

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
March 24, 2020

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Molly Gutilla, MS DrPH, Board Vice President
Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Board Secretary
Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board
Michael D. Liggett, Esq., Board President

Staff Present:

Carol Plock, Executive Director
Karen Spink, Assistant Director
James Stewart, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Dana Turner, Dental Services Director
Chris Sheafor, Support Services Director
Lin Wilder, Community Impact Team
Kristen Cochran-Ward, Mental Health Director
Anita Benavidez, Executive Assistant

Others Present:

MJ Jorgensen, Project Impl. Coordinator
Brian Ferrans, Mgr, Beh'l Health Strategy
Jessica Shannon, Resource Development Coord.
Alyson Williams, Policy Coordinator
Cheri Nichols, Clinical Nurse Manager
Wendy Grogan, Administrative Assistant
Sue Hewitt, Evaluation Coordinator
Vivian Perry, Progr. Mgr., Info & Referral Web
Pam Klein, Project Specialist
Erin Hottenstein, Public

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 5:06 p.m. The meeting was conducted remotely due to the COVID-19 pandemic. Additions to the agenda: Discussion & Action: Temporary Special Travel Policy, Temporary Special Leave Policy.

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

PUBLIC COMMENT

None

DISCUSSION & ACTIONS

COVID-19 Emergency: Status and Decisions

Status of COVID-19 – James Stewart

Dr. Stewart provided an overview of the COVID-19 pandemic situation. A significant increase in cases is anticipated in the coming days, and we anticipate a shutdown of all non-essential services in order to avoid the virus shutting down all essential services. Across the country, lifesaving healthcare staff and facilities are threatened by shortages in staff, PPE, ventilators and hospital beds.

His slides illustrated the exponential growth of COVID between March 6 and today (March 5

was date the first case was identified in Colorado): cases rose from 117,723 worldwide and 800 cases in the US, to 415,876 worldwide and 51,542 in the US. It took 67 days for the world to reach the first 100,000, but only 11 days to reach 200,000, and only 4 days to reach 300,000. If that rate of growth occurred in the US, we could see 250,000 cases in the US in 2 weeks and 2M cases by 3 weeks. The state of Colorado now has 912 confirmed cases out of 7,701 tests, and 11 deaths. The disease is not sparing any age of adults: fifty-two percent of those cases are in the age group of 30 – 59. Larimer County has 43 cases as of this report; Weld County has 76. It's important to note that the number of confirmed cases is likely vastly different than the number of actual cases present in the community: since the availability of testing is very limited, a true number of cases is not known. Estimates of true cases range from about 20-30 times the number of confirmed cases.

Five public health strategies have been or are being implemented: Containment, Mitigation, Suppression, Treatment, and Prevention.

Containment has already failed; the response in the US was very slow compared to other countries, and the disease has rapidly spread. The focus must turn to Mitigation and Suppression – the strategies include early detection, isolation, home quarantine, social distancing, extensive testing, contact tracing, closing schools and universities, and potentially a stay-at-home order. There are several challenges to these strategies; without testing, it is not possible to determine how extensive the problem is, or where, so it's not possible to isolate only those impacted. Other factors are the limited public health infrastructure in Colorado, and the risk of exceeding our health care capacity. It takes at least a 2-week window from suppression actions to seeing a reduction.

Treatment – We are currently lacking capacity to meet the surge that is coming if strong measures are not taken. Dr. Stewart shared the statistics in terms of hospital beds and ICU beds available in the US. In Larimer County we have a total of 592 beds, 80 ICU beds. At the current rate of growth in cases, if more measures are not put in place, we would run out of beds by early May, assuming we stay at the 20% hospitalization rate.

Ratification of Emergency Declaration

On March 19, 2020 the Executive Director executed an emergency declaration; it was approved by Board President Michael Liggett and requires ratification by the Board.

MOTION: To ratify the Emergency Declaration
Moved/Seconded/Carried Unanimously

Ratification of Remote Meeting Policy

In order to hold our Board meetings remotely, a new policy was recommended, developed, and approved by Board President Michael Liggett.

MOTION: To ratify the Remote Meeting Policy
Moved/Seconded/Carried Unanimously

Resolution 2020-3: To Approve Funding in Response to the COVID-19 Pandemic

Three documents were sent to Board members just before the meeting; one is Resolution 2020-3: To Approve Funding in Response to the COVID-19 Pandemic. Because of the current pandemic emergency and because we will need to aid in the protection of the public's health, safety, and welfare, Ms. Plock is requesting approval of expenditures up to \$200K from the Health District's 'Contingency budget line item'. It is too early to determine the total amount of funding the Health District will need to divert. If we need to pull significantly from the Health District's

capital reserves, it is likely to impact our ability to move forward with an additional building in 2022. Initial use of funding is anticipated to include the costs of having staff work remotely, and of our work in partnership with several other organizations to provide services to those experiencing homelessness – in particular, our work at the new temporary Northside Aztlan homeless shelter to set up screening and an isolation/recovery room, and potentially additional isolation/recovery space. We also anticipate potential temporary changes in programs, such as increasing the income level that makes one eligible for our services.

A board question was, given the potential gap in hospital beds, whether there might be a role for the HD to participate in some sort of construction of emergency medical facilities? That is not something the Health District has been involved with; we are aware that the EOC has started to work on developing beds at The Ranch, although we don't know what the level of service will be. The Health District is focusing its attention on issues that others are not dealing with at all, particularly the needs of those experiencing homelessness. While the level of funding eventually needed is unknown at this point, this will give us a start and allow us to address the most pressing needs as they occur.

MOTION: To adopt Resolution 2020-3: Approving Funding in Response to the COVID-19 Pandemic
Moved/Seconded/Carried Unanimously

A board comment noted that this is exactly what contingency funds are for, and that fighting a pandemic is aligned with our mission. A board question was whether we have a plan to coordinate with other organizations. The Health District is working very closely with the homeless service providers and the City. We are not a primary player in the EOC; we receive some information, but not regular updates. We are actively working very closely with mental health partners. SummitStone is the official designated “lead” for mental health, but if mental health providers are called out, we have a major role with them in that process.

Temporary COVID-19 Pandemic Travel Restrictions Policy

Ms. Spink reported that last week the Health District implemented a temporary travel restrictions policy and a special leave policy. Updated versions were sent to the Board just prior to the meeting.

MOTION: To adopt the Temporary COVID-19 Pandemic Travel Restrictions Policy
Moved/Seconded/Carried Unanimously

Temporary COVID-19 Pandemic Special Leave Policy

This policy includes Federal Law that goes into effect on April 2, and is subject to change. Employees will receive full pay through the end of May. Supplemental Family and Medical Leave can be used for care of a minor child. FMLA provides job protection for those 12 weeks.

MOTION: To adopt the Temporary COVID-19 Pandemic Special Leave Policy in Concept, subject to attorney review, with the addition of “June 1” in Point 7
Moved/Seconded/Carried Unanimously

If there are minor changes in the Policy, those will be made automatically. If major changes are required, the document will be brought to Board President Michael Liggett for authorization.

OTHER UPDATES AND REPORTS

Executive Director Updates

Temporary Changes in Programs to Better Assure Community Health Services – Carol Plock and Karen Spink

It was noted that we are in uncharted waters with what is happening with the pandemic, our economy and the availability of child care. We are moving toward complete remote work, although some programs will continue in office at some level, such as emergency dental and some CAYAC services. Given the situation, the Executive Director requests the ability to make temporary program rules changes that will allow more people to access our services. Examples might be to increase income eligibility for certain services that have lower levels up to 400% of FPL; another might be a waiver of copays for the Prescription Assistance Program; another might be to be allowed to obtain oral consent until we can set up quick and effective systems for written consent; in a few cases, allowing for self-verification of income as we try to remove barriers during this period. The Board, by consensus, authorized the Executive Director to approve temporary rules changes to allow local residents enhanced access to our programs.

Community Response to COVID-19: Services for Those Experiencing Homelessness

After Ms. Plock read an email from Homeward 2020 indicating the creation of a temporary facility for the homeless at the Northside Aztlan Center, and contacted them to see if health supplies might be needed, Dr. Stewart volunteered to consult about infection control measures. Dr. Stewart was welcomed and quickly began working directly with the three major homeless services providers (Homeward Alliance, Catholic Charities, and Rescue Mission). We have just begun to work through the details; at our recommendation, a space in the building is being prepped to include an isolation area and quarantine area. This is a high priority as we anticipate a stay at home order soon.

The City opened Northside Aztlan as overflow to augment current shelters within the community in order to honor the social distancing dictate. The difficulty is that most of the common areas at all these sites don't have the space or a system to separate the healthy from the infected or symptomatic. At this time Northside is short-staffed, short on PPE, with only minimal security.

The plan is that regular screenings will take place, and if a person is exhibiting symptoms, they will go to a separate entrance, where further initial screening will be completed. If symptoms are mild, they would remain in isolation within the facility. If severe, an ambulance will be called for transport to the hospital.

A Board comment was that the board member was feeling encouraged that we have been able to be a part of the solution for this need. Next steps are getting dividers up; obtaining over-the-counter medicine (if it can be distributed), and possibly Telehealth for treatment. The City of Fort Collins and other public entities have been working on this "holdover" shelter until we get to a better situation. A Board member asked about the possibility of repurposing hotel rooms. There has been some discussion at the city level on this topic.

Other Accomplishments in Adapting to COVID-19

There has been much action since March 5, when the first case was detected in the state. Some of those include: Activated and updated IC Structure chart; identified essential services – dental emergencies, mental health; prepared for a mental health call out – when you are a primary responder you must respond when called out; inventory of our PPE supplies; Larimer Health Connect became a top priority for remote services due to increasing numbers of unemployed.

Challenges have included ever-changing situations and guidance. The first challenge was to create ways for staff to work from home. We had to assess who had the necessary technology,

and who needed what; set priorities; order and deploy equipment; etc. Our IT staff of two is holding up under incredible demands. They are working from a very comprehensive priority list with 81 people. Our server capacity was maxed; just some of our tasks included: adding servers, laptops, and phones as needed; usage policy and distribution; and making program adjustments to allow work from home.

Organizationally, the Incident Command Team established a tracking method for objectives. A local disaster declaration was put in place on March 19, while work on the budget and a master list of employees was developed identifying those that would fall into the high risk category. We are also tracking any employee who is out because of the COVID-19 Virus or in quarantine. We are in the process of defining ways in which we can keep people working whose job depends on clients – particularly the dental staff. Mental Health had a March 13th call-out; and we are assessing what BH services are available. The psychiatrists are coming up on telehealth and prescription software.

Larimer Health Connect is having to work completely differently, and Connect for Health Colorado declared a two week open enrollment period. Advance Care Planning demand is also picking up. The Communications staff is very busy working on getting the word out about changes, and since Compass is soon to come out, that will put information in the hands of 90,000 households. We have had a request from Weld County for help with case investigation and contact tracing. Dr. Bruce Cooper has been activated to help there. The future of contact tracing is uncertain, now that there is so much spread. A board comment was that a big question will be what metrics can be used to determine when restraints can be loosened?

Liaison to PVHS/UCHealth North Report – Faraz Naqvi, MD

The main concern for UCHealth right now is whether hospitals and ERs will become overwhelmed; Greeley is probably most at risk for reaching capacity. MCR and PVH still have capacity. PPE is in short supply, even with having pulled a lot from CSU. They are testing PPE manufacturer sterilization solutions. Like hospitals across the country, the supply of ventilators is a fixed number, and UCH is uncertain what the future looks like for more. Small rural hospitals like Steamboat Springs can get overwhelmed with just a few cases.

A secondary concern is financial. Their cash reserves are still strong, but depending on the rate of draw down, that could disappear quickly. Reimbursements from Medicare/Medicaid are being held up. All facility expansions are on hold and the hospitals can't recruit. Staff retention will be a bigger issue as the crisis goes on and health care worker resources are impacted by the virus. A typical patient needing a ventilator needs it for 10-14 days. In a very difficult situation, protocols are being developed for who gets access to a ventilator should there not be enough capacity. Emergency tent space has been set up as MASH units in the UCH parking lot.

Election updates – Chris Sheafor

Despite the COVID-19 Pandemic, the Health District sits right in the middle of an election. Mr. Sheafor has been in contact with governmental offices about the possibility of postponing the Special District election, but we have been told that there is no option - there is no provision in state law to postpone elections. We encouraging people to vote by absentee ballot – many requests for ballots have come in. Staff is working with the County Clerk's office on how to manage polling places differently on election day – such as a change of location to create a larger space; recruiting additional election judges; disinfecting equipment between people; identifying ways to assure social distancing in polling places.

This Thursday is candidate orientation; ballots go out from permanent mailing list between April 3 and 5. Work is in process to ensure the list is accurate. Absentee ballots will go out through the month of April as requests are received. Election Day is May 5. It was noted that a request for absentee ballot can be done online – available through our website. It was suggested that there be a clear path to the ballot request form on the front page of our website.

PUBLIC COMMENT (2nd opportunity)

None.

ANNOUNCEMENTS

April 14, 4:00 pm, Board of Directors Special Meeting (TBD: if needed)

April 28, 4:00 pm, Board of Directors Regular Meeting

A Board member asked what fell to the back burner as we respond to these shifting high priorities. A few include preparations for the Triennial Board Retreat; performance evaluations and raises; dental moved to emergency only appointments; and policy analysis will change as the legislature decides when to be in session.

ADJOURN

MOTION: To Adjourn the Meeting

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 7:05 p.m.