His foci have been on the following main areas: working with the Health Department staff to reorganize, update, and maintain the www.larimerflu.org web site and making it more user-friendly; developing and getting published an 8-page newspaper insert all about H1N1 with very short turnaround time; placing ads for upcoming clinics in newspapers to make sure the clinics are utilized; and attending clinics as needed to respond to inquiries from media.. Richard reiterated the challenge of everything changing on a day-to-day basis.

In the four clinics provided thus far, over 7,000 doses of the H1N1 vaccine have been given and over 15,000 doses distributed to providers in the community to vaccinate their healthcare workers and patients. The opportunity to work with the Health Department on this huge effort has been a great experience and has cemented us as a team with them.

The Colorado State Budget: Challenges and Potential Impact

Carrie Cortiglio, Policy Analyst for the Health District, gave an overview of the State's budget situation, reviewing the Fiscal Year 2009-2010 Budget and shortfalls. In addressing the shortfalls, the State made budget cuts to several areas that impact the Health District and the people we serve. Cuts to the Department of Human Services resulted in: the closure of 91 beds at nursing and mental health facilities, likely putting additional pressure on our inpatient mental health beds at Mountain Crest; Medicaid cuts that impact the Medicaid provider rate, mental health reimbursement rates, and Federally Qualified Health Centers; the elimination of Dental Care Act funding, which paid for dental care for seniors receiving assistance from the Old Age Pension Fund (the Health District was serving a number of these seniors and it was a significant loss of an important revenue stream); and reallocation of Amendment 35 dollars to Medicaid, taking \$7 million each from the Tobacco Education Program Fund and the Prevention, Early Detection, and Treatment Fund. In the second round of cuts that took place in October, large reductions were made to higher education although all the General Fund Funding was replaced for the time being by federal stimulus money. There was also another Medicaid Provider Rate Reduction.

Unfortunately, these are only short-term fixes and budget forecasts for Fiscal Year 2010-2011 project a revenue gap of \$1.3 billion. The Governor's 2010-2011 Budget required \$1.276 billion in budget balancing measures.

With current and future cuts impending, staff asked whether the board wanted us to share some key messages with our local legislators. The key messages decided upon include: 1) there are some services so critically important that they can't be cut without major impact, including Medicaid, keeping CHP+ whole, retaining the indigent care dollars within the mental health

system, retaining the per capita public health dollars, and keeping tobacco \$\$ available for health-related purposes; 2) explore revenue raising options; and 3) continue to move towards long-term TABOR reform.

Emigh Lateral Ditch Company and Water Shares

In a memo to the Board distributed at this meeting, Chris Sheafor, Support Services Director, responded to questions concerning water shares owned by the Health District and the Emigh Lateral Ditch Company. The Board of the Health District previously approved the abandonment of the Ditch, however had questions about liability issues. After inquiries to Gene Fischer, attorney for the Ditch Company, and John Hayes, the Health District's attorney, as well as the City of Fort Collins' Attorney's Office, it was determined that abandoning the ditch does not create a liability for the stockholders or Board of the Emigh Ditch. The Ditch is an easement created by use, but is not real property the company owned. By not running water through it, by non-use, it just goes away and ceases to exist.

Concerning the water shares we own, the question was asked if we need to use the water in order to retain our ownership of the Warren Lake and Larimer Canal #2 shares. While there are provisions and state law around abandonment, they do not apply to us. Since the Health District continues to pay the annual fees to the Water Company, it establishes the intent to use the water by the investor and protects them from abandonment claims.

In regard to leasing or selling the water shares, after consulting with Mr. Fischer and Mr. Craig Harrison, a local water broker, it was determined that since there is currently no demand for water at this time, and with prices for water shares being low, it would behoove the Health District to hang onto the water shares until such time as water is needed and/or a better price can be obtained for the shares. Staff plan to monitor the market for possibly future opportunities to sell the water shares.

Dr. Thorson wondered whether there might be a possible opportunity for the Health District to increase its revenue by selling water to the housing development in which he lives. He noted that there may be a conflict of interest, but since the Homeowners Association spends a fair amount of money each year for water to fill the lake, wondered whether we might be able to provide the water. Staff report to him the number of acre feet of water the Health District owns to help determine if the idea is feasible.

APHA Learnings

Postponed to next meeting.

ANNOUNCEMENTS

- December 10, 12 noon – Staff Holiday Potluck Lunch (Board Members are Invited!)
- December 14, 5:30 pm – Board of Directors Meeting
- January 23 – Annual Health District Winter Party; details forthcoming
- January 26, 5:30 pm Board of Directors Meeting

EXECUTIVE SESSION

MOTION: To go into Executive Session for the purpose of discussing 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 8:52 p.m.
The Board came out of Executive Session at 9:07 p.m.

ADJOURN

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

The meeting was adjourned at 9:08 p.m.

Lee Thielen noted that she will have to miss the December 14 meeting.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Joe D. Hendrickson, President

(ABSENT)

Celeste Holder Kling, Vice President

Bernard J. Birnbaum, Secretary

Steven J. Thorson, Treasurer

Lee Thielen, PVHS Board Liaison