

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
SPECIAL MEETING
April 14, 2020

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
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

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 Dir.
Kristen Cochran Ward, MH Connections Dir.
Anita Benavidez, Executive Assistant

Staff Present:

MJ Jorgensen, Proj. Implementation Coord.
Sue Hewitt, Evaluation Coordinator
Vivian Perry, Proj. Mgr – Info & Referral Web
Alyson Williams, Policy Coordinator
Jessica Shannon, Resource Development Coord.
Taylor Kelly, Project Implementation Specialist
Pam Klein, Project Specialist
Brian Ferrans, Mgr, BH Strategy & Impl.

Public Present:

Erin Hottenstein

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:05 p.m.

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

PUBLIC COMMENT

None

REPORTS, DISCUSSIONS & ACTIONS (Note: all votes were taken by roll call)

Health District Board Elections

Election Update

Chris Sheafor reported that this is definitely an election different than ever before – not only due to the pandemic, but also due to the upcoming major elections, which have made it difficult to get equipment. We now have all equipment in, and the ballots are printed for the election. One candidate has dropped out, leaving eight. Due to the pandemic, we have been strongly encouraging people to vote by absentee ballot, and have received large numbers of requests for them; some ballots are coming in already.

Since there is no provision in State law that allows postponement of an election, the election must be held on its original date of May 5th, and since it was originally set up as a polling place

election (with the option of voting by mail through ‘absentee’ ballots), the election must include a polling place for voting in person. In response to the COVID-19 pandemic, in order to allow for greater social distancing, staff propose that the election be held in one larger location in a centrally located site – the Drake Center – rather than two smaller locations on the north and south part of town. CDC Guidelines for elections will be followed, including social distancing, disinfection, requiring and providing masks, etc. Given the requests already received for absentee ballots, we are anticipating a smaller crowd of in-person voters than usual. The new location will be announced on our website, included in the new edition of *Compass*, and through social media and a press release to the Coloradoan.

A Board member asked how the absentee ballots work. Staff explained that we have one big batch of ballots that are mailed out to those on our permanent ‘absentee’ mail-in voting list (which is currently about 1,400), and that staff also send out ballots daily as new requests for absentee ballots are received. If someone has requested an absentee ballot and doesn’t get it for any reason, or if they receive it but not in time to mail it back, the individual can go to the polling place or drop the ballot at the Health District.

Resolution 2020-04 to Change Election Polling Place

The Board considered the resolution to consolidate the two polling places into one, and move it to the Drake Center.

**MOTION: To approve Resolution 2020-04 to Change Election Polling Place
*Moved/Seconded/Carried Unanimously***

Other

Ms. Plock noted that, while errors in *Compass* are rare, we found out just this afternoon that this time a significant error was made: the listing of family members for board candidate Johanna Ulloa Giron was incorrect. When Ms. Ulloa Giron submitted her information, she did not provide information for that category, and the error was made because staff were using a template from a prior election for the questions and answers, and forgot to delete the information on that section, which was from a prior candidate. The error was not caught in the editing process. Staff are very sorry for the error. Ms. Plock called Ms. Ulloa Giron to apologize, and will call her again after the board meeting to get her feedback on options for correcting the mistake. The board and staff agreed that the question about family will not be asked of candidates in the future. Staff will make sure that the Coloradoan, which is also collecting information from the candidates to post, is aware that our information was in error.

COVID-19 Emergency: Status

Current Status of COVID-19

Dr. Stewart presented key current statistics about COVID-19: There are now close to 2M cases around the world. In the U.S., there were about 51,500 cases on March 24, and about 590,000 today, ten times more in three weeks, but not as bad as one of the original projections of 2M in the U.S. Colorado has about 8,000 cases, with 1,556 hospitalized and 329 deaths. Larimer County currently has 198 cases. Weld County is getting hit hard with 850 cases, and Larimer County is starting to see people coming in from Greeley for medical care. In a slide reflecting the changing epidemiology of the coronavirus, the stay at home orders seem to be working to ‘flatten the curve’ – we might even be seeing the start of a down trend.

As one might expect, the population is experiencing increased anxiousness to return to life as normal. The challenge is that it will likely take more than a year before we have a vaccine, and

the majority of people do not have immunity. On our current path, we would continue with aggressive lockdown/suppression for a while, then slowly lift the restrictions, but may have to close down again as we see resurgence.

The scientific consensus is that a test, trace, and isolation strategy is critical. COVID-19 has become the leading cause of death in the US. Without suppression, many more people would become infected and die. The lockdown will need to continue, but better testing, tracing, and quarantine is also needed. Currently front line health care workers can be tested, but we need testing available for the whole population, and faster results. Dr. Stewart shared brief reviews on two articles – From *The Hill* “We’ll lose ‘World War C’ against COVID-19 if we don’t fight the right way”, and Johns Hopkins National Plan for Comprehensive COVID-19 Case Finding & Contact Tracing. Success would require the ability to safely isolate those that are sick, and then quarantine any at risk of infection. Both would require far more volunteers.

The typical test being used is a PCR test, which provides pretty good assurance of positive validity, but some research has indicated a false negative rate of 25-40%. False negatives may result from the timing of the test – if too early or too late – the most accurate findings are within 1-3 days of onset of symptoms. They may also come from the difficulty of collecting the sample.

Antibody tests are another option for testing: they show whether your body has been exposed to the virus and has had a response resulting in antibodies/immunity, but they are not yet widely available. Immunity is an important part of the return to business as usual. A board member comment was that relying on people having immunity to allow them back to work could be ethically tricky - there may be unintended consequences if those that are immune have access to work, when others do not.

Larimer County health care capacity remains stable and we are seeing a decrease in all other types of hospitalization. PVH still has capacity, but the Greeley hospital was at capacity, though they are now starting to see a little relief. Instances requiring the ER or admission are leveling off.

Northside Aztlan and Alternate Site: Screening, Recovery, Isolation for Those Experiencing Homelessness – James Stewart, Brian Ferrans

The Health District is currently co-managing the Recovery Center at the Aztlan Center (working with Holly LeMasurier and Homeward 2020) and is developing an alternate isolation site. Dr. Stewart shared the organizational chart and flow chart for the Aztlan shelter (with Brian Ferrans and MJ Jorgenson as site leads, and Dr. Stewart at Medical Director, with other volunteer physicians and a nurse practitioner filling in with medical on-call triage services) as well as some pictures of “daily life” at the shelter. The Health District is organizing screening (symptom and temperature surveillance) for those attending the Northside Aztlan center, and organizing the infection control volunteers who help with screening, hand wash station, and staffing the recovery center. Screening and hand-washing takes place at all three meals, and is working well; there were 165 for breakfast this morning. Throughout the day, 8:00 am – 10:00 pm, there is symptom surveillance, triage, and the Recovery Center is staffed. Behavioral health needs are now covered 8:00 am – 8:00 pm seven days/week. After that calls go to the crisis line.

The general use area is designated for men without symptoms to sleep at night 9:00 pm – 6:00 am. The recovery area (for isolation and recovery) has a similar set-up, but guests stay there all

the time – six beds in the conference room, industrial strength HEPA filter, television and DVDs for entertainment, water and snacks, and individual chairs and trash cans. The intent is prevention of the spread of disease, and managing recovery – keep people as comfortable as they can be while recovering from symptoms.

We now have a very helpful system set up with the PVH ED that allows us to send guests for rapid testing, with a 3-hour turn-around time. There is no shortage of compassion or composure as we adapt to the needs in a rapidly changing environment. Our own staff – Brian, James, and MJ display incredible compassion and commitment, working long hours in less than ideal situations. New partners and new volunteers keep stepping up; the collaboration is amazing.

Ms. Plock shared that at the beginning of our Recovery Center experience, when there were cases of norovirus circulating among the population, the Health District staff realized we needed several different isolation and recovery options – one for men, one for women, and some with very specific isolation needs. The EOC had been developing space for 10 beds for those experiencing homelessness at The Ranch, but the site was only for those discharged from the hospital, and when the Army Corp. of Engineers took over the site for expanded hospital level care, they had to move. While all that was happening, the Health District located an alternate site where Elderhaus used to be located, and currently owned by the CSU Research Foundation.

The Health District has been working with the Homeward Alliance to stand up this site, and have been negotiating leases, getting utilities set up (the city provided some utilities at no charge), working with the City to meet its requirements, security cameras, security, an initial deep cleaning, ongoing cleaning, internet, wifi, and landlines. Currently working on an ongoing cleaning contract to meet the standards required for COVID-19. Our Health Van will serve as an office space, along with a space that security can use. Homeward Alliance hired a site lead at this new location; our site leads will also provide oversight, and other volunteers are being recruited. HA will also provide case management, and daily check-ins. It may be possible to open as soon as Thursday. Capacity in two homes is 5 bedrooms that could each have their own bathroom. As many as about a dozen more people may be able to be housed, if bathrooms can be shared.

Mental Health and Substance Use Response

Kristen Cochran Ward noted that Connections has been selected to be the COVID-19 mental health support line, and as a result, moved with haste to change hours from typical business hours to 8-8, seven days a week, most done remotely (some services, particularly with children, are still being done in the office). We have been working with key partners; it is anticipated that people will need growing mental health support due to the loss of jobs, the stress of shutdown, the loss of lives, and fear of the pandemic. Currently the demand has not exceeded capacity, because people are focused on survival (How will I pay my rent? How will I feed my family?), but the need is expected to grow over the next several months. This transition is a significant one for staff, who are working different hours and needing to do things differently. If demand increases to a higher level, we can reach out to the Care Team (the mental health team that is trained to respond to disasters) and other partners for assistance.

We are also working with partners on new marketing approaches. We have already distributed outreach flyers and cards at businesses, and are working on social media outreach and other marketing materials. Part of the marketing strategy is to determine how best reach those that wouldn't ordinarily seek mental health care. Ms. Cochran-Ward will be on a radio panel and podcast tomorrow morning.

A board comment was that primary care is seeing substantial mental health burden due to anxiety and isolation, even suicide. A key population that we need to reach out to is the medical providers and front line responders. Another board comment was that the data is indicating that child abuse reports are down, although it doesn't mean that it isn't happening – may mean that it is not being reported. Alcohol use appears to be up.

Other Key Efforts

Larimer Health Connect: Ms Spink reported that Larimer Health Connect has seen a 45% increase in the number of individuals they serve since they went “on-line” March 25; 48% increase in enrollments for the same time last year, although there is still capacity available. LHC is working on a marketing push to help people get health insurance - Medicaid and on the Marketplace – and is gearing up for a very busy next few weeks and beyond. A Board member asked if there were any issues with faxed-in consent forms. Generally speaking it is working, just on occasion we have to mail out and have documents sent back.

Advance Care Planning: There is also an increase in demand for Advance Care Planning; our one remaining staffperson on the project is keeping busy.

Human Resources: We have been busy learning and applying the changing policies at the national and state levels. The Families First Coronavirus Act provided 80 hours of paid sick time for six different situations (see Temporary COVID-19 Pandemic Special Leave Policy). The Supplemental/Emergency Family and Medical Leave Policy provides 12 weeks paid leave (by Federal mandate at 2/3 pay) for child care. It allows for a broader group of individuals and provides for intermittent leave. Most of our employees are now set up to work remotely, with a few exceptions who come to sites. Parents who cannot find other child care can lower their hours or work different hours. We are currently continuing full pay and the 80 hours granted through the Families First Act protects employees' PTO time.

The majority of our staff is keeping quite busy. In addition to the work at Northside Aztlan and emergency dental care, some staff are actively working on grants to cover some of the new expenditures; others are working on figuring out policies and laws related to COVID-19, others are searching for Personal Protective Equipment (PPE) for when we can re-open, and yet others are working on sewing masks. There are many other things we're not getting to with priority given to COVID-19 support.

Intro to Financial Implications (FEMA, State, Health District)

A comprehensive analysis of the financial impact is not yet available, but Ms. Plock and Ms. Haywood are working on an analysis that will be presented at the April 28 Board meeting. Dental revenues are typically over \$1M, and those will be less this year. Other issues to estimate will be the impact of lower property tax collections, and potential Gallagher impacts for the future (which may be impacted by oil & gas reductions). Our Finance Department has been tracking COVID-19 related expenses carefully – the biggest expenditure at the moment was the transition to remote work. We continue to have Dr. Cooper help Weld County with case investigation and contact tracing as well as acting as a back-up for Dr. Stewart. New costs will also include security and special cleaning at both Northside Aztlan and the Alternate Site, along with a variety of other expenses. Staff expressed their gratitude to the Board for the \$200K already designated for the COVID-19 response; there will likely need to be an additional request

made at the April 28 meeting.

Staff is working on identifying funding that we might be able to access. Since we are a local government, FEMA is a possibility, but they have very specific restrictions on reimbursement, so it is not a sure thing. The funders of two existing grants gave permission for their grants to be used for COVID-19 pandemic response instead. One will be used to cover the cost of Mental Health response in the parts of Larimer County outside of the district; the other will likely be repurposed to cover some of the costs of the services we are providing for those experiencing homelessness. At the next meeting, we will report on state funding; we do know that HCPF alone has to cut \$20M in the remaining three months of this tax year.

We are anticipating decreases in funding that could impact our programs, but it's too early to determine how much. One consideration may be whether the Health Department will need any assistance in the contact tracing effort; it is anticipated to be a massive undertaking.

Update to Policy 97-16: Policies and Procedures for Reviewing and Copying Public Records

Mr. Sheafor reported that our attorneys reviewed the Policy and suggested some minor changes including a rate increase on the cost for copies. Once updated, it will be posted on the website.

MOTION: To approve the update to Policy 97-16: Policies and Procedures for Reviewing and Copying Public Records

Moved/Seconded/Carried Unanimously

UPDATES & REPORTS

Executive Director Updates – Carol Plock

Nothing more than what has been covered.

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

PVHS/UCHealth North will have a Board meeting tomorrow. A snapshot at the moment is that they are currently managing capacity demand, with the ability to manage a small surge in ICU. They have seen a decrease in visits across the board; clinic visits down 40 – 50%, Emergency Department 50%; and outpatient surgery down 70%. The UCH Hospital in Weld County had been operating at capacity, but is no longer at capacity, and MCR can handle more as needed. Financially, they are seeing a decrease in revenues at the same time that their expenditures are very high; as much as \$3.5-4M per day. It is fortunate they have a strong balance sheet so they are not as much on the edge as some other hospitals are; in particular, rural hospitals are in a lot of trouble. Staffing is in pretty good shape – no massive numbers of illness or call-ins; and they are paying all employees through May, though they may yet have to use furloughs. Banner has had to cut back on both the number of employees and hours worked. UCHealth is working towards more community-based testing; testing is currently restricted to hospital workers, first responders, and other health providers.

PUBLIC COMMENT (2nd opportunity)

Erin Hottenstein asked if the Health District is seeking more masks – she is seeing some available in the community. Staff believes we have enough N95 and procedure masks for our health professionals to carry us through another couple of months, but we have not had time to procure enough cloth masks that others should use – so we would welcome those if available.

A last comment from staff is that Weld County has much more spread than we have, and they anticipate far more. Service providers in that county are getting completely overwhelmed so we will likely see people crossing county boundaries seeking the health care they need. It is imperative that we not grow complacent in Larimer County.

ANNOUNCEMENTS

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

May 5 – Health District Board Election Day

May 26, 4:00 pm, Board of Directors Regular Meeting

ADJOURN

MOTION: To Adjourn the Meeting

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:40 p.m.