



**BOARD OF DIRECTORS
REGULAR MEETING**

April 28, 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 Director
Kristen Cochran-Ward, Connections Director
Anita Benavidez, Executive Assistant

Staff Present:

Brian Ferrans, Mgr, Beh'l Health Strategy
Jessica Shannon, Res. Development Coord.
Alyson Williams, Policy Coordinator
Taylor Kelley, Proj. Implementation Specialist
Sue Hewitt, Evaluation Coordinator
Vivian Perry, Progr. Mgr., Info & Referral Web
Pam Klein, Project Specialist
Maria McPherson, Progr. Evaluation Specialist
Suman Mathur, Evaluator & Data Analyst

Public Present:

Erin Hottenstein
Bill Althouse

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:00 p.m. The meeting was conducted remotely.

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

PUBLIC COMMENT

Bill Althouse introduced himself as a science researcher and noted that he has studied the progress of COVID-19 around the globe and, as others have noted, believes that testing and contact tracing is paramount to control of this virus. He spoke with Tom Gonzales of Larimer County Health Department and feels Mr. Gonzales understands what needs to be done regarding testing. Mr. Althouse believes that testing and contact tracing will buy critical time, and is hoping that funders will help it take place. He noted that the cost of testing is reimbursable by both Medicare and Medicaid, but there is still the cost of contact tracing. He is looking for sources to seed the costs of contact tracing.

DISCUSSION & ACTIONS

COVID-19 Emergency: Status and Decisions

Current Status of COVID-19

Dr. Stewart provided an update on the COVID-19 pandemic. As of April 14, there were close to two million cases around the world. Today there are more than three million cases and cases within the United States have doubled. He presented the following data: The U.S. represents about 1/3 of the global cases and has a case fatality rate of 5.7% of confirmed cases. That means one out of four global deaths is in the US. As of today, Colorado has 14,000 cases, about 2,500 have been hospitalized, and there have been just over 700 deaths in the state. Larimer County currently has 321 confirmed cases with 19 related deaths.

Colorado is one of the leading states relaxing its “stay-at-home” orders and there is concern that it may be too early as we don’t yet have the capacity for mass testing. Some of the key guidelines for the “safer at home” orders from the governor are that: older adults/high risk individuals continue to stay at home; the stay at home rate does not drop from the current 75% to less than 65%; we see steadily improving testing and tracing availability, and everyone wears facial masks. The state’s viewpoint is that if Coloradans adhere to the guidance of at least 65% physical distancing, we likely won’t see another peak that would over-burden our service capacity. However, if that drops to 45 – 50%, we will see another peak this summer into fall.

The Jenner Institute at Oxford just announced that they will be testing a vaccine in May, and if it proves effective, they could potentially have a vaccine available in large numbers (millions) by September.

Level 2: ‘Safer at Home’ and Implications to the Health District

Ms. Plock reviewed the transition from “stay at home” to “safer at home” per Governor Polis’ latest order on April 22, which started April 27. Some highlights from his address: COVID-19 is still circulating – while most people who get it won’t require hospitalization, others will, and deaths will continue. We need to manage our expectations – this is not going back to “normal”. We must modify our behaviors – precautions are critical to success. These precautions include adults 60+ and those with underlying health conditions continue to stay at home, all people limit all social interaction, staying at home except when absolutely necessary, and abide by the 6’ physical distancing mandate, all wear masks whenever around others (except those you live with), and there is aggressive case detection (testing) and containment (contact tracing).

Other considerations include: teleworking for all who can, sick people may not go to work, eliminating unnecessary gatherings and no more than ten people when necessary, no travel (stay within 10 miles of home), continue hand-washing and disinfection, growing testing by 5% per week, as well as increasing and automating contact tracing. What is not opening at this point is K-12 education in schools (remote through end of this school year), sporting events, restaurants, nightclubs, bars, gyms, and spas. The governor was hopeful that we could reopen restaurants, bars and personal services by mid-May. What has been loosened, with strict precautions: elective medical and dental procedures, child care, retail businesses (first, curbside delivery, later phased-in openings), personal services, and for offices where telework does NOT work, up to 50% of staff, with precautions.

For the Health District, what that means is that where telework is effective, it will continue. While we will increase our dental procedures, we must use extreme precautions. Dana and Dr. Rupp are beginning to develop procedures for reopening at less than full capacity, while waiting for guidelines from the ADA and CDA. They have developed a 20-step plan with careful

attention to PPE.

We will be examining the rest of our services, and anticipate a slight increase in in-office work. Close attention will be paid to changes in child care, decisions being made by our partner agencies (particularly primary care), how our employees are being utilized – currently, that remains high, though some may need to be redeployed, the local approach to services for those experiencing homelessness, constant changes, and the community approach to testing and contact tracing. The Health District has individuals who could assist with contact tracing, and Ms. Plock will be sure that the Larimer County Health Department is aware of that.

Northside Aztlan (NACC) & Alternate Site Updates

Brian Ferrans reported that the NACC has been operating just over a month. It is supported on-site 14 hours per day by a mix of Health District employees and other volunteers. Symptom surveillance continues during meal times as processes continue to shift to gain greater efficiency. Handwashing stations have been added, guests are increasingly respecting the physical distancing guidelines while in line, and we are providing masks for those who will wear them. The NACC recently had a 4-day break with no symptomatic individuals, but we currently have three guests who have all tested negative but are still very sick and recovering at NACC. The Health District is working with Homeward Alliance on completing preparations for the use of the Alternate Site. The decision has not been made about whether the best use will be for those who are COVID+, those who are symptomatic but whose testing was negative, or those at high risk for complications from COVID-19. The cleaning contract is being finalized and Homeward Alliance has hired an on-site manager.

The City of Fort Collins will be shutting down the tent city over the next few days, staff anticipate an influx of people inside at night, as well as disbursement throughout the community. The City has extended the contract for operations at NACC through May 22. The City has agreed to open an additional portion of NACC for those at high risk of complications from COVID-19. As currently planned, the Recovery Center will be used for high-risk individuals. There will still be space for quick triage of symptomatic individuals, and then transport to the Alternate Site as needed (assuming the Alternate Site will house mostly symptomatic folks awaiting testing or in recovery).

Mental Health and Substance Use Response

Kristen Cochran-Ward reported that the Connections team is up and running, providing services 8:00 am – 8:00 pm. They have entered into an agreement with SummitStone, so that the phone number will roll over to SummitStone's Crisis Line 8:00 pm – 8:00 am (with the awareness that not all callers will be crisis calls), providing 24-hour service. Since April 1 there have been 484 unduplicated individuals requesting services, with 77 of those calling with primarily COVID-related mental health issues – mostly anxiety and extreme sadness. This is not surprising with the job losses, financial stress, blending work-from-home and parenting, and uncertainty that surrounds COVID-19. Outreach is focusing on reaching clients we might not have reached previously, using the words that people are feeling (overwhelmed, worried) rather than typical behavioral health terms. Community partners are working on a grant application to expand outreach to all those who might need it.

A Board member commented that La Cocina provides mental health services to those in immigration/LatinX populations, but the needs are exceeding their capacity. Ms. Cochran-Ward noted that Connections has three bilingual providers, and may be able to help. The team is working on having all the new marketing materials be both in English and Spanish.

Projecting COVID-19 Impact on 2020 Budget

Ms. Plock noted that it's very hard to know, at this point, the total impact of COVID-19 on an organization's financial status. The figures that are being presented today are very preliminary, and the attempt was to provide conservative estimates, but this is an incredibly difficult projection to make.

In the 2020 Operational Budget, projections currently indicate that we could see as much as a 10% drop in revenues (\$1.3M). Anticipated changes would come from lower fee income, property and special ownership taxes, and investment income. After adjusting for anticipated expenditures savings (dental/medical supplies, conferences not attended, not filling positions, etc.) and potential increased expenses (cleaning, disinfection), the estimated operational budget impact is a loss of about \$1,060,000.

In the 2020 Reserves Budget, there is currently an additional allocation of \$200,000 to COVID-19 Emergency Expenses from the Contingency line item. There are several line items in the reserves budget that are less likely to be spent this year (for example, the Aging Initiative, the Pain Management Project, Specialized training, the name change), with a corresponding savings.

When those changes are applied to the Operational Budget impact, if the deficit in the Operational budget is addressed with Reserve funds, the total COVID-related decline to the Health District reserves in 2020 is currently projected at about \$940,000.

Ms. Plock then reviewed the original planned use of reserves in 2020 with the Board. Our current reserves sit at about \$7.5M to start this year. Of that, \$2.9M are funds currently budgeted to be spent in 2020 on program, capital, and non-capital equipment, software, and building improvements. \$320K is required to be withheld as compensation absence liabilities. \$500K is an emergency reserve required by the State. We could "borrow" from that reserve but would be required to replenish it next year. There is \$1.9M set aside as a portion of the cost of a new building to be purchased in 2022/2023 – which is looking unlikely with the current economic situation. There is also \$1,150,000 - \$1M of which is a reserve required by Board policy. Finally, there is a \$791K contingency -- \$200K of which has already been reserved for COVID-19 response.

In reviewing projected potential changes in planned reserve expenditures, Ms. Plock noted that it might be wise to reserve, for now, the full Contingency line item for COVID-19 Emergency expenses through the end of the year, in the amount of about \$790K. Costs so far include the transition to remote services, prevention of spread among those experiencing homelessness, case investigation and contact tracing (so far in Weld County), and the changes to the Mental Health Connections services, but other expenses are likely to emerge in the future. Adding that to the already projected Reserves deficit of \$940K (taking half from the board's \$1M required reserve, and half from the funds being reserved for the future purchase of a building), there could be a total lowering in reserves of about \$1.7M in just 2020.

At the moment, staffing is being maintained at full capacity, and we may need to redeploy some employees. It is not possible to say whether we might need to consider lay-offs in the future.

Ms. Plock consulted Larimer County's budget director, who noted that for businesses and those organizations whose major revenue is from sales taxes, there will be an immediate budget hit, while for those organizations whose revenues are largely property taxes, the hits will be largest in future years, likely from around 2022-2024. This situation is likely to be a deeper recession

than in 2008. If we cut too deeply, and have no reserves going into those years, we would have no option but to cut into important programming, which would lead to lay-offs.

A board question was whether we are seeking Federal Grants – or any grant opportunities. Initially, Ms. Plock thought we would likely be eligible for some FEMA reimbursement, but we are not sure whether we meet all the criteria; we are checking into it. Since the Connections COVID-19 line needs to be county-wide, we will need to secure adequate funding for the southern part of the county. Another grant for COVID-19 Telehealth might reimburse some of the expenses in getting the Connections team up and running remotely. Jessica Shannon has put together and is maintaining a comprehensive matrix of funding opportunities. There was a board question about whether we are allowed to utilize our funds for assisting Weld County in contact tracing. The exception is acceptable because of the high rate of cases in Weld County, which puts Larimer County at risk, and the ability for governmental agencies to commit to intergovernmental agreements of mutual aid in emergency situations. Ms. Plock reiterated that we have offered the same assistance to Larimer County, and that our liaison to the EOC reports that Larimer County is able to meet the need for contact tracing at this time, although that may change as testing increases.

Emergency COVID-19 Expenditure Budget Increase

Due to the continuing need for funds to for quick response to the COVID-19 emergency, Ms. Plock requested that the Board approve an increase (from \$200K to \$500K) to the expenditure limit for COVID-19 Pandemic Response.

MOTION: To adopt Resolution 2020-5: Approving Funding in Response to the COVID-19 Pandemic
Moved/Seconded/Carried Unanimously

Policy

Update on State Budget, Legislative Session, Interim Committees, etc.

Alyson Williams reported that there will be a Joint Budget Meeting on Monday, May 4, with a forecast budget on May 12, and the legislature reconvening on May 18. The budget goes to the Governor and is signed by May 30. Only legislation of priority is expected to be taken up the priority will be Budget and COVID-19. There are currently 75 bills that may be needed to keep the government running. Most of the bills on which the Board of Directors took a position are gone.

The State is planning for a \$43.2M budget cut for the last three months of 2020 – though the cuts would not affect emergency funds for COVID-19. They are anticipating \$3B in lost revenue for the new budget year (about 10%), and the Federal stimulus dollars have strict use guidelines. Staff will be giving major budget cut recommendations to the Joint Budget Committee (JBC). Potential cuts that could have a negative effect on the Health District include possible reductions in: adult dental benefit for Medicaid, children’s health insurance, the Senior Dental program, and a reduction in the rate of pay for Medicaid providers.

Although the possibility has been raised, it appears unlikely there would be emergency taxes. Everyone agrees that the need to balance the state budget without doing harm to schools will be extremely difficult. Interim committees have been suspended, making it difficult to find fixes for either TABOR or Gallagher. With the upcoming elections, there will be new House members, and there is concern about the loss of institutional knowledge in the midst of an emergency. The decline in revenues to the State will likely impact TABOR resets in the future. It was noted that if the state eliminates the dental benefits, it would make a big impact on the community’s needs

and the Health District's revenues. We are advocating for a reduction in the programs, rather than their elimination.

OTHER UPDATES & REPORTS

Executive Director Updates – Carol Plock

Ms. Plock provided an update on the Larimer Health Connect – they are busy but still have a bit of capacity available. April 30 is the last day people can enroll in the special enrollment period. She will be working with leadership to review all staff and programs in upcoming weeks to determine workloads, assignments, and whether to increase some in-office work. In non-COVID news, the Behavioral Health facility design phase is nearly complete, and is looking impressive. A board question was whether we would not be doing the name change. Staff response was that it seems prudent to put that on hold at the moment, since the community is identifying with the “Health District.” A board comment was that the Larimer County Health Department is scrambling to provide updated, accurate information to those that might not hear it otherwise, and can use help.

Board Election Update

The election is next week, Tuesday, May 5. Although the overseas voting won't be in, we will announce the preliminary outcome on the 5th. There will be an email sent to the candidates and the Board inviting them to a Zoom meeting announcing the election results, likely sometime between 8:00 and 10:00 pm on the 5th. Results will also be posted on the website, and sent through a press release that night. We have mailed out about 1,100 newly requested absentee ballots, on top of the 1,400 on our permanent mailing list, for a total of about 2,500 ballots (not including ballots going to those overseas) – about double in a normal year. This may indicate smaller numbers at the polling place.

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

The PVHS/UCHealth North Board met on April 15. UCHealth did the testing for Weld County at the JBS meat processing plant, testing 2,500 employees with high positive rates. Emergency Department volumes are down 60%, and overall volumes are down 40%. Revenues across the board were down but expenses were roughly flat, since it has been possible to downsize expenses in some areas. There is some concern about what will happen on the back-end of this, and whether it will be possible to rebound. EBIDA was down in February, and expected to be worse in March. There has been assistance in subsidy and FEMA funds. The loss of revenues associated with the outpatient surgery centers is very significant. An update on the 24th indicated that they are starting to schedule elective procedures with all patients and employees tested.

UCHealth, the biggest Medicaid provider in the state, is pouring money back into the community and keeping facilities open so that they remain part of the health infrastructure. They regularly serve vulnerable populations, particularly through Anschutz in Denver. They are bleeding down reserves for the benefit of the community - with a decrease in revenues, they could burn at the rate of about \$1B/year, if they can't recoup lost revenues.

PUBLIC COMMENT (2nd opportunity)

Mr. Althouse spoke again regarding his review of graphs from the different countries that indicated that the US is 14th in testing of all countries. He noted that the County does not have the funds to purchase the tests and is working with CSU for validation of other tests. Mr. Althouse spoke in support of the antibody testing. Director Prows indicated that he is now able to get a test for any patient who is symptomatic. Regarding the antibody tests, there are 80 or more different types of antibodies and it is impossible to tell which, if any, are reliable.

CONSENT AGENDA

January 2020 and February 2020 Financials

Staff noted that some of the labels on the “Statement of Program Revenues and Expenditures – Budget to Actual” are incorrect on the January and February 2020 Financials; on the sections labeled “temporary help,” the data is for “other expenses.” All figures are accurate.

MOTION: To adopt the Consent Agenda, approving the January 2020 and February 2020 financials, with the correction of those labels.

Moved/Seconded/Carried Unanimously

ANNOUNCEMENTS

May 5 – Health District Board Election Day

May 26, 4:00 pm, Board of Directors Regular Meeting—Seating of Elected Board Members

June 23, 4:00 pm, Board of Directors Regular Meeting

ADJOURN

MOTION: To Adjourn the Meeting

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:41 p.m.