



**BOARD OF DIRECTORS
MEETING
December 12, 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
Erin Hall, Healthy Mind Matters Assistant Director
Lorraine Haywood, Finance Director
Laura Mai, Accountant
John Newman, Clinical Services Director
Dan Sapienza, Policy Coordinator
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Executive Director
Lin Wilder, Community Impact Director

OTHERS PRESENT: Anne Bailey, Public
Charles Futoran, CDC Public Health Associate

CALL TO ORDER; APPROVAL OF AGENDA

President Bernard Birnbaum called the meeting to order at 7:10 a.m. Suggested changes to the meeting agenda: Move the Consent Agenda to follow the Budget discussion and add a brief Executive Session pertaining to negotiations.

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

PUBLIC COMMENTS

Ms. Anne Bailey attended the meeting to gain further information about the Board's role concerning the Poudre Fire Authority's (PFA) RFP. Ms. Bailey stated that there is no mention of the Health District in the RFP, and she wondered why the District is not involved. She believes it is a significant decision to determine who should provide ambulance services in our community, and that the more players involved in the decision, the better. She stated that she

feels that the Health District has an important role to play in terms of local control. She is concerned that the considerable skill of the current PVH EMS services may or may not come across on paper. She also stated her concerns about the RFP's use of liquidated damages, which could, she felt, add up to a considerable amount of money. Dr. Birnbaum thanked her for her comments and indicated that the issue would be discussed by the Board later on the agenda.

PRESENTATION, DISCUSSION & ACTION

Proposed Shift in Future Services Plan: Mental Health and Substance Abuse

Ms. Plock introduced the topic, noting that in the proposed budget, there are funds set aside within the Health Care Access budget for increasing care coordination. However, there is a significant need for enhanced care coordination to assist families with mental health and substance use issues. Ms. Lin Wilder, Director of Healthy Mind Matters (the program previously known as Community Impact and including programs relating to mental health and substance related issues, such as the Community Mental Health & Substance Abuse Partnership and its priorities, the Mental Health Connections program, and Pain Management), presented a proposal for expanding our existing Connections services in order to build a foundation for the MHSA Partnership's Early Identification and Early Intervention project.

Ms. Wilder provided a brief overview of the MHSA Partnership priorities, including Early Identification & Early Intervention (EIEI), training and professional development in state of the art services, and community education (for example, with the Mental Health First Aid training). In the area of EIEI, staff are currently working on Priority 1, which is to "create an effective assessment, linkage and assistance system for youth and their families." The key part of the envisioned system is to provide a welcoming place to start for parents and families where they can obtain quality screenings, get an in-depth assessment, and find information, referrals, assistance and support. A "blueprint for services" has been completed, and will soon be presented to the MHSA Partnership Steering Committee for approval, followed by detailed planning for implementation.

In thinking about the EIEI project and the funds available for care coordination, our attention turned to similarities between EIEI and the Connections project. Mental Health Connections (Connections) provides a wide range of services and resources for individuals and families including information and referral, advocacy, care coordination, brief interventions, Pro Bono placements, disaster and critical incident response, etc. The Connections program has been experiencing a downward trend since 2010 in the number of individuals being served and number of contacts, largely due to Medicaid expansion and the Affordable Care Act and insurance parity, which provides more coverage and capacity for MHSA services. There is still a need for Connections services to help people of all incomes find the services right for their particular situation, but we recognize that an enhanced focus on outreach is needed so that people will know that the service exists. There is also a need to adapt to changes in how people get information, particularly through computers and phones.

At this point, staff are proposing a new configuration for Connections that includes the current Connections MHSA services, but adds enhanced services that would provide a foundation for starting the EIEI children and youth-specialized services. (See presentation slides for further details.) Additional staffing would include a new position of Connections Services Manager, which would provide a higher level of leadership to be able to develop these services and relationships in the community and oversee the entire expanded Connections program, and would

also include a psychiatrist, and a care coordinator. The proposal would expand the existing foundation of personnel, knowledge, and skills currently existing in Connections. It would form the foundation for the EIEI vision, but we would also be working with the community to develop the additional resources needed to reach the fully envisioned project's goals (which could include more personnel such as a psychologist, additional care coordinators, and peer specialists).

Ms. Plock commented that while there is no guarantee that the community will add to the resources, the Health District does have a history of developing joint projects in the past with community partners. Whether or not other community partners decide to participate and enhance the concept, the changes would in any event allow for an increase in the services that are currently being offered, in the areas identified by the community partners in the EIEI work over the last couple of years. We used the EIEI blueprint, and the vision created by the community partners, to conceive this idea and create a plan to start this process for reaching out to community agencies to partner in this endeavor.

2015 Budget Approval

Changes in the Budget

Staff provided the Board with a summary of revisions to the October 15 proposed 2015 Budget for their review and information. The final valuations from the County provided a little less tax revenue than previously estimated, and a little more from Specific Ownership tax revenue. Additional revisions include slight increase in expenditures (e.g., personnel/benefits and insurance premiums), capital expenditures (CDDT/ACT facility, Dental Clinic renovations, equipment/ software) and to some special projects (Larimer Health Connect, specialized program training, space for staff overflow, staff recruitment costs, and completion of the high utilizers needs assessment). The changes include the reallocation of funds from Health Care Access (care coordination focus) to the Mental Health/Substance Abuse budget to change services as described in the presentation above.

Board Discussion:

The board noted that the changes make sense, and that they were pleased to see a plan that aligns directly with their priorities and with what has been discussed in meetings and their retreat regarding children, youth, and mental health issues.

MOTION: To approve Resolution 2014-17 to Adopt the Budget as presented.
Motion/Seconded/Carried Unanimously

MOTION: To approve Resolution 2014-18 to Set Mill Levies.
Motion/Seconded/Carried Unanimously

MOTION: To approve Resolution 2014-19 to Appropriate Sums of Money.
Motion/Seconded/Carried Unanimously

The board also indicated its agreement with filing the certification of tax levies.

CONSENT AGENDA

- Approval of Resolution 2014-20 to Spend 2014 Revenues into Reserve
- Approval of October 2014 Financial Statements

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

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: To go into Executive Session for determining 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.
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 7:50 p.m.
The Board came out of Executive Session at 7:57 p.m.

DISCUSSION AND POSSIBLE ACTION

Ambulance Services RFP

Ms. Plock provided some background information to this issue. In fall 2013, Chief DeMint of the Poudre Fire Authority met with Ms. Plock to let her know that the Poudre Fire Authority (PFA) was considering issuing an RFP for EMS services. The meeting was a courtesy meeting (he was also meeting with other parties) to inform the Health District, there was no action requested or needed from the Health District, and it was mentioned to the Board at their next meeting.

In December 2013, Chief DeMint contacted Ms. Plock to let her know that a memo had been submitted to the PFA Board to present a draft scope of work for an EMS contract process. When we saw the memo, we were surprised to find that it listed the Health District as a party to the RFP process. Ms. Plock shared the memo with the Health District board; the board indicated that they were considering this a PFA process. Subsequently Ms. Plock sent an email to Chief DeMint to let him know that the Health District was surprised to see their name listed as a party, and that PFA couldn't list the Health District as a party without Health District Board knowledge and approval, and that in order to deliberate the issue, there would need to be a PFA presentation to the Health District Board. Chief DeMint responded, apologizing for the surprise, and stating that the memo was meant to be a draft, and that they were still looking into their options.

In January of 2014, Chief DeMint asked for a meeting with Ms. Plock to discuss the RFP; one of their concerns was to be sure that they had a partner with jurisdiction over a bigger geographic area than the City of Fort Collins, which might be the Health District, the County, or others. Ms. Plock responded that our first step would be to consult with our attorney regarding the issue. A City of Fort Collins attorney contacted our attorney; the Health District did not hear back from Chief DeMint after that.

It was recently announced that the PFA released an RFP the day before Thanksgiving, with responses due January 7.

The Health District does not currently have a role in the PFA's RFP; the RFP is a decision that the PFA made and is pursuing. At the time of the privatization of Poudre Valley Hospital in 1994, there was brief discussion about whether the hospital or the Health District would run the ambulance service. Since the hospital had been running high-quality services for years and

intended to continue, the decision was made that the hospital would continue to assume responsibility for those services.

Board Questions and Discussion

A board question has been why the PFA was pursuing an RFP for EMS services at this time. Ms. Plock stated that the answer is a little unclear, although comments made in the meetings indicated the need for clarifying what EMS service will receive 911 calls with the advent of a Banner hospital in the community, and the potential for increasing the level of services in rural areas. This process has apparently occurred in many other communities in Colorado (apparently all of those along the Front Range except our area), and apparently local governments have the right to issue RFPs in order to set a specific standard for EMS response, though neither of these statements have been confirmed. There have been concerns stated by some that it is also a way for the PFA to raise its revenue, since the RFP includes penalties or fines if the provider does not meet the service standards (for example, response time minutes). It is important to understand that the PFA does not pay for the EMS services; instead, if we understand it correctly, the contract sets standards to be met for the entity that will be the recipient of 911 calls.

Another board question was whether the LETA (Larimer Emergency Telephone Authority) has a role in the RFP. Like the Health District, LETA is not a partner in this RFP. LETA's role is to administer the funds they collect from phone charges to assure quality and uniformity in dispatch from the 911 system. The Health District, along with other local hospital districts and EMS services, is represented on the Board by Chief Randy Leshner of the Thompson Valley EMS.

The Health District has not been concerned about EMS services because PVH EMS has had over 40 years of providing high quality services. Ms. Plock noted that PVH requires far more continuing education hours of its staff than the State's requirements.

A question was raised about whether the Health District might have a potential conflict of interest in the issue due to our ownership interest in PVH; answering the question will require consultation with our attorney.

One board member expressed their opinion that the Health District's overarching role, per its mission statement to improve the health of the community, would make this an issue that this Board would want to have a say in. Their concern was that doing away with a fine group of health professionals providing excellent EMS services would be detrimental to the health of the community. Other board members indicated that they were not ready to take a position on the issue; that the process may be similar to the granting of a utility, and that though the Board may want to comment, it would be important to first understand the components of the RFP and the proposers and their proposals – and to consider whether the standards and performance could rise even higher in our community as a result of the process. Another board comment was that it would be an absolute tragedy to our community if the process led to anything less than the already stellar EMS system that currently exists.

The Board requested that staff send them a copy of the RFP, find out the process for making comments to PFA, and schedule a brief Health District board meeting after the deadline for RFP responses has passed in order to determine whether our Board wants to comment or not, and if so, in what way.

[Dr. Birnbaum left the meeting at 8:31 a.m. Vice President Tess Heffernan conducted the remainder of the meeting.]

UPDATES & REPORTS

UCHealth-North Board Liaison Report

Dr. Thorson offered the following report:

- Poudre Valley Hospital is planning to move forward with building a new Emergency Room on Harmony Road. It will be fully staffed, open 24/7.
- Meanwhile, construction on the \$100 million state-of-the-art Emergency Department at PVH on Lemay Avenue is underway which will make significant improvements to the current ED.
- There was recently a news story stating that rape exams are not available in Fort Collins. It's important to note that rape exams require highly specialized handling, and that they are available locally at the Medical Center of the Rockies, which has the training, equipment, and personnel to perform them with high quality both legally and clinically.
- The Longmont Clinic, with a group of about 45 physicians, have recently become members of the Colorado Health Medical Group (CHMG), bringing it to about 350 physicians. CHMG employs physicians throughout the Front Range, including Fort Collins, Loveland, and Greeley. There is concern, however, as to whether Longmont United Hospital may exclude these physicians from hospital privileges similar to what happened to physicians in Greeley with North Colorado Medical Center.
- Staff have been working with UCHealth-North Board staff to arrange a joint meeting between the two boards and UCH President Liz Concordia. Dr. Thorson asked that when that meeting happens that staff really focus on the issue of mental health, its role in health burden to our community, and the Health District's work in that area – and value to the community.
- PVH is starting a joint venture with Colorado State University and Columbine Health System to build a multi-use building at College and Prospect. This building would have a health care center for CSU employees (similar to the walk-in clinic at Miramont gym on College), and potentially a geriatrics section, section for student health services, and space for CU medical students.

There was a board comment that a new pediatric urgent care is also being developed (though there was uncertainty about who was developing it), and that it may be important to link that service with the developing EIEI services.

Executive Director Brief Update

Larimer Health Connect staff have been busy assisting clients with renewing or signing up for health insurance; at this point there are over 800 appointments scheduled. There have, however, been some challenges. Although the state was trying to improve things with a new single eligibility system, there have been many glitches, and at this point, only about half of the applications submitted have been able to be processed. Monday would have been the deadline for renewals in order for people to have continuity of coverage in January, but the state has suspended that deadline for people who have entered their information in the system but who haven't been able to complete their process. It has been frustrating for our staff and for our consumers, and Ms. Spink has been working hard to help her staff cope, understand the problems, and stay on top of the changes – as well as to help the state understand the issues. Ms. Spink commented that clients have expressed considerable gratitude for the services of our staff.

The mailers were a tremendous success for creating awareness of (and appointments with) LHC, and are being used as an example at the state level.

Mr. Sheafor, Support Services Director, has been working night and day to get the Dental Clinic remodel done, while keeping the clinic open to continue serving dental clients. As much of the work as possible is being accomplished during clinic off-hours and the holidays when the clinic is closed. Dental services are being minimally impacted; only two chairs have been down at any one time.

In the area of policy, it was noted that Senator Lundberg is the new Chair of the Senate Health Committee, and that Senator Kefalas will no longer be a member due to a reduction in committee size to 5. In a brief tobacco regulation update, the City of Fort Collins Council asked City staff to move forward with drafting language for all proposed expansions. Two potential areas of legislation likely to be introduced include one from Representative Ginal regarding "death with dignity," and several scope of practice bills for mid-level health care providers (i.e., PAs, Nurse Practitioners) to change licensing requirements without changing quality of services.

And of special note, our Policy Coordinator, Dan Sapienza, was named in the Coloradoan as one of the "10 to Watch in 2015" in Northern Colorado.

ANNOUNCEMENTS


- January 27, 2015, 5:30 pm – Regular Board of Directors Meeting

ADJOURN

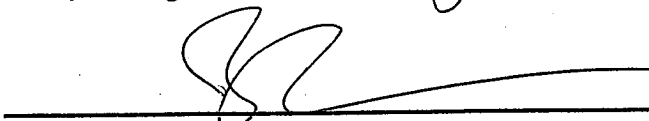
MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 8:45 p.m.

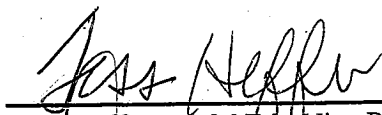
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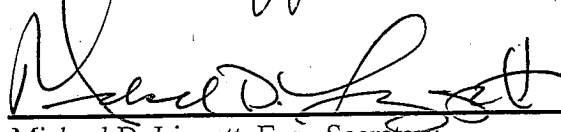
Nancy L. Stirling, Assistant Secretary



Bernard J. Birnbaum, M.D., President



Tess Heffernan, M.Ed., Vice President



Michael D. Liggett, Esq., Secretary

Tracy L. Nelson

Tracy L. Nelson, Ph.D., Treasurer

S. J. Thorson

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