



**BOARD OF DIRECTORS
MEETING
September 23, 2014**

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

MINUTES

BOARD MEMBERS PRESENT: Bernard J. Birnbaum, MD, President
Tess Heffernan, Vice President
Tracy L. Nelson, Treasurer
Steven J. Thorson, MD, Liaison to PVHS Board

BOARD MEMBERS ABSENT: Michael D. Liggett, Secretary

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Rosie Duran, Larimer Health Connect, MCD/CHP+
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
Laura Mai, Accountant
Rhea Maze, Communications Specialist
John Newman, Clinical Services Director
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact Director

OTHERS PRESENT: Kathy Johnston, Larimer Health Connect
Ann Martin, Prescription Assistance
Natalie Mirabile, Prescription Assistance
Jill Wear, Prescription Assistance

CALL TO ORDER; APPROVAL OF AGENDA

Board President Bernard Birnbaum called the meeting to order at 5:59 p.m. An item concerning the Humane Society ballot issue was added to the Discussion & Action section of the agenda, and the item regarding a potential CDDT/ACT building was moved to Executive Session.

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

It was noted that Mr. Liggett had contacted Ms. Plock before the meeting to apologize for his unexpected absence due to the need to attend to a matter that had come up at the last minute.

PUBLIC COMMENTS

None.

DISCUSSION & ACTIONS

Future Focus Areas for the Health District

The Board reviewed a handout entitled “Potential Areas of Key Future Focus,” which summarized the discussion and an informal “straw vote” taken at the last Board retreat. The document was presented in order for the Board to make an official decision on whether the areas of focus were indeed their focus for the upcoming few years, and whether the order of priority accurately represented their priorities.

The top 3 priorities included: 1) boost the number of people who have health insurance; and help the community understand health insurance options and assure capacity; 2) continue to provide dental care, including a determination of remaining unmet need, and merging Dental Connections in to the Dental Clinic; and 3) improve the ability of the community to effectively address mental illness, pain management and addictions. Three other high priorities include: 1) help people quit tobacco; 2) Improve the level of “found” and “controlled” blood pressure and cholesterol issues; and 3) Provide robust information on available health services by re-creating healthinfosource.com. Areas to be included as time and opportunities permit include: 1) focused communication on the issues of distracted driving, alcohol, and hypertension/cholesterol, and 2) a project to better understand the topic of aging and how prepared our community is to provide adequate levels of health care into the future.

The Board stated that the Key Future Focus document was very well put together and accurately reflects the Board’s consideration of the issues.

MOTION: To approve the “Potential Areas of Key Future Focus” document as a guiding document for the priorities and work of the Health District.
Motion/Seconded/Carried Unanimously

Staff will utilize these priorities in drafting the 2015 direction and budget.

The next step in planning for the coming year has been to take into consideration those priorities, and all the changes going on – both in the health care system in general (e.g., health care reform, Medicaid expansion, and coverage of adult dental care within Medicaid) and within the Health District specifically (e.g., one director moving towards retirement and another moving out of the country) and create a way to appropriately reorganize our structure and services. The document titled “Adapting to Priorities, Personnel Changes, Progress in Projects, Changing World of Health Care Reform” was provided as an illustration of how some of the services may be reorganized. (See document for full details.)

There are three areas being considered for changes: Health Care Access, Dental Services, and Mental Health/Addictions. Health Care Access would encompass the following programs or projects: Larimer Health Connect (which would potentially increase the number of staff included in the operational budget), Prescription Assistance (an anticipated decrease in staffing due to the

level of prescription coverage now available to the community), “Changing World of Health Care Reform” (medical capacity and HPSAs), and the Medicaid Accountable Care Coalition. This area also includes recruitment and training of a Director to replace Ms. Karen Spink. Dental Services would include: Family Dental Clinic, Dental Connections, and a Community Dental Capacity/Cost of Expansion review and involves a new Apprentice/Assistant Dental Services Director position to eventually replace Mr. John Newman. The Mental Health/Addictions area would include: the MHSA Partnership and MH/SA Connections. The Director in charge would be Lin Wilder, and a new MH/Addictions Assistant Director position would be hired to assist with the breadth of work.

Other changes included in the budget are dedicated funding for part-time staffing to focus on the re-creation of the healthinfosource.org website, and for an additional IT position to provide support to front-end users.

Board Discussion: The Board expressed agreement with the proposed changes, noting that they appear to be in line with the priorities of the Key Future Focus areas. They noted that it is important to match our workforce to the new direction. A comment was made in support of using reserve dollars if needed to help support the implementation of the changes. Ms. Plock noted that there was funding available in the 2014 budget to start the Assistant Director for MH/Addictions position, and the board indicated their approval of hiring that position early if possible.

Policy Changes for Prescription Assistance and Dental Programs

A Memo regarding “Policies for Prescription Assistance and Dental Services due to Health Care Reform” was distributed to the Board members for their review and consideration. In consideration of the recent expansion of Medicaid for adults in January (which, phasing in from April – July, includes dental coverage up to \$1,000) and the Connect for Health Colorado marketplace which offers financial assistance in paying for health coverage plans for those with incomes above Medicaid levels but below 400% FPL (including tax credits on premiums and cost reductions in deductibles and copays for those eligible), staff is proposing changes that would help our clients move towards these insurance options. (See memo for full details.) Access to health care has always been a Health District priority and these options are already providing insurance to the majority of the individuals the Health District has previously served in our Prescription Assistance and Dental programs. The following policies are therefore being proposed for the Board’s consideration:

Prescription Assistance - A recommendation to send a letter to current PA clients whose income may qualify them for financial assistance in purchasing private insurance through the marketplace. The letter would offer them assistance in signing up for a plan during the upcoming second open enrollment period, and inform that if they do not have health insurance by April 1, they will not be eligible for future PA services through the Health District unless they meet one of our “exceptions” categories. (See document for details and exceptions.)

Dental Services – A recommendation for the development of a policy that could be conveyed by letter to dental clinic patients who are not on Medicaid. For those patients who are not on Medicaid but who may be eligible, that they would be required to apply for Medicaid before their next appointment with the dental clinic (or, if the next appointment is within a month, they would have up to one month past their appointment to apply). If the person has not applied by the

appropriate deadline, the cost of services for any future dental appointments would be at full cost. For those patients whose income is between 139% and 185% FPL, the letter would indicate that dental insurance can be purchased in the Connect for Health Care marketplace if they desire, but that the Health District would still allow those who do not have dental insurance to utilize the Dental Clinic using our sliding fee scale. (See document for details.)

It was noted that every effort would be made to contact individuals of these policy changes and to provide assistance in obtaining health coverage. In some cases, clients will fall between the gaps and won't qualify for either Medicaid or the financial assistance available from the marketplace, so the PA program will need to continue to be available for those people, and potentially to help with other gaps that arise.

Board Discussion: The Board expressed their desire that staff make sure that every effort is made to reach these individuals. They were also concerned about the possibility of some individuals falling through the cracks (such as those on Medicare whose income is just above the Medicaid level, those with special challenges, those who don't re-enroll, etc.), and asked for staff to keep track of what kinds of needs still exist, and retain some flexibility in meeting appropriate ones. There was also a concern about what the Health District would do if the Medicaid expansion should ever be repealed (one response was that should that happen, the Health District can always change its policies again). The Board expressed interest in hearing the goals for the program, the estimated remaining needs, and the results of tracking of the numbers and circumstances of the kinds of cases/situations that we continue to see after the notification (for example, whether they were insured, what type of coverage they had, etc.).

MOTION: To approve the policy changes as presented, with attention to the details noted in the paragraph above, and the expectation that appropriate data will be collected after the changes are made.
Motion/Seconded/Carried Unanimously

Budget 2015

Ms. Lorraine Haywood, Finance Director, provided a brief overview of Health District revenues, and a budget calendar. (See handout for full details.) Preliminary valuations were received from the Larimer County Assessor's office on August 25, kicking off the annual budget process. Expected revenue for 2015 includes modest increases from property taxes, specific ownership taxes, and the lease, totaling an increase of approximately \$182,363 (a 2.78% increase over prior year). While the analysis of other revenues is not yet complete these three sources account for about 75% of our revenue, giving a ballpark indication of revenues for the next budget year.

A proposed budget will be delivered to the Board members no later than October 15 (per state statute requirements). At the October 28 board meeting, the Board will set a date for a Budget Hearing in November. Final valuations are expected around December 10, after which a final Budget proposal will be presented for the Board's December 12 meeting for their final consideration and approval.

Pay and Performance Management System

Mr. Chris Sheafor, Support Services Director, provided a brief overview of the Health District's Pay and Performance Management System. From the beginning, the Health District's Board wanted a system in place to evaluate personnel performance and which ensured that we were

competing for quality employees, keeping good employees and providing value for funds spent on compensation. The Health District conducts a bi-annual market survey to make sure our jobs are in the correct ranges when compared with similar organizations (sector, position, and size), and that we are paying market rates for those jobs. The next step is to do a budget analysis to set a pay increase “pool” amount in the annual budget, based on expected revenue, inflation, etc. Early in the following year, Employee Performance Reviews are conducted, in which Directors/Supervisors rate performance based on a performance plan. Based on the Performance Reviews, the amount of the pool available, and other factors such as where a person’s pay falls in the market ranges compared to their performance (performance zones), pay increase allocations are assigned by the management cabinet committee, to be paid retroactive to the beginning of the year.

Successes of this process are that the Health District is able to compete for quality candidates, the key employee group is long tenured, poor performers tend to self-select out of the organization, employees buy into the process and tend to trust the market pricing and performance management systems, and the system is now part of the organization’s culture having been used for the past 16 years. A challenge, however, has been that there has been very limited revenue increases in some years, making attention to inflation, and meaningful pay increases and rewards hard to achieve. For the 2015 budget year staff is proposing a pay increase pool of 2.5 – 2.75%, depending upon resources available when the budgeting is further along. Based on the pay for performance process, some employees will get a higher percentage and some a lower or no increase.

Dr. Thorson pointed out that in addition to salaries, he believes that the Health District offers a significant benefit package. Another comment was that it is important to find a good balance between being good stewards of public funding and being able to pay competitive wages in order to recruit the best people. It may also be time to analyze the retirement funds typically available to staff at retirement, to determine how adequate the policy addressing retirement funding has been over time. Staff will get the information in the Employee Handbook which outlines employee benefits to the new board members, and will also check into whether it is time to schedule the periodic benefit review.

MOTION: To approve a 2.5% to 2.75% pay for performance pool increase in the 2015 budget.
Motion/Seconded/Carried Unanimously

Other Tasks Brainstormed at Retreat

This document is an add-on to the “Key Future Focus” document and outlines additional tasks the Board brainstormed as tasks to potentially be accomplished over the next year or so. The items are sorted by board responsibility, staff responsibility, or both. The Board was asked if the document is an accurate representation of what they were thinking and if they would like to prioritize the items in order of importance or timelines for completion.

Board Discussion: The Board gave the following direction: Focus on three key areas for board discussion, setting one for board discussion every two or three months starting in 2015: 1) Early 2015: Enhancing community awareness of the Health District (review marketing/education purpose, approach, and budget; consider renewing key leader visits). Begin with a brief presentation from Mr. Richard Cox (Communications Director), followed by board discussion of

the need/purpose, awareness of what?, what energy/resource/effort level to assign, and whether/what changes are warranted, 2) End of first quarter, 2015: Review voting process to determine whether it is possible to make it easier to vote (next election is 2016), and 3) At the next Board retreat (usually spring to early summer), take about 1 ½ hours to brainstorm board intent (first step of review/amend Mission/Vision/Strategy/Values Statement).

Other items will go onto staff task lists, including: create and distribute an overview of key messages from our triennial review for physicians (limited to 2-3 pages); develop, and create process for annual updating, a written Continuity of Operations Plan; create presentation for the Board on how we work with UC Health North and the Health Department to coordinate our community health needs assessments, and the results of their assessments; Compass article on the relative risk of various health factors (noting the science/statistical risks, etc.). (See handout for detail – to be revised based on direction above.)

Compass Advisory Committee Member Appointments

The Board was given a copy of a Memo explaining the need to fill four vacancies on the Compass Advisory Committee due to term limits or resignation. The Committee meets quarterly to provide the Communications Team with useful feedback and story ideas for future issues of Compass. The memo offers the name of four appointees for the Board's consideration and approval. (See memo for full details.) Suggestions from the board for the future were to invite a representative from the School District who works on health and wellness issues, and to include Hispanic representation.

MOTION: To approve the proposed nominees as presented for the Compass Advisory Committee.
Motion/Seconded/Carried Unanimously

Humane Society Ballot Initiative

Mr. John Frye, a local Fort Collins attorney, inquired as to whether the Health District Board might consider supporting the Humane Society ballot initiative. At the last meeting, the Board declined to consider or take a position on the initiative, but since that time, more information about its relation to health issues was provided, so the board agreed to hear the information. One of the Humane Society's roles is in animal control. They respond to animal events directly related to public health, such as tularemia, rabies, and respond to and shelter animals dangerous to humans. The initiative proposes a sales tax increase that would fund a new humane society facility and services. If not funded adequately, the humane society might have to pull back from animal control, leaving it up to the county (which does not have the funds or the expertise), and only deal with the traditional role of providing shelter/adoption services.

Per the Fair Campaign Practices Act, the Board could, if they choose to, take a position as long as the issue is considered a "matter of official concern." However, staff is not permitted to advocate or spend any time or effort on the issue. Board members are allowed to take actions that are usual and customary for policy issues, which has in the past included posting on the web site and sometimes submitting a letter (in a ballot issue, the letter would have to be drafted by the board).

Board Discussion: The issue does affect health, although the impact is likely small. In general, the Board supports the issue of good animal control, and is willing to allow the Humane Society to use the Health District's name as a supporter.

MOTION: To SUPPORT the Humane Society ballot initiative, which is considered to be a matter of official concern to the Health District because effective animal control is directly linked to public health due to its role in protection of humans from communicable diseases and dangerous animals, and because it is directly linked to the section of our Vision Statement related to "detection of treatable disease and prevention of injury." The Humane Society board may include the Health District in a list of supporters.

Motion/Seconded/Carried Unanimously

UPDATES & REPORTS

Executive Director Oral Report

A representative of Health Care for All Coloradans, Northern Chapter inquired as to whether the Board would like to have a presentation; the board members declined to have a presentation at this time.

Ms. Plock reported that there is renewed interest in the community in developing a good plan for a combined services center to provide the mental health and substance abuse services still needed in the community. The issue is directly tied to the work that the Mental Health and Substance Abuse partnership is doing on the topic of mapping out the continuum of substance abuse services necessary to make a real impact. Several groups, including the County Commissioners, are prioritizing this project. We may want to reserve some budget dollars to help in the planning stages. The project may require tax dollars, and if so, could lead to a ballot issue. The Health District could not put resources or staff time in that, but could help assure that experts are involved in creating the best possible plan.

Dr. Thorson noted that if our community could come up with a quality project plan similar to the one in San Antonio, including the support of the DA, judges, hospital, Sheriff, and others, and show the community how it would save money, it would be a win/win situation. Board members felt that bipartisan support for the concept is quite possible.

PVHS Board Liaison Report

A new Director of Compliance and Privacy was hired for the UC Health North area – an attorney named Kyra Knapp. It will be her responsibility to make sure the health system is compliant with federal laws, state laws, Medicaid regulations, etc. Mr. Thorson, in his role as Liaison to the PVHS Board (now UC Health North Board), made a point of communicating with her about the Lease Agreement between the Health District and UCHealth/PVHS and certain compliance requirements.

UC Health has previously had a longstanding relationship with the National Jewish Hospital, which feeds into the residency program in cardiothoracic surgery. Unfortunately, National Jewish recently opted to sever that relationship, which will result in a loss of revenue and threatens the loss of the residency program.

UC Health is looking into the possibility of strengthening their relationship with CSU – possibly allowing med students to take some of their basic science requirements locally – with the aim of increasing the number of physicians who graduate in Colorado. This is important for our community and something that may enhance CSU.

UC Health CEO Liz Concordia has moved to Colorado and started her new position, and Dr. Neff, who has been the Interim CEO for UC Health, moves back to being the Medical Director.

Financially, UC Health North is doing well, as well as University of Colorado; Memorial Hospital in Colorado Springs still has financial challenges but is making progress.

CONSENT AGENDA

- Approval of July 2014 Financial Statements
- Approval of the August 26, 2014 Board Meeting Minutes

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

ANNOUNCEMENTS

- October 28, 2014 – Board of Directors Regular Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: To go into Executive Session for the purpose of determining positions relative to matters that may be subject to negotiations; developing strategies for negotiations; and instructing negotiators pursuant to §24-6-402(4)(e) of the C.R.S.
Motion/Seconded/Carried Unanimously

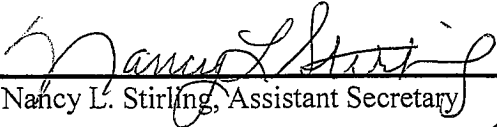
The Board retired to Executive Session at 8:46 p.m.
The Board came out of Executive Session at 9:35 p.m.

ADJOURN

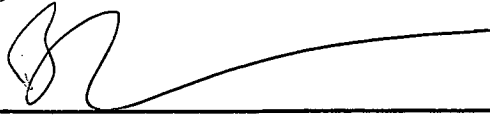
MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 9:36 p.m.

Respectfully submitted:



Nancy L. Stirling, Assistant Secretary



Bernard J. Birnbaum, MD, President

Tess Heffernan

Tess Heffernan, Vice President

Michael D. Biggett

Michael D. Biggett, Secretary

Tracy L. Nelson

Tracy L. Nelson, Treasurer

Steven J. Thorson

Steven J. Thorson, MD, PVHS Board Liaison