



**BOARD OF DIRECTORS  
And BUDGET HEARING  
MEETING  
November 12, 2013**

**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  
Gail Bridger, Support Services Specialist  
Molly Gutilla, Evaluation Specialist  
Lorraine Haywood, Finance Director  
Sue Hewitt, Evaluation Coordinator  
Amber Johnson, Support Services  
John Newman, Medical Services Director  
Dan Sapienza, Policy Coordinator  
Chris Sheafor, Support Services Director  
Karen Spink, Special Projects Director  
Nancy Stirling, Assistant to Executive Director  
Cherrilyn Wallace, Human Resources Coordinator

**CALL TO ORDER; APPROVAL OF AGENDA**

President Celeste Kling called the meeting to order at 6:00 p.m. One change was made to the meeting agenda which was to remove the October 22, 2013 board meeting minutes from the Consent Agenda for a minor correction.

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

**PUBLIC COMMENTS**

None.

**BUDGET PRESENTATION AND HEARING**

**Health District Direction and 2014 Budget Presentation**

Ms. Carol Plock, Executive Director, and Ms. Lorraine Haywood, Financial Director, reviewed the proposed 2014 Budget, including services funded by the Health District's operational budget and those

funded by reserve and grant dollars to fulfill the Health District's mission to improve the community's health. The operational budget continues to fund ongoing programs that address access to care (Family Dental Clinic, Prescription Assistance, Mental Health Connections, Integration of Mental Health and Substance Abuse Services into Primary Care, and Dental Connections), community impact (Community Mental Health & Substance Abuse Partnership and Resource Development) and health promotion and preventive services (Healthinfosource.com, screenings, and tobacco cessation). In addition to those programs, the 2014 operational budget also includes the Larimer Health Connect program (assists individuals and businesses with identifying health insurance options through the state's "marketplace" and Medicaid/CHP+ programs and with health insurance enrollment), funds for care coordination efforts, and policy.

The budget needed to be developed with regard to the estimated changes due to health care reform and Medicaid changes at both the national and state level, which are still in development, and which will particularly impact dental and prescription assistance services. Another factor is that there may be two other dental clinics in our neighborhood soon; Salud Family Health Centers plans to include dental services in their Fort Collins clinic by about November of 2014, and a for-profit provider is building a clinic in the King Soopers complex. Since the Health District has not had the capacity to serve all those with low incomes (with or without Medicaid) in our community, it currently appears that this expansion in capacity is likely to be good for our client population, and there are plenty of clients to share.

The Health District also funds several "time-limited" programs with reserve and grant funds. These programs are shorter-term and address access to care (Larimer Health Connect, Dental Connections, Dental Care Under Anesthesia, an oral surgeon to augment the family dental clinic services, Medicaid and CHP+ outreach and enrollment), data and information (community health survey, HPSA Survey, and Healthinfosource.com), etc. Other programs and projects funded by grant or reserve funds include: the Community Mental Health and Substance Abuse Partnership, Resource Development, emergency preparedness, etc.

Ms. Haywood reviewed the Health District's sources of revenue (including estimates for 2014), including property and ownership tax. It is expected that the P & O tax for 2014 will see a 3.5% increase from the previous year. Also noted was the increase in expected income from service fees, particularly from dental due to expected increase in services for newly eligible Medicaid clients. An increase was also noted in Grant/Partnership revenue, but the amount includes grant funds we know will be awarded in 2014 as well as an estimated amount of \$500,000 for potential grants we might receive. Ms. Haywood also noted that the mill levy remains at 2.167, which hasn't changed since 1996. Key changes in expenditures pertain to dental clinic expansion, the Larimer Health Connect focus in 2014, moving more of Resource Development into operations, some reduction to Prescription Assistance services, up to 10% increases in health/dental insurance, and a 3% pay for performance fund increase. Just 5% of the Health District's budget is spent for administration.

Going into 2014, evolving answers to the following issues may impact the Health District's budget:

- How quickly enrollments will grow in the marketplace and Medicaid
- Whether Old Age Pension dental coverage will continue after Medicaid adult coverage
- What types of prescription coverage people will purchase in the Marketplace

A final valuation from the County is expected around December 10 and a final proposed budget will be presented to the Board for consideration and approval at the December 13 board meeting.

## Hearing

No public comments.

## Board Discussion and Questions

Since healthinfosource.com is scheduled for updating, there was a question about assuring the quality of the information, and whether we had the resources to keep it adequately updated. The Health District has a specific standard for updating the information on the website, and for reviewing the health topics that are posted on the site. This information will be presented to the Board at a future meeting.

The Board expressed their appreciation to staff for the thought and effort that went into producing the budget, noting that it is an important indicator of the important services that are being provided to the community, and with just 5% going towards administration. They particularly noted their appreciation for how much of the expenditures goes towards providing direct services for people in real need.

## **BOARD DISCUSSION AND POSSIBLE ACTIONS**

### **Employee Handbook Revisions for Board Approval**

Mr. Chris Sheafor, Support Services Director, reported that the Human Resources Team reviews and makes revisions to the Employee Handbook every other year to ensure that our policies are clear and in compliance with state and federal policies. Revisions are proposed first to the Management Team for their review and input and then finally brought to the Board of Directors for final approval. The most recent proposed Handbook changes were provided to the Board in the meeting packet for their review and consideration. (A new "Page 29" was distributed at the meeting which clarifies information pertaining to prorated employee contribution to health insurance.)

Mr. Hendrickson commented on Page 24 pertaining to allowing employees to use their time off to attend a child's school-related meeting/activity. He proposed a change in wording, so that instead of the phrase "meetings about special education" the term "meetings about specialized support services" was the more appropriate term. He also noted that where it says "K-12," it should actually say "pre-K-12."

**MOTION: To approve the Employee Handbook as presented, with the amended wording proposed by Mr. Hendrickson, noted above, and with the new page 29.**

*Motion/Seconded/Carried Unanimously*

### **Board Liaison Position: Changes in Bylaws and Job Description**

Some time ago, the Board discussed the possibility of amending the section of the Bylaws concerning the Board Liaison position, but no action was taken at that time. The Board has been fortunate over the years to have dedicated Board members willing and able to fulfill the Liaison position, which can require considerable time commitment. In case that is not always the case, the Board asked to consider language allowing a recent previous Board member to be assigned by the elected Board to fill the Board Liaison position. After their last discussion on the issue, staff drafted possible language for the board to consider (see handout). The draft has not yet been reviewed by legal counsel, but staff were seeking any input from the Board before formal consideration of the issue at a future board meeting.

Board comments included the need to be assured that the person understands that their role is to represent the interests of the Health District and the community; the likelihood that the liaison job description would also need to be amended, to include a requirement that the liaison must have at least

1-2 years on the Board; and the importance of continuing the process whereby the Health District Board selects the person to be appointed to the PVHS/UCH Board as liaison, as the Health District representative. After review by legal counsel, the revised wording will be brought back to the Board for approval. It was also noted that it is time to review the Bylaws on the whole for possible changes, including noting needed references to the new lease amendment; that will be done and brought to the Board for review in a future meeting.

## **UPDATES & REPORTS**

### **Larimer Health Connect**

Karen Spink, the Director that oversees the Larimer Health Connect program, gave an update of the progress and process of the program. The project has been very busy since its inception. All sites are up and running, and appointments are booking out about 1 ½ - 2 weeks. Since it began seeing clients, the program served 292 people in October – 216 served by Health Coverage Guides and 76 served by one of the Medicaid/CHP+ Outreach and Enrollment Coordinators. While there is much help that our Health Coverage Guides can give, glitches with the Connect for Health Colorado “marketplace” system, glitches between the marketplace and the PEAK program (which checks for Medicaid eligibility) computer systems, the inability to obtain real-time results for Medicaid applications, and long waits on the phone for assistance have caused many challenges for individuals and Guides trying to navigate and move through the enrollment process. Just last week, a major change occurred that will allow our Health Coverage Guides to take the person through the entire process (previously, they had to all Connect for Health Colorado to complete the process). Guides are also dealing with almost daily rule and process changes, but remain committed to doing their best to assist clients.

Instead of one visit to complete the process as originally anticipated, it is looking like it may take two or more visits for a person to completely move through the enrollment process. Another thing that is contributing to long appointment times is that some of the clients who present for assistance have little experience with health insurance, its terms, and its choices, and some do not have computer skills or email addresses. While some clients express frustration, clients have, on the whole, expressed satisfaction and appreciation with the services they’ve received. We are heartened to learn that our local LHC program is doing better than most of the other sites throughout the state and is already receiving some recognition as a model program. The LHC Team members are doing a great job working together and providing support to each other and providing a high level of customer service.

Board comments reiterated the importance of this project, and of helping people get connected to insurance, and encouraged a high level of outreach in order to be able to reach the uninsured.

### **Triennial Community Discussion Groups (and Survey)**

Ms. Sue Hewitt, Evaluation Coordinator, stated that the Health District recently hosted several community discussion groups, in conjunction with the triennial community health assessment. This is the seventh time since 1995 that the Health District has conducted the assessment. The discussion groups bring together people representing various community groups, both consumers and providers (i.e., business, mental health, medical, community leaders, those with low incomes, seniors, Spanish-speaking, and general community members) to discuss their perceptions as to what the major health challenges are in our community, what advice they have for the Health District and what role they think the Health District could take in addressing those health issues. This year’s discussions were very well attended, with 182 participants (larger than any previous year), and there was an excellent team working hard to make it all happen.

Ms. Plock commended the Evaluation Team for all their efforts and for the very successful discussion group meetings.

**Policy Issues: State Budget, City Tobacco Ordinance, etc.**

At a recent Fort Collins City Council meeting, the smoking ordinance expansion proposal passed on first reading. An analysis of the expansion proposal and a letter was sent by Health District staff to City Council members and the City Manager prior to the meeting, and Mr. Sapienza spoke briefly in support of the expansion. The Council, as a future item, may consider looking into further expansions, such as banning the use of tobacco in Old Town high pedestrian areas and parks, and looking at ecigarettes.

Mr. Dan Sapienza, announced that the Joint Budget Committee meetings are beginning. A document from Miles Consulting was distributed to the Board which provides an overview of major health and human services issues included in Governor Hickenlooper's budget proposal. (See handout for specific details.)

**Medicaid Accountable Care Collaborative: Projections for the Future**

The item was postponed because the projections are not yet completed.

**APHA: Key Learnings**

Mr. Hendrickson and Ms. Plock attended this year's American Public Health Association's annual conference that was held in Boston. Each of them shared a few highlights from the sessions they attended at the conference. Mr. Hendrickson reported that some of the impacts of health care changes being pondered are whether the influx of people with insurance into safety net clinics might push out those who remain uninsured and undocumented, and where those individuals might go for care; the influx into the marketplace of some of the people with the biggest health problems; and what will happen to people with fluctuating income, and people who are migrant farmworkers who don't work for any particular employer for a full year. He also attended an interesting session on fracking and how other states/communities are dealing with it, and the importance of studying its impact (a map of every oil well in the country showed Colorado as one of the leading states, with 17,000 wells in Weld County alone).

One session on community benefit reported by hospitals indicated that while hospitals are required to report community benefit, there is no minimum amount that they are required to provide. While nationally, hospitals report contributing an average of 7.5% of their revenue, but 6.4% of that is the difference between regular charges and Medicaid reimbursements. Finally, particularly compelling was a session on crisis response and the Sandy Hook tragedy. This session included the Chief of Police of Sandy Hook and a parent of a child impacted by the tragedy who provided several success stories and "lessons learned" from how it was handled. Two things that really stood out: 1) it was very helpful to assign a police officer to each of the affected families as a liaison, source of information, and protector - which created a relationship and developed trust; and 2) the mental health response needed to "ripple out" farther - initial efforts were towards the families that lost a child, and then secondly, the other children at the school. They later discovered a third focus was also needed which was to address the needs of children at other schools in the community, and other families.

In keeping her comments brief this evening, Ms. Plock commented on just one of the sessions which concerned the disconcerting rise (or "epidemic") in opioid overdoses. Prescription overdoses are outpacing other causes of death and accidents. ED's have seen an increase in visits by people abusing

prescription medications. Concern has led to information campaigns, such as “Watch Your Meds”, to educate and encourage people to make sure any medications in their homes cannot be accessed by anyone else, whether they live in the home or not. Increases in opioid sales tend to match in increases in deaths: between 1999 and 2010, opioid sales increased by 6x, and so did deaths. The top 8 percent of providers prescribe 80% of them (and research indicated that those 80% tend to be males who have been in practice for a long period of time). To exacerbate the problem, as the non-medical use of prescriptions increases, so does the use of heroin because it gives a similar high as the opioids yet is cheaper.

The session speakers also discussed ways that communities have addressed the issue, including training the medical community (not just doctors but also nurses) to ask questions; trainings on how to respond to and assist people experiencing an overdose; drug kiosks at the police station for medications disposal. Concern around this issue has also been expressed at the state level, in our own community, and by the Mental Health and Substance Abuse Partnership.

### **PVHS Liaison Report**

Mr. Hendrickson shared 2 items of note:

- 1) UCHealth is rolling out their third-party administrated insurance product which will initially focus on businesses of 100 employees or more. Once established with larger businesses, they may begin including the smaller organizations. From a cost perspective, it is expected to be very competitive. A question was whether there might be any financial risk to the Health District in this endeavor. It is believed that there wouldn't be because the risk was sold to the company that is providing the insurance, but Mr. Hendrickson will inquire about it.
- 2) A lot of work has been done at PVH as they work to gut out (and remove asbestos from) the old, north-west end of the hospital. Once that area is finished by the end of next May, then construction will begin on the east story wing. The new north area will house a new Emergency Department, orthopedics, women and family services and an expanded lab. Preliminary plans include a police substation right in the ED. Completion of all construction is scheduled for early 2015.

### **CONSENT AGENDA**

The October 22, 2013 board meeting minutes were removed from the Consent Agenda.

- Approval of September 2013 Financial Statements

**MOTION: To approve the Consent Agenda (September 2013 Financial Statements) as presented.**

***Motion/Seconded/Carried Unanimously***

It was noted that a minor change was needed on Page Two of the October 22 minutes, to change on p. 2 the words “County Board of Directors” to “County Board of Commissioners.” The correction was made and a copy of the amended minutes was provided for approval and signatures.

- Approval of the October 22, 2013 Board Meeting Minutes (with revision)

**MOTION: To approve the October 22, 2013 Board Meeting Minutes as amended.**

***Motion/Seconded/Carried Unanimously***

**ANNOUNCEMENTS**

- Friday, December 13, 7:00 am – Board of Directors Regular Meeting

Note: Dr. Thorson and Mr. O’Neill will not be attending the December 13 meeting in person, however they may participate via conference phone.

**ADJOURN**

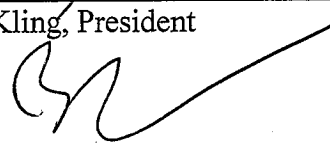
**MOTION: To adjourn the meeting.**  
*Moved/Seconded/Carried Unanimously*

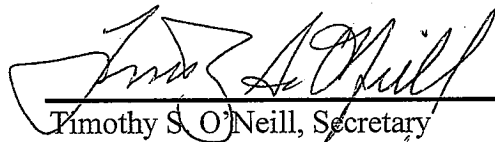
The meeting was adjourned at 8:44 p.m.

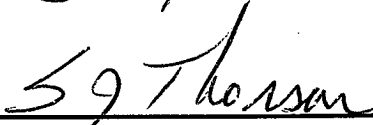
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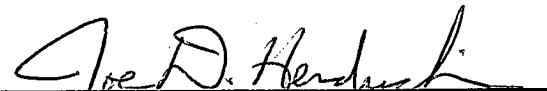
  
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Nancy L. Stirling, Assistant Secretary

*(Absent)*  
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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