

OFFICIAL RECORD OF PROCEEDINGS

Boulder County Board of Health (BOH) Regular Meeting Boulder County Public Health Auditorium February 9, 2015

BOH Members Present: Vice President Gregg Thomas and Board Members Jorge DeSantiago and Don Misch, M.D. **Absent:** Board Member Sonya Jacquez-Lewis

Staff Members Present: Public Health Director Jeff Zayach; Director of Administrative Services Stephanie Martz, Director of Health Programs Heath Harmon, Community Health Division Manager Andrea Poniers, Public Health Improvement Process (PHIP) Coordinator Summer Laws, Tobacco Education and Prevention Partnership (TEPP) Program Coordinator Jen Kovarik, and Administrative Division Manager Tammy Golden.

Meeting Called to Order.

Vice President Thomas called the meeting to order at 5:31 p.m.

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

Tobacco Education and Prevention Partnership (TEPP) Program Coordinator Jen Kovarik announced that the City of Boulder is in the final stages of adopting an ordinance that will expand the city's smoke-free public places areas to include Parks and Recreation and Open Space & Mountain Parks properties, outdoor seating areas at restaurants/taverns, and additional areas in downtown Boulder. The use of electronic smoking devices, including electronic cigarettes (i.e. e-cigarettes), will also be prohibited. Final adoption of the ordinance will occur on February 17, 2015.

ITEM 2. Consent Agenda.

A. Approval of January 12, 2015, Board of Health Meeting Minutes.

Board Member Misch made a motion, which was seconded by Board Member DeSantiago, to approve the consent agenda, as presented. With all Board Members voting in favor of the motion, Vice President Thomas declared the motion approved.

ITEM 3. Presentation of Community Awards in Appreciation for Collaboration with Addiction Recovery Centers (ARC).

Public Health Director Jeff Zayach introduced Widd Medford from Mental Health Partners (MHP). Mr. Medford was formerly the Intensive Services (i.e. Detox) Program Coordinator for BCPH's Addiction Recovery Centers (ARC), which integrated with MHP effective January 5, 2015.

Mr. Medford said during the time the ARC was an integral component of BCPH, it worked in collaboration with numerous community partners. The ARC would not have been able as successful serving its clients without the contributions of and collaboration with its many community partners. Many of them "stepped out of their comfort zones" to ensure a successful partnership with the ARC.

Mr. Medford said there are a few community partners he would like to recognize in particular for their outstanding contributions and collaboration with the ARC and BCPH. He then acknowledged and presented gifts of appreciation to the following:

- **Barbara Ryan, Ph.D.:** Dr. Ryan served as Chief Executive Officer (CEO) of Mental Health Partners (MHP) until her retirement in January 2015. She was a stalwart supporter of the ARC and a key player in the process of integrating ARC services with MHP. Dr. Ryan clearly and consistently voiced how important the integration was and will continue to be in order to ensure optimum care for Boulder County substance abuse clients. Her advocacy throughout the transition process was critical in setting the tone for MHP to welcome the ARC's staff and programs. Dr. Ryan smoothed numerous bumps during the process through her graceful and generous solutions to challenges presented. Her involvement in the integration project will stand as one of her greatest legacies as she moves into well-earned retirement.

Dr. Ryan accepted the award on behalf of the many ARC and MHP staff members who worked tirelessly to ensure the successful integration of ARC services to MHP. She said the partnership with BCPH has enriched MHP, as the roots of community mental health are in public health through prevention and early intervention. Dr. Ryan said although she was retiring, she looked forward to learning more about the great things that the ARC staff was bringing to MHP and the community.

- **Greg Brown:** Mr. Brown and the 20th Judicial District Probation Department has been a key partner of the ARC for many years. As Chief Probation Officer of the 20th Judicial District, Mr. Brown was instrumental in creating programs that provided needed treatment for people in the legal system. He was a key player in developing and implementing the Integrated Treatment Courts (ITC) and funding for the Transitional Residential Treatment (TR) Program, which provides residential treatment services for people who can't afford the more expensive options. Mr. Brown has always been a strong advocate for ARC clients and the ARC as a treatment agency. He has encouraged and supported his staff in developing positive, collaborative working relationships with the ARC in facilitating excellent client services over the years.

Jack Hubbard, who is also from the 20th Judicial District Probation Department, accepted Mr. Brown's gift on his behalf. He and Mr. Medford noted that the level of collaboration that existed between Probation, the ARC, and local law enforcement is not the standard in other Colorado counties. Mr. Hubbard said whenever he and Mr. Brown spoke with other judicial districts in the state, they were constantly reminded how special this relationship was in Boulder County. He said it was very unique, was the envy of the state, and was something to be very proud of.

- **Todd Dorfman, M.D.:** Dr. Dorfman served as the ARC's medical director since 2003. During that time, the ARC moved from the ARC Broadway Site's dingy basement at Iris and Broadway to the state-of-the-art Valmont Site facility, which provides detoxification services for over 3,000 episodes annually. Dr. Dorfman was instrumental in creating a program whereby a physician's assistant prescribes withdrawal medication onsite at the ARC. This innovative program significantly reduces overuse of the emergency room (ER) for alcohol detoxes, and it allows the clients to be managed safely in the ARC's social model detox unit. Under Dr. Dorfman's leadership, the ARC has implemented medication-assisted treatment programs, including Suboxone, Vivitrol, and Naloxone (the lifesaving overdose reversal medication). Dr. Dorfman was always available to ARC staff, virtually 24/7. For many years he also advocated for ARC clients and the ARC facility in his roles as an emergency department (ED) physician and as the medical director for the local ambulance company. Through Dr. Dorfman's involvement, the ARC was able to develop and streamline policies to reduce the impact of the most chronic substance abuse clients on the safety net infrastructure.

Mr. Medford said Dr. Dorfman unfortunately could not attend the meeting but expressed his appreciation for receiving the special recognition from the ARC and BCPH.

- **Sgt. Alastair McNiven:** Sgt. McNiven, Boulder Police Department served as the ARC's liaison with local law enforcement since 2009 (and unofficially prior to that). He was a key player in ensuring that law enforcement and the ARC worked seamlessly to provide a safe place for intoxicated Boulder County residents to safely detox. Sgt. McNiven was instrumental in developing the "unlawful conduct" policy, which allows for fair charges in cases of needed arrests without using other sections of the law that didn't necessarily fit the behavior. Sgt. McNiven's consistent and fair approach to the workings of the ARC helped to create an environment that reduced conflict between behavioral health providers and law enforcement. He also trained ARC staff on effective verbal de-escalation techniques that ARC staff continues to use on a daily basis.

Mr. Medford said Sgt. McNiven's primary concern was always the safety of ARC staff, and he did not take that lightly. As noted during Mr. Brown's presentation, the relationship between the ARC and law enforcement is not the norm throughout the rest of the state.

Sgt. McNiven said he was both surprised and humbled to receive the award. He said working with ARC clients was, at times, challenging but always very gratifying. He said community partnerships were important to function at the highest level, and having open lines of communication enabled the ARC and law enforcement to identify creative opportunities for success. He acknowledged the support of his commanders and coworkers, many of whom were in attendance at the meeting to help honor Sgt. McNiven.

Public Health Director and the Board congratulated the honor recipients and thanked everyone for attending.

ITEM 4. Presentation on Regional Care Collaborative Organizations (RCCO) and Accountable Care Collaborative (ACC) Program.

Public Health Improvement Process (PHIP) Coordinator Summer Laws gave a presentation on the Accountable Care Collaborative (ACC) Program in Colorado and the changing delivery of health care among Colorado's Medicaid and fully benefited recipients (also known as "dual-eligible beneficiaries" because they are eligible for both Medicaid and Medicare).

The ACC is Colorado Medicaid's primary health care program and is designed to help clients improve their health and get the services they need in order to stay healthy. This includes selecting a primary care provider ("medical home"). ACC members also belong to Regional Care Collaborative Organizations (RCCO), which assist Medicaid clients by connecting them to Medicaid providers and helping them locate community and social services to establish coordinated care. RCCOs collect data to ensure that key priority health indicators are being met. Ms. Laws said every RCCO model is different; some also train primary care providers on the use of screening tools, electronic medical records, etc.

Boulder County is part of RCCO Region 6, which includes the counties of Boulder, Jefferson, Gilpin, and Clear Creek. In Boulder County, RCCO duties are delegated to Salud and Clinica Campesina (community health centers).

Ms. Laws said there are many opportunities for people to access care, an area where great improvements have been made. In her previous job, Ms. Laws said she helped to manage the RCCO in northwest Colorado and served on the advisory committee for the ACC.

Ms. Laws referenced Dr. Milton Roemer, a physician whose pioneering public health system research helped to shape health policy in the U.S. and other countries. Dr. Roemer developed what is known as “Roemer’s Model of Health Services.” He was concerned that there was a decentralized system in the country with no single entity holding all of them together. Components of the Roemer’s Model of Health Services include management, resource production, organization of programs, delivery of systems, and economic support.

Ms. Summers said drivers in health care reform include:

- Percentage of GDP (gross domestic product), which is at 17.9% in 2010-2014, compared to 9.4% in the United Kingdom (UK).
- Health outcomes in the U.S. (rated 42nd in world for life expectancy).
- Health care quality (overall lowest when compared to 11 developed countries).

She also noted that the insurance industry was the nation’s largest lobbying component and was even larger than the oil and gas lobbying component.

Ms. Laws spoke about “Triple Aim,” a framework developed by the Institute for Health Care Improvement that describes one approach to improving and optimizing health system performance.

Triple Aim refers to:

- Improving patients’ experience in receiving health care.
- Improving the health of the population.
- Reducing the per capita cost of health care.

To achieve Triple Aim, there must be a vibrant and integrated community health care system, a fully informed populous, patient engagement, risk-adjusted and performance-based global payments, and a highly integrated delivery system.

Payers in Colorado basically include employers (52%), other private (9%), Medicaid (12%), Medicare (12%), other (3%), and uninsured (13%).

Funding for ACC is received from the Centers for Medicare and Medicaid Services (CMS) and Colorado Health Care Policy & Finance (HCPF), and members pay for value rather than service. The three main components of ACC are: RCCO, statewide network of primary care providers, and state data analytics contractor.

Ms. Laws discussed the State Data Analytics Contractor & Key Performance Indicators, which include 30-day hospital readmissions, high cost imaging, emergency room utilization, and well child visits. The 2014 cost savings in the ACC would be approximately \$100 million in gross savings. Total expenditures would equal approximately \$69 million to administer, so total savings would be about \$30 million.

Board Member Misch asked if health care has improved in Colorado as a result of ACC/RCCO. Ms. Summers said half of all children in ACC under the age of 18 years have received well-child visits, which is the base. There are some glitches in collecting data; for example, if someone is diagnosed with diabetes during a well-child visit the visit is documented as diabetes, not the well-child visit. As a whole, however, the ACC generated savings in excess of administrative costs in 2014. The ACC achieved gross

savings in medical costs of \$98 million to \$102 million with net savings totaling \$29 million to \$33 million after administrative expenses.

Ms. Laws said other reform initiatives in Colorado include:

- Comprehensive Primary Care Initiative (only a few other states besides Colorado have this): Hypertension, obesity, tobacco, prevention, asthma, diabetes, ischemic (i.e. reduced blood supply) vascular disease (IVD), safety, and depression.
- State Innovation Model (SIM): Anxiety, substance use, and child development.
- Pediatric Measures: Developmental screening in the first three years of life, postpartum depression screening, care coordination, suicide risk assessment, and upper respiratory infection.

Ms. Laws said the State Innovation Model (SIM) was a \$63 million health care reform model received under the governor's office that will integrate behavioral health with primary care, which Clinica and Salud already do and Boulder Community Hospital (BCH) has started this year. This will be very challenging, because 80% of the population must have access. The goal will be to try to align this with other initiatives. She said the Public Health Improvement Process (PHIP) and mental health are the focus areas.

Things to consider with regard to health care reform and public health are: It hasn't been included yet in payment reform models; public health has limited impact on the population-level scale; and how prevention is included in the global payment model.

Ms. Laws also mentioned the Quality Health Network (QHN) and Colorado Regional Health Information Organization (CORHIO), which are funded agencies to manage health care data exchange in Colorado. QHN has built health care neighborhoods and is a best practice model, as is CORHIO.

The Board thanked Ms. Laws for her update.

ITEM 5. Update on Prevention / Intervention Program.

Community Health Division Manager Andrea Poniers presented this item and said the Prevention / Intervention (P/I) Program promotes resiliency in adolescents by providing school-based, health-related prevention and intervention services. The program places mental health professionals into local high schools, as well as Boulder Valley School District (BVSD) middle schools.

When BCPH adopted the agency's strategic plan two years ago, staff was asked to ensure that the agency was doing the right work in the best way possible to achieve health outcomes. Last year, St. Vrain Valley School District (SVVSD) opted to withdraw from the P/I Program and instead place internal staff in its schools. This decision enabled the P/I Program to redirect staffing and funding resources for primary prevention and promotion of youth protective factors.

The program conducted an evaluation to thoroughly assess youth prevention and protective factors in Boulder County, and Ms. Poniers described how the assessment process was done. She said staff from several BCPH programs (i.e. Tobacco Education and Prevention Partnership [TEPP], Public Health Improvement Process [PHIP], Health Planning, and Community Health), as well as an intern from the Colorado School of Public Health participated in the assessment process with youth members. They reviewed and analyzed a variety of data collected from the Youth Risk Behavior Survey (YRBS), literature reviews, and key informant interviews. Staff wanted to ensure that positive youth leadership qualities and a strength-based approach were included in the discussions. Ms. Poniers noted the wide range of

health disparities that existed between groups of youth in the community. She said multiple risk factors needed to be addressed, yet the program wanted to make sure programming also adequately served youth who weren't necessarily "high flyers."

BCPH already has established programs that address youth sexual health and substance abuse, so the new work of the P/I Program will focus on youth mental health (including depression and suicide) and well-being because all three areas (i.e. substance abuse, sexual health, and mental health) are intertwined. A smaller team of staff will continue working together to identify goals, objectives, and strategies for the newly defined program work. She said "youth" were defined as those between the ages of 6-25 years; she said another assessment was being conducted for children 0-5 years.

Board Member Misch asked if sex education in Boulder County prior to college was still conducted by physical education teachers. Ms. Poniers said youth learn a lot about sex from other youth. She said even though sex education is conducted in the schools, it varies dramatically from school to school and teacher to teacher.

Olga Bermudez, an employee of the City of Longmont Children, Youth, and Families Department, spoke to the Board and said she works with many youth in her job and helps to answer questions of youth and parents. She agreed with Ms. Poniers and said youth do learn about sex from their friends, as well as the Internet. She said some youth ask questions of youth center staff that should really be asked of their parents. Part of the issue is that schools/parents are hesitant to discuss sex with youth. Ms. Bermudez said youth are ready to and wanting to receive information on sex, but it's the adults who are afraid to discuss it. Ms. Poniers agreed and said these discussions need to be normalized. She also stressed the need for youth to have access to trusted adults with whom they can talk. She also noted that there is an enormous gap between adults and youth with regard to the use of and value of social media and technology, which may be an area that should be evaluated more because there is such a wide gap between youth and adults on the use of technology and social media.

Ms. Poniers said key influencing factors for mental health and well-being include genetics, physical health, substance abuse, access to services, connection/relationships, and resilience. The focus of the program should not be physical health, but rather resilience, connection/relationships, and access to services. Staff is evaluating effective strategies, community resources, and the role of public health.

The roadmap for community change will be building mental health and well-being. The program would like to prepare youth to be resilient and able to get back on their feet if they trip; the way to accomplish that is to create a community that values, respects, and supports its youth. They need to know where to go for help and to recognize there are people in the community who truly care about them. This will be accomplished by creating positive relationships with caring adults and coordinated and informed service systems. Some of the strategies for doing that will be to create adult "upstanders," community and school policies, evidence-based programs, points of contact, positive youth development principles practiced by agencies/adults, cultural responsiveness and inclusiveness, and coordinated youth-serving programming across agencies.

First steps will involve going to the youth. Since youth input helped to identify this need, it only made sense to work with youth to find out what would work best for them. Ms. Poniers said training will be conducted by the State of Colorado at the University of Colorado on March 16 on positive youth development that will include discussions on marijuana and creating common language and understanding.

Ms. Poniers spoke about the Sources of Strength (SOS) Program, which is currently available in several schools and will be expanded to two new schools in the upcoming weeks. SOS is a best practice, evidence-based youth suicide prevention project that utilizes the power of peer social networks to change unhealthy norms and culture. The program works to prevent suicide, reduce bullying, decrease substance abuse, and enhance school bonding and engagement. This is done by building upon the strengths of youths' coping skills and increasing help-seeking behaviors and connections between peers and caring adults with a focus on hope, help, and strength.

The P/I Program is researching other evidence-based programming. Ms. Poniers announced that one staff member will become trained in youth mental health first aid, which entails a daylong train-the-trainer training.

Next steps include:

- Completing the assessment report, a draft of which will soon be ready for internal review.
- Developing the roadmap to resilient youth (as outlined below).
- Working to develop widespread community change and getting everyone onboard.
- Engaging community partners and developing a common language and commitment to the vision.
- Starting a conversation on social media and technology.

The roadmap to resilient youth includes having a community that values, respects, and supports youth, as well as positive relationships with caring adults and a coordinated and informed service system. Community partners, including schools and youth-serving agencies, will need to make sure the following are available:

- Adult “upstanders” willing to take action on behalf of youth.
- Community and school policies that ensure safe, inclusive, and healthy environments and equitable enforcement.
- Evidence-based programs that address youth protective and risk factors and positive school climate, including the Sources of Strength Program.
- Points of contact for youth to recognize signs of crisis and how to respond appropriately.
- Positive youth development principles practiced by agencies and adults influential with youth.
- Cultural responsiveness and inclusiveness promoted throughout the community.
- Coordinated youth-serving programming across agencies.

Board Member Misch asked if the school districts were supportive of this plan. Ms. Poniers said Boulder Valley School District was more open to the changes, in general; however, staff continues to work with both school districts. Board Member Misch asked about parents, and Ms. Poniers said the challenge of programming for parents is that it must reach the full spectrum. Often it's the parents of “high flyers” who aren't able to or aren't willing to participate as much as it was desired.

Director of Health Programs expressed how proud he was of Ms. Poniers and her leadership. He said BCPH was excited to expand the train-the-trainer (mental health first aid) and SOS programming.

The Board thanked Ms. Poniers for the update and expressed appreciation for the P/I Program's efforts.

ITEM 6. Director's Report.

Youth Suicides: Board Member Misch asked about school handling of several student suicides in East County recently. Community Health Division Manager Andrea Poniers said some students offered suggestions to the schools about grieving and honoring the suicide victims; however, the schools

decided not to follow through on those suggestions because they feared it could shed more light on the situation and make matters worse. Olga Bermudez, City of Longmont Youth Services, said she attended the meeting the recommendations were made. The youth wanted to release balloons at the local football game in honor of the suicide victims, but the request was denied by the schools. The youth were frustrated because they felt they weren't being respected and were being treated like little children. She said the youth are striving for positive youth development, yet their messages aren't always heard by the schools. She said the school provided counselors for the youth, except many of them don't want to talk with adults they don't know and instead would prefer speaking with their teachers. One positive outcome from that meeting was that the school district's mental health coordinator and a school board member asked to talk more with BCPH staff about the SOS Program. Staff is hoping this will create more opportunity to begin implementing the SOS Program in SVVSD.

CCI Food Protection Act: Vice President Thomas asked for staff's opinion on moving the retail restaurant establishment fees structure from the authority of the State Legislature to the State Board of Health. Public Health Director Jeff Zayach said staff supported this change because it would be more efficient and effective.

Black Hawk Clinic: Board Member Misch asked why the community health clinic in Black Hawk was closed. Public Health Director Zayach said he wasn't sure but would contact Jefferson County and report back to the Board.

Reduced CCPD Grant Funding: Vice President Thomas asked about the Cancer, Cardiovascular and Cardiopulmonary Disease (CCPD) grant for healthy foods and beverages. BCPH is part of a seven-county regional collaborative that submitted the grant application. Director of Health Programs Heath Harmon said the grant was reduced by 54%, so the grant partners needed to develop a revised budget and scope of work.

ITEM 7. Old and New Business/Announcements.

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

None.

B. Old and New Business.

None.

C. Announcements.

Maternal Child Health Delegation from Dushanbe, Tajikistan: Director of Administrative Services Stephanie Martz announced that a delegation of maternal and child health officials from Dushanbe, Tajikistan (one of the City of Boulder's sister cities) would be visiting Boulder County from March 7-14. Boulder County Public Health and the City of Boulder Sister City Program are co-hosting the delegation.

Tajikistan is located north of Afghanistan and is part of the former Soviet Union; it is now one of the poorest countries in Asia. During the visit, BCPH staff from GENESIS, GENESISTER, Children with Special Needs, Immunization, Child Health Promotion, Communicable Disease (HIV/AIDS), and WIC (Women, Infants, and Children) will participate. Community partners participating include Boulder Valley Women's Health (Women's Health), Avista Hospital Women's Health, Community Food Share, and Safehouse.

The delegation will include five ladies and a translator, and Public Health Director Zayach will be presenting on health care in America. The Board was invited to attend the series of events being held during the visit.

Community Health Division Work Wall: Community Health Division Manager Andrea Poniers presented her division’s “work wall,” which her staff created and presented to the rest of the agency as part of the “Bold Steps to BCPH Vision” effort. Bold Steps came out of the agency’s “Culture and Change” effort. Work walls, which are visual boards that are being created and hosted by one BCPH division at a time. These events will enable divisions to share information about their work and allow their staff to get to know staff from the rest of the agency on a more informal basis.

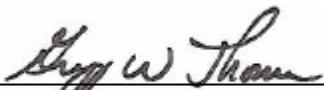
Ms. Poniers said the Community Health Division hosted the inaugural event, which included presentation of its work wall, interesting personal information on each staff person, and updates on the division’s current programming and projects.

Director of Strategic Initiatives Selection: Public Health Director Zayach said the Directors Team was conducting the final interviews for the Director of Strategic Initiatives, with a decision being announced very soon.

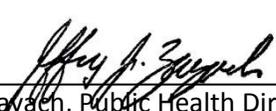
New BOH Member: Public Health Director Zayach said the County Commissioners were in the process of reviewing applicants for the vacant Board of Health position, which will also be filled soon.

ITEM 8. Adjournment.

There being nothing further to discuss, Vice President Thomas declared the meeting adjourned at 7:22 p.m.



Gregg Thomas, President



Jeffrey J. Zayach, Public Health Director