BOARD OF DIRECTORS
MEETING
May 23, 2017

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., President
Tracy L. Nelson, Ph.D., Vice President
Deirdre Sullivan, Secretary
Faraz Naqvi, M.D., Treasurer
Tess Heffeman, Liaison to UHealth-North/PVHS Board

STAFF PRESENT:
Carol Plock, Executive Director
Richard Cox, Communications Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Sarah Tilleman, Dental Services Director
Lin Wilder, Healthy Mind Matters Director

OTHERS PRESENT:
Brooke Bettolo, Institute for the Built Environment
Dale Adam’i, Citizen

CALL TO ORDER; APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4.01 p.m. Proposed changes to the meeting agenda included: a brief local policy wrap up, removal of the 2016 4th Quarter Program Reports item, and removal of the April 25 board meeting minutes from the Consent Agenda for separate consideration.

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

PUBLIC COMMENTS
Ms. Brooke Bettolo, a previous employee of the Health District, attended this evening’s board meeting to share information on a project she is currently involved with as a Community Engagement Associate with CSU’s Institute for the Build Environment. The project is called the Salud Community Health Hub and is being supported with a special projects grant from the Colorado Health Foundation to help Salud make a plan for the 20 acres that are behind their West LaPorte facility where preventive and primary care can be incorporated into a space that is created for and by the community. The project is being led by a “Collaborative” of 10 or so
different organizations to help with the planning and help build community capacity and help with community engagement. Efforts to identify what services people would use and need are underway, including focus group meetings, walking audits to determine access barriers to the site, and a series of design workshops where community members can directly impact the plan for the Health Hub.

PRESENTATIONS
Healthinfosource.com
Lin Wilder presented information regarding the background of the Healthinfosource.com project and recommendations for redeveloping and redesigning the web site. The Healthinfosource.com project was established in 2003 to be an up-to-date source of objective information on local health resources, with information on or linkages to a wide variety of health providers, services and health information for use by local residents and professional users. In 2016, we tracked approximately 14,000 users with 66,600 page views and the site included 1,804 providers and 711 class listings. Web site users are able to search for providers, look at health information, as well as look for health-related classes or events.

Over the past several months, staff have been conducting a preliminary review of the site and how it is currently being utilized, as well as doing interviews and focus group meetings to learn what people like, don’t like, and what they would like to see. A key group that indicated a need for its services were care coordinators, though it would need revamping to be most valuable. Staff have also reviewed other health related web sites to gather insights into what they do and how they do it.

A list of goals/standards were then created and defined: health-focused, robust, easy to use, local, reliable and timely. Then staff compared the Healthinfosource site with these goals/standards and identified areas that were successful (health-focused, local, reliable and timely), need improvement (robust, community-based), or need significant improvement (easy to use) and list some specific ways for improvement or what would like to be able to see/do in each area.

Redevelopment of the web site will require professional assistance with planning, design, and implementation. The next step is to create a Request for Proposal (RFP) for development of a strategic plan. Five potential strategic planning vendors have already been identified, as well as 3 vendors who provide similar platforms, and staff are gathering additional information from these vendors to inform a budget and the development of the RFP. The approximate timeline is projected to be July 2017 (beginning with the hiring of a Project Manager) through October 2018 when the updated web site would be launched.

Board comments included that the analysis was great and that it’s a great resource. Questions were whether all the work had been done on content (while there is a good foundation, that will take further work in conjunction with consultants and users); who uses it now (both general public and health and human service professionals, although it is not being marketed much since its needs significant improvement) and who it would be for in the future (the same, with specifics in development); and usefulness compared to cost. The Board noted that they had asked for the redesign and budgeted for it. They requested a board review of the strategic plan prior to launch, with the Project Manager being posted as a temporary position, subject to renewal if the project advances. They noted it may be a prime opportunity to boost community awareness of our work.
Pain Management and Substance Use Disorder (SUD) Improvements
Although the Pain Management project has been delayed, part of the issue is being addressed in various other Community Impact projects. A chart was provided for the Board outlining Community Impact projects related to substance use disorder improvements. There are a variety of activities happening that pertain to addressing substance use prevention, identification, treatment, and harm reduction. Some examples of projects and what they are working on are:

- **Connections/CAYAC**: Train providers in trauma and SUD assessment; Mental Health First Aid and Youth Mental Health First Aid community education; connect people with answers, options, and support; provide youth/families with psych testing, psychiatric, support; improve referral and communication with PCPs.
- **Frequent Utilizer Project**: identification and triage of high utilizers through data sharing; intercept, plan, and engage high utilizers in treatment vs. crisis/acute.
- **Regional Health Connector**: support BH/SUD screening in primary care; support integration of primary care and behavioral health.
- **ACT/IDDT**: provide long-term treatment and supportive housing for SPMI/SUD.
- **Critical Behavioral Health Services Development**: develop more complete continuum of treatment services, filling in the gaps in care for those with SUD.
- **SUD Transformation Project**: train providers and provide technical assistance and process improvement; implement EBPs (MAT, formal assessment, etc.).

While the Pain Management challenge is big, complex, and the whole country is struggling with it, we continue to work on figuring out how we might be able to work with others to make a significant difference. We are starting to update the previous report, to map out what currently exists, and to identify partners, but are still a few months away from setting out a plan.

Support Services
Chris Sheafor, Support Services Director, provided an overview of Support Services at the Health District, which includes those services and individuals working in the background to support all the programs in the organization, including: Facilities, Computers and Phones, Finance, Human Resources, Front Desk 120, Document Management, Elections, and Emergency and Disaster Support.

**Facilities**: Maintains buildings and equipment for staff at 9 facilities, the mobile van and the passenger van.

**Information Technology**: Maintains and improves: computer networks (servers, desktops, keeping them all connected), custom databases (client, other databases), multi-location phone system, office equipment (copiers, scanners, printers, faxes), and presentation methods.

**Finance**: Formerly under Chris’s direction, now functions separately, with the Finance Director, Lorraine Haywood, reporting directly to the Executive Director.

**Human Resources**: Direction of HR is now split, with some functions under Chris, and the rest under Assistant Director Karen Spink.

Key focus areas for Support Services in 2017: continuous upgrade of infrastructure and equipment, providing predictable support (IT, Finance, HR, front desks), keeping and hiring a committed and competent staff, improving processes, updating emergency response materials,
and reviewing policies and forms, preparation for 2018 elections. We spend just 9% of our budget on administrative overhead – aiming for lean but responsive. One of our biggest challenges for the future will be assuring adequate, appropriate space for the diverse services we offer – we are quickly becoming very short on space.

Communications
Richard Cox, Communications Director, provided a brief overview of the Communications staff and function. The goals of the Communication Department are to increase public awareness and understanding of the Health District; promote utilization of Health District services; contribute to the creation of a healthier community through the dissemination of health information; and facilitate communication and information sharing among Health District staff.

Communications goals are tackled through a wide variety of strategies. The Compass newsletter reaches 85,000 households; future focus will be on making it easier to read and share online and more mobile device friendly. Marketing and advertising activities include articles and ads for programs/services; current special emphasis is on preparations to launch a promotion for Dental Services and changing the approach for Smoking Cessation. Communications recently rolled out the new branding and logo for Connections and CAYAC. Communications produces a wide range of collateral materials such as brochures, mailers, business cards, etc.

The Health District has been online since 1997 and the web site is in the process of being updated and improved. The Health District has had a social media presence on Facebook and Twitter since 2009, does promoted posts and some online advertising, and has had a presence on the Community at Work KRFC radio show for 14 years, which has been helpful in promoting programs like the Larimer Health Connect program and topics such as West Nile Virus. Communications staff also ensure that the information on Healthinforsource.com is up-to-date.

Board comments focused on the importance of increasing awareness of the Health District in the community. A specific question was around Compass and its readership; our survey results indicate that readership has been relatively stable and high, at around 30%. Compass has been a critical vehicle for conveying information about the Affordable Care Act and our Larimer Health Connect services, and people who make appointments with LHC regularly bring in the mailer they received to their appointment.

DISCUSSION AND ACTIONS
Critical Behavioral Health Services: Update of the Plan
Efforts are underway to review and update the Critical Behavioral Health Services Recommendations report, and Larimer County and SummitStone Health Partners have again joined the Health District as partners, participants on a Guidance Team to oversee the revisions, and as funders of the process, which includes again contracting with consultants NIATx. The Health District already has a $30,000 budget line item for this project. The Board confirmed their support for moving on this project, as well as their perception of the importance of this process.

Policy
Local Policy Issues
There have been some challenges by business owners to parts of the Downtown Fort Collins Smoke-free Ordinance. In the last three weeks of April, 180 tickets were issued downtown for
smoking, when prior to that no one had been ticketed. People started getting fined, and they and downtown business owners started complaining. With approval from the Board President, Ms. Plock sent a letter to the members of City Council, in part stating that smoke is a trigger for certain conditions and that Fort Collins is a community of health where it is important that smoking not be normalized. Ratification of the decision was requested.

MOTION: To RATIFY the decision to continue the Health District’s support for a smoke-free downtown in Fort Collins, utilizing communications with City Council and other groups. 
Motion/Seconded/Carried Unanimously

Another issue recently came to staff’s attention pertaining to edible marijuana products in Larimer County. Marijuana business owners are challenging the ban on sales of edible products in recreational shops in unincorporated Larimer County. All of the recreational shops in Fort Collins and those that sell marijuana for medical purposes can sell edible products, but Larimer County chose not to allow them in 2013. At the time, the Health District communicated a variety of concerns to the Board of County Commissioners regarding the regulation of recreational marijuana, including the risks of accidental poisoning of children through edibles. Larimer County’s Board of Health proposed a resolution opposing edible sales due to food safety concerns, risks to children, difficulty of detecting use by schools, and the higher risk of over-consumption. Since 2013, there have been some changes to state law concerning edibles – number of servings per package, shapes of products, amount of THC, etc. Since Amendment 64 passed, there have been reports of increased ER visits due to marijuana. There will be a county work session at the end of May; staff asked the board whether they would like to weigh in. The Larimer County Board of Health has reiterated their prior position, and Sheriff Smith also opposes a change. After some discussion and a variety of wording options, the following motion passed:

MOTION: To communicate to the Larimer County Board of County Commissioners the Health District’s continued concern about the risks of edible marijuana products, specifically due to concerns about diversion to youth and accidental child ingestion.
Motion/Seconded/Carried Unanimously

Colorado Legislative Session
The 2017 Colorado Legislative Session ended on May 10, and Mr. Sapienza reviewed relevant bills that passed and failed. Several bills pertaining to substance use disorder passed, including: study Medicaid substance use disorder treatment, MAT pilot program, and substance use prevention research center. The bill that would regulate methadone facilities failed. Other notable bills that passed: ACC Phase II policy, texting and driving, strengthening Colorado behavioral health crisis system, and sustainability of rural Colorado.

National Health Policy
*American Health Care Act* - Ms. Plock and Mr. Liggett submitted an Opinion article to the Coloradonian on May 1 titled “Health care proposal a step backward,” discussing some of the possible impacts the AHCA could have if implemented. On May 4, the House passed the AHCA and the Senate is now considering their version.
Federal Budget

President’s Budget – On May 25, the President released his proposed budget, which include cuts to CHIP (20%), NIH (18%), FDA (31%) and the CDC (17%). The budget includes the repeal of the Affordable Care Act and a 47% cut to Medicaid by 2027. Other cuts include eliminating the Low Income Home Energy Assistance Program, eliminating Community Services Block Grant, cutting $75M (50%) of Rural Health Programs in HRSA, $252M cut to SAMHSA mental health programs, health workforce cuts, cuts to primary care physician education, and cuts to SNAP and WIC. SAMHSA’s substance use programs were kept pretty much even. It’s important to remember that this is not the final budget; Congress needs to propose and pass their own bill.

Market Stabilization Rules – Ratify Decision
The Health District was asked to sign onto a letter encouraging the state to adopt several options intended to help stabilize the health insurance market (for example, extending the currently proposed enrollment period, prohibit outstanding payment policy, etc.); staff requested and receive permission to do so from the Board President and now requests board ratification. See letter in board packet.

MOTION: To RATIFY the decision of the Board President to sign onto the CCHI letter regarding state implementation of market stabilization rules.
Motion/Seconded/Carried Unanimously

UPDATES & REPORTS

Mental Health: Partnering with the Community - Updates

Community Transformation – As staff were gathering information for last year’s Critical Behavioral Health Services report and recommendations, they learned that not only is the community lacking services but that existing services have not adopted some of the most important evidence-based practices. The Health District is partnering with SummitStone Health Partners and the local criminal justice system to incorporate those practices into their programs. A grant application is being written to the Colorado Health Foundation for a 2-year grant.

Connections Updates – Connections provides community education and provider and professional trainings, such as Mental Health First Aid and quarterly Therapist Networking and Trainings (TNTs). In 2016, Connections offered the Parent Education Series through its CAYAC program, providing useful information to parents and families concerning mental health and substance use related topics, which turned out to be highly popular, so will be continued. In addition, they are planning “Question, Persuade, Refer (QPR)” trainings, a one-hour training that can meet the needs for those who are unable to do the 8-hour Mental Health First Aid training and they are partnering with law enforcement to develop a Mental Health First Aid for Public Safety Officers training, with the goal of all officers being trained over a 3 year period. Finally, they are working on creating intensive trainings in trauma, assessments for SUDs, and assessing children age 0-5 years.

UCHealth-North/PVHS Board Liaison Report
Ms. Heffernan informed the Board that the PVHS Board will be updating their bylaws in order to bring Yampa Valley Medical Center in Steamboat Springs into the UC Health system. Employees at Yampa Valley will become UC Health employees and Yampa Valley Medical Center will have a small ownership in the UC Health system. One of their board members will
also serve on the PVHS Board. This would make a change in the bylaws to a minimum of 11 board members and a maximum of 12. Per the Lease Agreement, the Health District Board must approve any proposed changes to the PVHS Board Bylaws, so they will be coming to us in the future.

CONSENT AGENDA
The April 25, 2017 minutes were removed from the Consent Agenda for separate consideration.

- Approval of March 2017 Financial Statements
- Approval of the March 28, April 11, 2017 Board Meeting Minutes

**MOTION:** To approve the remaining parts of the Consent Agenda, as amended.  
*Motion/Seconded/Carried Unanimously*

- Approval of the April 25, 2017 Board Meeting Minutes

**MOTION:** To approve the Board Meeting Minutes of April 25, 2017.  
*Motion/Seconded/Carried [D.Sullivan abstained due to absence]*

ANNOUNCEMENTS
- June 8, 9 a.m. through June 9, 1 p.m. – Board of Directors Retreat, Berthoud
- June 27, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned 6:24 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Michael Liggett, President

Tracy Nelson, Vice President

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCH Health-North (PVHS) Board Liaison

Health District of Northern Larimer County- Board of Directors Meeting