

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting Boulder County Public Health Auditorium February 8, 2016

BOH Members Present: President Gregg Thomas; Vice President Don Misch, M.D.; and Board Members Olga Bermudez, Sonya Jaquez-Lewis, and Jorge DeSantiago.

Staff Members Present: Public Health Director Jeff Zayach, Director of Administrative Services Stephanie Martz, Director of Health Divisions Heath Harmon, Director of Strategic Initiatives Susan Motika, Communicable Disease and Emergency Management Division Manager Indira Gujral, Ph.D., Community Health Division Manager Andrea Poniers, Community Substance Abuse Prevention (CSAP) Program Coordinator Lee Scriggins, and Administrative Assistant Rita Mangeyn.

Special Guests: Representatives from Mental Health Partners (MHP): CEO Kelly Phillips-Henry, Psy.D.; COO Linda LaGanga, Ph.D., and Interim VP of Acute Care and Program Development Director Ann Noonan.

Meeting Called to Order.

President Thomas called the meeting to order at 5:33 p.m.

ITEM 1. Public Comments (on unscheduled agenda items).

None.

ITEM 6C. Announcements.

Director of Health Divisions Heath Harmon and Community Health Division Manager Andrea Poniers introduced Lee Scriggins, who recently joined BCPH as the new Community Substance Abuse Prevention (CSAP) Program coordinator. Ms. Scriggins became familiar with BCPH as a member of the Reducing Substance Abuse (RSA) Coalition; previously she was the University of Colorado (CU) Wardenburg Health Center Acting Director of Community Health, and she has a wealth of experience in health promotion. The Board welcomed Ms. Scriggins to BCPH.

ITEM 2. Consent Agenda.

A. Approval of January 11, 2016, Board of Health Meeting Minutes.

Vice President Misch made a motion, which was seconded by Board Member Jaquez-Lewis, to approve the January 11, 2016, Board of Health minutes, as presented. With all Board Members voting in favor of the motion, President Thomas declared the motion approved.

ITEM 3. Approval of the *Reaching Health Equity at Boulder County Public Health Strategic Guide*.

Public Health Director Jeff Zayach introduced this item and talked about BCPH's commitment to health equity. He acknowledged the following staff members, as they were instrumental in developing the *Reaching Health Equity at Boulder County Public Health Strategic Guide*: Communicable Disease and Emergency Management (CDEM) Division Manager Indira Gujral, Ph.D.; Director of Strategic Initiatives Susan Motika; Emergency Management Program Coordinator Lisa Widdekind; Health Planning and Eval-

uation (HPE) Manager Namino Glantz, Ph.D.; Public Health Improvement Process (PHIP) Coordinator Summer Laws; and Child Health Promotion (CHP) Program Specialist Jane Wilkinson. Mr. Zayach then cited the guiding principles that are included in the guide.

Director of Strategic Initiatives Susan Motika said a lot of groundwork has been done to understand health inequities, but more work was needed. She said the community must work together to ensure that community members gain a sense of ownership and empowerment. She said the vision of someday completely eradicating inequity in Boulder County was realistically years away. Current efforts must be done in a bold and ambitious fashion, and there must be efforts to operationalize concepts and look at agency capacity building. BCPH is helping to guide efforts to build a deeper relationship with Boulder County community members, which includes serving in a more direct role when working with community partners to help raise the voice of the community.

Ms. Motika said tap water quality in some local mobile home parks, which is currently below acceptable norms, was an example of health disparity in Boulder County that staff was addressing. She said this issue clearly affects many local Latino community members.

CDEM Division Manager Indira Gujral said the Colorado Health Equity framework was developed by the Colorado Department of Public Health and Environment (CDPHE) about seven years ago. She said there hasn't been significant progress to illuminate health disparities, so a fresh approach for action was needed. She noted that agencies refer to "social determinants of health" by different terms; for instance the Boulder County Department of Housing and Human Services (HHS) refers to "pillars of support," which was basically same concept as "social determinants of health."

Dr. Gujral said "social determinants of health" affect relationships between behaviors and outcomes, while "social determinants of equity" involve the changing of policy to affect systems in place and reduce system gaps. People are exposed to social determinants of health throughout their life course, which in turn impacts their behaviors and outcomes. She said social determinants of equity must be addressed to make real changes. An example of this was the provision of extended leave for parents, as that would break down barriers and have a significant impact on people's lives.

Ms. Motika talked about the community engagement continuum, which aims for social determinants of equity. Government agencies participate in a deeper engagement with community members versus only having a passive relationship in which community members just ask them questions. A proactive approach was more effective because it empowered community members, giving them a more direct and active role in processes affecting change that's important to them. Ms. Motika said it's less effective when government entities just periodically ask questions of the community. She said building community leadership wherein community members learn about concepts to help the community attain goals and outcomes was more effective in helping to collectively solve community challenges.

As a former community organizer, Ms. Motika said she has witnessed success of the community engagement approach firsthand. She talked about Together Colorado, which used this approach when it discovered that Denver public libraries offered varying hours of operation according to location. Libraries in south Denver (i.e. more affluent neighborhoods) were open later than libraries in less affluent neighbors. So community representatives met with community leaders to address this disparity; working together, they changed library hours to ensure more equity throughout the entire library system.

Ms. Motika described the various types of communication flows, saying the most effective utilized a shared leadership model, involving bidirectional communication and engagement of community mem-

bers throughout the entire process. She said the voice of the community is clearly embedded within the framework when decisions are made at the community level.

Dr. Gujral outlined the following goals of the health equity guide:

- 1) Develop systems and structures – create the blueprint for success.
- 2) Build agency capacity to further understand health equity – raise the bar.
- 3) Implement and embed health equity into BCPH programs – walk the walk.
- 4) Develop a shared vision and common goals in Boulder County for achieving health equity – take it to the next level.

Dr. Gujral said BCPH staff was well-versed in the concepts of the health equity guide, but more training was needed to ensure that a shared leadership model could be successfully implemented.

Vice President Misch asked if the CDPHE self-assessment tool for health equity policy was accessible and was told it was. Dr. Gujral said the current funding structure was the biggest challenge because it was siloed and funding ability was limited; however, efforts are underway to break down the silos and make funding more holistic. Ms. Motika said the least “fleshed-out” goal was transferring lessons learned to a countywide method of conducting business. Dr. Gujral said there wasn’t a shortage of enthusiasm and passion to implement the health equity guide – the challenge was inadequate resources.

Dr. Gujral said BCPH’s standard should always be to look through the health equity lense when addressing a problem. Ms. Motika said it would be good to evaluate how community leadership was currently being used and to tap into external agencies like the Colorado Health Foundation and Colorado Trust to help build a stronger coalition through fundraising. Ms. Motika said since BCPH was the only public health entity in the state that was currently working at this level of depth, so the Colorado Association of Local Public Health Officials (CALPHO) and Health Equity Commission were relying on BCPH’s leadership. Board Member Bermudez said she was pleased to see this level of community work in Boulder County and offered her assistance in any way.

Ms. Motika said BCPH was currently testing the health equity model in its work with other Boulder County departments and agencies and was trying to encourage others to also adopt this approach to conduct their business. She said the health equity approach could be easily adapted for other entities, such as school districts and area businesses.

Board Member Jaquez-Lewis asked if there were similar successes in other regions that could be duplicated in Boulder County. Dr. Gujral said many organizations were working on initiatives to help reduce health disparities regarding issues like education, racism, and violence; however, social determinants of equity have a greater impact but are more difficult to implement. She cited the recent Supreme Court ruling on marriage equality, which has a far-reaching, positive impact. Ms. Motika gave other examples of social determinants of health from organizations like the Harlem Children’s Zone and Piton Foundation, which have tackled social determinants of health by using the “playspace” approach to raise reading scores and assist with parental self-sufficiency and educational attainment. The City of Longmont is currently using this playspace model in a collaborative effort with the Federal Reserve, Robert Wood Johnson Foundation, local planners, and public health representatives.

Vice President Misch said he was proud of BCPH’s work and wished more agencies used the health equity approach. He said he was interested in learning more about the health equity self-assessment for his own use. He also said he was less optimistic about affecting change at the policy level due to the time that would require. Mr. Zayach said that’s why he felt efforts should begin at the local level and why BCPH was taking a lead role in helping to support the effort in Boulder County. An example of BCPH’s

leadership was its work with Boulder County to implement a paid family leave policy for county employees. After the policy was publicized other agencies and local health departments (e.g. Denver and Tri-County) asked BCPH for guidance so they could implement similar policies within their own agencies.

President Thomas asked if implementing health equity goals would help BCPH get accredited. Mr. Zayach said that wouldn't directly help with accreditation; however, it does address one of the community needs identified in the agency's strategic plan.

Dr. Gujral said she and the Workforce Development Team designed a workforce plan that included training opportunities that were later evaluated and ranked. She said those pertaining to health equity and community engagement – especially around family health and mental health stigma and substance abuse – garnered the most interest. She said many people don't understand the impacts and what's taking place with substance users and their comfort with needle exchanges or reaching out for help when needed. She said BCPH needs to build capacity to help people understand the issue of this stigma. She said there is empathy for clients, but the skillset to communicate with clients must be developed. Ms. Motika said a key component of the recently awarded State Innovation Model (SIM) grant BCPH received was to develop a communication strategy around stigma.

President Thomas said he liked the tools staff has presented to help increase community involvement and said he planned to use them with his own work team. Board Member Jacquez-Lewis said reducing stigma was a high priority in many organizations because of the Affordable Care Act. She said she is a pharmacist, so she's aware that many people are addicted to prescription pills, an issue that is affecting communities across socioeconomic and racial lines. Dr. Gujral agreed, saying opioid usage and deaths have risen in nearly every Colorado county. Vice President Misch said when a public health concern widely affects the wealthy, white, and young population, it quickly becomes an issue that must be addressed immediately; she said that in of itself was a problem that warranted attention.

Vice President Misch made a motion, which was seconded by Board Member Jacquez-Lewis, to adopt the "Reaching Health Equity at Boulder County Public Health Strategic Guide." With all Board Members voting in favor of the motion, President Thomas declared the motion approved unanimously.

ITEM 4. Update on Addiction Recovery Centers (ARC) Transition to Mental Health Partners (MHP).

Public Health Director Zayach introduced the following staff members from Mental Health Partners (MHP): Chief Executive Officer (CEO) Kelly Phillips-Henry, Psy.D; Chief Operating Officer (COO) Linda LaGanga, Ph.D., and Interim Vice President (VP) of Acute Care and Program Development Director Ann Noonan. Mr. Zayach explained why it was a good decision to transition BCPH's Addiction Recovery Centers (ARC) to MHP in January 2015. He said integrating all substance abuse treatment services within a single agency rather than having both agencies provide the services allows behavioral health clients to more efficiently and effectively access behavioral and mental health services in Boulder County.

Mr. Zayach said there was an effort to add and expand primary care to those services. He said Clinica Campesina, Dental Aid, and MHP were collaborating to add comprehensive medical, dental, and behavioral health services, which would result in better care for clients while lowering costs and providing better outcomes. He said this effort was a direct result of the ARC's successful integration with MHP. He also cited the successful collaboration of BCPH, MHP, Clinica, and Boulder County Housing and Human Services (HHS) on the Colorado State Innovation Model (SIM) grant to provide increased access to behavioral health screenings and stigma reduction around mental health.

Mr. Zayach addressed the high turnover of ARC staff that occurred in the months leading to and after the ARC's integration to MHP, which created confusion with some partner agencies since their relationships with staff kept changing. But MHP and BCPH worked hard to address the issue. Board Member Jacquez-Lewis asked why staff turnover was so high, and MHP CEO Phillips-Henry said it was because of a variety of factors, such as differing organizational cultures at BCPH and MHP; significant changes that the transition necessitated (e.g. new supervisors, different position descriptions and classifications, compliance procedures, human resource systems, etc.); and less competitive salaries at MHP. She said the MHP Executive Team was planning to address the salary issue in the upcoming months.

Interim VP of Acute Care and Program Development Director Ann Noonan said many former ARC employees chose to retire or wasn't interested in transitioning to MHP. She said not all factors were negative and that dealing with Medicaid caused a significant amount of stress. Ms. Noonan said there was initially a high level of ARC employee turnover, but things are now more settled.

Dr. Phillips-Henry highlighted the collaboration of MHP's Crisis Services with Detox. She acknowledged that transportation was a challenge for clients since the Detox wasn't in close proximity to other MHP services; however, MHP is working with the Regional Transportation District (RTD) to identify better access for Detox clients (e.g. dedicated shuttle transportation). Until a long-term transportation plan is developed, clients can use taxi and bus vouchers to reach the Detox.

Ms. Noonan said the dip in client attendance was anticipated during the first stages of the transition, but levels were now returning to normal. Remaining challenges include outpatient services and Medicaid payments (which consistently do not cover the full service continuum). Ms. Noonan said overall, however, all ARC programs have been fully transitioned to MHP.

Board Member Jacquez-Lewis said the BCPH Director's Report noted that some Longmont clients seeking services in the Open and Affirming Sexual Orientation and gender identity Support (OASOS) Program had to wait up to six weeks to access substance abuse services. Dr. Phillips-Henry acknowledged that because MHP's child and adolescence programs were operating at less than capacity, MHP Chief Operations Officer (COO) Linda LaGanga, Ph.D., was working to identify service gaps and inefficiencies to help determine where staffing and alignment changes were needed. Board Member Jacquez-Lewis suggested the use of Naropa University interns, and Dr. LaGanga said MHP has utilized Naropa interns in the past and also hired additional staff to address the backlog problem in Longmont. Board Member Bermudez said she is a psychotherapist in Longmont and would be interested in talking with MHP about obstacles she's experienced when referring clients to MHP.

Board Member DeSantiago said many of his clients reside in Ponderosa Mobile Home Park, where he recently spent many hours providing counseling services and answering resident questions and concerns after a recent shooting at that location. He felt it vital for him to proactively reached out to the residents to offer support, counseling, and follow-up services, rather than waiting until residents reached out for mental health services themselves. He said it made a big difference for him to do that. Dr. Phillips-Henry said MHP recently hired an external crisis response staff member to help address violent incidents occurring in local schools, neighborhoods, and workplaces.

Ms. Noonan talked about the partnership BCPH developed with local law enforcement to provide Naloxone (i.e. Narcan) training and overdose prevention kits containing the lifesaving medication. She said the Boulder Police Department was now fully equipped and trained to administer Naloxone to potential overdose victims. The Louisville and Lafayette police departments and Boulder County Jail and Boulder

County Sheriff's Office were currently being trained too. She acknowledged the BCPH Communicable Disease Control Program, which was instrumental in developing the program.

Mr. Zayach asked about issues with fentanyl, a drug that is similar to but more powerful than morphine. Ms. Noonan said fentanyl was a very powerful compound that was now dosed in patches. She said abuse occurs when clients use too many fentanyl patches; the underlying issue with fentanyl was the same as with other drugs – it is being overprescribed. Ms. Noonan said there have been efforts to reduce over-prescription of opioid drugs in general and expand access to treatment. She said there's still a stigma with methadone, and more doctors should be trained on proper use of methadone because many are still not prescribing the lifesaving drug (i.e. used to detoxify from opioid dependence). Dr. Phillips-Henry said MHP had four psychiatrists on staff members who specialize in addictions, which will help MHP to grow and expand this type of service in the community.

The Board thanked the MHP representatives for the update.

(Vice President Misch left at 7:04 p.m.)

ITEM 5. Director's Report.

OASOS Program: Board Member Jacquez-Lewis asked about staff expansion in the Open and Affirming Sexual Orientation and gender identity Support (OASOS) Program. Community Health Division Manager Andrea Poniers said the role of one staff member has been expanded overall, so more services will be offered in Longmont; there will also be more collaboration with Out Boulder. Board Member Bermudez said increasing OASOS presence in Longmont has been a difficult task, so she volunteered her support.

Community-wide Eco-Pass: Board Member Bermudez asked for an update on the community-wide bus pass and was told that wouldn't be expanded in the near future. Director of Health Divisions Heath Harmon said the Regional Transportation District (RTD) hasn't fully supported the program, mainly due to financial reasons, and that staff would provide an update to the Board.

Financial Update: Board Member Jacquez-Lewis asked for an update on the financial report. Director of Administrative Services Stephanie Martz said staff will present the financial report to the Board for approval once it's been finalized. She did note, however, that the agency's financial outlook was positive.

Community Health Assessment: Public Health Director Jeff Zayach acknowledged the work that Health Planning and Evaluation Manager Namino Glantz has been doing to connect the four area hospitals (i.e. Longmont United, Centura Health, Good Samaritan, and Boulder Community Health) in the community health assessment and potentially have them participate in BCPH's data dashboard.

Board Member Jacquez-Lewis asked if mental health emergency room visits were tracked and was told they were not currently. The hospitals do offer high-level surveillance data, and Ms. Motika said the process of obtaining data was very resource-intensive. Board Member Jacquez-Lewis said she felt it would benefit the hospitals if mental health services could be diverted to local mental health centers.

Mr. Zayach said one challenge was that not all local hospitals were participating in the Regional Care Collaborative Organization (RCCO) network, although more are expected to join by 2018. Board Member Jacquez-Lewis asked staff to present an update on the community health assessment this fall.

President Thomas asked why there were so many standalone emergency room (ER) facilities in the Denver Metro Area. Staff speculated it was due to financial reasons.

Hepatitis C Treatment: The Board asked Director of Health Divisions Heath Harmon about problems health care providers were experiencing in receiving Medicaid funding for hepatitis C treatment. He said one problem was the expense of providing hepatitis C treatment. He said he would ask the Communicable Disease Control Program to send an update to the Board.

ITEM 6. Old and New Business/Announcements.

A. Discussion on Tabled Consent Agenda Items (if any).

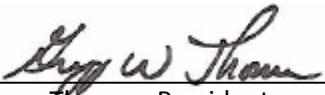
None.

B. Old and New Business.

None.

ITEM 7. Adjournment.

There being nothing further to discuss, President Thomas declared the meeting adjourned at 7:17 p.m.



Gregg Thomas, President



Jeffrey J. Zayach, Public Health Director