

Horizon Community Health Board
Restructuring Committee Meeting Minutes 2012–2014

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Horizon CHB Restructuring Meeting

Monday, March 26, 2012

Meeting Summary

Provided by: Brenda Menier

Attendees: Jerry Deal, Deborah Hengel, Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Paul Watzke, Sharon Braaten, Sandy Tubbs, Brenda Menier.

Guests: Karen Ebert, Jane Hennagir, and Sonya Guggemos from MCIT.
Liz Auch, Joe Berning and Jeanne Krueger from Countryside Community Health Board

Welcome & Introductions followed by History & Background:

- The goal is not integration in and of itself but to assure a strong public health system. Integration is a strategy that may help us achieve that goal.
- We have seen new grant opportunities as a result of the merger of community health boards as well as becoming more effective and efficient in how we do business.
- Please see minutes from the January 18th 2012 Organizational Structure Task Force Meeting. Principles and primary areas of consideration are outlined there.
- Governance is the most significant and where we are starting today; that will be followed by finance (levy, priorities for funding and fund balances).
- Timeline for this exploration process and making an initial recommendation is by the end of this year. Pending that recommendation, the process will either end or further planning for implementation will continue through 2013.

Joint Powers Authority and Analysis: Minnesota Counties Intergovernmental Trust

- MCIT was first established in 1979.
- Joint Powers Statute is unique to Minnesota.
- Please see copy of PPT for further detail of content.

Highlights are noted below:

- A Joint Powers Agreement (JPA) is a written agreement between municipalities that agree to jointly deliver a service/product or jointly own/manage property. Typically, with a JPA, a governing board is not required and risks are shared rather than transferred to another entity. Examples include: sharing an employee, joint ownership of a sand/salt shed, mutual aid agreements.
- A Joint Powers Entity is a separate and distinct political entity. It may sue and be sued and could be found liable to a third party for damages caused by its activities. Examples include: MCIT, MN Counties Computer Cooperative, Countryside Public Health, Stevens Traverse Grant Public Health and the Horizon CHB. The JPE typically needs a board to operate. It is important to remember that it operates autonomously from the boards of the individual members. JPE board members represent the interests of the JPE. The Joint Powers Board makes decisions to receive and disburse funds, may enter into contracts, and may hire staff and own property. A written agreement (JPA) is also required and will describe the establishment of the JPE.

- The Horizon Restructuring Task Force identified six major areas that should be considered when making a decision about establishing a fully integrated 5-county PH Department: Governance, Budget and finance, personnel and staff, programs and services, community partnership and operations (office locations, etc.).
- Other issues that were raised:
 - ✓ Should consider potential liability issues such as how an “uncovered” lawsuit claim would be apportioned and where liability falls.
 - ✓ Resolution of union issues will be significant challenge. There is new language in the statute that requires employers (there is a question as to current or new employer) to discuss the potential impact of the agreement with their employees if there is nothing in the collective bargaining agreement that addresses this issue.

Countryside Public Health; Response to questions

Counties: Big Stone, Chippewa, Lac qui Parle, Swift and Yellow Medicine

Population: 45,000

Employees: 33 (many of whom work across county lines)

Administration: One Director/CHS Administrator and one Deputy Administrator

Team Leaders: rotating position in each county that handle day-to-day issues.

Program Coordinators; provide program oversight, develop work plans but do not supervise personnel

Representational make-up of the board: There is one commissioner from four counties and two commissioners from the largest county (Chippewa) along with a lay voting member from each county for a total of eleven.

Countryside negotiates with its union utilizing a lawyer with appropriate labor expertise; independently purchases insurance for its employees; does their own payroll, and has in-house IT support. Incurs annual audit costs (\$15,000) and purchases MCIT insurance (\$27,000).

The Countryside Joint Powers Board does not have levy authority. They set the budget and requested allocation from each county using a formula that is periodically adjusted. The respective counties then must approve their own allocation. The respective counties also provide in-kind office space.

- What is the communication if any to the individual boards and whose responsibility is it for this communication? Liz and or Linda, Deputy Administrator, visit each individual board 3 to 4 times a year and present on a variety of issues. Additionally, the CHB Board members are expected to update their fellow commissioners.
- What is the relationship with other county departments? Liz meets four times a year with the five Human Service Directors as a group. She also meets regularly with the one county administrator and the four auditors. There are team leaders in each county that also attend the Department Head meetings.
- How do you stay connected to the communities? There is an office in each county that is staffed Monday through Friday with a clerical staff and three nurses. The team leader is

responsible to handle day-to-day issues (other than personnel) and often is seen as the “public health liaison” in the community. Liz and Linda make regularly scheduled visits to each office location to support and communicate with staff.

- How are differences in opinion among the Countryside Board handled or resolved? The Board has healthy discussions and disagreements. “If you attended a board meeting, you would not be able to tell which commissioner represented which county.” At the end of the day, regardless of the outcome of the vote, they come together and move on.
- Each County is allocated a predetermined number of hours per year to address specific county requests for public health representation or programming that may not be in the Department’s overall work plan.

Discussion:

- STG comes to the table with the experience of having functioned as a Joint Powers Entity for many years. The STG Joint Powers Entity is perceived to have worked well.
- Is more education needed for the individual county boards? We will need to bring enough information on the proposed structure so a decision can be made. A recap of the meetings should be provided at each board meeting.
- Douglas County has been involved with several Joint Powers Agreements but these agreements but none that involved relinquishing current authority to another entity.
- Will the taxpayer understand the levy and where it goes? Each County Board will still approve the levy. This is the reality of regionalization. If we don’t regionalize, there will be less service.
- Transparency is important; how do we communicate this to the community?
- Labor issues will be more difficult; need to explore impact of new statutory language. A labor attorney will be needed.
- If regionalization works so well for public health, why isn’t this being discussed at the human services level? There are more turf issues.
- The team leader concept could be explored further.

Next steps:

- Provide a comparison of finances
- Provide a comparison of tax levy/capita.
- Provide a comparison of programs and services; public health investments.

Next meeting:

April 30th from 9:00 a.m. to Noon

Douglas County Public Works Building, Alexandria

Horizon CHB Restructuring Meeting
Monday, April 30th, 2012
Meeting Summary
Provided by: Brenda Menier

Attendees: Deborah Hengel, Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Paul Watzke, Sharon Braaten, Sandy Tubbs, Brenda Menier.

Governance Issues (Review & Discussion)

- The phases of this planning meeting were reviewed as well as the minutes from the last meeting.
- We are clearly looking at a Joint Powers Entity.
- Sonja Guggemos from MCIT sent MN Statute 145A and identified Subd. 4 as an area of special concern with this initiative:
Subd. 4 EMPLOYEES. Persons employed by a county, city or the state whose functions and duties are assumed by a community health board shall become employees of the board without loss in benefits, salaries, or rights. Failure to comply with this subdivision does not affect eligibility under section 14A.09
- We should assume that we would need to use the highest benefits and salaries in merging staff. Seniority may be problematic.
- It will be important to have discussions with either Chris Karpan or Ann Gehring related to union issues.
- Douglas has MNA, Stevens-Traverse-Grant has AFSCME and Pope has Teamsters and AFSCME. Everything needs to be negotiated.
- Staff have been kept up-to-date on the discussions being held.
- Jeannie Krueger's comment at the last meeting was highlighted: "We are all one. If we have disagreements, when we leave we support the decision that was made."
- There was some discussion regarding the fact that Countryside does not utilize any services from the participating counties. Members thought it might be advantageous to contract some services from the member counties.
- Counties are equally responsible for anything that goes wrong.
- It was clarified that Countryside receives levy dollars from each county.
- Sandy has provided reports of this planning process to STG and Douglas governing boards; Larry has reported back to Pope.
- Sandy and Sharon have scheduled meetings with the Human Service Directors in the five counties to update them about Horizon's past and current restructuring discussions.

Programs and Services (Please refer to chart that provides an overview of the programs offered by the three public health departments.)

- The document reflects the fact that there are more similarities than differences.
- Hospice is unique to Douglas County but could be handled in several ways.
- It is helpful that all five counties are PrimeWest members and that Public Health is the lead agency for PrimeWest Case Management services in all five counties.

Budget and Finance (Please refer to the handouts on each department's 2011 financial data.)

- It was very challenging to ensure that we were comparing apples to apples.
- Public health has more revenue streams than other county departments.
- Actually there is only a small percentage of the budget support by local tax levies.
- Revenue from PrimeWest helps to offset other losses.
- The Senior Program has a separate budget in Pope County but is overseen by Sharon.
- Environmental Health runs through the public health budget but can be separated financially.
- There are differences in how each department handles administrative costs but ultimately in the bottom line, that does not matter. Douglas determines overhead by number of people working in a particular program area.
- MDH is moving to an all invoice based system which would make it important to have a reserve for cash flow.
- The county allocations provide flexibility in serving programs that are designed for the needs of the population.

Discussion wrap-up:

- A concern was expressed that this JPE moves decisions one more step away from the taxpayer. We need to weigh that out with the potential for more efficiencies.
- A desire to see more savings was shared.
- The State needs to get the cost of government in check.
- Is merging a good idea relative to infrastructure in the future?
- What are the implications for merging in comparison to how we are operating now?
- What are the forecasts for change in our Senior population?
- It would be helpful to have a proposed structure and budget along with an estimate of staff FTEs.
- Provide a list of efficiencies and strengths that might result from the merger as well as the challenges that have surfaced so far in this process.
- A status report to the boards will be provided after our August meeting in which we do an in depth analysis of the proposed structure and budget.
- A recommendation as to whether to move forward will be made in November.
- If we move ahead with the merger we will focus on putting the nuts and bolts together in 2013 with full implementation in 2014.
- We may have to fund a reserve as payment fluctuates

Future Meeting Dates:

Wednesday, June 6th from 9 to 11

Monday, July 2nd from 9 to 11

**Horizon Community Health Board
Restructuring Meeting Summary
Wednesday, June 6, 2012
Prepared by: Brenda Menier**

Attendees: Jerry Deal, Deborah Hengel, Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Paul Watzke, Sharon Braaten, Sandy Tubbs, Brenda Menier.

Summary of previous meetings:

- Sandy provided an overview of the previous meetings and the primary areas of consideration: Governance, Budget & Finance, Programs and Services, Personnel/Staff Issues, Community Partnerships and Physical Facilities.
- When reviewing the three budgets, it was clear that there were a few differences in where some expenses showed up such as with IT and costs related to the state auditor. In Pope County, those expenses were found in the county budget versus the department's budget.
Other comments included:
 - Will there be greater cost effectiveness?
 - The respective Boards are being kept up to date.
 - There is an assumption that the merger "is a go".
 - A concern was raised that the residents of a county with a smaller population may experience reduced services.
 - A point was made that the counties need each other to gain efficiencies.
 - What if one county requires a greater concentration of services to serve seniors?
 - Reminder: Countryside provides a basic core of services across all five counties but did factor in discretionary resources.
 - There will be challenges related to communication to the public. For example, at the present time there are no Family Health nurses stationed out of the office in Traverse County but family health services are available.
 - A concern was raised about larger counties subsidizing smaller counties.
 - It is important to remember that if Horizon integrates their public health departments there will be five individual county partners as opposed to the 3 current partners.
 - If integration is approved, it will take another full calendar year to negotiate the details of the integration, particularly resolution of some of the staff/union issues
 - A concern was voiced regarding the potential changes in county commissioner representatives following the fall election that could impact the results of this planning initiative. It will be important to highlight that the decision was based on what is best for residents and the Boards must have faith that everything was looked at and scrutinized. We will need to lay out the process for "new" members and reinforce the message that the goal is to have a strong public health system.
 - Having "talking points" would be helpful as we communicate about the restructuring process.

- We need to recognize public concerns such as whether there will be a public health office in their county.

Draft organizational chart was reviewed:

- Total number of proposed FTEs remains essentially unchanged from current FTEs although the positions have been realigned to maximize type and use of human resources
- Neither hospice nor senior services was included.
- One new position was added: a data specialist to assure that data is accurately and appropriately entered and then analyzed for maximum benefit
- There is a slight reduction in the cost of the proposed administrative structure despite an increase in the administrative FTEs
- Sharon presented another option for administrative structure: appoint a single director who would be assigned the functions of performance improvement and planning and two assistant directors: one would oversee programs and another would oversee grant administration and finance.
- Wage comparisons between the 3 PH Departments are very comparable. With current staff, the highest and lowest hourly wages are Douglas County staff with all others falling somewhere in between.

Draft budget was reviewed:

- It should be noted that the draft budget, based on 2011 revenues and expenditures, does not include one-time funding.

Issues/Questions yet to be addressed or resolved:

- What assets does each partner bring to the table?
- What happens with existing accumulated vacation and sick time? Two options that were offered by SW Health and Human Services: cash it out and pay to individual or cash it out and pay to the new organization so that the staff brings that with them.
- What are the differences in severance pay policies between the counties? This would need to be addressed and accounted for.
- Who pays for office facility maintenance? Option: each county is responsible for its own office facility.
- How to assign value to existing equipment, cars, computers?
- What operational functions would be maintained internally vs. contracted i.e. payroll and IT
- If we ask each county to pay a per capita allotment, would that be unfair due to market rate differences in housing? How does that affect the levy? There is a different tax rate on agricultural land versus seasonal recreation property.
- What happens to the fund balance in the existing PH Departments? The recommended goal for the combined Horizon organization would be to reach a balance that would carry the department for six months. It was suggested that a starting balance, such as 25%, be established and then continue to build to 50% over time.

Next Steps:

- ✓ Provide a formal report to the Horizon CHB on August 1st
- ✓ Agenda topics for the July 2nd meeting:
 - Draft “talking points” for review.
 - Determine who our audience is in communicating about the restructuring.
 - Provide a recap of the process and discussion to date.
 - Complete the review of the primary topics to be considered.
 - Identify other questions to be addressed.
 - Compile and review an estimated report on “cash out value” of current employees’ benefits.

The next meeting will be held from 9:00 a.m. to 11:00 a.m. on Monday, July 2nd at the Public Works meeting room in Alexandria.

**Horizon Community Health Board
Restructuring Meeting Summary
Monday, July 2nd, 2012
Prepared by: Brenda Menier**

Attendees: Jerry Deal, Deborah Hengel, Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Paul Watzke, Sharon Braaten, Sandy Tubbs, Brenda Menier.

Summary of previous meeting and brief recap of previous meetings:

- A status report will be provided to the respective boards on August 1st.
- Two issues arose from the last meeting: fairness of using property taxes (differences in market value) as a basis for determining individual county contributions and the costs of a payout of benefits to staff.
- Sandy shared her and Sharon's discussion on appointing one director versus two co-directors. They determined that having one director over the long-term was more advantageous: one spokesperson, one decision maker. Having two co-directors may set the new organization up for failure.
- In providing reports to the boards, only one concern was raised about the differences in population and how that may impact the amount of services. There appears to be strong support to continue this effort.
- Human services could learn something from this process.
- The ECHO press provided a fairly accurate report from the Douglas County presentation. The buyout of a local clinic has garnered lots of attention.
- Staff have not voiced many concerns nor asked many questions. The "team" work that has been taking place has been helpful and may assist staff in understanding the potential benefits of the merger.

Budget/finance and related discussion on the potential cost of payout of accumulated leave and sick time:

- The question was raised about bringing the costs (liability) of benefits to the new organization or providing a payout to employees prior the start-up. The consensus was that this was possible but highly unlikely as employees would not want to lose access to their sick leave.
- STG: Employee, upon resigning, are eligible to have their sick leave paid out according to accumulated hours times a third of their hourly wage.
- Douglas: For employees with 25 years or more of service, they are eligible to get their sick leave paid out upon resigning.
- Pope: A payout would be problematic for the rest of the members of the Teamsters union.
- There is a possibility of paying out one-half of sick leave and move it towards a health savings account.
- A positive option would be for the county to provide an existing fund balance to cover the liability.

- “It is important to come up with a plan prior to involving the unions.” The objective is to treat employees fairly. Start with what is in the books, then have a policy to move forward.
- Is there a Health Savings Plan in each county? 2% of salary automatically goes in to an account – tax free for employees and the county.
- Douglas has a benefit of “special sick hours” for employees prior to 2006. Employees hired after that date do not qualify. Removal of this benefit would be recommended.
- Rob Fulton, former Director of Ramsey County, could be retained to help work through the “stickiness”. He comes with great experience and background as he guided the merger between Ramsey County and the St. Paul Health Department.
- The nurses are unionized in Douglas County but the rest of the staff are not.
- STG: all staff are unionized
- Pope: the nurses and clerical staff are in the Teamsters; the supervisors (two) are in AFSCME.
- Mr. Fulton, if hired, could do a side by side comparison of language among the contracts and look for commonalities; this comparison could be used as a basis for the development of a proposal.
- It is important to keep in mind that merging is a governing board decision not a union decision.
- Question: Do we move employees to the various positions or have them apply for positions. Seniority will be a problem. Currently, there are five finance staff and only three finance positions in the proposed org chart.
- It is important to have an official recommendation for the Boards to contract with Mr. Fulton.
- The official status report on restructuring must move to the individual five counties; it will be important to have a pretty solid commitment in place by November.

History and Talking Points:

The draft document was reviewed and revised. Sandy will make the recommended changes and send them out.

Finalize decisions on the following:

- Board representation
- Proposed organizational structure
- Outsourcing of administrative services (i.e. audit, insurance, payroll)
- Resolve labor/union issues
- Clarify potential liability
- Communication Plan: start with board representation
- Hospice and Senior Programming
- County assets
- Initial Fund Balance

- Fairness of utilizing property taxes (differences in market value) as the basis for determining county contributions
- Determine the impact of population projections on services and finances

Board presentations should include the history and talking points, the proposed org chart and the proposed budget.

The earliest this merger could take place is January of 2014.

Future meeting dates:

Monday, September 10th from 9:00 to 11:00 at the Douglas County Public Works Building in Alexandria

Friday, October 12th from 9:00 to 11:00 at the Douglas County Public Works Building in Alexandria

Horizon Community Health Board

Restructuring Committee

History and Status Report

AUGUST 2012

History:

The Horizon Community Health Board was the result of a merger between the Douglas County Community Health Board (CHB) and the Mid-State Community Health Board effective January 1, 2011. During the exploration/planning process that preceded the merger of the two community health boards, it was suggested that a logical next step would be to explore the merits of integrating the three public health departments, keeping in mind that the goal is not integration in and of itself, but rather to assure a strong public health system now and into the future.

Since the merger in 2011, staff from the three departments has met to work on the various programs and services they have in common to align and improve service delivery and outcomes. Additionally, performance management and quality improvement efforts are becoming embedded throughout their work. As a result of these experiences and the positive outcomes demonstrated during the early phase following the merger, the Horizon Community Health Board appointed the Horizon Restructuring Committee to further explore the potential benefits and risks of integration.

The Restructuring Committee has been meeting monthly since March of this year to explore and analyze information in six primary areas: Governance, Budget & Finance, Programs and Services, Personnel/Staff Issues, Community Partnerships and Physical Facilities. The Restructuring Committee is comprised of one county commissioner from each of the five respective counties, two lay community members, the two public health directors and a public health nurse consultant from the Minnesota Department of Health.

The Committee's activities/reviews to date include:

- Review of a Joint Powers Authority and Analysis report from the Minnesota Counties Intergovernmental Trust (MCIT), including discussion with representatives from MCIT.
- A discussion with administration and elected officials from Countryside Public Health regarding their governance and organizational structure. (*Countryside Public Health is an integrated 5-county public health department that has existed for more than 30 years*).
- A side by side comparison of programs and services by area of public health responsibility.
- A side by side comparison of 2011 financial reports.
- A per capita tax levy comparison.
- A discussion on a proposed organizational structure with a comparison of current and proposed positions
- A discussion on a proposed budget with a comparison of current and proposed administrative expenses.

Horizon Community Health Board

Restructuring Committee

- Identification of concerns expressed due to the variations in the demographics of the five counties.

Current Assumptions and Conclusions:

- A merger of the existing public health departments would result in five member partners in the Horizon Community Health Board Joint Powers Agreement versus the existing three member partners.
- The new Horizon Community Health Board would operate autonomously from the boards of the individual member counties.
- Each county board would retain levy authority for their respective county.
- A review of the three department's programs and services showed more similarities than differences.
- New grant opportunities have arisen as a result of the merger into one community health board.
- The merger into one community health board has provided opportunities for more effective and efficient use of resources, both human and financial. Examples include: public health preparedness, WIC service delivery, C&TC Outreach and SHIP. Merging into one public health department would expand and enhance these opportunities.
- Each county would be provided a core level of public health services with the potential for county specific resource allocation.
- A number of opportunities for the management of the Douglas County Hospice and the Douglas and Pope Counties Senior Programs have been discussed and are in need of further exploration and consideration.
- There is a common belief that failure to regionalize may result in fewer public health services provided in the future.

The Horizon Community Health Board will make a final recommendation to the five individual county boards by the end of 2012. Integration, if approved, would occur no sooner than January 2014.

Horizon Community Health Board

Restructuring Committee

Issues of Ongoing Discussion

AUGUST 2012

- Determine community health board representation
- Finalize administrative structure and organizational structure
- Determine which administrative services (i.e. payroll, legal consultation, health insurance and other benefits) would be contracted versus in-house
- Resolution of union/labor issues: wages and benefits, seniority, severance pay
- Identify and address potential liability issues and how that will be handled
- Develop a communication plan with community partners and the general public
- Develop recommendations for management of programs that are not delivered across the three departments, such as hospice and senior services
- Explore fairness issues related to market value and county tax levy allocation
- Determine the assets each county will bring to the table (initial funding, levy, facilities, cars, equipment)
- Establish the level of fund balance needed to begin
- Explore the impact of population projections

**Horizon Community Health Board
Restructuring Meeting Summary
February 8, 2013**

Attendees: Jerry Deal, Deborah Hengel, Jerry Johnson, Larry Lindor, Dennis Thompson, Jeanne Ennen, Kathy Werk, Sharon Braaten, Sandy Tubbs, and Brenda Menier.

**Guests: Jon Anderson, AFSCME Representative
Terry Foy, Labor Attorney, Ratwik, Roszak & Maloney, P.A.**

Updates:

Tubbs reported that in early January, she'd received and responded to a request for information from MNA that was very similar to earlier requests received from AFSCME and Teamsters.

Robert Woods Johnson Foundation Cross Jurisdictional Sharing Grant:

Tubbs reported that the agreement with the Center for Sharing PH Services has been fully executed for the Horizon CHB as well as all 16 grantees nationwide. Tubbs and Braaten participated in a two hour interview with lead staff from the Center for Sharing Public Health Services (CSPHS) at the Kansas Health Institute on February 1st. Comments from CSPHS staff were that the Horizon proposal was very well written with clear objectives. CSPHS staff were very interested in how public health is organized in Minnesota as the Community Health Board (CHB) structure is unique to MN. After all 16 grantee interviews are complete, CSPHS staff will identify common needs and assist in finding resources. Staff will also work to create "interest teams" among projects that share common goals, strategies or resource needs. The CSPHS staff also reviewed the RWJ Foundation's strict guidelines that prohibit lobbying. Tubbs and Braaten stated that any discussion with the individual Boards relative to a decision about integration would be outside the parameters of the RWJ Foundation grant.

Eight representatives from the Horizon project will be attending the first Shared Services Learning Community (SSLC) meeting scheduled for March 13th – 14th in Kansas City. Additionally there will be quarterly conference calls between the CSPHS staff and each individual site as well as quarterly conference calls with all grantees. Each grantee is also expected to host a site visit for the CSPHS staff and any other interested grantee representatives. Tubbs stated that more information will be available after the March Kickoff meeting in Kansas City.

Summary documents were provided to the Restructuring Committee describing the Summit County Local Health District Merger Feasibility Process, a process very similar to the Horizon project. Tubbs will email the entire report for members to review as they wish.

Terry Foy, Labor Attorney:

Tubbs introduced Foy and asked him to share his background as well as his role with the Horizon Restructuring process. Foy indicated that he believes it will be his role to identify and provide guidance on labor relation issues associated with forming a new governmental entity, should the Boards decide to do so.

According to Foy, various levels of government are exploring redesign. A number of studies have demonstrated certain advantages can result from combined structures that individual organizations may lack such as greater economies of scale to meet increased services demands, risk mitigation, the creation of environments in which staff can specialize whereas stand-alone counties may not have the resources to allow specialization, and increased competitiveness for grant funding.

Foy then addressed what he would consider priorities in this process:

- Further refine the organizational structure
- Develop position descriptions
- Develop personnel policies
- Consider market pay equity in budget development
- Identify areas which may lead to cost savings
- Pending the decision of the 5 individual boards, write and execute the new joint powers agreement along with appointing an interim JP Board. At that time, one of the interim board's first responsibilities would be to hire employees. In addition, the interim board must be granted authority to negotiate with unions. The interim board may or may not be comprised of the same representatives as the new board.

General comments:

- Whereas the current CHB has three partners, the new Board would have five partners.
- Individual board approval cannot be requested until we “drill down” and provide very detailed budget information.
- To date, this restructuring committee convenes as a work group or task force of the full CHB with no formal authority. It will be necessary to have the Horizon CHB delegate some authority to this committee to act on behalf of the full CHB or the Horizon CHB will need to start meeting monthly to make decisions related to moving forward.

Issues for Committee discussion and recommendation:

Tubbs, Braaten and Werk have completed the 6th draft of an organizational chart that clearly lays out a vision for the future. There are four divisions: Long Term Care; Child Family & Community Health; Health Promotion, PH Preparedness & Environmental Health; and Hospice. Under this structure, Hospice of Douglas County would exist as a separate division under the Horizon organizational structure but would maintain completely separate finances.

This most recent revision of the organizational structure was built on the actual projected staff needs by caseload in each of the various divisions. A grant administrator was added due to the increased workload tracking various grant activity. FTEs were increased in Long Term Care due to caseload. The structure will include three dietitians in WIC. The org chart was based on a 37.5 work week, which provides some flexibility and decreased costs related to overtime. Tubbs and Braaten voiced support for the structure and stated that based on current public health programs and services, this structure provides for effective and efficient delivery of services. That being said, there are a number of different major program changes, such as the implementation of MN Choices, that could impact the structure and the number of staff required in each division and therefore, have significant budget implications. Tubbs stated that the structure will need to be responsive to those proposed changes. Discussion followed regarding the potential impact of MN Choices, both in terms of the reimbursement mechanism to local agencies and the staff training/capabilities required. Werk informed the committee members that staff at Douglas and STG Public Health had participated in the beta testing of the new assessment process. Many challenges were identified during that beta testing. Werk stated that she believes the new assessment process must be implemented by January 2014 but states that it is unlikely that this will occur in the near future.

A question was raised about the potential for implementation of performance based pay. Foy responded that this is sometimes implemented at the supervisory level, allowing supervisors to advance providing they receive a satisfactory evaluation.

Discussion ensued around the selection of a fiscal agent, noting that one option would be to do issue a request for proposal so that both public and private entities could respond.

Tubbs distributed a list of Issues of Significant Impact in Considering Integration (Attached), including both operational and program-specific recommendations. In addition, Tubbs stated that consideration will need to be given to the issues that are unique to current county employment agreements such as the Rule of 80 in Pope County that would impact 4 of the current employees and the Douglas County provision that allows payout of all unused sick leave for those employees that reach 25 years of employment before retirement. Foy stated that these are the types of issues that will need to be negotiated in the event that the Boards decide to move forward with integration.

Given all of these issues and the uncertainty of future funding, Tubbs and Braaten recommended that the proposed timeline be extended allowing for individual Board decisions by the end of 2013 or early in 2014 with implementation no later than January 2015, if approved. Some discussion followed on the complexities of a mid-year transition with members agreeing that a January start date would provide for a somewhat less complicated transition, particularly in terms of budgeting and contract agreements.

The next Horizon Restructuring meeting was set for Friday, April 5th from 10 a.m. to 12 noon at the Public Works Building in Alexandria.

**Horizon Community Health Board
Restructuring Meeting Summary
April 5, 2013**

Attendees: Jerry Deal, Deborah Hengel, Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Jeanne Ennen, Kathy Werk, and Sandy Tubbs

Guests: Jon Anderson, AFSCME Representative

Discussion about experiences at the Shared Services Learning Community Training in Kansas City occurred. There is an e-newsletter going out every month that all of the task force members should be getting. Sandy and Sharon recently attended the MN Statewide Project Kick-off meeting for MN Statewide Shared Learning Services project and were asked to explain to the group our project Shared Services plans. Sandy then distributed copies of and reviewed the objectives and deliverables for the Horizon Shared Services Learning Community grant.

Sandy reviewed the progress of the Horizon Community Health Assessment. Area non-profit hospitals are also now required to complete a similar process so PH is partnering with area hospitals to work on Community Health Assessments. Horizon did receive a small grant for \$3,000 to support community conversations/forums to get public input for the Community Health Assessments. Plans are to sponsor these community conversations in Morris and Alexandria.

Cross-Jurisdictional Service Sharing: What makes it work? Sandy reviewed this presentation and slides from Justeen Hyde. Reminders about our motivation for change were reviewed - quality and efficiency of services. Discussion of impact differences between key stakeholders: staff, policy makers and the general public. What are their key concerns and “deal breakers”? Importance of transparency and the challenges that sharing presents were discussed.

Sandy discussed the importance and differences of Change Management and Project Management. Both of these are important for a transition to occur. As the Restructuring Committee continues to explore integration, it will be important to focus on the human components of Change Management as well as the Project Management details.

Project Management strategies were discussed and include:

Regarding Governance issues, Sandy will schedule a meeting with legal consultant Chris Karpan to begin discussion on the development of a Joint Powers Agreement. Sandy and Sharon will share a template from MCIT, and samples of other Joint Powers Agreements.

In Budget and Finance, the next step will involve the development of a distribution formula for the tax levy portion of a 5 County Public Health Department budget. The Horizon Finance Committee will serve as the subcommittee for addressing this issue. Dennis Thompson, Jerry Johnson, Todd Schneeberger, and Larry Lindor will comprise this committee. Sandy will facilitate the organization of this committee's first meeting when appropriate.

For Personnel and Staffing, the first priority will be the development of job descriptions, a job classification system and a personnel policy manual. Sandy will see recommendations for consulting services and then schedule meetings with potential consultants, one of which will be Trusight Inc. Jeanne Ennen, Kathy Werk and Dennis Thompson will be on this committee, along with Sandy and Sharon.

The need for Core Services, such as Payroll and Benefits, Human Resources, Fiscal Agent, and Information Technology (IT) was discussed. After some discussion, it was agreed that a meeting be scheduled with invitations to all the county representatives from these departments from the 5 counties. The intent of this meeting will be to see what interest the counties have in providing these services and what information they will need to make that decision. If there is county interest in providing core services, the next likely step would be to issue RFP's to the 5 counties for the provision of these core services. If there is not much county interest, private providers will be solicited.

Change Management strategies were discussed and include:

The Change management process needs to involve all the Public Health staff, all the Commissioners of the 5 County Boards, the general public and our PH community partners.

A suggestion was offered to combine a fall "retreat" and Shared Services Learning Community site visit and to expand the audience to include staff representatives from the 3 Public Health Departments, the Commissioners of all 5 counties, and potentially some community partners for the first part of the session. The afternoon could then be a work session with the Restructuring Committee and the Shared Learning Services staff. The Arrowwood Resort Center would provide an ideal facility for a fall retreat/site visit, if acceptable to the Shared Learning Services staff. Our first choice of dates for this retreat and site visit is September 19th and 20th. The second choice for dates is October 10th and 11th. The third choice of dates is either September 11th and 12th. Further planning will need to occur once a date has been established. Sandy has e-mailed our date requests to the Shared Learning Services staff.

The need to have staff more engaged in the process was discussed as a precedent for change management. It was suggested that all the PH staff from the 3 Departments be brought together for a large meeting with a group facilitator, potentially in late May or early June. The Hoffman Community Center would provide a central location. The facilitator will hopefully recommend how much (if any) administrative presence would be appropriate at this large staff meeting. It was also suggested to have some of the Restructuring Committee members attend the smaller agency staff meetings at later dates, after the large staff meeting. A calendar of future staff meetings for the 3 Departments was developed. It was discussed how there needs to be developed a way to communicate with staff in between staff meetings - ex. e-mail responses to questions as appropriate. Sandy will ask Restructuring Committee members to volunteer to attend these all-staff meetings in August and September.

The next Change Management area addressed was the communication and education/discussion that is needed with all the County Boards. It was decided that Restructuring Committee members, along with Sandy and Sharon, will request appointments with all 5 of the County

Boards twice over the next four months. Future Board meetings for the individual Boards were also identified on the calendar with potential meeting dates identified. Sandy and Sharon will make the requests to the individual Boards for meeting dates/times and then seek volunteers from the Restructuring Committee to attend these meetings.

Reminder: Next full Horizon Community Health Board meeting will be May 3rd.

The next Horizon Restructuring Committee meeting was set for June 13th at the Public Works Building meeting room in Alexandria from 10:00-12:00.

Meeting adjourned at 12:20 p.m.

Respectfully,
Kathy Werk

**Horizon Community Health Board
Restructuring Meeting Summary
June 13, 2013**

Attendees: *Jerry Deal, Jeanne Ennen, Deb Hengel, Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Sandy Tubbs, Kathy Werk and Brenda Menier.*

Guests: Jon Anderson, AFSCME Representative

Shared Services Learning Communities Updates:

National project staff have been sending resources out but most have not been applicable to our project (i.e. assessments of other shared services arrangements). Quarterly conference calls/webinars with all grantees have been held to push information out along with monthly newsletters. Additionally, each project has individual calls. The next Horizon project call is scheduled for Friday, June 28th. SSLC project staff have also invited grantees to send resources to them, as well as any newspaper articles that have been published regarding Horizon initiative. Total grants funds are \$125,000 over two years with more expenses anticipated in the first year. An advanced payment of \$80,000 was sent at the beginning of the project in January 2013; there is flexibility in shifting one line item to the next. The Horizon project site visit has not yet been scheduled.

Project Management Updates:

Governance: Sandy met with Chris Karpan and provided him with the current JP agreement, along with other contract agreements and MCIT templates. Karpan is considering whether he can commit to providing the legal consultation to Horizon due to numerous demands on his time. Currently there are no immediate needs for legal consultation other than developing a contract with Springsted. The Restructuring Committee briefly discussed purchasing legal services from one of the five county attorneys.

Personnel/staffing: Dennis Thompson, Jeanne Ennen, Kathy Werk, Sandy Tubbs and Sharon Braaten met with Springsted and TruSight for interviews. It was very apparent that Springsted was experienced in working with government and public sectors and understood joint powers agreements and governing boards. Both written proposals from Springsted and TruSight include assistance with the development of position descriptions, a job classification system and personnel policies. The Springsted proposal also includes assistance in the development of funding distribution formulas. The proposed Springsted contract totals \$30,500.

The committee then reviewed some of the details of the Springsted proposal including their specific requests for background information needed to begin. A positive of this proposal is the involvement of staff in several areas such as the use of a position analysis questionnaire to be completed by employees in the development of position descriptions. Further discussion

continued regarding how the contract would be funded. Tubbs and Braaten noted that there is adequate funding available in the RWJ grant although it will require shifting some projected expenses from web development and legal consultation to the personnel consultation line item. There is a meeting scheduled with Springsted representatives on June 20th. The proposed agreement, with the work plan attached, will be reviewed carefully following some clarifications that will be discussed with Springsted. It is hoped to have the contract executed by the end of June.

Sandy agreed to send out the Springsted work plan for a final review by the Restructuring Committee but the committee unanimously agreed to grant Tubbs and Braaten the authority to make a decision on moving the contract forward. There was a suggestion that the agreement be sent for review by each county attorney but it was decided that step was not necessary as the contract will be grant funded.

Core Services: Sandy and Sharon invited the respective County Auditors, Human Resource staff, IT and the County Coordinators from the 5 counties to a meeting on June 5th in Glenwood. There were four attendees from Pope, two from Stevens and two from Douglas. There was discussion on the proposed structure and vision of how it will work. There was varying interest in contracting and providing services among the counties. After much discussion, a consensus of the attendees present was that the size of the proposed Horizon organization would warrant hiring a human resource manager as well as internally assuming fiscal and payroll as the benefit set established for Horizon would not be consistent with any of the current county benefit plans. It was further discussed which of the core services should be linked to a common position. Information technology (IT) was the only service that the participants recommended be contracted from the individual county partners. The IT representatives strongly urged Horizon to contract the main server operations to one of the 5 counties but also have individual county contracts in place to deal with the day-to-day operational/maintenance issues.

Another suggestion offered was to talk to Liz Auch with Countryside regarding Human Resources and insurance coverage as we may get a more competitive insurance quote when combining forces. PrimeWest was also suggested as a possible health insurance provider in the future. Sandy will add a Human Resource position description to Springsted's work plan.

Budget and finance: There is nothing new to report on. Springsted might have sufficient information to begin an initial financial analysis now.

Facilities: There is no change anticipated. There was a suggestion that the square footage for each office be calculated and provided to the committee. The interior of Pope County offices is being redesigned.

Change Management Updates:

Tubbs reiterated the importance of keeping stakeholders that may be potentially impacted by the integration informed and engaged in the change process. The Public Health staff from the 3 Departments as well as the individual Boards are among those most significantly impacted. In the future, more information will need to be disseminated to reach the general public.

To further engage and inform staff, a mega staff meeting was held on May 31st in Hoffman with approximately 70 staff in attendance. All were invited to come but it was not mandated so a few opted not to go. Deb Hengel did an outstanding job at facilitating the meeting and staff appeared to feel free to share thoughts. Staff were assigned to tables through color, shape and number and were asked to rotate tables periodically in order that they meet and interact with various staff members from the different Public Health Departments. Each table was asked to record the key concepts from their discussion.

Some of the questions that were asked include:

What does public health mean to you? Some of the words used to describe public health were prevention, community, promotion, compassionate. This helped provide a positive tone to the meeting.

What is a strong public health department? Responses included that public health captures the life cycle from birth to death, visible, present in the community, focus on health and safety, variety of services, strong community relationships, staff are happy and satisfied, trustworthiness, financially viable, visionary, open & strong communication, and backbone of community with well-educated staff.

Why do you think the merging of three public health departments is being considered? Answers received were to prevent joining with human services, to remain independent, to be competitive with grants, financially viable, and to offer shared, integrated services.

What would be some of the benefits? Some of the responses cited shared staff and workload, develop efficiencies, be proactive, learn from other staff, and strengthen collaborations.

There were three questions related to concerns and/or fears. Answers could generally be grouped into four areas: employee benefits (union, insurance, benefits, hours, flexibility in scheduling, job security), logistics (presence in each county, accessibility to supervisor, services offered), staffing (loss of job, concerns related to senior service structure, losing programs, need to reapply for jobs, job openings, ability to work from home, workload, travel time), and communications (all want to hear the same thing at the same time, want to be part of the process, fear of repercussions if they express themselves, when to expect answers to their questions).

Staff also had the opportunity to anonymously ask questions and offer suggestions on cards at the end of the meeting. Some of the suggestions/requests were to have a representative from each program area at the restructuring meetings, include a staff member that has been through a merger, provide monthly updates, provide timelines for answers, inform staff about decisions, allow union reps to be present at meetings, and not to schedule another meeting until more answers are available.

Jon Anderson, AFSCME, asked how staff will be transitioned from the current organization to the new organization if, in fact, they are not going to be required to re-apply for their positions. How do you determine who is most needed and best qualified?

Individual county board meetings:

Individual meetings with four of the five boards have now been completed. The Pope County board meeting was first and went well. The Douglas County Board meeting was a work session with good discussion. The Stevens County Board meeting was also a work session with much discussion. Among other issues, a concern was raised regarding the timeframe for making a decision, suggesting that perhaps the time frame will need to be extended a few months in order to allow adequate time to gather all of the necessary information. There were no questions and very limited discussion at the Traverse County meeting. The Grant County meeting is scheduled for mid-June.

The next individual board updates will be scheduled for late fall with Board decisions to follow in December 2013 or January 2014.

Next steps

The next Horizon Community Health Board meeting is scheduled for August 2nd in Wheaton. It was determined that the next Restructuring Committee meeting will be scheduled at such time that Springsted has completed some of its work for the Committee's review.

**Horizon Community Health Board
Restructuring Meeting Summary
October 3, 2013**

Attendees: Jerry Deal, Jeanne Ennen, Deb Hengel (phone), Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Sandy Tubbs, Kathy Werk and Brenda Menier.

Guests: Jon Anderson, AFSCME Representative

Shared Services Learning Community:

Horizon Site Visit: As requested by the staff from the Center for Sharing Public Health Services (CSPHS), the two primary focuses of the October 28-29, 2013 site visit is to engage in discussion of governance and operational issues. CSPHS staff Patrick Libbey and Grace Gorenflo have requested scheduled time to talk with staff as well as the Restructuring Committee and governing board members. The 2-day schedule of events will include opportunities for Public Health staff to be engaged in the discussion at either Monday or Tuesday morning meetings. A draft agenda has been distributed; Sandy and Sharon will work with the CSPHS staff to revise the agenda slightly in order to assure that issues related to national trends and the future of Public Health be incorporated into the discussion with the large group on Tuesday, Oct. 29. The 2-day site visit will wrap up after lunch with the Restructuring Committee on Tuesday.

Site visit to Ohio Project, December 2 – 4, 2013: Patrick Libbey suggested that Horizon might be interested in this project which focuses on integration; an added area of interest is that these counties are neighbors to Summit County, which was part of a merger of public health departments several years ago. As part of the site visit, there will be an opportunity to visit Summit County and gather information and lessons learned from the staff that were a part of that merger. Horizon has adequate budget to support 5 individuals attending and that request has been submitted. However, with some restrictions on the number of potential participants, it is not known whether all 5 will be accepted. The 5 participants would include Sandy, Sharon and one staff person from each of the 3 Public Health Departments. Sharon noted that recent articles written about the numerous mergers of health departments in Ohio indicated that the Ohio legislature had recently granted authorization to the Ohio State Health Department to require local health departments to seek Public Health Accreditation by 2018 and become accredited by 2020 in order to receive state funds. This state-directed emphasis on the importance of public health accreditation could have significant influence on other state and national trends.

San Diego Shared Services learning Community meeting Jan. 22-24, 2014: Horizon has requested and can financially support 6 participants and is awaiting approval from the CSPHS. This Learning Community meeting will focus on human resource, governance and financial issues including equitable distribution of tax levy, all of which will be timely and essential to the Horizon initiative.

In addition, a special technical assistance request was submitted on behalf of the Horizon project requesting assistance with the development of formulas to equitably share county tax levy. The Center has responded indicating that they have asked the International County Managers Association, which has a Public Health consultant who has worked with public health consolidation, to develop guidelines and recommendations for the grantees. In addition, this topic will also be one of the focuses of the January Shared Services Learning Community meeting. Sandy noted that Springsted has also agreed to develop funding formula options for Horizon.

Project Management Updates:

Governance:

Chris Karpan, legal consultant for the Horizon CHB, has indicated that he will be unable to continue to provide services beyond the end of the current year. At the direction of the Restructuring Committee, Sandy and Sharon agreed to approach the other county attorneys to ascertain interest. In terms of the labor issues related to integration, Horizon has retained the services of Terry Foye to negotiate the transition with the unions. The most current need for legal assistance will be the development of a new Joint Powers Agreement. Sandy and Sharon will report back at the next Restructuring Committee meeting.

Some discussion followed regarding necessary revisions to the most recent organizational chart. It was noted that the grants management position has been eliminated but an accountant position will be added. In addition, with the decision not to seek human resource services from one of the member counties, a human resource coordinator will be added to the organizational chart. That position will report directly to the Administrator. There was also some discussion about the disparity in the total number of staff under the supervision of the 2 Assistant Administrator positions. A comment was made that the number of staff that can be effectively supervised by an individual is more related to the scope and breadth of the responsibilities and functions versus solely the number of people who report to that position.

Personnel/staffing: Springsted has just recently submitted the first draft of the position descriptions along with definitions of the terminology (resulting from the position analysis questionnaires that staff completed) for review. Sandy, Sharon and Kathy will complete an initial review and offer suggestions for revisions. Sandy noted that core public health competencies will need to be integrated. Once the position descriptions are received back from Springsted, they will be distributed to staff for review and comment. Springsted said that it is important to emphasize to staff that while their comments and suggestions are valuable and will all be considered, the final decision rests with the Board. Once the final draft of the position descriptions have been approved, those positions will be assigned points within a position classification system and then finally placed on a proposed salary scale. As for the draft

Personnel Policies from Springsted, Sandy indicated that she expected that document in the near future.

Core services: Horizon will need a payroll system. One suggestion was to check with Chad Swanson (Computer Professionals) or other company offering similar services. A request for proposals may be considered. Member counties had indicated that with the differences in benefit packages between the individual county and the Horizon organization, it would be difficult to manage. More discussion followed regarding the potential to do some of the services internally versus contracting them to an outside organization. Benefit management would be internal. Because of that, the Human Resource specialist would need to be employed in advance of the actual implementation date. Health insurance: there would be 75 enrollees – may need to purchase this through an existing county insurance group plan. Open enrollment periods also need to be taken into consideration. PrimeWest Health may be an option for county employees, but not until January of 2016.

Budget and Finance: Mindy and Greta are working on the revenue side of budget, although many uncertainties remain including reimbursement for MN Choices. The information is continually changing. The funding mechanism is scheduled to transition to the Local Collaborative Time Study methodology in October 2013 while the actual use of the MN Choices tool will not be implemented until May 2014.

The proposed schedule of upcoming activities between October 2013 and March 2014 was reviewed and discussed.

Change Management Update:

Sandy and Sharon stated that staff have been well-informed via the monthly Horizon Restructuring updates throughout the summer and early fall and will now be directly involved with the Horizon site visit as well as traveling to the Ohio site visit. They were also actively involved in developing position analysis questionnaires and will have another opportunity to review the draft position descriptions. Another mega-staff meeting will be scheduled in January after more information is available to share.

Along with staff engagement, Sandy and Sharon are meeting periodically with the Social Service directors from the 5 counties to provide updates. Individual Board meetings will be scheduled again in late January and February prior to the final vote, which is now anticipated in March 2014.

Wrap-up, comments and updates:

Sandy informed the Restructuring Committee that she was invited to present at the National Network of Public Health Institutes in Memphis, Tennessee on November 20 & 21. The focus is

on quality improvement. The network meets every 6 months and is also funded by the Robert Woods Johnson Foundation.

Next Restructuring Committee meeting: **November 4th from 1 to 3 p.m.** in Alexandria.
The full Horizon Community Health Board meeting that was previously scheduled for Wednesday, October 30 has been rescheduled to **November 26th from 1 to 3 p.m.** in Glenwood.

**Horizon Community Health Board
Restructuring Meeting Summary
November 4, 2013**

Attendees: Jerry Deal, Jeanne Ennen, Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Sandy Tubbs, and Sharon Braaten.

Guests: Jon Anderson, AFSCME Representative

Shared Services Learning Community:

Follow up on Site Visit: Sandy recapped the various meetings associated with the Oct 28-29, 2013 site visit by the staff from the Center for Sharing Public Health Services (CSPHS). The meeting on Monday morning with approximately 25 staff members from the 3 Public Health Departments generated a great deal of discussion with participants openly sharing concerns and questions. That same afternoon, a similar discussion occurred between the Restructuring Committee members and the staff from the CSPHS. The October 29th meeting with a large group of County Commissioners, County Coordinators, Human Service Directors and Public Health staff included a lengthy presentation by the CSPHS staff, which unfortunately left only a small amount of time for questions and answers. The 2-day site visit wrapped up with the Restructuring Committee and the CSPHS staff. A summary of the site visit will be compiled and distributed by the CSPHS staff. Valuable information was shared and gained from the site visit. Allison Thrash, MDH, was the only participant representing the other grantees.

Site visit to Ohio Project, December 2 – 4, 2013: A team of 5 representatives including Sandy, Sharon, Betsy Hills from DCPH, Crystal Wagar from Pope County Public Health and Connie Bullock from STG Public Health will travel to Akron, Ohio for the Dec 3-4 site visit of that project. Highlighting that visit will be the opportunity to engage in discussion with administration and staff from the Summit County merger of several county and city health departments. In follow-up to the Ohio site visit, those attending will be asked to share their experience and the knowledge gained with the staffs from the 3 Public Health Departments. It was suggested that the 3 staff might consider a panel presentation approach to the other Public Health staff so that the perspective of all 3 staff participants could be shared.

San Diego Shared Services Learning Community meeting Jan. 22-24, 2014: Flight, hotel and conference registrations have now been confirmed for 6 participants from the Horizon project including Sandy, Sharon, Kathy, Todd, Larry, and Deb. More details regarding the agenda and focus areas are anticipated in the next month.

Project Management Updates:

Personnel/staffing: Sandy informed the Restructuring Committee that the 2nd draft of the position descriptions was received via email from Springsted on October 30th. The first drafts

were reviewed by Sandy, Sharon and Kathy to identify areas that were grossly misinterpreted or misstated. In addition, language incorporating the concept of core public health competencies was submitted to Springsted for inclusion. With those changes now incorporated, the latest revision of the position descriptions will be distributed to staff for their review and comment. Sandy indicated that some staff whose current position involves more than one function may be asked to review and comment on 2 position descriptions. Staff will then be asked to submit their comments back to their respective Supervisors who will also then review and comment. The final review will be completed by Sandy, Sharon and Kathy prior to sending back to Springsted for the final revision. Along with the final draft of the position descriptions, it is also anticipated that points will be assigned to each position description and a position classification system developed. The final step in the process will be the development of a salary scale for the proposed organization. Final approval of the position descriptions, the position classification system and the salary scale will be determined by the full Horizon Community Health Board. Issues for consideration in the development of personnel policies: Sandy presented for the Restructuring Committee's consideration a document received from Springsted that outlines a number of issues for which Springsted is requesting guidance in order to complete the first draft of the personnel policies. In each of the areas, Springsted has indicated the specific issues for which they are requesting direction. Those issues and the Restructuring Committee's responses are as follows:

- Work Week: Recommend 37.5 hour work week for all staff with the exception of management staff that will be salaried on a 40-hour work week. Management staff will include Administrator, Assistant Administrators, and Supervisors.
- Vacation/Sick Leave: The Restructuring Committee would like to establish a paid-time off (PTO) policy and requests that Springsted provide conversion options for the Restructuring Committee's review.
- Vacation/sick leave accumulation and carryover: Request that a PTO accumulation and carryover policy be established. Restructuring Committee requests options.
- Holidays: 10 federal holidays and 1 personal holiday shall be granted to each employee. The Horizon CHB shall annually consider granting an additional half-day holiday for Christmas Even when it falls on a week day.
- Overtime: Overtime pay shall be calculated based on hours actually worked in excess of 40 hours. Employees shall be compensated at straight time for hours worked between 37.5 hours and 40 hours and at time and a half for hours worked exceeding 40 hours in the established work week.
- Compensatory time accumulation and carryover: The Restructuring Committee recommends that accrual of comp time be limited to no more than 40 hours and that accumulated comp time be paid out at the end of the year.
- Bereavement/funeral leave: Funeral leave shall be established as up to 3 days of paid leave time (not sick leave or PTO) upon the death of the following "immediate family" – father, mother, sister, brother, spouse, child, mother-in-law, father-in-law,

- grandparents, grandchildren, aunts, uncles, nieces, nephews, sisters-and-brothers-in-law, and domestic partners.
- Employee Assistance Program: An EAP policy should be established to assure that all employees have access to an EAP.
 - Retiree health insurance benefits: There will be no retiree health insurance benefits.
 - Grievance process: Restructuring Committee requests suggestions for grievance language from Springsted.
 - Longevity pay: Eliminate all longevity; Not recommending establishing performance pay policy at this time.
 - Office closures: With the geographic area and the distribution of employees throughout 5 counties, the Horizon staff will honor the inclement weather office closures of the county to which they've been assigned as their home office. In the event of a declaration of a county-wide office closure, employees that are housed in that home office shall be compensated for the time that the office has been declared closed without utilization of sick, vacation (or potentially PTO) or comp time. For all other situations involving inclement weather, employees absent from work may use a vacation (PTO) day, take an unpaid leave day or make up the time by special arrangement if allowed by the agency administrator.
 - On call/call back pay: Applicable only to those that serve as the on-call team for Hospice of Douglas County. Policy shall be established for that team.
 - Service credit: Horizon employees will be granted credit for years of service as employees of the respective Public Health Department that employed them prior to the integration.
 - Site-specific work rule policies: Eliminate as many as possible until a determination can be considered by the Horizon Community Health Board.

Core services: Sandy reported that Greta has been consulting with Chad Swanson with Computers Unlimited, whose company has developed a payroll system used by many counties throughout the state. Cost projections will be developed for use of the software program. It is anticipated that the payroll function will be an internal responsibility of the accountant within the Horizon PH Department.

Budget and Finance: Mindy and Greta are working on the revenue side of budget and non-staff related expenditures. Budget projections will be challenging at best. Sandy and Sharon will also be receiving financial assistance from a consultant through the CSPHS.

Change Management Update:

Efforts continue to assure staff from the 3 Public Health Departments are engaged in the integration process. Many of them participated in some aspect of the CSPHS site visit on Oct 28-29. In addition, monthly Horizon updates have been distributed at the end of each month.

These updates are also sent to the County Commissioners, County Coordinators, and Human Service Directors from each of the five counties. A mega-staff meeting is tentatively planned for the end of January. Some discussion followed regarding the perceived value of getting all the staff together. Sandy and Sharon said they hoped to have a Public Health Director from a county in which health and human services have been merged present some information to the staff, which was a request from the staff at the meeting held in conjunction with the site visit last week.

Individual county board meetings will again be held during February with each of the 5 Boards asked to make a final decision during March 2014. Final details of the proposed integration including the budget projections and allocation of county tax levy will be available for the February meetings with the individual boards.

Restructuring Committee comments and updates:

With no further business, the meeting adjourned at 3:10 p.m.

Next Restructuring Committee meeting: **December 16th from 10 to 12 noon at STG Public Health office in Morris.**

As a reminder, the full Horizon Community Health Board meeting will be held on **Tuesday, November 26th from 1 to 3 p.m. in Glenwood.**

**Horizon Community Health Board
Restructuring Meeting Summary
December 16, 2013**

Attendees: *Jerry Deal, Jeanne Ennen, Deb Hengel, Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Sandy Tubbs, Kathy Werk and Brenda Menier.*

Guests: Jon Anderson, AFSCME Representative

Shared Services Learning Community

Report on NE Ohio Project Site visit: Dec. 3-4, 2013

This project involves 3 partners; the Portage County Health District, the City of Kent Health District and the City of Ravenna Health District, which are exploring various levels of cross-jurisdictional sharing. Kent State University is the project's applicant agency for the RWJ grant. Public Health in Ohio is delivered through health districts with 125 separate health districts currently functioning in Ohio. Every city with a population of 5,000 or more is required to form a health district, but many of them have chosen to combine services with a neighboring city and/or county health district. With recent legislative changes that allow the State of Ohio to require health districts to be accredited by 2020 in order to be eligible for state funding, Ohio has developed a strong focus on PH accreditation. Ohio has established a minimum package of public health services (see related handouts) which defines both the core public health services and the foundational capabilities. It is those foundational capabilities that will be strengthened by the integration of the Horizon Public Health Departments.

The first day of the site visit involved a meeting with representatives from all 3 partnering organizations followed by individual visits to each of the Public Health Districts. While many of their goals are fairly consistent with the Horizon project, it was obvious during the site visit that they do not have the benefit of a long-standing partnership and the subsequent trust that has developed between the Horizon partners. Throughout the meetings that day, the Horizon site visitors all gained an appreciation for the strength of Minnesota's state-local public health partnership as well as the strong working relationship among the local partners.

Three staff (one from each public health department) accompanied Sandy and Sharon on this site visit. Sandy and Sharon reported that their participation resulted in a much broader perspective on the proposed integration and increased their understanding and support for the Horizon restructuring initiative. They will present their observations as a panel during upcoming staff meetings.

On the second day of the site visit, the SSLC staff (Patrick Libbey, Gianfranco Pezzino and Grace Gorenflo) and Horizon staff met with Summit County staff to discuss their merger of two city health districts (Akron and Barberton) and one county health district (Summit) three years ago. This was the result of an ambitious nine month initiative. Each participating department was represented at this meeting with Horizon. The general consensus was that they are "not there yet" in relation to true integration. Some of the key messages from that visit were:

- do not underestimate the different cultures of the merging organizations;
- identify the benefits/challenges of merging with one department (Summit in this case) versus starting a new organization as you move forward; and

- identify committees/workgroups where staff can participate to increase buy-in.

In Ohio, taxes are assessed by property valuation rather than by population. Similar to Horizon's goals, the Summit County merger did not eliminate positions. There were significant differences in computer hardware. They also shared that while administration worried about the big stuff, staff were concerned about new computers, car availability and mileage reimbursement. The 3 Public Health Nurses had the opportunity to visit with some of the staff of the recently merged health departments without the presence of the Directors. Generally the Horizon staff left with a sense that, while there are still references to "we" and "they", the Summit County merged staff now believe that the integration has ultimately had a positive impact.

Moving on to the next issue, Sandy distributed a request for information from the Center for Sharing Public Health Services (CSPHS), which is seeking to gather information from Horizon, as well as the other grantees, about significant issues; processes that impact our team work; products that have been developed; project status; and assistance needed from the Center. This is all being compiled in preparation for the January 2014 SSLC meeting in San Diego. Sandy briefly reviewed the request and asked that Committee members forward any comments to her for inclusion in the report.

Quarterly conference calls: The next scheduled Horizon quarterly conference call will be next Wednesday at 10 a.m. Sandy and Sharon will be scheduling the 1st quarter 2014 quarterly conference call for mid to late March. Please let Sharon and Sandy know if interested in participating.

Project Management Updates:

Personnel/staffing:

Position descriptions are being finalized. Staff input has been received and much of it incorporated. The most significant change is that following review and extensive discussion, the RN and PHN positions have been merged into a single position description with a minimum baccalaureate degree education. This resulted from staff comments suggesting there was little difference between the 2 position descriptions. In addition, when reviewing currently advertised position openings found in the MDH CHS Mailbag, it was obvious that a Baccalaureate degree was a minimum education requirement for nurse positions in a MN public health department. However, a suggestion was made to Springsted that a provisional statement be added to the position description that would allow for hiring a registered nurse under certain circumstances and for specific program areas. There is a general and public perspective that public health departments require public health certification for nurses.

In addition to the position descriptions, Springsted is currently working on the development of a pay plan based on the classification of those position descriptions. Springsted has indicated that they will base the pay plan on a 6% difference between grade levels and a 3% increase between steps.

The first draft of the Horizon personnel policy was distributed for review with members reminded that this is simply the first draft and that many changes are expected. That being said,

after initial review, Sandy, Sharon and Kathy concurred that Springsted did a nice job incorporating all the components that were requested of them. In addition to this personnel policy, Springsted is recommending that a separate transition policy be developed for each of the current employing organizations to account for the unique “promises” that have been made by the current employer for certain employees. Some highlights and related discussion on the draft personnel policies:

- Prorated benefits will be offered to those individuals working 20 hrs. or more per week. Pope currently does not provide insurance until 30 hours.
- 37.5 hour work weeks will be considered full time; 40 hours for management staff.
- Domestic partner language has been added.
- There is a nicely written section on acceptable employee conduct
- Internal complaint procedure: identifies employee responsibility and who to report to in case the subject of the complaint is the employee’s immediate supervisor.
- Outside employment: identifies parameters for acceptability
- Tobacco free: Must clarify whether this includes tobacco free grounds and vehicles? Pope and Douglas are already tobacco free.
- Overtime/Compensatory time
- Leave policy: identifies normal work hours for management staff of 8 to 5 – question whether that specificity is desired.
- Exempt employee does not have to record hours – question legality of defining minimum number of hours to be worked without use of leave time?
- Paid Time Off: Definitely need a transition policy
- Maximum PTO accumulation: draft policy allows 480 hours to carry over into the next calendar year with option that 80 hours be converted to deferred sick leave hours.
- FMLA: if statute changes, add that the change takes precedence over existing department policy
- Group insurance policy has to be developed. Discussion: Employees can opt out if they don’t want insurance – but do not get money.
- Meals: Recommend adding a statement that if a meal is served at a conference and it is paid for through a registration fee – employee may not be reimbursed for additional meal if he or she chooses to dine elsewhere.
- Reasonable expenses: what is reasonable? IRS: Allowances will be reviewed.
- Provision for employees who work from home? Can amend the policy – telecommuting? Flex schedules? Flex day cannot be a Monday or Friday.

Sandy and Sharon will be discussing recommended changes to the personnel policies with Springsted on Thursday and relate the discussions/questions.

Core Services: Greta is working with Computers Professional Unlimited (CPU) on payroll systems – need an out clause in the contract.

Greta and Mindy are working on the budget (with the exception of salaries) to the extent possible with the information that is available. There will be a need to do a three year projection. There is a considerable amount of costs associated with the first year.

Sandy reported that she has 2 different contacts with whom she will be speaking in the next month. One has been identified by the CSPHS staff as part of Horizon's technical assistance request. The other is a health officer from Michigan who has experienced the merger of several county health departments.

Change Management Updates:

There is a mega staff meeting scheduled for January 29th. Sandy and Sharon expressed some concern that the meeting date may be premature as it is anticipated that staff will want detailed responses to many of their concerns about personal impact of the integration, such as questions regarding how the transition of employers will occur, what the insurance benefit will be, and how much they will be paid. The specific agenda has not yet been developed.

A Mega Board meeting for all commissioners from the 5 counties has been scheduled for the end of February. The presentation will include lessons learned in Memphis, Ohio and San Diego. One commissioner noted that the restructuring members have a lot of information but others do not. Following the Mega Board meeting at the end of February, meetings with each of the individual Boards will be scheduled in March and early April at which time a vote on the integration question will be posed. Plans are for a 3-hour meeting beginning with lunch at 11:30 a.m. and the meeting concluding by 2:30 p.m. or so. The Public Works Building in Alexandria has been reserved.

Sandy discussed the complexity of looking at the integration question noting that each of the stakeholders has a different primary focus. One might think of it as a three legged stool:

- commissioners are interested in the cost
- administrative staff are interested in a strong public health system to serve future needs; and
- employees, quite naturally, are interested in how the restructuring affects them.

The public are "sitting on the stool".

Next meeting date:

Horizon Restructuring: Monday, February 3rd from 10:00 a.m. to 12 Noon, Alexandria.

Horizon CHB: Monday, February 10th from 10:00 a.m. to 12 Noon, Elbow Lake.

**Horizon Community Health Board
Restructuring Meeting Summary
February 3, 2014**

Attendees: *Jerry Deal, Jeanne Ennen, Deb Hengel, Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Sandy Tubbs, Kathy Werk and Brenda Menier.*

Guests: Jon Anderson, AFSCME Representative

Recorder: Brenda Menier

*Shared Services Learning Community (funded by Robert Wood Johnson Foundation)
Report of 2nd SSLC meeting San Diego, CA Jan. 23-24, 2014*

- The general session was focused on the Roadmap on Cross-Jurisdictional Sharing Initiatives (please refer to handout). There are three distinct phases: Explore, Prepare and Plan and Implement and Improve. Factors/project characteristics that lend itself to successful initiatives were also explored. Please see page 4 on the following link: <http://www.phsharing.org/wp-content/uploads/2014/02/1GPezzino-San-Diego-Presentation-Roadmap-Jan-2014.pdf>
- The break-out sessions focused on local projects with staff from the various initiatives. Time for team meetings were built into the schedule which was very helpful.
- The Horizon initiative has been in the exploration phase for the last two years. It appears we are on target based on the roadmap (please refer to handout). We are further along than many of the projects which was reaffirming.
- Some information remains “unknown” in developing the 2015 draft budget. The budget was developed based on history, trends, information from the State and anticipated organizational needs. There have always been variables to deal with in developing budgets – this is no different.
- The second general session was on financial considerations; this is a significant challenge. The question was asked, “Is the juice worth the squeeze?” How do we demonstrate cost savings from shared services? The “County Manager’s Guide to Shared Services in Local Government” was discussed. See link: <http://www.businessofgovernment.org/sites/default/files/A%20County%20Managers%20Guide%20to%20Shared%20Services.pdf>
- It is important to quantify what a county gets from shared services related to money and quality. How can costs be allocated equitably across the partners? Options include fee for services, per capita population and property values/tax capacity. In Ohio, a third of the public health work is in Environment Health so they based the tax levy on the number of inspections. Ohio PH also has vital records under their umbrella. Populations vary in characteristics such as income (tax capacity), home ownership, etc. so this is somewhat limiting. There is no “magic solution”.

- Ken Bailey from New York did a staff survey on their transitional concerns. He found that leadership is not that important; staff were more concerned about clients, schedules and flexibility. Communication is important; need to listen to concerns and adapt.
- Maine has drastically cut their State Public Health budget. Massachusetts has 1,100 city public health departments. Blended funding: \$400,000 grant to offset funding for different communities until the long-term funding stream kicks in.
- It is important to refocus on goals – everything else will follow.

Project Management Updates:

- Personnel policies are very close to final.
- Springsted has recommended “domestic partners” language not be included because of the recent Marriage Act. All partners now have the ability to marry and be treated as a spouse. Additionally there is no legal definition of a domestic partner; obligations may be incurred for a benefit that is not well defined. The committee’s consensus was to leave “domestic partner” language out at this time.
- PTO issues were discussed. FMLA guidelines include spouse, parents, and children. There is a need for further definition of PTO. Additionally, there was discussion on the use of deferred sick leave for extended illness (see page 25 of draft policies).
- Policies related to alcohol and own personal vehicle were highlighted.
- Tobacco free grounds are now included in the policy.
- There was discussion on the use of anti-depressants and its relevance to mood altering drugs on page 12. The consensus was that anti-depressants would be allowed as they are medically prescribed.
- Working conditions and hours: The previous policy contained a section on flexible scheduling and telecommuting. Both were taken out as too confusing. Option: “We can establish flexible work schedules with director approval”.
- Exempt employees (pg. 18): There was discussion on defining hours away from work; ended up with less detail. This could include nursing staff. Generally we think of exempt employees as management staff; this is not necessarily true.
- PTO leave: policy was supposed to be changed to allow for quarter hours versus one hour units to allow for flexibility in young families with children.
- PTO: employees may carry 320 hours into the next calendar year. Change second bullet – 480 hours..
- Catastrophic illness: the rate of pay for transfer of PTO leave will be at the recipient’s rate of pay.
- Sick leave versus PTO for on-call for Hospice (see middle of page 33): nurse may use two hours of sick time to rest if they are called out between 12:00 a.m. and 6:00 a.m.

There was additional discussion about the tone of the policy book and how this may reflect on new employees. Stephens, Traverse and Grant has a welcoming letter for new employees. An employee handbook might be another option.

Tubbs and Braaten will communicate the results of this discussion to Springsted along with a few typos.

Position classifications:

- A final draft of position descriptions has been received that includes all the titles of proposed position descriptions in Horizon along with a grade level assigned to each position. There is a proposed scale of minimum, maximum hourly rates for each position (see 2015 document) that has ten steps and grade levels up to grade level 27 (no one is at this level). Points have been assigned to each grade. Please see related documents for current pay scales. In reviewing the positions and comparing those to existing staff, just a few staff are below step one. For the 2015 budget, staff were given a 2% increase (in addition to a 2% increase for 2014 contracts which have not been finalized) along with step increases for those eligible.
- Most nurses are at step 10 already – a few are technically over but just by a penny. Some of the support positions are unknown. With the new proposed scale, staff at the lowest paid positions tended to be below step one (only 3 or 4). Those that tend to be over are the directors/top management.
- Top salaries will be frozen (primarily directors and supervisors). If you look at the different scales – Douglas tend to be highest. Pope never starts staff at lowest end of the scale as credit can be given for education and experience related to the advertised position. The scale seem fair as a starting point in 2015. Contract settlements will impact projection. January 1, 2015 is the new anniversary date for all employees.
- There was discussion as to whether the Human Resources Coordinator is a management position with a grade level of 14.
- The grant coordinator position description was very similar to the health educator's,
- The account technician in Douglas County would be a grade 7 on new scale versus 6.

Budget and Finance:

- Financial staff are working on the budget which is proving to be very challenging.
- Health insurance: the Douglas County plan is the most cost effective. The budget is based on the Douglas plan and also includes a life insurance policy.
- PERA increases were factored in.
- There is a legislative proposal that would require a .25% increase for PERA employer contribution which would result in a \$12,000 increase for the proposed budget.
- Longevity is also factored in for those employees who qualify.

- Other expenses include: postage, mileage and contracts/leases. Computer purchases and the purchase of two new vehicles were also factored in. Douglas has seven vehicles including Environmental Health; STG has three vehicles; Pope has none. Projections were made for MCIT coverage, liability, and software maintenance. The payroll program is estimated to cost \$16,000.
- Revenues: there are huge unknowns. Assumptions include the same reimbursement from Prime West for case management. There is a change related to nursing home reimbursements vs. random time reporting for MN CHOICE assessment services. The first check is due in February so the impact on reimbursements should be known soon. The Alcohol prevention grant goes through June of 2015 so salary for that position is only included through that time. SHIP is in base funding now so there should be more stability.
- Revenues and expenditures are balanced with a total of \$7.5 million for the entire organization.
- Accreditation is not going away; with the incentive in moving forward most likely tied to federal funding.
- Braaten affirmed the “Why” for beginning this initiative versus “saving money”. We cannot plan for savings in the beginning; it may take a few years to see efficiencies.
- Regardless of whether the public health departments are combined any cuts will impact us. Integration will not make a difference. Grant reporting will be easier.

Tax levy allocation principles and options:

- Formula options include a combination of property tax values and net tax capacity. The State of Michigan uses both. NFP allocations are determined through population and the percentage of first-time moms.
- One proposal is to freeze the county levy allocation for public health at 2014 levels for three years along with factoring in health insurance and PERA increases.
- STG Public Health– could have a significant effect
- Using only population can be problematic. The percentage of county population for the Horizon CHB is as follows: Douglas 54 %, Grant 9%, Pope 16.5%, Stevens 14.5% and Traverse has 5%. The net tax capacity from the five counties has changed significantly from 2012 & 2013. The net tax levy in Douglas was 48 million, went up \$1 million in 2013. Stevens was up 2 million, Grant was up by \$2.5 million, Pope was up by \$2 million and Traverse was up by \$ 2.1 million. There may be a need to do a bigger look back – 5 to 10 years.. Michigan relooks at their population every five years. Net tax capacity could be looked at on a rolling basis – annually? Another component includes administrative costs.

Mega Board meeting scheduled for February 25th

- The exact formula will not be ready. Options will be explored using a combination of different factors that produce a formula that is reasonably equitable and acceptable. A committee will be established comprising one or two commissioners from each county to look at this.
- There should be an out clause after the initial three year agreement.
- Major effect – beliefs outweigh the doubts.
- The agenda for that meeting was reviewed: including answers to the question “Why” and the documents to be reviewed (please see handout).
- Tubbs states that she is more convinced than ever that this is the right thing to do to ensure we have strong public health services well into the future.
- Pope County Commissioners are in full support of this initiative even though they will see significant changes in budgeting for public health. Historically county tax levies are allocated in the budget but the public health department only receives what is needed to balance their budget. Douglas: it is important for all commissioners to be behind this. There are significant concerns about the budgetary impact on the county as a whole. Traverse County Board prefers that their share is based on percentage of population.
- Tubbs and Braaten may schedule another Restructuring meeting prior to the Mega Board meeting if needed.
- The Mega Staff meeting will be held February 21st.

Horizon Restructuring Update newsletter: copies were handed out.

**Horizon Community Health Board
Restructuring Meeting Summary
February 10, 2014**

Attendees: Jerry Deal, Jeanne Ennen, Jerry Johnson, Larry Lindor, Todd Schneeberger, Dennis Thompson, Sandy Tubbs, and Sharon Braaten.

Sandy Tubbs thanked everyone for making arrangements to attend this Restructuring Committee meeting on rather short notice. This meeting of the Restructuring Committee is being convened in order to provide additional information regarding numerous discussions related to tax levy formula options that have occurred since the Restructuring Committee last met on Monday, February 3, 2014. In addition, Tubbs stated that it would be desirable for the Restructuring Committee to agree by consensus on a recommendation for the Horizon Community Health Board's consideration.

Tubbs stated that, after gathering some preliminary information related to net tax capacity by county, it is apparent that the volatile nature of the net tax capacity makes it a non-viable option for allocation of tax levy among the five counties. Therefore, the most acceptable option continues to be some form of a population-based allocation of tax levy. It has been a long standing practice of STG Public Health to equally share the cost of the administration contract and then distribute the balance of the combined tax levy by population. Another option would be to distribute the entire tax levy by population.

One of the other options that was suggested by a project leader from Michigan was to implement a 3-year "freeze" on current county tax levy contributions during which time the newly formed organization would have an opportunity to begin to realize some of the efficiencies of integration. Tubbs informed the Restructuring Committee that a preliminary 2015 budget prepared for the integrated Horizon organization indicates that this is a valid suggestion and, with the exception of health insurance increases, appears to be very doable. Given that, Tubbs asked the Restructuring Committee to consider this combined approach, which would include a 3-year "freeze" on current budgeted tax levy contributions for each county. Following that, the combined tax levy would be distributed using a population-based allocation. The exact terms of that formula would be determined by a Finance Committee appointed by the Horizon CHB but only a population based formula would be considered.

Extensive discussion followed, much of it in support of the proposal. Some concerns were also raised regarding the future impact of this on individual counties, noting that revenues generated by Public Health have supported some county-specific projects. The opportunity for individual counties to access those funds would be lost with integration. Others also stated, however, that the integrated organization should establish both a minimum and a maximum fund balance that

needs to be maintained and that any funds that exceed the maximum should be redistributed to the counties in the same percentage as they were donated. All were in agreement.

Tubbs once again reviewed the proposed tax levy allocation recommendation with the Restructuring Committee. At this time, it was agreed that the following recommendation would be forwarded to the Horizon Community Health Board:

For the first 3 years of operation, the individual county tax levy contributions shall be frozen at the 2014 request levels, with an exception for a potential increase to cover health insurance increases. During that 3-year time a Finance Committee, appointed by the Horizon Community Health Board, will negotiate the specific terms of a population-based formula allocation, which may include equal sharing of administrator salary/fringe. The Finance Committee shall also establish guidelines for a minimum and maximum fund balance and provisions that any fund balance in excess of the maximum shall be returned to the individual counties in the same percentage as it was contributed.

Upon the consensus of the Restructuring Committee and with no further business, the Restructuring Committee meeting concluded at 10:10 a.m.