



**BOARD OF DIRECTORS  
MEETING  
December 13, 2013**

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

**MINUTES**

**BOARD MEMBERS PRESENT:** Celeste Holder Kling, President  
Bernard J. Birnbaum, MD, Vice President  
Joe D. Hendrickson, Liaison to PVHS Board

**BOARD MEMBERS ABSENT:** Timothy S. O'Neill, Secretary  
Steven J. Thorson, MD, Treasurer

**STAFF PRESENT:** Carol Plock, Executive Director  
Gail Bridger, Support Services  
Bruce Cooper, M.D., Medical Director  
Lorraine Haywood, Finance Director  
Laura Mai, Accountant  
John Newman, Medical Services Director  
Chris Sheafor, Support Services Director  
Karen Spink, Special Projects Director  
Nancy Stirling, Assistant to Executive Director  
Lin Wilder, Community Impact/Health Promotion Director

**CALL TO ORDER; APPROVAL OF AGENDA**

President Celeste Kling called the meeting to order at 7:10 a.m. A couple of changes were made to the agenda: 1) to move up the "Discussion and Possible Action" section on the agenda and; 2) to remove the November board meeting minutes from the Consent Agenda.

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

**PUBLIC COMMENTS**

None.

**DISCUSSION AND ACTION**

**2014 Budget Approval**

Included with the revised 2014 proposed Budget for the Board's review, is an outline of the "Significant Revisions to Proposed 2014 Budget". Some of the revisions are minor adjustments based on more precise figures pertaining to revenue, health insurance and worker's comp, etc.

Other proposed changes for the 2014 budget, to come from reserves rather than ongoing operational, include:

- **Increase in the amount reserved for capital replacement** – an annual adjustment, as funds allow, to insure adequate capital replacement funding as needed; flexible annually.
- **Dental Clinic renovations** – to increase capacity for serving more individuals, due to the addition of a dentist with anticipated revenue from adult Medicaid and the OAP program.
- **Community Mental Health and Substance Abuse discretionary fund** – adds funds in order to do a projection of the savings that might be gained if a Social Impact Bond (SIB) project to provide an increased level of evidence-based practice services (such as Community Dual Disorders Treatment (CDDT) and Assertive Community Treatment (ACT) for people who have high preventable utilization of services. The Social Impact Bond approach is being considered by the Governor’s office. Our community recently answered a RFI from the Governor’s Office to describe a Social Impact Bond concept, and they asked to come up and meet with our community. During that meeting, they asked for a projection of savings. In considering what it would take to create a decent projection, it become clear that we would need to contract with a consultant with more expertise and time than we have locally. The Board expressed their support of this possible project and the hiring of an outside group to do the research. It was also suggested that the Health System be included in this project if it moves forward.
- **Community Dual Diagnosis Treatment and Assertive Community Treatment Facility**– Reserves funding for the possibility that the Health District may decide to secure a facility for an expanded CDDT/ACT program. With the advent of additional Medicaid funds, Touchstone Health Partners will be expanding their commitment to fund and expand the CDDT program. They are also making a significant commitment to add funding to the state’s new ACT funding in order to create a combined CDDT/ACT program that will eventually have the capacity to serve up to 90 individuals. In order to be able to serve the additional participants, there is a need for a larger facility to house program staff and provide certain services, which, together with Touchstone’s commitment, would create a significant long-term sustainable services increase for our community. No action will be taken until there is more deliberation by the Board and legal counsel, and more site planning work.

The Board asked that when considering building needs, whether for this project or any future project, staff take into consideration the building next-door currently owned by the hospital, noting that it might be a shame to miss an opportunity to have an additional building that is close to our existing buildings. Ms. Plock responded that staff would take a closer at the building to determine whether it’s an appropriate facility for future use as well as review any restrictions on its use. Ms. Kling commented that she had been notified by both Mr. O’Neill and Dr. Thorson, who were unable to attend this meeting, that they are supportive of this process.

- **Expansion of Primary Care Safety Net Services** – funding reserved in case there is a way that the Health District can assist in a one-time expenditure that could help in expanding primary care safety net capacity. Although estimates are not complete, there are 3,200 people currently participating in the Medicaid Accountable Care Collaborative (MACC) program who are not connected to any primary care practice, and our community does not have the capacity to be able to accept all those people. With the Medicaid expansion and marketplace enrollments, thousands more will need access to primary care. While the Health District is not able to directly provide funding to another entity, and is not likely to enter into providing primary care directly, there may be options for our one-time involvement that could assist the

safety net providers in expansion, whether it be a capital expenditure, assisting a practice in transformation, or other changes. No action would be taken without Board approval. Board members noted that they would be uncomfortable if the funding were used to support direct care which increases the profits of private practices rather than helping providers re-engineer to expand their capacity, or directly expanding nonprofit safety net services that serve the underserved. Board members also noted that it is important to consider the interrelationships between the safety net providers, when Dr. Birnbaum mentioned that if Salud expands, it impacts the residents, who currently take call at the hospital for Salud.

Five-Year Reserves Guide – Ms. Plock also distributed to the Board a copy of the “Five-Year Reserves Guide”. This is not an official budget document, but rather a guide the Executive Director uses to estimate reserve expenditures over a five-year timeline, to ensure that at the minimum the Health District reserves the required amounts set by both the Board and TABOR.

**MOTION:** To approve Resolution 2013-5 to Adopt the Budget as presented.  
*Motion/Seconded/Carried Unanimously*

**MOTION:** To approve Resolution 2013-6 to Set Mill Levies.  
*Motion/Seconded/Carried Unanimously*

**MOTION:** To approve Resolution 2013-7 to Appropriate Sums of Money.  
*Motion/Seconded/Carried Unanimously*

**MOTION:** To approve the Certification of Tax Levies as presented.  
*Motion/Seconded/Carried Unanimously*

Ms. Plock, on behalf of the Health District’s Resource Development Coordinator, reminded the Board that there are certain funders that ask, when we apply for a grant, whether our board members contribute to our organization. For the grant process, it is helpful to be able to answer “Yes”. Board contribution is, however, completely optional (and amounts are totally up to the donor), and staff appreciates any amount the Board members are willing to give.

#### **DISCUSSION AND POSSIBLE ACTION**

##### **Van Purchase**

Staff request Board approval to purchase a Passenger/Cargo van for the Health District. For the past 18 years, staff have used personal vehicles to transport furniture, equipment, and supplies to various offices. With the addition of a growing number of sites (including the five sites of the Larimer Health Connect program) and activities, the use of personal vehicles has become impractical. Staff propose the purchase of an 8-person passenger van with removable seats to be purchased under the Colorado State Purchasing Contract. The van will be able to accommodate large pieces of furniture and equipment as well as be able to transport groups of Health District employees to off-site meetings or trainings. Cost for the vehicle is \$21,918 and would be purchased with available unspent funds from the 2013 Capital Budget.

**MOTION:** To approve the purchase of a vehicle as per outlined above.  
*Motion/Seconded/Carried Unanimously*

### **Concept Discussion: Potential Policy Change**

The Health District has begun to consider what policy it will use for clients (and potential clients) who are currently uninsured but will be eligible for Medicaid or other health insurance in 2014. In preliminary prior discussions, the Board had noted that there would be no reason to provide ongoing Prescription Assistance to people eligible for Medicaid. It is estimated that about 85% of PA clients will be eligible for Medicaid. Staff have been working on how to help those individuals with the transition, and wanted to run a possible approach by the Board for comment.

There are about 1,000 individuals in the PA program in the last year who are potentially eligible to sign up for Medicaid. Medicaid has robust prescription coverage. Using staggered mailings, they could be sent notifications that they may now be eligible for Medicaid, encouraging them to apply, and offering assistance (and in-person appointments, which would take about 45 minutes) from either PA staff (who have recently been trained in how to assist clients with Medicaid applications) or Larimer Health Connect staff. Clients could be given 120 days to apply for Medicaid, during which time we would continue to assist them. After the 120 days, unless they have proof that they are still waiting for a Medicaid determination, they would no longer be eligible for our services unless they have a Medicaid denial and otherwise meet our eligibility requirements. Special cases that require an extension or extra help would be considered by the Clinical Services Director. It was noted that it would also be important to consider a process to remind clients to re-apply for Medicaid each year in order to avoid any lapse in coverage.

For those individuals who are not eligible for Medicaid (approximately 200), most are likely to qualify for cost reductions in purchasing insurance via the Marketplace. The need for assistance for these individuals is less certain at this time, since it is unclear what level of deductibles and copays for prescriptions might apply to the insurance that they purchase (some policies have deductibles of \$4000). It is also still unclear what manufacturer's prescription programs will continue to exist. There is a conference in March for PA programs and manufacturers' assistance programs, so staff propose deferring a decision on what policy and process to use for these individuals until after attending that conference.

The Board is supportive of the idea of informing people eligible for Medicaid that we will no longer be able to serve them if they do not apply (and ending our assistance once they are accepted), but providing every possible assistance in helping them successfully enroll. The Board requested careful tracking to determine how many people apply within the 120 days, how many people enroll in Medicaid, and how many people do not follow through.

### **CONSENT AGENDA**

The November 12 board meeting minutes were removed from the consent agenda before approval.

- Approval of Resolution 2013-8 to Spend 2013 Revenues into Reserve
- Approval of October 2013 Financial Statements
- Approval of Resolution 2013-9 for Polling Place Election (for 2014)

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

### **Proposed Revisions to Board Policy 99-7: Establishing and Communicating a Position on Policy Issues**

Included in the packet are proposed revisions to Board Policy 99-7, which pertains to Board and staff establishing and communicating a position on policy issues. Reasons for the revisions are to provide more context on why and how policy issues are brought to the Board. In addition to the two previous options (review a thorough analysis at a regularly scheduled board meeting, and when time does not allow for discussion at a regularly scheduled board meeting), a third option (“when time does not allow for full analysis by staff, but time allows for discussion and action at a regularly scheduled board meeting”) was added. The rest of the policy is similar to the prior policy.

Ms. Kling expressed her appreciation to staff for the updated policy, believing that it should help to streamline the policy review process. The Board noted a minor correction is needed at the bottom of Page 3 – to change “...the President of the Board, or in his absence...” to “The President of the Board, or in the President’s absence”. The Board also would like to be sure the policy includes “local” policies as well as state and federal. Suggested language: “all levels of legislation and policies ranging from federal to local...” Since time was short and that particular language still needed a little more editing, staff will come up with the appropriate language to meet Board intent, but the Board did not feel the need for staff to bring the final changes back for approval.

**MOTION:** To approve Board Policy 99-7: “Establishing and Communicating a Position on Policy Issues” as amended above.  
*Motion/Seconded/Carried Unanimously*

### **Community Health Survey: process for early release**

Dr. Cooper informed the Board that the survey has been distributed to the randomly selected public. Distribution was delayed from September/ October, due to the floods and their impact on various communities included for the survey. This year, it appears that some entities would like to have access to particular parts of the data prior to when the full data is ready for release. One example is the City of Fort Collins – the City Council is considering regulations regarding commercial retail marijuana businesses and are interested in the responses to a couple of questions on the survey. Before any data is released, staff will ensure that it has integrity, that the information is understood conceptually and that staff explain any nuances. Staff will also assure that the board is informed of the data before its release to the public, however, if requesting entities are not able to wait until the information is released during a scheduled board meeting, staff asked if it would be acceptable to inform the board of any data releases via email. The Board indicated that it would be appropriate to receive limited data in advance of the official release when needed by a particular organizations for a bona fide reason, noting that they are glad to be able to share findings from the survey with others when available. Mr. Hendrickson suggested that a presentation of the survey findings be provided to the PVHS Board once the data is reviewed and understood.

### **UPDATES & REPORTS**

#### **2014 Elections Calendar**

Included in the meeting packet is an outline of the Election timeline. Mr. Sheafor commented that in regard to legislation that passed in the last session concerning elections (which led to varying interpretations of whether special districts were required to participate in consolidated

elections organized by county clerks or not – with nearly all opinions being “not”), it is expected that there will be legislation introduced very early in the upcoming session that will clarify the previous legislation, especially as it pertains to special district elections. It is hoped that the clarifying legislation will pass quickly in order that staff will know how to proceed for the May board elections.

### **PVHS Board Liaison Report**

Mr. Hendrickson informed that Board that he, Ms. Plock, Mr. Kevin Unger, PVH CEO, and Ms. Laurie Steele, PVHS and UCH Board Member, met with Dr. Bill Neff, the interim CEO for University of Colorado Health System. He felt that the meeting was very productive and successful in conveying to Dr. Neff the importance of remembering the Health District, the importance of its relationship with PVHS/UCH, and its role in overseeing adherence to the Lease Agreements between the parties as well as the importance of the UCH CEO to remember to include us early in discussions that are affected by the agreements. It was a compliment that both Mr. Hendrickson and Ms. Plock were chosen to be interviewed by the UCH CEO Search Committee. In an effort to streamline critical decision making, Dr. Neff has given more local control to Mr. Unger in his role as CEO of PVH, and Mr. Unger represents this area in the System Strategic Planning group, evidence that the UCH system is listening to the needs of this community. Dr. Neff and Mr. Unger both indicated a willingness to attend a Health District board meeting in the near future, and to assure that Ms. Plock would have the opportunity to meet the new UCH CEO once one is appointed.

[NOTE: Dr. Birnbaum left the meeting for another commitment, which left the Board without a quorum.]

Ms. Kling commented on the receipt of a response from Medical Center of the Rockies pertaining to our input regarding a possible arrangement between Behavioral Health Strategies and UCH North (which at this point looks unlikely). She was very appreciative that MCR took the time to write a comprehensive response concerning the issue and asked staff to draft a letter on her behalf to thank them.


### **ANNOUNCEMENTS**

- January 28, 2014, 5:30 pm – Regular Board of Directors Meeting

### **ADJOURN**

The meeting was adjourned at 8:34 a.m.

Respectfully submitted:

  
Nancy L. Stirling, Assistant Secretary

(Absent)

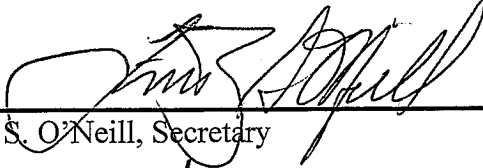
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Celeste Holder Kling, President



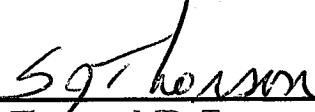
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Bernard J. Birnbaum, MD, Vice President



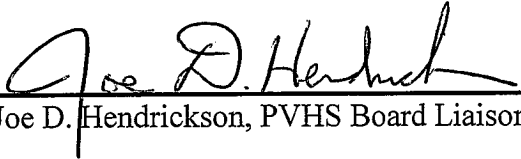
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Timothy S. O'Neill, Secretary



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Steven J. Thofson, MD, Treasurer



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Joe D. Hendrickson, PVHS Board Liaison