



**BOARD OF DIRECTORS  
MEETING  
September 27, 2011**

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

**MINUTES**

**BOARD MEMBERS PRESENT:** Celeste Holder Kling, President  
Bernard J. Birnbaum, MD, Vice President  
Timothy S. O'Neill, Secretary  
Steven J. Thorson, MD, Treasurer  
Joe D. Hendrickson, Liaison to PVHS Board

**STAFF PRESENT:** Carol Plock, Executive Director  
Jim Becker, Resource Development Coordinator  
Richard Cox, Communications Director  
Lorraine Haywood, Finance Director  
Laura Mai, Accountant  
John Newman, Medical Services Director  
Chris Sheafor, Support Services Director  
Nancy Stirling, Assistant to Executive Director  
Lin Wilder, Community Impact/Health Promotion Director  
Kristan Williams, Health Promotion Coordinator

**OTHERS PRESENT:** Kendra Carberry, Attorney for Health District  
Robin Foster, Attorney  
John Hayes, Legal Consultant (via phone)  
Curt Chase, Attorney (via phone)  
Steve Johnson, Larimer County Commissioner  
Gary Darling, Lar. Cty, Dir. of Criminal Justice Services  
Dr. and Mrs. Gerald Weiss, Public

**CALL TO ORDER; APPROVAL OF AGENDA**

President Celeste Kling called the meeting to order at 5:49 p.m. One item was added to the "Decision" portion of the agenda concerning the Medicaid ACC Project.

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

**PUBLIC COMMENTS**

(Guests to the meeting arrived about 10 minutes after the meeting had begun. The Board interrupted the meeting to allow the guests the opportunity to express any comments to the Board.) Dr. Gerald Weiss, citizen, introduced himself and his wife to the group. He inquired

about the southern-most boundary of the District (staff responded that it is generally around Carpenter Road, but varies), and whether the board was aware of that boundary, and made a comment that there are problems with access for those who live in that area. (The meeting resumed.)

## **DISCUSSION AND ACTION**

### **2012 Budget Implications Given Revenue Estimates**

The Health District has the challenge of needing to cut about \$216,000 from this year's budget. Initially, we thought we would be cutting \$185,000, however it is now anticipated that health insurance rates will increase by about twice what was anticipated (around 20%), and that we need to add back in the funds that were not used this year during the one-day furlough. Adding these to lesser revenue from property and SO taxes, lesser interest revenue, and a very small pay increase after no significant pay increases since 2008, creates a significant need for cuts. The Health District has done as much "belt-tightening" as possible and is now at the point where there will need to be layoffs and scaling back in order to be able to continue the remaining services in a healthy way for the next several years. Projections indicate that we are in the second of a three-year period of cuts; if the economy holds, tax revenues will then likely be fairly even for a couple of years and then, starting in 2016, there is a chance for slow increases in revenue.

Staff is currently involved in the budget process with the goal of presenting a draft 2012 budget to the Board by October 15, the date required by state statute. Coordinators and Directors have been instructed to consider and submit budgets with 3% and 5% cuts. The Executive Director will submit a proposed overall budget, taking into consideration the proposed program budgets, the future of the organization, and the results from the Board's priorities discussion. Adjustments to the proposed budget can be made between October 15 and December 15, when a final budget must be approved and submitted to the County.

### **Board Priorities Discussion**

At the Board's most recent retreat, they discussed both current programs and future priorities. From that discussion, particular current programs/areas emerged as areas where strong focus is indicated, and which are to be continued either as is or with some changes possible. The Board considered the list and made no changes. At the retreat, the Board requested, for those areas where focus is in question and for additional topics/issues/gaps that arose from the most recent Triennial Review, an opportunity to further consider and prioritize the remaining areas.

Recently, the Board participated in a prioritization exercise where they were asked to rank, from highest importance (1) to least (11), 11 areas in which the Health District might place a focus (in addition to the "strong focus indicated" list). The results of the prioritization was presented to the Board in order of highest to lowest. (See handout for details.) There were three areas where the board's opinions were very similar: the two highest priority areas and the lowest priority area. The two areas which clearly rose to the top of the list were care coordination and helping people understand changes, choices and resources in the changing health care environment. The lowest ranked area was Nutrition and Healthy Weighs. The remainder of the areas tended to show diverse opinions from the Board, but a likely ranking that made sense, except for two areas in which staff particularly asked for clarification, since board opinions seemed to be at opposite ends. Those two issues included the Aging Population's Health Needs, and Adult Flu Immunizations. The Board was asked to review the information, rankings and comments, to see

whether they would like to advocate for any areas they think should be ranked differently, and to see if there were any areas in which they wanted to offer guidance to the Executive Director pertaining to the 2012 budget.

### **Board Discussion: Input to ED on 2012 Budget Preparation**

The Board held a brief discussion and provided guidance on the following areas:

- Aging Population – In the very near future, the community is going to see a significant increase in the aging population and there is concern that, although various organizations are creating plans for their own services, there may not be any unified approach in the community on how our community will address the full continuum of health needs. The Board believes that the Health District has the skills and experience to be a catalyst and/or convener of a group of representatives from various agencies and organizations already involved with this population to help assure that a plan is developed to address what the impact of a growing aging population will have on the community and how the community will meet it. At the same time, the changes involving Accountable Care Organizations will require that ACOs have effective approaches for providing care for the geriatric population. If other organizations can lead the planning process, that would be fine, but the worst thing would be to not have a communitywide plan that considers the full continuum of needs across organizations. The Board's thought was that it would be important to spend time in 2012 gathering some data and doing research on what is already in progress and what is still needed (which might, if necessary, include an investigative process similar to the Oral Health Project, potentially with the help of a consult to conduct interviews & gather data), with a decision on whether to move forward in 2013 on an initiative.
- Nutrition/Healthy Weighs – The Board discussed briefly the low ranking Nutrition/Health Weighs received. They were in agreement that while it is a wonderful program, and the staff is extremely skilled and knowledgeable, the program only serves a small number of people at a very high cost per person basis. Since the Health District's mission is to improve the health of the community, the Board needs to direct Health District funds towards those efforts that make the biggest health differences. With that in mind, the Board therefore directed the Executive Director to discontinue the program as of the end of this year, noting that even if the budget cuts were not so drastic, the decision would be the same.
- Care Coordination and Helping people understand the changing health care environment – Both areas were high priorities for the Board, which supported the idea of having staff look more closely at these issues in 2012, and to consider possible future roles for the Health District.
- Adult Flu Immunization – Providing flu immunizations is one of several services the Health District has been able to provide to the whole community. The service has also offered a sliding fee scale and vouchers to individuals who could not afford the full cost of vaccinations. In recent years, however, the community has seen a proliferation of stores and clinics offering discounted vaccinations and which provide easy access and convenience to those seeking vaccinations. The Health District has always sought to fill gaps in areas needed in the community and to avoid duplication of services. With this in mind, as well as considering the costs involved in advertising and providing the service, the Board decided to discontinue adult flu vaccination clinics. Vaccine vouchers will continue to be offered to Health District clients who otherwise cannot afford the full cost of flu vaccinations.
- Dental Sealants for Children – The Board is supportive of increasing the use of dental sealants for children as an effective way to prevent dental disease. The science supports the

intervention, and the Health District has knowledgeable staff who could help develop the approach. There is also an opportunity to obtain outside funding from special interest groups and service organizations. The Board supported research in 2012 to understand the breadth of the need, potential approaches, population to be served, costs, and potential funders.

- **Obesity** – This issue landed in the top half of the prioritization list, and the Board confirmed that they would like to have it continue to be in the Health District’s priorities. The current strategy is for us to continue to research whether there is an effective method of impacting the use of sugar-sweetened beverages, and whether there are outside funding sources, and that work will continue.

The remaining four issues on the Board’s original brainstorming list will not be pursued at this time.

[The Board paused at this point of the meeting for a two-minute break before going into Executive Session.]

### **EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION:** For the purpose of discussion pertaining to negotiations pursuant to §24-6-402(4)(e) of the C.R.S., and for the purpose of discussion with an attorney for the district for the purpose of receiving legal advice on specific legal questions per §24-6-402(4)(b) of the C.R.S.  
*Motion/Seconded/Carried Unanimously*

The Board retired to Executive Session at 7:05 p.m.

The Board came out of Executive Session at 8:45 p.m.

The regular portion of this meeting resumed at 8:50 pm.

### **DECISION**

#### **Resolution of Support for Larimer County Sheriff’s Office Tax for Public Safety**

Included in the meeting packet was a draft Resolution concerning the County’s “Keeping Public Safety First” tax initiative for the Board’s consideration. Prior to the meeting, the Board received additional information summarizing the initiative. Essentially, two current 0.2 (total of .4) percent sales taxes, used to expand and operate the county’s criminal justice facilities, will sunset shortly. This initiative is asking voters to support a 15-year, lower replacement (.375) percent sales tax to shore up operations in running the jail, restore reduced treatment and rehabilitation programs, and address the future criminal justice needs of the community. It is not a tax increase and the money would fill a budget gap of up to \$11 million dollars.

Commissioner Steve Johnson and Mr. Gary Darling, representatives of Larimer County, attended this meeting to provide any additional information and answer questions from the Board. They commented that the County has prioritized every strategy they would use should the tax extension not pass. Operation of the jail is one of the highest priorities and medium and lower priorities have been identified. Should the initiative not pass, the County would have to cut out all of the lowest priorities and half of the medium priorities. Every aspect of County government would be negatively affected, including child welfare. It would also affect any matches the County might receive.

**MOTION: To SUPPORT the “Resolution of Support of the Larimer County Sheriff’s Office Sales Tax for Public Safety.”**  
*Motion/Seconded/Carried Unanimously*

The resolution will be posted on the District’s web site as is usual and customary. The Board wondered whether a letter to the editor could be created; staff will check on whether that is allowed and report back to the Board.

### **Medicaid Accountable Care Collaboration (ACC)**

In Fargo, there is a model of an amazing interdisciplinary team that works efficiently to provide unusually successful care coordination to those with the most complex health needs. The CDDT team members had the opportunity to see this model in action which greatly benefited the program when it was getting started. The ACC project is now under the PVHS Foundation which is responsible for hiring staff and providing services. Ms. Karen Spink has been helping with transition until it is fully developed and the new Coordinator can take over. It has been suggested that the ACC/Community Care Coordination project team members would greatly benefit from a site visit to Fargo to see how the model works and how the members interact with one another as our local project team members work to set up the program in a way to be most effective. The Health District currently has about \$4,000 left of the \$15,000 the Board approved for this project. Staff feels this is very important to the success of the program and asks the Board to consider and approve additional funding in order to have enough funding to cover travel expenses for ACC project team members to make the trip to Fargo, as well as to continue our work with the local partnership.

**MOTION: To approve up to an additional \$10,000 for the Medicaid ACC Care Coordination local approach, for a total of \$25,000 in Health District funding available for this project in 2011.**  
*Motion/Seconded/Carried Unanimously*

### **UPDATES & REPORTS**

#### **2<sup>nd</sup> Quarter Program Reports**

Mr. Hendrickson inquired about the “joint planning meeting” the Executive Director participated in. A Joint Planning Meeting is held every 4 months and includes representatives from PVHS (Ruth Lytle-Barnaby, Foundation Director, and Dr. William Neff, Medical Director), the Health Department (Avie Strand and Dr. Adrienne LeBailly with the Department of Health and Environment), and the Health District (Ms. Plock and Dr. Bruce Cooper, Medical Director). The meetings are an opportunity to share what’s going on at each respective agency/organization and discuss needs that might require a combined approach (i.e., the meningitis clinics held last year).

#### **Community Impact Updates**

Health Care Matters – Staff is currently in the process of conducting second interviews with candidates for the Facilitator position. The Facilitator will work together with Chelsea Williams who has taken over as project coordinator. Ms. Williams has done a great job pulling together information and questions for what focus group meetings might look like and researching audience response systems (“clickers”) for use in focus meetings. Once we have the Facilitator on board, the concept finalized and final input from Champions, the project will be able to move forward with multiple community conversations.

Dental Connections – The program is still in the pilot phase and has seen its first few patients, but policy details and bugs are still being worked through, so it has not formally opened yet.

Health Promotions – Ms. Kristin Williams, Health Promotions Coordinator, spearheaded the Health District’s Health Promotion program’s involvement and sponsorship in the recent Northern Colorado Business Report’s Bixpo event. The event hosts a breakfast and luncheon for northern Colorado business leaders and an exposition with booths representing over 80 businesses. It is an opportunity for businesses to share with other businesses what they do. Health Promotion staff presented on nutrition and smoking cessation and were on hand at the expo to share with attendees what we do, and to introduce the concept of wellness as a good business practice. Health District staff also participated in the breakfast and luncheon hosting guests and networking.

### **PVHS Liaison Report**

Mr. Hendrickson reported that the PVHS Board has a retreat tomorrow; the agenda will include strategic planning, the issue of Banner Health limiting access for PVHS physicians with Greeley Medical Group, the future of the Cancer Center (standalone facility vs. remodeling existing structures), and possibly discussion about potential outlying partnerships.

### **CONSENT AGENDA**

- Approval of August 2011 Financial Statements
- Approval of the June 13, June 14, June 28, August 4, and August 23, 2011 Board Meeting Minutes

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

### **ANNOUNCEMENTS**

- October 25, 5:30 pm – Board of Directors Regular Meeting
- October 30 – November 2 – American Public Health Association (APHA) Annual Conference, in Washington D.C.
- November 15, 5:30 pm – Board of Directors Regular Meeting

### **ADJOURN**

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

The meeting was adjourned at 9:31p.m.

Respectfully submitted:

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Nancy L. Stirling, Assistant Secretary

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Celeste Holder Kling, President

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Bernard J. Birnbaum, MD, Vice President

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Timothy S. O'Neill, Secretary

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Steven J. Thorson, MD, Treasurer

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Joe D. Hendrickson, PVHS Board Liaison