

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
June 28, 2022
Remote Meeting

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Julie Kunce Field, JD, Board Vice President
Ann K. Yanagi, MD, Board Secretary
Celeste Kling, JD, Liaison to UCH-North/PVH
Joseph Prows, MD MPH, Board Treasurer

BOARD MEMBERS ABSENT: Molly Gutilla, MS DrPH, Board President

Staff Present:

Robert Williams, Executive Director
James Stewart, Medical Director
Karen Spink, Assistant Director
Laura Mai, Finance Director
Lin Wilder, Interim CIT Director
Mike Ruttenberg, Connections Director

Staff Present:

Xochitl Fragoso, Assistant Finance Director
Anita Benavidez, Executive Assistant

Presenter:

Allison Slife, CliftonLarsonAllen, LLP
Justin Halstead, CliftonLarsonAllen, LLP

Public:

June Hyman Cismoski, LWV

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Noting a change to the agenda, with Director Celeste Kling officiating, Director Kling called the meeting to order at 4:05 p.m.

**MOTION: To approve the agenda as Presented
Moved/Seconded/Carried Unanimously**

PUBLIC COMMENT

None

PRESENTATIONS, DISCUSSION & ACTION

2021 Audit

Ms. Alison Slife introduced herself and Justin Halstead. She reported that there were no difficulties with performing the audit, no audit adjustments, and no further disagreements with management. The Management Representation letter was signed and included in the board packet. The Letter to the Board of Directors includes any necessary disclosures.

While the Financial Statements are technically in draft form, the Board may elect to finalize the report by vote of approval. Most important in the Financial Statements is the Independent Auditor's Report in which the auditors provide their opinion. Some changes from last year's process were noted. The good news: the Health District received the highest positive rating – referred to as a clean or unmodified opinion.

The Statement of Net Position reflects “all-in” finances including long-term revenues, capital assets, long-term liabilities and equity with a resulting net position of \$14.3M, increasing by \$387,774. The short-term fund balance is nearly \$5M. Capital assets have increased year-over-year including the addition of the Mulberry building. A budget to actuals analysis of the general fund is included.

Ms. Slife commented that the notes to financial statements are the narratives behind the numbers presented. There have been some changes in the basis of accounting explained in the notes.

Finance Director, Laura Mai expressed her gratitude to her team, as well as Alison’s team. Everyone put in a lot of hard work. CliftonLarsonAllen, LLP has been working with the Health District for about six years. Ms. Slife works closely with government entities and has about 13 years’ experience.

MOTION: To approve the audit report as presented
Motion by Joseph Prows / Seconded by Julie Field / Carried Unanimously

PRESENTATIONS

Introduction, Robert B. Williams

Mr. Williams advised the Board that James Stewart, the Health District’s Medical Director will provide a final report on the Isolation, Recovery, and Quarantine (IRQ) sites.

HD IRQ Site for People Experiencing Homelessness 2020 – 2022, Dr. James Stewart

Dr. Stewart noted that the IRQ was shut down last month after being in one form or another from March 2020 to May 2022. He expressed his sincere gratitude for the selfless service from staff and volunteers, supporting congregate and non-congregate shelters during the pandemic. IRQ 1.0 was in operation March 2020 to May 2021 (15 months) and IRQ 2.0 operated from December 2021 to May 2022 (5 months).

The Health District stepped up in a big way when shelters for those experiencing homelessness could not support the numbers needed and manage infection control. People experiencing homelessness are a vulnerable group with high health risks and complex health needs. With the lockdown in March 2020, it was impossible for those experiencing homelessness to “stay home” or be “safer at home”. In response to the urgent need, the City made available the Northside Aztlan Community Center (NACC). There was great collaboration between Homeward Alliance, the Fort Collins Rescue Mission, Catholic Charities and the Health District. The Health District focused on health and infection control processes. Dr. Stewart shared the floor plan for the NACC and explained that HD staff worked on screening using no-touch thermometers, diverting those with symptoms to a different area of the NACC. This was not particularly successful throughout the cold months, as guests were made to leave the building early morning, spending as much as an hour in the cold air. This resulted in false low temperatures and staff had to be allowing time to warm up and for temperatures to normalize.

Thousands of temperature checks were done through June, as it became apparent that a separate quarantine area was needed. They also had issues with a norovirus outbreak at the same time. It was at this point that the Health District leased the Myrtle houses for use in isolation. In June, the Fort Collins City Council shutdown the community shelter leaving existing shelters to bear the burden. During the winter, a temporary shelter was opened in the old food bank (called the Blue Spruce shelter). A major outbreak quickly occurred as test results were delayed as much as nine days. Homeward Alliance set up non-congregate shelter in a hotel in Fort Collins and Larimer County did the same at a hotel in Loveland.

Mid-December to mid-February the IRQ saw more COVID-positive individuals than all the local hospitals combined. In May 2021 IRQ 1.0 shutdown. Dr. Stewart noted that staff sacrificed a lot, often working in hazardous conditions, to support this effort. Homeward Alliance and the Health District received the “Community Builder Award” for their partnership in these endeavors.

Between March 2020 and May 2021, IRQ 1.0 served 211 individuals with HD staff providing 1,408 hours of support. It was essential that the IRQ could meet the needs of their guests so that guests weren't tempted to leave the site. It is a population with complex mental health issues and high substance use with some being actively suicidal. Staff tried to assist guests in connecting with the right services. Staff also saw issues with alcohol withdrawal which can be very serious. Since none of the detox facilities were accepting individuals with COVID, staff worked with the emergency departments to provide the necessary drugs before sending them to the IRQ.

Staff member Julie Abramoff providing care coordination for 33 IRQ guests with high medical needs. In December 2021 the Myrtle Houses IRQ was opened once again. At this point, Larimer County offered funding from FEMA and other grants they had received, if the Health District would provide staffing. Key staff were hired for the facility. IRQ 2.0 provided services to 68 individuals with 61 being COVID+. The demographics were a bit different – serving more families, a younger population, less substance use disorders and fewer mental health issues. Community Corrections experienced a surge of omicron cases early on.

Staff is currently developing a comprehensive IRQ Operations Toolkit for future reference including administrative forms, contracts, supply lists, etc. Dr. Stewart commended all of the organizations and staff who sacrificed a lot to respond to this need. As a side note, the NoCo Party Bus even partnered with the Health District to transport folks to the IRQ. And none of this could have been done without support from Finance, IT, grants and resource development, and Support Services. Dental redeployed employees to the NACC early in the pandemic and the Evaluation team aided in the gathering of important data.

A Board member asked if all of the shelters closed down during the early part of the pandemic. They did close down as none of them had sufficient space for safe distancing. It became a coordinated effort to operate the NACC and there was a women's shelter out of the Community of Christ gymnasium. A lot was learned about the needs of those experiencing homelessness.

Another Board member asked if HD staff provided other medical services. While they attempted to avoid mission-creep, there was an effort to connect people to the appropriate services. And staff would pick up medical supplies including medication. Board member, Julie Field noted that she knows some of those that might have been served in this environment, as a result of her work in the Wellness Court. She commended the Health District for great work! The creation of a toolkit for future incidences is huge.

Kudos to the Health District team – not just for their direct support of this crisis but also for the partnerships built, expanding and improving service to our community.

CONSENT AGENDA

- Approval of May 24, 2022 Regular Meeting Minutes
- Approval of Resolutions 2022-15 through 2022-22 updating signature authority
- Approval of Final December 2021 Financials

MOTION: To approve the consent agenda as presented

Motion by Julie Field / Second by Ann Yanagi / Carried Unanimously

OTHER UPDATES & REPORTS

Overview of the Family Medical Leave Insurance Program, Karen Spink

This is a very high level overview of the Family Medical Leave Insurance Program (FAMLI), intended to familiarize the Board with the concept. It was voted into law in 2020 with benefits available in January 2024. It is a state run paid family leave program, up to twelve weeks. It would be funded equally by employer (.45%) and employee (.45%). Contributions would begin in January 2023. Covered employees will receive between 3% and 90% of their wages, up to a cap of \$1,100 per week.

Five categories are covered: new child (including adopted and foster children); themselves in the case of a serious health condition; family member's serious health condition; to make arrangements for family member's military deployment; and to address the immediate safety needs and impact of domestic violence and/or sexual assault.

Local governments have three options: (1) participate in FAMILI; (2) decline participation; and (3) decline employer participation. Option 1: the employer agrees to pay .45% of wages and provide wage data quarterly. If the determination is to opt-in, it is a three year commitment. The SDA is currently reviewing the "non-appropriation" law. Option 2: First, the Board must hold a public hearing and vote to decline participation. The process would be to inform employees, hold a public hearing, and make the decision. If an employer declines, employees still have the right to participate. The employee would self-elect coverage and then contribute their .45% directly to the state. Those who self-elect coverage get full benefits. The state must receive notification of the decision before January 2023. A decline is good for eight years, repeating the public hearing process every eight years. An organization can elect to opt-in at any time. Option 3: Allows an organization to facilitate deductions on employees' behalf, at the rate of .45% of wages and report wage data quarterly. Deductions begin in January 2023, whether an employee uses it or not. An employee applies directly through the state agency.

The Board needs to vote any time before January 1, 2023, notify employees of their decision within 0 days. Rules around benefits and administration are in development. Special Districts and local governments are wrestling with the decision. The decision will need to be considered in the next budget process. The HD offers intermediate medical leave now. At a future Board meeting, staff will provide a review of what is provided now as well as more in-depth information on FAMILI.

A Board member asked if there will be an opportunity to get feedback from HD employees. The public hearing would be the most likely opportunity to get feedback. More information will be available next month. A Board member indicated a favorable view of the extended family leave but is concerned about the logistics and cost to do so. Another Board member asked about the impact to Health District finances. Ms. Spink will send her presentation to the Board, as well as a link to the Division of Labor & Employment site that includes some webinars.

Liaison to PVH/UCHealth North Report

The UCHealth Board meeting is happening simultaneously with this one so there is nothing to report at this time.

Executive Director Updates

There is a routinely scheduled, monthly meeting for the Executive Director and Kevin Unger. There is interest in getting back to the joint Board meetings and a preliminary suggestion was September or October. Director Kling noted that the next hospital Board meetings are September 21 and October 19. This meeting would likely be in addition to our regularly scheduled board meetings. There was general agreement to begin these meetings anew.

Mr. Williams expressed his appreciation for the Board's flexibility with moving this meeting to a virtual meeting. He wanted to let the Board know that the Health District follows Larimer County COVID guidelines. County COVID-19 transmission rate has been high for the past few weeks, along with bordering counties. The Health District has also seen an uptick in cases. Good news – the County's transmission rate was just dropped to medium this week. There is some hope that meetings may be switched to in-person. Please keep an eye out for updates.

Staff had great difficulty finding a day in July where the entire Board could participate in a mini-retreat. Mr. Williams is arranging meetings with smaller groups throughout July with the intent of discussing some issues he believes will be important to discussions in the full retreat. The full retreat is scheduled and on everyone's calendar.

There have been questions about quarterly reports. It is Mr. Williams' intent to transition to a more results-oriented quarterly report. Efforts are underway to get the new process/reports established but it will take some time. In the interim, if the Board would prefer, the existing quarterly reports could be added back to Board packets until the new reports are developed. There was general consensus that getting the reports even in the old format would be helpful. Automating the process is the uphill battle. Staff will get something to the Board in the interim.

There has been discussion about utilizing a Board portal for easy access to bylaws, policies, resolutions, and board packets. Staff will review the portal, with an eye to fine-tuning, at the July board meeting.

The final legislative update will be reported in the July board meeting as well as an overview of two other areas.

A Board member asked about the current thought on the triennial survey. The team is regrouping with a couple of staff changes and there will be a status report in the July meeting. There was further discussion around the three community surveys (UCHealth, Larimer County Health Department, and the Health District) and the opportunity for collaboration. Questions included (1) is there overlap among the three; (2) are results shared; and (3) is there duplication in the survey questions. UCHealth has shared their survey results with Robert and discussions are underway to work more closely in the future. While there has not been a lot of collaboration in this particular area, they are looking forward to more collaboration and less duplication. Staff member Sue Hewitt has established a good rapport with Weld County resulting in collaboration. In the past, the County has relied on Health District data. Conversations are under way with both UCHealth and the County. It was noted that the Health Department and UCHealth surveys include some mandated questions. The Health District survey is in the field and we have received 2,653 responses, out of 13K sent, as of last Thursday. The survey will close next week. We have an engaged population. A report and the analyzed data will be presented at the retreat.

PUBLIC COMMENT

None

ANNOUNCEMENTS

- July 26, 4:00 pm – Board of Directors Regular Meeting
- August 23, 4:00 pm – Board of Directors Regular Meeting
- **September 19, 8:00 am – 6:00 pm – Board Retreat at Tapestry House (added during meeting)**
- September 27, 4:00 pm – Board of Directors Regular Meeting
- October 27, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

MOTION: To adjourn the Meeting
Motion by Ann Yanagi/Second by Joseph Prows/ Carried Unanimously

The meeting was adjourned at 5:37 pm.