

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
July 28, 2020

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

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

BOARD MEMBERS ABSENT: Molly Gutilla, MS DrPH, Board Vice President

Staff Present:

Carol Plock, Executive Director
Karen Spink, Assistant Director
James Stewart, Medical Director
Richard Cox, Communications Director
Lin Wilder, CIT 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
Cheri Nichols, Clinical Nurse Manager
Jessica Shannon, Resource Development Coord

Staff Present:

MJ Jorgensen, Proj. Implementation Coord.
Alyson Williams, Policy Coordinator
Brian Ferrans, Manager, BH Strategy & Impl.
Emily Leetham, MH Connections
Pam Klein, Project Specialist
Julie Estlick, Communications Specialist
Sue Hewitt, Evaluation Coordinator
Suman Mathur, Evaluation/Data Analyst
Vivian Perry, Project Mgr, Web Development

Public Present:

Gerri Vermont, LC Health Care Action Group
Erin Hottenstein

CALL TO ORDER; APPROVAL OF AGENDA

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

Agenda amendments: Add Presentation by Sue Hewitt: Take 2 of the Community Health Survey, strike the May 26 Meeting minutes and remove June 30 minutes from the Consent Agenda

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

PUBLIC COMMENT

Gerri Vermont of the Larimer County Health Care Action Group introduced herself and stated she is a supporter of Medicare for All and hopes to come to agreement with the Board on this subject in the future.

UPDATE PRESENTATIONS & DISCUSSION

COVID-19 Emergency: Status

Current Status of COVID-19

Dr. James Stewart reported current COVID status at the national, state, and local levels, noting that there has been a massive uptick in cases over the last month. He addressed the issue from

the perspective of the mitigation tools needed to slow this trend. *Tracking:* COVID-19 cases have increased exponentially, as states commence with the process of reopening. Hospitals are not yet feeling the full burden of this uptick but are anticipating capacity issues at this rate.

Colorado is seeing from 400-570 cases per day, and in the last 14 days, the percentage of positive cases was 7.4%. Larimer County, which has added a new dashboard that includes a risk index, has seen a recent increase in risk (fluctuating from medium to medium/high), with 36 positives in the past 24 hours, 12 out of 14 days reporting over 15 new cases, and 17 COVID cases in local hospitals.

Resolve to Save Lives, a group led by former CDC director Thomas Frieden, is trying to unify data and highlight the important indicators that need to be measured. Dr. Stewart directed the Board to a website called “the COVID Exit Strategy” which highlights current important indicators in this pandemic. National and state statistics indicate significant health disparities for black, indigenous, and LatinX populations, with black people dying at a rate 2-1/2 times that of white people.

Testing: The WHO published benchmarks for sufficient testing: A positivity rate less than 10% indicates sufficient testing; a positivity rate at less than 5% is required to reopen communities safely. The Colorado positivity rate is hovering at 5-7%; Colorado is likely doing enough testing, but perhaps opened too much. Larimer County should be testing at the rate of 1.5 tests/1000 people/day (about 525 tests/day); it is likely close to that standard. Testing labs are being overwhelmed, and many are running out of supplies. Test results are seeing a 5–8 day return rate. Director Prows noted that antigen tests are expected to be available locally for practices in about six weeks.

Tracing: Overwhelmed with cases, it is taking too long to get testing results for there to be efficient contact tracing across most of the US. According to an NPR report, this outbreak, with underfunded and understaffed health departments in some regions, makes effective contact tracing impossible.

Treating: The White House has ordered that all hospital data be reported directly to HHS rather than the CDC. Given the abruptness of the order, there are concerns about the integrity of data represented. Some states are experiencing hospital shortages (for example, Arizona has 24% of its beds utilized by COVID patients), but in Colorado, there is currently adequate capacity: about 4% of Colorado hospital bed utilization is related to COVID. Personal protective equipment (PPE) was starting to catch up, but now shortages are again being reported.

Projections: It has been 6 months since the first confirmed COVID case in the U.S. There are now over 4 million cases in our country, with over 145,000 deaths, and the US is still at the front end of this pandemic. Different projections show multiple scenarios regarding a few or multiple peaks. The challenge is that it is impossible to predict which peak we may be on at this time. IHME, a global leader in projection modeling, currently anticipates the US will see about 220K deaths by November 1.

The state’s COVID modeling tool indicates that Larimer County is only at about 20% physical distancing, with schools planning to open. Even with safety protocols in place, if schools open, and the indicators on the tool don’t change, it is anticipated that the state will still see a massive surge by September. PSD has published their reopening plan including a delayed start, hybrid schedules, and masks required for all staff and students. The school district has not yet

announced any plan in the event of positive cases, but the expectation is that they will dial up and down their phased plan as needed. Since PSD impacts 30,000 students and 3,500 employees, what they do will have a direct impact on the community.

A Board member mentioned that some of the charter schools in Fort Collins have laid out more detailed plans with contingencies, and is wondering if these might be applied to public schools. In answer to the question of why there are discrepancies between County and State reporting of positivity rates, it is likely related to the state reporting PCR only, while there is some antigen testing in Larimer County now.

Implications for the Health District

Ms. Plock noted that, because of the recent uptick, the Health District reminded employees of our guidelines to STAY at home unless your position requires at-office work. We anticipate that PSD's newly announced hybrid plan for return to school will cause challenges for working parents, particularly in the first three weeks, when schedules are so varied. The long-term impact of employees' need to utilize family leave, which is now scheduled to start August 15, is not yet known. The Health District may need to up-staff in some programs to accommodate employees' child care issues. While we have had no positive cases among staff, we have seen a scattering of symptoms that have led to quarantines and testing. Given the long timeline we are facing before resolution of the COVID challenge, we are doing more to adjust peoples' home work spaces for the long term. Programs such as Quit Tobacco, Advance Care Planning, and Blood Pressure Control are moving to video telehealth.

Equity, Diversity, and Inclusion Team (EDIT) Update

MJ Jorgensen shared the vision and mission for the EDIT and highlighted some of the progress made in the Fall and Winter of 2019 including work plan and budget development, generation of a climate/culture survey released in the spring, audit & update of non-discrimination and EEO policies, and others. Spring and Summer 2020 accomplishments include updates to job postings/descriptions; preliminary results of the survey, internal communications plan, and providing technical assistance to other organizations (Family Medicine Center and SummitStone). The evaluation team is developing program equity goals and leadership training is underway.

The Health District released a statement regarding racial inequities and staff is developing strategies around its core message of "listen, learn, act, do better". Conversations and learning continue as the EDIT's work plan is being reprioritized and shifted around staff capacity in the realities of COVID. Work is organized around global EDI benchmarks with 14 categories in 4 groups: Foundation/driving strategy; internal strategies; bridging strategies; and external (listen to and serve society). The Health District goal is to reduce harm for employees, clients, and guests. The process is deeply personal and can be difficult, and skills require training and practice. Moving into the fall, a comprehensive training curriculum and shared vocabulary is being developed for all levels of the organization, as the team develops multi-faceted strategies to create foundational understanding of core concepts. Additional work includes website changes, updating of printed materials, policy audits/updates for accountability, program-identity based training, and sharing this work in both internal and external communication plans. MJ will develop a reading resource list for Board members and Ms. Plock is securing a speaker to have a session with the Board, so that they can integrate their role into the process.

Connections Update

Kristen Cochran Ward announced that Connections has been able to enhance outreach and

marketing for the Connections COVID Emotional Support Line, with a short but targeted campaign, due to grant funding from the Larimer County Behavioral Health Fund and designated Health District funding. The Health District team is partnering with Evolution Marketing to reach a broader base focused on specific populations (elderly, men, LGBTQ, those with high risk, and teens) and southern Larimer County. This ad campaign, ending in mid-August, uses words and phrases that don't stigmatize mental health concerns. The Health District retains ownership of the materials designed and will continue to reach out after the campaign ends.

In collaboration with SummitStone, the COVID-19 warmline is covered 24/7, with Health District staff covering 8:00 am – 8:00 pm and SummitStone covering 8:00 pm to 8:00 am. Applications are in process for funding to support providing services for those in Larimer County who live out of district. Connections just completed their first successful online virtual therapy group for the community. A joint grant application was approved by FEMA, funding an additional 12 FTEs for mental health support, three of which will be joining the Connections team to support the warm line. Behavioral health needs are increasing and the team anticipates a significant spike when school starts up. A major challenge for the Connections team will be school schedules. About half of our Mental Health staff are parents to elementary school age children which could impact capacity. Many options are being considered, including the need for additional staffing. On a positive note, the team is finding that people ARE asking for help – they are realizing that the warm line exists, and reaching out for help.

Improving Blood Pressure Update

Cheri Nichols briefly reviewed the history of this program and some statistics about blood pressure. The program helps clients improve their own blood pressure, by training them on the basics and self-monitoring of their blood pressure, discussing medications, explaining healthy lifestyle behaviors, as well as providing counsel, answering questions, providing encouragement and support, and supporting the patient-provider relationship. The program supports blood pressure control in primary care practice. The Improving Blood Pressure program started in 2017, and in 2020 has had 34 clients enroll, with 22 completed, and improvements in both systolic and diastolic BP measures. While our staff works well with providers, it has been a challenge for them to remember to refer clients to us. Getting people to take blood pressure seriously can be, like medicine, dose-dependent, and since primary care providers don't have much time, our staff can provide more detailed assistance. Staff also provides update training for area nurses. Prior to COVID-19, staff was working with the state to expand initiatives like ours; they stated that our community was doing what they wanted to start statewide. Director Naqvi noted new remote/autonomous technologies that would allow monitoring of blood pressure with feedback to the PCP and/or the patients themselves. He will provide information on one that he has in mind.

HealthInfoSource (HIS) Update

Lin Wilder provided an update on the HIS redevelopment project which is targeted for use by four main groups – Health District Connections – as a critical tool for making its referrals; community professionals; community members seeking care; and behavioral health planners and leaders. Just a few of the main features include a comprehensive, filterable and sortable list of mental health and substance use resources that includes more detail about them than before; a place where staff and community professionals can enter specific notes and details; crowdsourcing of updates; allowing staff and providers to create lists that can be emailed to clients; improved user interfaces; and working closely with Larimer County Behavioral Health Services on information gathering in a way that will allow analysis on gaps and trends, providing behavioral health planners and leaders more information to make data-driven decisions. Ms.

Wilder gave preliminary examples on the website design, noting the provider portal that will allow updating of profiles, article submission, and professional announcements.

The timeline has been complicated by COVID, although work has continued throughout. An intentional decision was made to delay the launch from June to August in order to allow time for some features with particular flexibility, such as a new filtering approach (a conditional rather than flat search) for substance use services, a better approach for sharing information with behavioral health professionals, and the features that will allow for planning data to be configured in the future. The timeline was further complicated because a vendor subcontractor was not meeting timelines, so they had to find a new subcontract. As soon as they recognized the problem they worked hard to replace the subcontractor, and start date is now scheduled for October. Staff are actively working on the operating plan that includes details on staffing, outreach, marketing, and evaluation.

Take Two Community Health Survey

Sue Hewitt announced that since we had a very successful 2019 Community Health Survey, gathering pre-pandemic data, a decision was made to ask those who participated in the first survey to complete a “Take Two” survey to gather additional data mid-pandemic. The second survey will be shorter, focusing on areas most related to the pandemic. This project falls within the existing budget and the team is busy distributing 2,463 letters to respondents of the CHS survey. They hope to have preliminary data for the upcoming Board triennial retreat.

Policy

2020 Colorado Legislative Session Wrap-Up

Alyson Williams reported on the outcome of the 2020 Colorado Legislative Session. Staff tracked 145 bills of which 73 passed. Passing bills included nicotine product regulation; substance use disorder bills making the DOC requirements for continuity of care more straight forward, adding a requirement that insurers must reimburse hospitals for prescribing Naloxone, and a bill allowing pharmacies to sell syringes and needles without a prescription. The Easy Enrollment Program passed and the affordability enterprise health insurance for those in the family glitch passed. Unfortunately, there were also cuts to the budget reducing the Medicaid Adult Dental Benefit cap from \$1,500 to \$1,000 and a decrease in the Senior Dental Program by \$1M. Bills that did not pass include the bill for FQHC reimbursement for telemedicine and clinical pharmacy services; a Governor veto on HB20-1085 – a bill with a variety of elements for prevention of substance use disorders; and prohibition of flavored nicotine products. Other issues include the possibility of a special session, the Federal stimulus package; local and state Medicaid federal match; and the unemployment supplement.

Fair Campaign Practice Act

Ms. Williams reviewed actions that the Board can take as a Board, Board member, or private citizen including disseminating a factual summary on any issues of official concern (only in our jurisdiction); and actions that may NOT be taken.

DISCUSSION & ACTIONS

Gallagher Amendment

Legislators have referred to the state ballot a measure to repeal the Gallagher Amendment. The Gallagher repeal would strike all Gallagher language from the constitution – making it a legislative governance matter with no tampering for the first five years. In board discussion, they noted that the pro of the measure passing is that Gallagher continues to ratchet down revenues for those organizations that receive funding from property taxes, with no mechanism

for them to come back up due to TABOR. The concern mentioned was that in the future, legislators could have more influence on the rates, leading to unpredictability and possible cuts. Board President Mike Liggett asked the Board if they had any interest in taking a position on the repeal measure.

MOTION: To support the repeal of the Gallagher Amendment
Moved/Seconded/Carried Unanimously

Election of Board Officers

MOTION: To maintain current officer positions until the next election: Mike Liggett, President; Molly Gutilla, Vice-President; Celeste Kling, Secretary; Joseph Prows, Treasurer; Faraz Naqvi, Liaison to UCHHealth North & PVHS Board.
Moved/Seconded/Carried Unanimously

The Board asked staff to publish, in the months before the next election, information about the constraints under which the Board operates in setting up its election, and a simple Q & A about the election.

UPDATES & REPORTS

Executive Director Updates

The Health District will likely see some Federal reimbursement through one or both of the following: 1) the Coronavirus Relief Fund (CRFB) for local governments, and 2) FEMA, which covers certain things for local governments. A deep dive financial analysis is underway to project revenues and expenditures for the remainder of this year and into next year. The upcoming Board Retreat will likely be remote, with Michael Felix as facilitator; we are starting to figure out ways to have an effective retreat. The NCLA Health Care Working Group has agreed to submit a letter to the community encouraging people to carefully follow the 3 W's (wash hands, wear a mask, and watch distances). Things are still incredibly busy, with many of our staff dealing with far more work than usual; it has been hard to keep up.

A few brief program highlights: Dental appointments have increased exponentially, as Salud is limiting their appointments, in part because of a need for PPE. The NACC closed on June 19, leaving about 200 people without overnight shelter, and we have less contact with those experiencing homelessness; there is currently no one at the Myrtle isolation and recovery site. Before the closure, guests were tested for COVID, with no positive tests, and we later assisted with additional testing for people at one of the shelters, because of a staff member testing positive. Larimer County correctional services anticipate that they may need to use the Myrtle site if someone in their halfway house or work release programs contracts COVID. There may be another congregate site that could work for fall and winter; location has not been announced yet. LHC may see an uptick in needs when the additional \$600 that the federal government has been providing to those on unemployment ends in July. ACP created a 10-minute video on ACP in Spanish, which has been shared by several agencies and is also available on our website and the State Health Department website resource page..

Liaison to PVHS/UCHHealth North Report

The last PVH/MCR Board meeting was June 17. At that time, financial volume overall was near pre-pandemic levels; they have budgeted down for the remainder of year; virtual visits are

booming in conjunction with in-person appointments, and UCH is expecting some sort of emergency legislative action for reimbursement for virtual visits. In April and May, employee premium pay was partially offset by PTO and a reduction in “on-call” pay, but there is still a budget challenge related to employee pay. Cuts have included cutting off contract labor and terminating long-term building leases. A CARES Act payment of \$425M will aid in offsetting losses, though they remain 22% below projections. The ED and urgent care continue to lag. They are seeing a 4.2% positive rate on antibody testing, and employees at 2%. The City is concerned about the location of new behavioral health center, and have asked whether utilizing space at the Harmony Campus would be an option. UCH, PVH and MCR have under taken programs and community development for inclusion and diversity for both employees and patients. Should there be interest in moving the behavioral health facility to the Harmony campus, this Board would need to be involved, since the Health District owns the property.

PUBLIC COMMENT (2nd opportunity)

Erin Hottenstein thanked the Board for their action on Gallagher. She was also thrilled to see the addiction video at the drive-in theater. She requests that the Board consider providing email notifications of meetings. Gerri Vermont said that she is planning to be a regular attendee at Board meetings and would also appreciate being on a list for automatic notification.

CONSENT AGENDA

- Approval of post-audit changes in Jan-March 2020 Financial Balance Sheet and Income Statements; Approval of April and May 2020 Financials

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

OTHER MINUTES APPROVAL

- Approval of the June 30 Board of Directors Meeting Minutes

MOTION: To approve the June 30 Board Meeting Minutes
Moved/Seconded/Carried 3 – 0 (one abstaining due to absence)

ANNOUNCEMENTS

August 25, 4:00 pm, Board of Directors Regular Meeting
August 28-29, Board Triennial Retreat
September 22, 4:00 pm, Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 6:20 p.m.