

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**REGULAR MEETING**  
**April 27, 2021**

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

**MINUTES**

**BOARD MEMBERS PRESENT:** Michael D. Liggett, Esq., Board President  
Joseph Prows, MD MPH, Board Treasurer  
Celeste Kling, J.D., Board Secretary & Liaison to UCH-North/PVH  
Molly Gutilla, MS DrPH, Board Vice President  
Johanna Ulloa Giron

**Staff Present:**

Carol Plock, Executive Director  
Chris Sheafor, Support Services Director  
James Stewart, Medical Director  
Karen Spink, Assistant Director  
Richard Cox, Communications Director  
Kristen Cochran-Ward, MH/SU Director  
Lorraine Haywood, Finance Director  
Brian Ferrans, CIT Director

**Staff Present:**

Jessica Shannon, Res. Development Coord.  
Sue Hewitt, Evaluation Coordinator  
Suman Mathur, Evaluator/Data Analyst  
Alyson Williams, Policy Coordinator  
Laura Mai, Assistant Finance Director  
Anita Benavidez, Executive Assistant  
Kevin Unger, President/CEO UCHealth-North

**Public Present:**

Stephane Cosby  
Debra Herrick

**CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA**

Director Michael Liggett called the meeting to order at 4:00 p.m.

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

**PUBLIC COMMENT**

None

**PRESENTATIONS**

UCHealth North Report: Kevin Unger, President/CEO, provided a brief status update on COVID and PVH –the hospital currently has just under 40 COVID patients 13 in ICU. At 50 cases in ICU, they initiate incident command. Over the weekend, they experienced notable ICU capacity issues – in part because this is also a busy trauma season. Although the biggest challenge early in the pandemic was securing PPE, the current major challenge is staffing, particularly in qualified critical care staff. The nursing shortage may last for some time, in part because it is difficult to compete for nurses when there are so many opportunities to become a travelling professional and earn higher wages. There are efforts to expand new grad programs, but that is a long term solution and the need is immediate.

Major emphasis is currently on getting people vaccinated. They have delivered 615,000 doses of Pfizer and Moderna vaccine (no J & J has been received). After weeks of strong community interest, it is a

little disheartening to see, across the state, a lot of open clinic appointments with vaccine supply now becoming greater than demand. Northern Colorado is still filling clinics but that is expected to shift in the next couple of weeks. While providers in Larimer County are working to hit the goal of 65% vaccinated by the end of May, it may be hard to do without taking the vaccine out to more places instead of holding the mass clinics in limited locations. They are continually monitoring ICU capacity; the hope is that we do not experience another COVID surge, since that plus 'trauma season' (unintentional injuries that come with warmer weather) would create significant challenge.

UCHealth reports total FY2020 Community Benefit in the amounts of \$1.1B systemwide (up from \$933M in the prior year), and \$329M in northern Colorado (up from \$240M). These amounts include \$427M in systemwide uncompensated care (up from \$367M in the prior year), and \$109M in northern Colorado (up from \$68M). UCHealth North Community Health areas of focus include: (1) access to care including the Aspen club senior support services, a sexual assault nurse examiner, community paramedics, FMC cancer prevention initiative, and more; (2) behavioral health and suicide, including the ZERO suicide program, integrating behavioral health with primary care, etc.; and (3) substance use disorders, including ongoing work with alternatives to opioid pain management, prevention of alcohol & risk-related trauma in youth, medication-assisted addiction treatment services, and more.

Poudre Valley Hospital Master Plan: PVH is in need of upgrading. In 2019, the Board of Directors approved \$1.1M for design funding. The Master Plan will provide expansion of surgical/cardiac/GI and pulmonary departments interventional radiology, bring some interventional cardiac procedures back from MCR, renovate several areas including Pediatrics, Birthing Center, and Women's/Family Center, and create an improved lobby area and finishes that create a consistent feel across the campus. Projected budget is \$76M and the work, to be completed in two phases. Activity on the project should begin this year, with completion scheduled for 2023, just shy of PVH's 100-year anniversary.

UCHealth has had a strong focus on getting our community vaccinated in order to be able to return to normalcy. At this point, the strategy is changing from mass vaccine clinics by appointment to walk-in clinics to going out into the community; they are interested in going anywhere people are interested in getting vaccinated. While it is likely that vaccinations will eventually move to primary care offices, the current challenge is in storage, the size of the vials, and the 'no waste' requirements.

Plans for Mountain Crest: It has been determined that the current 28 beds is not adequate and that the need is for 40-44 behavioral health (BH) beds. Consideration is being given to the best way to expand - whether to expand and upgrade the current building, to build a new facility at the Harmony Campus (or another location), or to move the services back into PVH, since a lot of patients at MC have medical needs, and a lot of patients at PVH have BH needs. Services for adults will be separated from services for pediatrics/youth.

Hospice: They have been exploring the possibility of inpatient hospice for years, and are working on a potential trial concept. Pathways Hospice is also creating an inpatient hospice; the thinking is that UCHealth's would have a shorter length of stay and higher level of care, while Pathway's would be a longer length of stay.

Diversity, equity, inclusion and social determinants of health: UCHealth (system) has hired a Chief of Diversity officer, and has been focusing on their workforce - holding listening sessions with their staff to identify what has been done successfully, and what more can be done moving forward. They are conscious that they need to hear from a variety of different cultural perspectives (race/ethnicity, LGBTQ, etc.)

## **DISCUSSION & ACTIONS**

### **Policy**

Policy Coordinator Alyson Williams reported that the CO legislators have been in session for 74 days, with 581 bills introduced; 90 killed/lost; and 68 signed. The Board has taken a position on 19 issues.

### ***State Legislative Proposals***

#### **State Budget:**

The proposed 2021-2022 FY General Fund Budget is \$13.1B with House and Senate amendments for increases of: 2% for emergency medical transportation; \$1M for SBIRT training grant program (total budget to \$1.5M); \$2M for mental health screenings in school based health centers; \$5M for housing assistance; and \$1M for the Tony Grampsasouth Services Program.

#### **Key Bill Updates on bills of interest:**

Two bills have passed: HB21-1075: Remove the Term Illegal Alien, and SB21-211: Adult Dental Benefit. Bill SB21-085 Actuarial Analysis Health Benefit Legislation has been killed – Appropriations voted down the amendment.

#### **HB21-1198 Health Care Billing for Indigent Patients update:**

The board previously voted to support this bill if four amendments were made, and added a fifth suggestion. Three out of the five concerns were amended: narrowing the type of facility that the bill applies to; adding what rate should be used when a service doesn't have a Medicare rate; and removal of the requirement of a payment plan that does not exceed 5% of monthly income for patients who don't qualify under the bill. The concepts of incorporating provider protections in the case of patients who deliberately misrepresent their income or investigation of assets before debt cancellation were not changed. Whether or not there will be an excessive administrative burden for hospitals is not determined; UHealth doesn't think it will be a burden, but smaller hospitals are more concerned; HCPF has agreed to shoulder some of the initial work to assist hospitals.

**MOTION: To support HB21-1198: Health Care Billing for Indigent Patients, as amended.  
*Moved/Seconded/Carried Unanimously***

#### **HB21-1232 Colorado Standardized Plan update:**

A 'grand bargain' appears to have been struck, which would offer a standardized health insurance plan for the individual and small group market, with an expectation of premium reduction rates of 6% per year for three years. The reimbursement rates for hospitals have a floor of 165% of Medicare rates; for providers, the floor is 135% of Medicare rate for their specific geographic region. There is no adjustment for acuity and quality. Hospitals and providers will be required to accept rates if it is deemed necessary in order to have network adequacy. Some groups, including the Colorado Medical Society and specialty groups, are opposed; others are still looking for amendments, and many advocacy groups are in support. Analysis to come.

#### **SB21-181: Health Equity Strategic Plan Address Health Disparities**

This bill renames the Health Disparities Grant Program to the Health Disparities and Community Grant Program and expands its functions. It also expands the makeup of the Health Equity Commission and directs the development of an Equity Strategic Plan to coordinate state agencies' work in addressing social determinants of health disparities. Starting January 1, 2022, the office must issue a biennial report on health disparities in Colorado by race and ethnicity that includes an assessment of social determinants of health and recommend strategies to address inequities, to be used in strategic planning.

**MOTION: To support SB21-181: Health Equity Strategic Plan Address Health Disparities  
*Moved/Seconded/Carried Unanimously***

**SB21-194: Maternal Health Providers**

Key points in this bill include: (1) A requirement for state regulated health plans and Medicaid to reimburse health professionals that provide services related to labor and delivery in a way that promotes high-quality, cost-effective care, prevents risk in subsequent pregnancy, and does not discriminate based on the type of provider or facility. (2) Labor and delivery health care professionals must implement best practices for interprofessional collaboration and the transfer of a pregnant woman from home or a birthing center to a health facility. (3) CDPHE and the Colorado Maternal Mortality Review Committee must make recommendations to improve numerous topics related to maternal health. (4) HCPF must seek an amendment to the state Medicaid plan and the Children’s Health Plan Plus (CHP+) to provide 12 months of postpartum medical benefits to persons who qualified for benefits while pregnant. This is part of a package of bills trying to address birth equity. Ms. Williams noted that Native Americans are the population at highest risk in Colorado.

**MOTION: To support bullet points 2 & 3, and strongly support bullet point 4 of SB21-194: Maternal Health Providers.**  
*Moved/Seconded/Carried Unanimously*

**SB21-242: Housing Development Grants Hotels Tenancy Support Program**

The bill allows the Division of Housing within the Department of Local Affairs (DOLA) to use the housing development grant fund for rental assistance, tenancy support service programs, and awarding grants and loans to local governments and nonprofit organizations for the purchase of underutilized hotels, underutilized motels, and other underutilized properties. The bill expands those who are eligible to benefit from these programs to include unhoused individuals and transfers \$15 million from the General Fund to the Housing Development Grant Fund specifically for those purposes. It requires DOLA to report on the programs provided to unhoused individuals as well as the grants and loans awarded.

**MOTION: To support SB21-242: Housing Development Grants Hotels Tenancy Support Program**  
*Moved/Seconded/Carried Unanimously*

**SB21-243: Colorado Department of Public Health and Environment Appropriation Public Health Infrastructure**

For each of the 2021-22, 2022-23, and 2023-24 state fiscal years, the bill requires the General Assembly to appropriate \$21,090,149 to the Department of Public Health and Environment as follows: \$10,000,000 for distributions to local public health agencies and \$11,090,149 for CDPHE’s disease control and public health response. Funding will be provided to agencies capable of assessing and responding to the need including local or state public health agencies.

**MOTION: To support SB21-243: Colorado Department of Public Health and Environment Appropriation – Public Health Infrastructure**  
*Moved/Seconded/Carried Unanimously*

**American Jobs Plan and the American Families Plan:**

There is no legislation yet, but items being discussed in the Jobs Plan include affordable housing, expanded access to long term care services under Medicaid, protections from future pandemics, etc. An American Families plan is being discussed. Funding for the \$1.8T plan would come from taxes applied to high-end earners, and key programs being discussed would include: national child care and PreK; paid family leave, and tuition-free community college. Rep. Neguse has led a request to include an expansion of Medicare by lowering the eligibility age, expanding Medicare benefits to include vision & dental, and include an out-of-pocket cap; and empowering Medicare to negotiate drug prices for all Americans.

Ms. Williams announced that she will be leaving the Health District because her husband was accepted into a PA program in Utah. She will be working for the United Way.

## **DISCUSSION & ACTIONS**

### **Employee Appreciation and Well-Being (COVID) Concept**

Ms. Plock noted the memo included in today's Board packet. Health District staff have gone all out to help the community in unusual ways during the pandemic. In recognizing their incredibly hard work in the constantly changing environment, and the new ways the Health District has been able to provide assistance to the community, leadership would like to thank staff for all their efforts, and provide assistance that would help staff have a little extra time to recover a little in the last half of the year. In an effort to show our deep appreciation, they recommend that we offer extra PTO time. All employees would receive two extra days of PTO; those whose jobs have required extraordinary commitment could receive up to an additional five days. It is important to note that this would require a reduction of certain scheduling and productivity expectations, and extension of some timelines, and other adjustments, in order to allow people to take some extended time off. The board was strongly supportive.

**MOTION: To approve the additional time off and the reduction in productivity for the second half of 2021.**

*Moved/Seconded/Carried Unanimously*

A board comment was to use this experience to develop plans for future situations.

## **OTHER UPDATES & REPORTS**

### ***COVID – Dr. James Stewart***

Dr. Stewart provided an update on COVID around the globe, noting that there are some tragic hotspots (India in particular), while there have been real success stories in other locations – the UK and Israel. The US sits in the middle of the pack. Most places in the US are doing well with case rates, although Colorado and a few other states are not as good. Nationally, cases are down about 33% from a week ago. Hospitalizations are down about 9% and the 7-day case average is at 650/day. The 4<sup>th</sup> wave nationally seems to be starting to trend down. In Larimer County, cases have been flat the last week or two. Those 18-44 are now the hardest hit group, and our community still has challenges in providing a proportionate share of vaccines to the Latinx and nonwhite, non Latinx population. Roughly 56% of LC residents over the age of 16 have received at least the first dose. Confirmed COVID deaths in Larimer County have dropped significantly. The CDC reports 7,157 breakthrough COVID infections (.008%) with 2,078 cases asymptomatic. A “real-world” large medical center trial reports high efficacy for the both the Pfizer and Moderna vaccines, and Moderna reports that COVID-19 protection remains strong at six months.

### ***Vaccine Report – Suman Mather***

Ms. Mather provided an update on the Health District's vaccination clinic efforts. To date, the Health District has delivered 1, 522 doses with five clinics, totaling 319 first dose vaccinations in February; four clinics and 2 mobile clinics with 396 served in March; and two clinics along with multiple mobile clinics reaching 807 including a clinic at the Holiday Twin Drive-In (focusing on Hispanic/Latinx community members) that served over 100. Most of the mobile clinics in April were part of the equity effort (Vaccine for All). 44% of those vaccinations by the Health District went to BIPOC and/or Hispanic/Latinx populations. Staff hopes to have more J&J vaccine available and are looking at Mason Place, SummitStone, and rural areas for future first doses.

### ***Executive Director Updates – Carol Plock***

Ms. Plock provided an update on status of the Isolation/Recovery and Quarantine facility for those experiencing homelessness on Myrtle. There are currently six guests, and staff is working on an exit plan by the end of May. Homeward Alliance has found a hotel option that will accept COVID positive guests. They received a specific grant to pay for rooms and food. There may be a continuing need for transportation. In other news, Ms. Plock received a package that contained an official commemorative Easter Egg from the White House, passed along by Salud in recognition for all our work responding to the COVID-19 pandemic.

**PUBLIC COMMENT (2nd opportunity)**

None

**CONSENT AGENDA**

- Approval of Minutes for the March 9 and March 16 Special Meetings; and the March 23, 2021 Regular Board Meeting
- Revised October and November 2020 Financials; January and February 2021 Financials

**MOTION: To approve the consent agenda**

*Moved/Seconded/Carried Unanimously*

Planning for the annual retreat, work session, and 6-month post annual review will happen in May.

**ANNOUNCEMENTS**

- May 11, 4:00 pm – Board of Directors Special Meeting (Policy)
- May 25, 4:00 pm – Board of Directors Regular Meeting
- June 22, 4:00 –m – Board of Directors Regular Meeting

**ADJOURN**

**MOTION: To Adjourn the Meeting**

*Moved/Seconded/Carried Unanimously*

The meeting was adjourned at 6:03 p.m.

Respectfully submitted: