



**BOARD OF DIRECTORS
BUDGET HEARING & MEETING**

November 11, 2014

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

MINUTES

BOARD MEMBERS PRESENT: Bernard J. Birnbaum, MD, President
Tess Heffernan, M.Ed., Vice President
Michael D. Liggett, Esq., Secretary
Tracy L. Nelson, Ph.D., Treasurer
Steven J. Thorson, MD, Liaison to PVHS Board

STAFF PRESENT: Carol Plock, Executive Director
Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Rosie Duran, Larimer Health Connect Team Lead
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
Sue Hewitt, Evaluations Coordinator
John Newman, Clinical Services Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact Director

OTHERS PRESENT: Nick Coltrane, Coloradoan

CALL TO ORDER; APPROVAL OF AGENDA

President Bernard Birnbaum called the meeting to order at 5:55 p.m. The following additions were made to the meeting agenda: a discussion concerning Dental Clinic construction and a brief discussion concerning personnel issues added to the Executive Session.

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

Mr. Nick Coltrane introduced himself. He works for the Coloradoan and attends this meeting due to an interest in our budget and health insurance open enrollment.

PUBLIC COMMENTS

No comments.

BUDGET PRESENTATION AND HEARING

Ms. Carol Plock, Executive Director, and Ms. Lorraine Haywood, Finance Director, provided an overview of the proposed budget for 2015.

Overview of Services

Services to be funded by regular operational funds fall within the 3 major priorities previously determined by the Board, including: **Dental Care services** (Family Dental Clinic, Dental Connections, and a possible community dental capacity/cost of expansion project – calculating an estimate of how much capacity the community has for people with low incomes and/or Medicaid and the feasibility of expanding dental services, if needed); **Mental Health/Substance Use related services** (Healthy Mind Matters – including the MH/SA Partnership’s priorities, a new focus on addictions/pain management, Community Dual Disorders/Assertive Community Treatment (CDDT/ACT), early identification and early intervention (EIEI); Mental Health Connections; and the Integration of MH/SA Care into Primary Care); **Health Care Access** (Larimer Health Connect – helping people get connected to health insurance, limited Prescription Assistance, Medicaid Accountable Care Collaboration facilitation, and health care reform issues – including a health professionals shortage area (HPSA) analysis and a Primary Care capacity study); Health Promotion and Preventive Services (tobacco cessation, hypertension/cholesterol/glucose screenings, Healthinfosource.com web site); and Communications, Policy, a portion of Resource Development, and Assessment/Research/Evaluation.

Time-limited services are shorter-term projects that are important to the community and funded with reserves or grant funding. Some examples of time-limited services focus on **Access to Care** (for example, Larimer Health Connect, Dental Connections/Care Under Anesthesia, an oral surgeon, Dental Client Assistance) or **Data/Information** (e.g. HPSA survey, rebuilding of Healthinfosource.com web site, MH/SA community services and facility planning, and expansion of Primary Care Safety Net services). Time-limited funds will also be used to support certain staffing transitions occurring in 2015, and funds are being held in case more PA assistance is needed than are budgeted from operational funds. (See slide for full list)

Proposed Budget

Ms. Haywood reviewed the timeline for budget approval and budget submission to the State and County, sources of revenue, certification of tax levies, the mill levy and a comparison of inflation with local growth. The major sources of revenue include revenue from property and ownership taxes, PVHS/UCHealth lease revenue, fees, and grants. Between 2014 and 2015 there is an increase of \$126,408 in revenues. The Mill Levy remains the same at 2.167 mills. Once the final valuation is received from the County, adjustments will be made to the proposed budget and presented to the Board for final consideration and approval at the December 12 board meeting. The final approved budget will then be submitted to the State and the County by the December 15 deadline.

Key Changes

Next year will see a few program changes, for example: modest reorganization to adapt to changes after health care reform, including a smaller ongoing staff for Larimer Health Connect, reduction in PA staff due to less consumer need because more people have health coverage, addition of a dental case manager (to handle the new complexities that come with Medicaid coverage for dental care) and a new front-end user IT support position. There will also be a 3.5% health insurance increase as well as a 2.75% pay for performance pool for staff pay increases.

Most expenditures go towards the various programs and projects (the Dental and Mental Health programs receive the most financial support), and less than 5% goes to Administration and the Board.

A corrected Special Projects list was distributed to the board that bolded those items where staff would seek Board permission before beginning a specific project. Also corrected in the proposed budget document was an incorrect Grant Expenditures total noted at the last board meeting. Staff also provided an overview answering the Board's question regarding the difference between actuals for 2013 and budgeted for 2014; the major differences were due to not expending in 2013 as much as was budgeted (particularly in Family Dental expenditures, care coordination services, and special projects). Each year, in order to appropriate an adequate amount of funding, the Health District also budgets for the greatest amount of grant dollars that can be envisioned for that year (both in revenue and expenditures), knowing that not all are likely to be received, so budget and actual grant dollars usually end up at different levels.

Board Discussion: Commenting on the chart illustrating the distribution of total expenditures, the Board was pleased to see that most of the funds are going to the programs, with a very low administration percentage. It was suggested that the charts be posted on the Health District web site since it gives a good picture of Health District services and how tax payers' funds are being spent for the community; similar charts are included in our annual report.

If the Board has any comments or suggested changes for the budget, they were asked to contact Ms. Plock prior to the December 12 board meeting.

BOARD DISCUSSION AND POSSIBLE ACTIONS

Policy: Fort Collins Outdoor Smoking Regulations

On November 25 the Fort Collins City Council will have a work session to discuss 3 major changes to the current smoking ordinance: 1) banning/restricting smoking at public events/festivals; 2) restricting smoking in Old Town (Square or larger area); and 3) banning smoking in parks, trails, and natural areas. Though testimony is not allowed at work sessions, Staff is presenting the City proposals to the Health District Board in case our Board has a position they want conveyed to the City.

Mr. Sapienza introduced the topic by reminding the Board that the Health District has a history of supporting tobacco restrictions and ordinances. He noted that in considering policies regarding indoor smoking, there is a demonstrated health risk to nonsmokers for secondhand smoke. In looking at outdoor smoking, since secondhand smoke is more diffuse, it is important to look for all of the potential impacts of smoking and smoking bans.

As noted in the analysis, there are some direct concerns, such as fire danger in natural areas, and pollution and litter control in park areas and at festivals. The other significant consideration is the potential impact of public smoking on social norms, and particularly on youth. The onset of tobacco use and the continuation of use are highly dependent on perceived social acceptability. (See the "Fort Collins outdoor smoking regulations and social norms" policy brief and policy analysis for further details.) To effect change in social norms and encourage people to quit smoking, evidence suggests that the best possible approach would be a comprehensive strategy

that utilizes public policy and tailored messaging and communications strategies to make it less publicly accepted to smoke in public outdoor areas.

Staff recommends the following concerning the smoking ordinance expansions currently being considered by the City of Fort Collins:

- 1) Support the proposed ban on smoking in city natural areas and trails as protective of public safety due to both fire risk in these areas and the potential social norms impact;
- 2) Support the proposed bans on smoking in parks, at public events, and in parts of Old Town Fort Collins, again due to the potential social norms impact;
- 3) Encourage tailored media messages corresponding to the new policies; and
- 4) Offer to collaborate with City efforts by a) aiding in a media campaign regarding the new ordinance, and b) encouraging people who want to quit to contact our smoking cessation program.

Board Discussion: A question was raised by a board member over a comment made in the presentation: when issues arise, does staff research the issue and gather information which then leads to positions (which is desirable), or do they support a particular position and then go looking for the reasons that support them (which would be of concern)? Ms. Plock noted that the statement in question was a misstatement, and that our goal is always to start with the objective question of “what impact might this issue/proposal have on the health of the community,” and to then look for all the possible ways that health might be impacted.

Another board member commented that over all the years of conducting the community health survey and analyzing health burdens, tobacco-related health impacts rank as one of the largest burdens of health in Larimer County. The Health District has long recognized that tobacco is an enormous public health hazard, and in order to improve community health, it is important to reduce the initiation of tobacco smoking, and to help people quit.

Another board question was whether CSU has a campus smoking ban. Ms. Nelson responded that she is actually involved in research on the issue and has found evidence that campuses that institute bans and pay attention to social norms impacts experience lower rates of smoking, and that a report is likely to come out soon that will recommend designated smoking areas on campus. It was noted that the Health District worked closely with “Tobacco Free Larimer County” to promote prior smoking restrictions and smoking cessation with coordinated messaging and window decals.

Dr. Birnbaum expressed some concerns. While agreeing with the concept of a community media campaign, his concern is that there may be some concerning exceptions to the policy (for example, allowing smoking on golf courses), while others (for example, the homeless) would not be exempted.

MOTION: To adopt the recommendations as outlined above.
Motion/Seconded/

So that staff can communicate the Board’s position to City staff, the following amendment was made to the above Motion:

MOTION: To STRONGLY SUPPORT the above outlined recommendations.

Motion/Seconded/Carried [4-Support; Birnbaum-Abstain]

Dental Clinic Construction Contract

With the growing need for dental services for those on Medicaid or with low incomes, a Health District goal has been to create as much space and efficiency in the 202 building for dental services as possible. An architect was hired to redesign areas of the clinic to maximize efficiencies and the project was put out to bid for a contractor. An amount of \$266,000 for this project has already been approved in the budget, however the construction contract requires specific board approval. The construction bid is \$130,000 and it is looking like the total project will come in under budget. If the Board approves, the plan is to have construction occur during December and the holidays when it would be less disruptive to our services. Staff is seeking Board approval of the construction contract to do the renovations in the amount of \$130,000.

MOTION: To approve the construction contract as presented.
Motion/Seconded/Carried [Ms. Nelson was absent for the vote]

UPDATES & REPORTS

Progress on the CDDT/ACT Building

We have an accepted offer for the 2001 Shields Street building and are now working through the due diligence, the appraisal, etc. We have been working with our attorney on language, specific issues, and on a first draft of the lease with Touchstone. Staff have consulted with Mr. Ratliff at Touchstone Health Partners to double-check their understanding and commitment. We have until December 31 to close on the property. Staff will bring the draft lease agreement, which will specify which party will be responsible for which costs, to the Board for consideration and final approval.

3rd Quarter Program Summary and Executive Director Report

Larimer Health Connect – Open enrollment officially begins this Saturday, November 15. This year, there is a brand new shared eligibility system (shared between Medicaid and the Connect for Health Colorado marketplace). Eligibility for consumers new to the marketplace went ‘live’ on Monday (but actual enrollment can’t be completed until Nov. 15). Appointment slots are filling up fast; there are currently 250 appointments scheduled in our books. Services are being promoted through outreach, advertising and mailers. A new mailer geared towards this open enrollment period will go to most households in Larimer County this week. Messaging includes encouraging those who previously signed up for insurance to “review before you renew,” because several things have changed and their cost, providers, or benefits might be impacted. Our services have expanded hours during the open enrollment period; there will be appointments available until 8:00 p.m. on Tuesdays and Thursdays, and appointments available on two Saturdays a month.

The Team is excited to start the second open enrollment period but are already aware that there will be some challenges. The new shared eligibility system is just being launched, with very little time for testing (statewide), so staff are learning the new system right as the period begins. There are new health care plans and changes to plans, so staff are also learning the new details. In addition, staff will have to balance between helping those who need to renew (who have to take action within 30 days if they want to avoid auto-re-enrollment) and those who are signing up for the first time.

Ms. Spink just received the first data from Connect for Health Colorado today regarding the first enrollment period. According to Health District data, between October 1, 2013 and September 30, 2014, our Larimer Health Connect guides provided intensive help either in person or by phone to 2,248 unique clients in over 4,130 sessions. It has been difficult to learn exactly how many of those were actually enrolled. As a start, C4HCO's report indicated that 504 households, with 691 lives, associated their online enrollments with us. Although we know that many more people whom we assisted were enrolled, there is not data (nor a perfect tracking method) to indicate exactly how many.

Another challenge is that at the same time as we are kicking off this round of open enrollment, staff members are working on submitting a funding extension application. Connect for Health Colorado will provide extension grants for qualified organizations to extend approved levels of staffing through the open enrollment period and a little beyond.

The SHOP team has been very active in creating tools for small businesses, which have been presented to leadership at Connect for Health Colorado. They responded very positively, and thanked the team for helping them make improvements.

Staff Transitions and Reorganizations for Next Year – Ms. Spink and Ms. Plock have been interviewing PA staff, and Ms. Wilder and Ms. Plock have been interviewing Mental Health Connections staff, in preparation for transitions and reorganizations for those programs. The Healthy Mind Matters (HMM) Assistant Director position was posted and interviews conducted; Ms. Erin Hall will be filling the position. Ms. Hall is a past employee and was the initial project manager for the Mental Health and Substance Abuse Partnership. She has since worked with two other organizations doing state and national projects and consulting, and those skills should be of great benefit to the HMM programs.

UCHealth-North (PVHS) Liaison Report

Dr. Thorson provided a brief report:

- In the lease agreement between the Health District and PVHS/UCHealth, it stipulates that the Liaison Board Member is to sit on the Governance Committee of the PVHS/UCHealth-North Board, and Dr. Thorson participated in a Governance Committee meeting today. The new Chairman of the Board will be Ms. Christine Chin, past Editor of the Coloradoan. There have not been any board membership changes since the merger and it was decided recently to suspend the term limit issue on the Board for the time being. There is likely to be some discussion to determine whether to suspend the term limits clause in the Bylaws altogether. Changes in the PVHS Board's Bylaws also need to be approved by the Health District Board.
- Ms. Plock is working with Mr. Kevin Unger, Pres/CEO of Poudre Valley Hospital and Medical Center of the Rockies to set up a joint meeting between the Health District Board and the PVHS/UCHealth-North Board. At the joint meeting, Ms. Plock will give a brief presentation on Health District priorities, and Mr. Unger will give a presentation about Poudre Valley Hospital and Medical Center of the Rockies. It is an opportunity for board members to ask questions as well as get to know one another. If possible, the plan is to include Ms. Liz Concordia, the new UCHealth President, to attend the joint meeting. Dr. Thorson asked whether there were any issues to be brought up with that Board; the only issue raised was to continue to ask the PVHS Board to be sure to maintain a focus on their main objective – the health of the community – in addition to the business bottom line.

- 43 physicians in Longmont have been added to the Colorado Health Medical Group, which puts CHMG on the path to becoming one of the biggest groups of physicians in Colorado. CHMG includes physicians from Fort Collins as well as other areas where there are UCHealth System hospitals.

CONSENT AGENDA

- Approval of the September 23, October 23, and October 28, 2014 Board Meeting Minutes

MOTION: To approve the September 23, 2014 Board meeting minutes as presented.

Motion/Seconded/Carried (Mr. Liggett abstained because he was absent for Sept 23 meeting)

MOTION: To approve the October 23, 2014 Board meeting minutes as presented.

Motion/Seconded/Carried (Ms. Nelson abstained because she was absent for Oct 23 meeting)

MOTION: To approve the October 28, 2014 Board meeting minutes as presented.

Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- Friday, December 12, 7:00 a.m. – Board of Directors Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: To determine positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators pursuant to §24-6-402(4)(e) of the C.R.S.; and for the purpose of discussion that concerns a purchase, acquisition, lease, transfer or sale of any property interest pursuant to §24-6-402(4)(a) of the C.R.S.; and to discuss personnel matters pursuant to §24-6-402(4)(f) of the C.R.S.

Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 7:49 p.m.

The Board came out of Executive Session at 8:00 p.m.

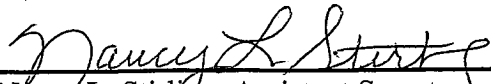
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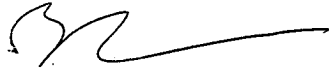
MOTION: To adjourn the meeting.

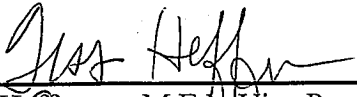
Moved/Seconded/Carried Unanimously

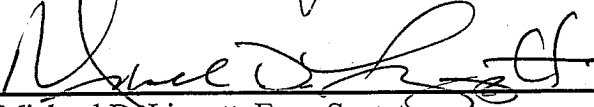
The meeting was adjourned at 8:01p.m.

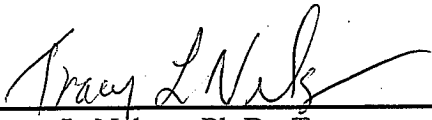
Respectfully submitted:

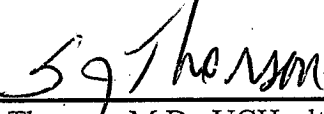

Nancy L. Stirling, Assistant Secretary


Bernard J. Birnbaum, M.D., President


Tess Heffernan, M.Ed., Vice President


Michael D. Liggett, Esq., Secretary


Tracy L. Nelson, Ph.D., Treasurer


Steven J. Thorson, M.D., UCHHealth-North (PVHS) Board Liaison