

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
July 26, 2022

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

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

Staff Present:

Robert Williams, Executive Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
James Stewart, Medical Director
Karen Spink, Deputy Director
Laura Mai, Finance Director
Richard Cox, Communications Director
Lisa Ward, Policy Coordinator
Sue Hewitt, Evaluation Coordinator

Staff Present:

Anita Benavidez, Executive Assistant
Rosie Duran, LHC Team Lead
Angela Castillo, Eval & Assessment Specialist
Alyson Williams, Policy Advisor
Kristen Gilbert, Graphic Designer

Public Present:

June Hyman-Cismoski, LWV

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Julie Kunce Field called the meeting to order at 4:03 p.m.

The June 28, 2022 Board Meeting Minutes were removed from the Consent Agenda.

MOTION: To approve the agenda as Amended

Moved by Celeste Kling/Seconded by Joseph Prows/Carried Unanimously

PUBLIC COMMENT

None

PRESENTATIONS

Legislative Session Wrap-Up – Lisa Ward and Karen Spink

The 2022 Legislative Session ran from January 12 to May 11. There were a total of 657 bills introduced with 513 passing (78%) compared to 623 introduced and 502 (81%) passing in the 2021 session. ARPA funding accounted for more than three dozen bills. Per Federal rules, these funds must be obligated by the end of 2024 and expended by 2026. Staff monitored 65 Priority 1 and 2 bills with 46 (71%) passing. The Board took positions on six of those bills – all but one passed and Board recommended amendments were adopted into bill language on two bills. Staff is currently reviewing the implication of passed bills to the Health District. Community partner and FQHC, Salud, will benefit from the passage of the Pharmacy Benefit Manager Prohibited Practices. The passage of the Behavioral Health Care Continuum Gap Grant Program is allowing our community partners to work together to apply for \$75M in ARPA funding for community investment grants, children, youth, and family service grants, as well as support for direct care staff. The Health Benefits for Colorado Children and Pregnant Persons (HB22-1289) will create a look-

alike Medicaid program coverage from pregnancy to twelve months postpartum for low income immigrants and immigrant children under the age of 19 beginning January 2025. It includes dental benefits and will include a special enrollment period that Larimer Health Connect can utilize. In this case, immigrants include those that are undocumented.

Through an adopted Health District amendment, the 2023 and 2024 property tax bill will allow health service districts in counties with over 300K population to be back filled at 90 – 100% of lost revenue rather than 65%. This bill repeals in 2025.

Dental Services – Dana Turner

The goal of the Health District Dental Services team is to provide high quality, affordable, comprehensive dental care. The team includes four dentists, four hygienists, five dental assistances, a sterilization tech, and front desk staff. Staff is diverse in age (20 – 60), different backgrounds and cultures (Spanish, English, Portuguese, and Polish). Our clinic provides an income-based, sliding scale fee with the possibility of additional funding for seniors through grants. The team participates in screening events and coordinates dental care under general anesthesia. With the passing of HB22-1289, service now includes undocumented individuals living within the HD boundaries.

When first serving the community, the focus was on emergency care as demand exceeded capacity. In emergent care one issue is addressed at a time with limited options for care and no time to evaluate the big picture. As capacity has grown, the team moved to a comprehensive model that includes time to review the big picture, developing strategies and plans for care. It minimizes tooth loss and overall costs. Addressing the big picture systematically enhances long-term health impacts beyond oral health. There were detours on the way to comprehensive dental including COVID. Dental Services remained open for emergency services and saw a 38% increase in emergency services in just three months. Staff worked in teams to limit exposure and some of the staff were redeployed to assist with the Health District Aztlan IRQ. They have gradually increased services and access as they have adjusted to multiple guidelines from a variety of officials from cleaning and infection control to screening for COVID.

Throughout the pandemic, to date, the team never abandoned their commitment to comprehensive care. They retained a list of patients whose appointments were cancelled and placed follow-up calls as the picture changed. Demand has continued to increase since spring. Much work needs to be done to reduce the various barriers to good care – economic, transportation, housing, and limited care options. There are only five other Medicaid clinics accepting new adult patients while 53,023 Larimer County adults are enrolled in Medicaid. And none of these offices offer an income-based, sliding fee scale. With a focus on diversity, equity, and inclusion the team is working to break down cultural and language barriers. Internal policies and procedures are being evaluated and updated as the clinic moves to a care coordination model. The clinic has just hired its first patient care coordinator. The unwinding of the Public Health Emergency order will result in ineligibility for some patients and removal of the “lawful presence” order opens additional doors to access of comprehensive care. HD staff is working closely with partners such as LaFamilia to get the word out about the change in “lawful presence”. Increases in demand will need to be monitored. In the end, the dental staff seek to provide access to care in a welcoming environment with the highest standards of quality.

Larimer Health Connect – Rosie Duran

The Larimer Health Connect Program (LHC) consists of eight team members, of who four are bilingual (Spanish) and one is focused on Outreach and Education. LHC provides free, unbiased, in-person or virtual assistance to help individuals and families find the best health insurance coverage meeting their needs and budget. The team also advocates for Health District clients when issues arise. LHC serves a variety of people including international students from CSU. We are the only service providing a one-stop shop for health insurance. Because of additional grant funding, we are able to serve all of Larimer

County. Staff is dedicated to providing top quality, excellent customer service. Larimer County's uninsured rate is at 8% with approximately 15K locked in due to the PHE. Those losing this coverage will have 14 months to complete the open enrollment process.

There are four health coverage options including Connect for Health Colorado which provides financial assistance in the form of a tax credit. We are also a Colorado SHIP (State Health Insurance Program) since 2018. Whether walk-in or call-in, the team discusses with clients the coverage options based on client health, cost, and need for prescriptions. The team helps clients through the application process, provides follow-up case management, and assists clients in connecting with other needed resources such as rental assistance. Partnering with trusted resources such as schools and churches, and participation in a variety of fairs and events, helps the team to reach those most in need. Outreach and education is a key component of their work, collaborating with other organizations in the area. A quarterly email newsletter, in both English and Spanish, is sent to customers and partners and the team offers a health insurance literacy class.

LHC was awarded a \$190K grant from Connect for Health Colorado to support outreach and enrollment in Larimer County. Funds will be directed toward Health Coverage Guide Training and Certification, increased enrollment in available coverage options including upstaffing to meet higher demand during open enrollment. When the PHE ends, approximately 15K individuals in Larimer County will lose their locked-in Medicaid/Medicare Coverage as of their renewal date. The PHE was just extended through October 13 and is likely to be extended again to mid-January. Loss of coverage will take effect as clients' renewal dates arrive. With the passage of HB22-1289, postpartum health care will be extended to twelve months and applies to undocumented pregnant persons. There will be a special enrollment period for individuals when they become pregnant – they don't have to wait for open enrollment. Undocumented individuals have to make a one-time application for emergency Medicaid to get that coverage. This extended coverage will be effective January 2025 and will cover undocumented children from birth through the age of 18 including dental care and prescriptions. .

The Health District's Prescription Assistance Program has been in place since February, 1997. It is the only program in Larimer County that provides this service. The team assists uninsured/underinsured and/or with limited incomes to fill their prescriptions through a variety of affordable options. Assistance comes in the form of vouchers, patient assistance programs, prescription outreach, discount cards, and copay savings cards. Whether the client walk in or calls in, they are provided with information on available prescription assistance and staff asks screening questions about household and income to determine eligibility. Cost investigation may include comparing prices at different pharmacies. Staff follows up on a monthly basis for vouchers moving forward and/or on a quarterly basis to reapply for the Patient Assistance Program or Rx Outreach. A board member asked about the bill that passed putting a cap on insulin costs. Staff indicated that some manufacturers don't fall under that cap.

The Health District expects the demands for Prescription Assistance will increase as those currently eligible for Medicaid become ineligible due to the end of the PHE. HB22-1289 is not in effect until January 2025.

Triennial Assessment Update – Susan Hewitt

Ms. Hewitt referenced the one-pager update in Board packets. The team is currently looking at community qualitative discussions, in collaboration with Larimer County Health Department, beginning in August and ending by mid-October. There is excitement about the response to the survey, with 2700 – 2800 completed. This is the first time an overall contractor was not engaged – the team worked with statistical consultants separately, did data entry and management, and has thoroughly reviewed what worked and what didn't. The money saved was used for a website push and an incentive to complete the survey. The Evaluation Team will participate in a full-day retreat in September to prioritize survey data products, determining which will be most valuable. Larimer County does their survey every five years

and this year there was overlap with ours. The Board expressed their appreciation for the collaboration with Larimer County.

DISCUSSION & ACTIONS

Joint Board Meeting with PVHS Board – Robert Williams

A date for the joint board meeting with UCHHealth-North/PVH has been set (November 16 at 4 pm) and should be on Directors calendars. Please share any agenda items for that particular meeting with Mr. Williams by September 1. It will be added to the August Board Meeting agenda.

Employment Law Update – Karen Spink

There are a handful of bills related to employment that will impact the Health District.

Discrimination Law: HB22-1367 extends the deadline for a worker alleging workplace discrimination to file a complaint with the Colorado Civil Rights Commission to 300 days, aligning with Federal EEOC. Health District employees need to be made aware of the change with updated posters and training staff on the new procedures and requirements of the law. Effective August 10, 2022.

Workers' Compensation: HB22-1112 increases the deadline to report workplace injuries to ten days, requires the employer to retain written notification of injury, and requires the employer to post notice in the workplace. This will require a revision to the Employee Handbook as well as updating internal policies and forms. The bill goes into effect August 10, 2022. As a side note, Ms. Spink commented that the existing Employee Handbook will be reviewed for overall streamlining, clarification, and updating.

MOTION: To change Health District policies and procedures, including the Employee Handbook, to align with Colorado State Law.

Motion by Joseph Prows / Second by Ann Yanagi / Carried Unanimously

Restrictive Employment Agreements: HB22-1317 makes all restrictive covenants unlawful in Colorado. These covenants typically prohibit employees from competing with their previous employer for a certain period of time after the employee has left the business. It also prohibits the employee from soliciting the previous employers' customers. Colorado law exceptions include the purchase or sale of the business or its assets and trade secrets. It applies to the Health District in the limitation on recovery of training or scholarship expenses, under certain conditions, from an employee who leaves employment in less than two years, where the training is distinct and outside the normal on-the-job training. Effective August 9, 2022. Next step: carefully review employment contract templates to ensure compliance with the law.

Unemployment Compensation: SB22-234 mandates that employers provide their employees, at the time of separation, with information concerning the availability of unemployment benefits. This information is to include the reason for separation. The law states it is to be provided on the last day of employment but the Health District falls outside of this particular law and is required to provide the information within our existing payroll process. Effective as of May 25, 2022 and does not require any updates to the Employee Handbook.

Whistleblower Protections: SB22-097 retains protections for employees who raise concerns about workplace health and safety practices, while removing the requirement that it needs to related to a public health emergency. Effective May 31, 2022. New posters were received today and will be posted at all offices. Best practices indicated a provision of information about how to submit any concern around safety/health and how to file a complaint to be included in the Employee Handbook. This will be considered in the process of the full review of the existing Handbook. An internal process needs to be defined with ultimate reporting to the Colorado Division of Labor & Employment.

ACTIONS

- Approval of the June 28, 2022 Regular Meeting Minutes
MOTION: To approve the June 28, 2022 Regular Meeting Minutes
Motion by Celeste Kling / Second by Joseph Prows / Carried Unanimously
(with Molly Gutilla abstaining)

CONSENT AGENDA

- Approval of March 2022 and April, 2022 Financials
MOTION: To approve the consent agenda as amended
Motion by Celeste Kling/Second by Ann Yanagi/Carried Unanimously

OTHER UPDATES & REPORTS

Executive Director Updates

- **Performance Reporting and Priority Budgeting**
Mr. Williams presented a sample of performance reporting and priority budgeting for Larimer Health Connect. He believes it provides a better view of how dollars have been spent. The Program Summary includes information like staff levels, program goals and objectives (providing data on how the program is doing); a snapshot of that particular program and where the team stands for meeting goals. Each program summary includes an over-arching goal under which exist annual goals and objectives. It is his desire to have this reporting format in place division wide before the start of the fiscal year rather than at the end. The report tracks progress for the entire fiscal year. Accountability goals will become a part of each program's reporting. Work is underway to develop the right database that would provide on-hand, real-time information, staff is being trained, and the process is being set up for the budget. The financial report provides a real-time snapshot of revenue and expenditures as well as reflecting from where the revenue comes and an overview of expenditures. A board member commented that having this level of resolution is excellent. Mr. Williams is looking to have this process established by the end of this fiscal year so that next year every program will have this level of visibility. The report shows how Health District dollars are being spent and what grants fill in the gaps.

This reporting provides a visual breakdown of financials, budget vs. actuals and can drive priorities. The intent is to have this information in advance of Board meeting program reviews. Staff will provide quarterly reports that will be available on demand for the Board. Analysis at the end of the report will be included with program directors providing insight. It becomes the narrative of the context.

- **Board Portal**
The Board Portal has now been presented to all board members via mini-retreats. Based on feedback from those meetings, some updates and changes will be made. It is the intent for the portal to be ready to go for the August Board meeting. A guide will be developed for board members and Karen Spink and Chris Roth will assist with any problems.
- **Nonquorum Small Group Meetings Summary**
Mr. Williams will take the PowerPoint presentation used in the nonquorum small group meetings, adding color-coding. He will also provide a one-page summary. He felt these were excellent conversations and appreciated the feedback and some history. While these meetings were for information-sharing only (no decisions were made), the Board was grateful to get more information flowing.

PUBLIC COMMENT (2nd opportunity)

None

ANNOUNCEMENTS

- August 23, 4:00 pm – Board of Directors Regular Meeting
- September 19, 8:00 am – 6:00 pm – Board Retreat at Tapestry House
- September 27, 4:00 pm – Board of Director Regular Meeting
- October 27, 4:00 pm – Board of Directors Regular Meeting

ADJOURN & EXECUTIVE SESSION

A motion was made to adjourn the Regular Meeting and go into Executive Session.

MOTION: To adjourn the Regular Meeting and retire to Executive Session for the purpose of personnel matters regarding an Executive Director Contract review and Executive Director 6-month Evaluation Plan per §24-6-402(4)(f) of the C.R.S..

Motion by Celeste Kling / Second by Joseph Prows / Carried Unanimously

The Regular Board Meeting was adjourned at 6:10 pm, as the Board retired to Executive Session.

Respectfully submitted:

Anita K. Benavidez

Anita Benavidez, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

Julie Kunce Field, JD, Board Vice President

Celeste Holder Kling, JD, Liaison to UCH-North and PVHS Board

Joseph Prows, MD MPH, Board Treasurer

Ann Yanagi, MD, Board Secretary