

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
May 26, 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
Kristen Cochran Ward, MH Connections Dir.
Anita Benavidez, Executive Assistant
Desiree Lange, Accountant
Laura Mai, Assistant Finance Director
Dr. Leith Rupp, Lead Dentist
Cheri Nichols, Clinical Nurse Manager
Julie Estlick, Communications Specialist

Staff Present:

MJ Jorgensen, Proj. Implementation Coord.
Sue Hewitt, Evaluation Coordinator
Alyson Williams, Policy Coordinator
Jessica Shannon, Resource Development Coord.
Taylor Kelly, Project Implementation Specialist
YoungMi Dauer, Accountant
Maria McPherson, Progr. Evaluation Specialist
Brian Ferrans, Manager, BH Strategy & Impl.
Suman Mathur, Evaluator/Data Analyst

Public Present:

Erin Hottenstein
Deirdre Sullivan
Chrissy Chard
Lisa Poppaw

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:02 p.m.

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

PUBLIC COMMENT

Deirdre Sullivan, Director of The Family Center/La Familia, expressed her gratitude to the Health District staff for providing key information in this pandemic as they make plans to re-open their licensed child care. Their organization is facing about \$200K in budget cuts from the State, which will directly impact the provision of early childhood services to those in the community. From the perspective of the local community, she requested the sharing of resources to address some of the gaps that arise from the budget cuts caused by the pandemic.

Erin Hottenstein expressed her excitement about the voter turnout this year, and her appreciation for the work of the staff. She had some suggestions regarding future elections: automatic mail ballots, moving the election to November, and ranked choice voting. She noted that she has heard frustration from community members that they have to apply for a mail ballot, and found that some

people didn't know there was an election. She asked what the process was for the Board to consider the requests; we will get a response back to Erin by email with copies to the Board members.

Chrissy Chard expressed her concern about the Health District's cumbersome and complicated voting process, which she believes makes it nearly impossible for some residents to know about the election and reduces the likelihood of electing a new candidate. Chrissy noted that the COVID-19 pandemic is a prime example of another burden for residents on the margin. She asks that the Health District focus on housing, health care costs, and health equity, building relationships with other community organizations and developing structures and policies that support this work. In addition, she would like the Health District to evaluate the way decisions are made and prioritized.

REPORTS, DISCUSSIONS & ACTIONS

Swearing-in of New Board Members

Board President Michael Liggett, swore in each of the board members elected during the May election – Celeste Kling and Faraz Naqvi.

COVID-19 Emergency: Status

Current Status of COVID-19

Dr. Stewart provided an update on the COVID-19 pandemic statistics. 110 days since the first US COVID death, there are now 1.7 million US cases, 30% of global cases, and 100,000 deaths. Although counts were starting to flatten across the nation, as social distancing protocols were relaxed, now close to a dozen states are reporting increases in their cases.

Two major reports have recently tried to predict how the pandemic (without a vaccine) might play out. There are three scenarios being discussed: a series of peaks and valleys, a fall peak, and a slow burn into 2022. Dr. Lipsitch, Harvard School of Public Health said, "We must be prepared for at least another 18 – 24 months of significant COVID-19 activity." Statistics show that lockdown and masks are key components in slowing the spread. Dr. Stewart shared the five pillars for safely opening, posited by Atul Gawande in an article in the *New Yorker*: hygiene measures, screening, distancing, masks, and culture. The concept of "I protect you and you protect me" is important but difficult to achieve when measures become politicized. Each element has its limitations, but following all the protocols can make a significant difference in slowing the spread.

A board question related to the most recent recommendations from the state; the state is still on "Safer At Home" recommendations, and they are looking at ways to gradually lessen restrictions. Their challenge is to balance protection from the spread with the economy and people's livelihoods. Colorado is lucky in that its case numbers have been mild. A board comment was that discussion of getting to 'herd immunity' without a vaccine is frightening, because so many people would have to get, and so many would die. The other issue is that the extent to which the disease causes immunity, or for how long, is still unknown. A board question was whether there was any new information on vaccine development. The answer was that current thinking is that a vaccine could be 18-24 months out; that most vaccine development has taken 3-4 years recently.

Northside Aztlan and Alternate Site Update:

Brian Ferrans provided an update on the Health District's efforts to help those experiencing homelessness. Both the Northside Aztlan Community Center (NACC) and Myrtle Street sites are open. At NACC, Health District staff and volunteers continue to do symptom screening and staff hand washing stations at every meal; there have been over 18,000 temperature checks completed. Since the Myrtle Street location has opened, individuals displaying symptoms are being transported there for isolation and recovery, while the NACC conference rooms are now acting as a safe place

for high-risk individuals. There have been eight individuals at the Myrtle Street location – all displayed symptoms but tested negative for COVID-19. Staff have arranged testing and telehealth as needed. The site is leased from the CSU Foundation.

The City recently extended use of the NACC from May 29 until June 19, but it is unlikely it will remain open beyond that. Holly LeMasurier from Homeward 2020 (HW2020) has been working with the city to look for another large congregate shelter site, and is also working on the potential of non-congregate shelter (in motels) for those at high risk.. The Myrtle site location may be designated the county-wide isolation and recovery site for those recovering from COVID-19. The duration of this lease with CSU is unknown at this time.

Dr. Stewart noted that the State is providing 300 nasal swab tests, and Health District staff will be testing both the guests and staff at NACC, as well as Catholic Charities and the Rescue Mission. Since the set-up of NACC, there have been 38 individuals identified as symptomatic and tested, with one positive.

Adjustments: Programs, Staff Issues, Onsite/Offsite, Emerging Needs

Carol Plock spoke about Health District programs and emerging community needs – the topmost being to serve those experiencing homelessness. For those who are unhoused and have high risk for COVID complications, there is an active effort to establish non-congregate housing options in local motels. Colorado has preliminary approval from FEMA for funding, and is working with communities on plans. Holly LaMasurier, who has been one of the strongest advocates for options for the unhoused, has been working diligently with the City on the plan, identifying hotels/motels that might work in the near term as well as the possibility of more permanent housing. The City may or may not be the applicant to the State; she asked the Health District to consider becoming the applicant if necessary. The grant requires a 25% match and the City has set aside some funding for that. The budget proposal encompasses phased utilization for a 90-day program, with a proposed budget of \$530K, of which about \$400K must be fronted. While it may be reimbursed, there is a possibility that it would not. Likely partners for this effort include Homeward Alliance (they have been an amazing leader, coordinating efforts across organizations), Homeward 2020, Catholic Charities, and the Rescue Mission.

People with high risk often also have very high health care needs, so shelter that protects them from COVID is important. While having a place for those with high risks to shelter safely would be great, there are a variety of questions that would need to be answered – who would be the applicant (is the Health District eligible?)?, who would manage it, is the budget adequate – and does it include meals and intensive case management, and do we have the staff capacity to support this in conjunction with our partners? If we are asked to apply, we would also have to be sure we have enough resources to support both this and the continuation of the Myrtle site through the end of the year. Larimer County met with the Health District to consider merging recovery and isolation services for people experiencing homelessness, so there may be some funding for that site from Larimer County. Although it is too early for a decision, staff would like to hear board leanings.

Board questions included: Who might be partners in funding? Partners on the resource end, are not known at this time. Is the budget adequate, and would doing this impact our other programs? It is too early to tell, since the full picture and budget is not yet available. In discussing a possible \$400K expenditure that may or may not be reimbursed, the board members agreed that if we are the only option, we should investigate it further, including determining dollars and personnel needs, what assistance we would have from existing providers of homeless services, and return to the Board with an analysis of what it would take. Plock commended staff members Dr. James Stewart,

Brian Ferrans, and MJ Jorgensen for stepping into a challenging situation, with enormous impact.

In other Health District impacts and adjustments due to COVID, the program services most impacted are Connections (mental health and substance use connections) and Larimer Health Connect (health insurance assistance). Governor Polis yesterday declared that the “safer at home” guidance is extended to June 1, and that those at highest risk should be staying home. Ms. Plock just completed interviews with each Director to uncover staffing issues. While most Health District staff are busy with meaningful work, there are about 10-12 people with some capacity to do more, so we will look for ways to redistribute work. There were about 6 individuals identified who would be able to work more effectively and efficiently if they came back to the office.

Other COVID challenges are that some staff members continue to have child care issues, others are identified as high risk and unable to leave home. Ms. Plock expressed the intent to keep people on fully through June while we balance out task assignments. Hour reductions or furloughs may still be needed for some, but are not currently planned. We plan to continue to extend full pay for time spent for necessary child care through June; starting in July, people will have an EFMLA option, which provides 2/3 pay for a maximum of 12 weeks. It is unclear how much child care will continue to be a challenge for parents.

Adapting Dental Care: Challenges, Changes, Plan

Dental Services Director Dana Turner announced that they are very close to being ready to provide extended services. Dr. Leith Rupp, lead dentist, explained that the clinic is following CDC and the governor’s guidance and protocols while remaining open for emergency visits only. They have seen a 38% increase in emergency services this year over last. Ms. Turner spoke of some of the challenges they have faced: (1) figuring out how to comply with multiple (and sometimes conflicting) guidelines from the CDC, OSHA, the ADA, the CDA, the county and the state; and (2) finding the necessary PPE (both for the dental clinic and the NACC). Ms. Turner is staying current on the guidelines, making changes as necessary to remain in compliance.

The team has established completely new processes for screening (temp and symptom check) patients and employees, created a virtual waiting rooms, are training staff members, working on obtaining PPE, and are adjusting scheduling and hours. It has been extremely difficult to get the right masks; there is a flood of counterfeit masks on the market, and little to no genuine certified ones. The only alternative is to consider reusable masks that can be decontaminated. There are practically no reusable gowns available at all, so we have purchased reusable gowns that will need to be changed after each patient, and laundered onsite. Staff have also reviewed and addressed logistical spacing for staff and clients, including waiting room procedures for symptom screening and physical barriers to maintain distancing. Staff are also taking this time to update software; to evaluate current technology to support more remote work, to reduce frequency of Medicaid denials, and to address scheduling to extend hours and stagger schedules in order to keep teams separate.

Mental Health and Substance Use Evolving Response

Kristen Cochran Ward provided a quick overview/update on Mental Health Connections, now serving also as the COVID-19 emotional support line. They have responded to 282 contacts, from 88 people, specifically related to COVID-19. She noted that people may not be identifying the fact that it is COVID related – a lot are expressing anxiety. The Mental Health teams are working remotely with the exception of some psychiatry, still done in the office to see young clients. They are working on a plan for the psychologist to begin resuming some psychological testing. The Health District Connections team partnered with SummitStone to offer 24/7 coverage of the COVID emotional support line; the Health District staffs it from 8 am – 8 pm daily, and at night it

rolls to the SummitStone crisis line. Staffing the expanded hours has been a challenge, and may require more resources. The Health District is a partner in a grant that SummitStone will receive from FEMA, which would add 12 FTEs for COVID-related counseling – three to be placed at Connections, to help with the COVID line; however, those staff are not likely to be clinicians. Ms. Cochran Ward is actively recruiting to fill those positions in the next couple of weeks.

Connections has been asked to provide assistance for health care workers in our community, from organizations including Columbine, UHealth North, Associates in Family Medicine, assisted living facilities and nursing homes. Forty-eight community therapists have volunteered to provide free sessions for health care workers struggling with the impact of COVID-19. There is also a health care worker virtual small group being set up for six weekly sessions, and an educational series in the community. The Connections team is providing three support sessions for the Health District staff. Additional community groups may be planned for special populations. Connections has three FTEs that are Spanish speaking – one clinician and two care coordinators, and would like to hire more.

Financial Update

A comprehensive analysis of COVID-19 budget projections is not yet available, but staff will provide periodic updates. If all of the funding was spent that we have COVID approved requisitions for, by the end of June expenditures would be around \$255K. However, that is unlikely since some expenditures are happening later than anticipated. Through June, homelessness project expenditures are anticipated to be about \$170K. Staff is developing an estimate of probable costs through year-end. Technology required for the transition to remote work has been roughly \$16K, with another \$7.4K estimated through year end; dental needs through June were about \$9.4K.

Policy

Ratification of Advocacy to Retain Medicaid Adult Dental and Senior Dental

The State, due to the need to cut \$3.3B from their budget because of COVID impacts, is considering reducing or cutting both the Senior Dental Program and the adult dental Medicaid benefit, both of which would have extreme impacts on the health of our community. In the interim between board meetings, Board President Michael Liggett approved an email communication to be sent to key legislators and state staff, strongly requesting that neither program be eliminated, and advocating for the retention of the Senior Dental Program at \$3 million (a \$1 million cut, but not elimination), and for the continuation of the denture benefit in the adult dental Medicaid benefit, while recognizing that the benefit cap may need to be cut from its recent increase to \$1,500 back to \$1,000.

**MOTION: To ratify the stances (noted above) in the dental coverage advocacy letter.
*Moved/Seconded/Carried Unanimously***

State Budget, and Other Legislative Issues

Alyson Williams provided an update on legislative activity; the Long Bill (budget) was introduced today along with 43 orbital bills needed to balance the state budget. The cuts to adult dental budgets were limited to exactly what was noted above, but fortunately, both programs were retained. There were no cuts to school based health centers, but significant cuts to higher education and K-12, although those may be offset in part by CARES Act funding. Medicaid provider rates were cut by 1%, and the substance use disorder residential Medicaid benefit was delayed to 2021.

There is a bi-partisan group of senators and representatives introducing a resolution to refer a ballot question to the November 2020 ballot that would repeal the constitutional amendment known as Gallagher with the support of the Governor. It needs a 2/3 vote in both the House and Senate to go on the November ballot; it looks likely to pass. The measure, as currently considered, would lock in

current rates. Sponsors of the measure have requested the Health District’s support. A board comment was that it would be good to also have TABOR be on the ballot too, but this proposal does not address TABOR.

MOTION: To support the repeal of the Gallagher amendment, by way of the Legislature putting the issue to the voters on the Ballot next fall.

Moved/Seconded/Carried Unanimously

MOTION: To encourage a legislative resolution to have a ballot measure to eliminate TABOR.

Moved/Seconded/Carried Unanimously

Colorado Health Insurance Affordability Fund

There are some draft bills coming out; final text is not available yet. One addresses Colorado health insurance affordability. A national health insurance assessment, officially labeled a “Health Insurance Providers Fee” on insurers is expiring on January 1, 2021. The fee was used to help pay for the cost of major coverage expansions of the ACA. The bill proposes that Colorado create a 3% state health insurance fee starting in 2021 to raise roughly \$160M per year to fund specific efforts to address health insurance affordability. It would (1) fund the state portion of the reinsurance program; (2) aim to increase the purchasing power of consumers who receive advance premium tax credits to purchase individual health plans on the exchange; and (3) provide state-level insurance coverage subsidies to those left out of the ACA and have no affordable coverage options. The Board is supportive of the concept but would want to review the text before taking a position.

Continuing access to Telehealth

During the public health emergency, telehealth services have expanded. However, Medicaid and other insurance coverage for health care provided via telehealth could go away when the declaration of emergency ends. The bill requires that an insurer is to reimburse a provider for specific telehealth services and that the insurer cannot require the person to have established a relationship with the provider in order to receive medically necessary telehealth services. The insurer cannot impose additional requirements on the provider as conditions for reimbursement.

MOTION: To strongly support the continuation of telehealth access

Moved/Seconded/Carried Unanimously

PUBLIC COMMENT (2nd opportunity)

Lisa Poppaw expressed congratulations to Board members Kling and Naqvi for their reelection. She supports a more transparent election process and commends the Board’s willingness to look at current programs and expenditures, and to look closely at needs such as homelessness and child care, with an eye toward relevance. In addition, she would like to see the Health District act as a conduit, leveraging UCHealth Community Benefit dollars, to add revenue to these important collaborative processes.

Board Email Communications

In response to a prior request, the Health District attorney is working on a memo to address the question of Board email communications. Since email communications between board members could be considered a ‘meeting’ if the discussion includes public business, the Board has been cautioned in the past by legal counsel to refrain from such communication. However, the question of whether a board member can simply send an article to other board members has arisen. In that case, risk can be mitigated by following the instructions listed in the May 22 memo to the Board.

Setting a Board Mini-Retreat; Re-Setting Triennial Board Retreat

The Board discussed setting a mini-retreat/work session, replacing the June 23 regular meeting, to

discuss the Board's role as the Health District works through this pandemic. If deemed safe, the preference is to do the meeting in-person at a location that provides adequate space to allow social distancing. We will also need to schedule a short business meeting to approve the audit. Staff will try to reschedule the Board's Triennial Retreat in late July or early August.

OTHER UPDATES & REPORTS

Executive Director Updates

Carol Plock provided highlights of today's NoCo Economic Forecast 2.0, hosted by BizWest, focusing on COVID-19 economic impact. While we are in completely uncharted territory and the future is impossible to predict, there has been significant impact. Going into 2020, the northern Colorado economy was very healthy. Select industries have borne the initial economic brunt, particularly the accommodation and food service and retail industries, which also have the lowest paying jobs. In Larimer County, 14% of the employed filed unemployment claims, while Colorado experienced the equivalent of three years of claims in eight weeks. Colorado's tax revenue losses will mean that state and local governments will see a major financial hits. The federal budget deficit has quadrupled, from \$1,000B to \$4,000B (it was \$600B in 2016).

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

Dr. Faraz Naqvi provided an update on UCHealth. In their May 20 meeting, reports indicated a 39% overall decrease in volume. They are shifting some services away from existing facilities in preparation to let leases go. The financial impact puts 30% of UCH employees at risk for cut hours and/or furloughs. Revenues are headed in the wrong direction; while increased revenue was anticipated, there is now a projected \$300M loss, and HCPF is recommending an additional 6.4% reduction in funding for certain hospitals. CHA estimates that hospital systems could lose \$4.1B by December, challenging the viability of some hospital systems. UCHealth is starting to participate in COVID-related research trials, and adapting COVID treatment to new knowledge. They currently must ration masks.

CONSENT AGENDA (minutes for March 10 were pulled from the consent agenda)

- Board of Directors Meeting Minutes for February 25, March 24, April 14, and April 28
- March 20 Financial Statement

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

ANNOUNCEMENTS

June 23, 4:00 pm, Board of Directors Mini-Retreat; June date TBD, Board of Directors Brief Meeting (Audit); July or early August date TBD, Triennial Retreat; July 28, 4:00 pm, Board of Directors Regular Meeting

DECISION

Selection of Board Officers

MOTION: To continue current leadership positions and revisit selection at the next regular Board meeting
Moved/Seconded/Carried Unanimously

ADJOURN

MOTION: To Adjourn the Meeting
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 6:40 p.m.