



OF NORTHERN LARIMER COUNTY

**BOARD OF DIRECTORS  
REGULAR MEETING and BUDGET HEARING  
November 10, 2020**

**Health District Office Building**  
120 Bristlecone Drive, Fort Collins  
Remote Meeting

**MINUTES**

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

**Staff Present:**

Carol Plock, Executive Director  
Karen Spink, Assistant Director  
James Stewart, Medical Director  
Lorraine Haywood, Finance Director  
Chris Sheafor, Support Services Director  
Richard Cox, Communications Director  
Kristen Cochran-Ward, MH Director  
Brian Ferrans, CIT Director  
Laura Mai, Asst. Finance Director  
Alyson Williams, Policy Coordinator  
Julie Estlick, Communications Specialist  
Sue Hewitt, Evaluation Coordinator

**Staff Present:**

Suman Mathur, Evaluator & Data Analyst  
Mindy Rickard, ACP Coordinator  
Anita Benavidez, Executive Assistant

**Others Present:**

Erin Hottenstein  
Diana Dwyer  
Ashley Pennington  
MaryJo Thometz  
Keanu Kikau  
Nellie Kassebaum  
Lisa Muser  
Javier Eiserman

**CALL TO ORDER; APPROVAL OF AGENDA**

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

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

**PUBLIC COMMENT**

Erin Hottenstein, Fort Collins, expressed interest in an update on the HealthInfoSource.com project; on the status of the Greater Health rebranding; and when reviewing the budget an explanation of changes in which there was an increase of more than five percent.

**BUDGET PRESENTATION AND PUBLIC HEARING**

**Health District Direction and 2021 Budget**

***Introduction***

Carol Plock, Executive Director and Lorraine Haywood, Finance Director presented the 2021 budget, starting with the Health District's Mission – to enhance the health of the community – noting that Health District's functions come from statutory powers relating to health services, and that work is

primarily around providing, connecting to, improving, and/or growing health services. In general, the 2021 budget is a very challenging budget to formulate in the midst of incredible uncertainty, where it is hard to predict revenues, expenses, and year-end changes. The budget was formulated utilizing the best information available at the time.

The Health District is anticipating tough budget year in 2021, with the possibility that it could get worse in 2022 and 2023 if property taxes decline due to the economic downturn. The key focus for the use of funds in the 2021 budget includes: 1) Maintaining key health services, with limited expansion in areas that are critical to community health in the midst of COVID, 2) Assuring limited funding from reserves for time-limited work during the COVID pandemic, 3) Maintaining enough in reserves to assist in weathering the economic downturn long-term if necessary; and 4) Determining alternatives to formerly planned expansion of owned space.

### *Overview of Core Services*

Ms. Plock reviewed the core services funded by the Health District's operational budget. A top priority for the coming year, in this time of extra challenges and uncertainties, is the **Mental Health/Substance Use programs**, including Connections and CAYAC (Child, Adolescent, and Young Adult Connections), Integrated Care, which works with our partners to integrate mental health care into primary care, and continued focus on Community Dual Disorders Treatment (CDDT).

Connections and CAYAC teams help individuals and families assess their behavioral health needs, and get connected to the right provider to be able to meet their unique needs. CAYAC currently includes psychiatric services provided by three part-time psychiatric providers, but in 2021 we anticipate moving to one full time psychiatrist, supplemented by nurse practitioner (with specialty in psychiatric services) time. Connections is providing the community COVID-19 Emotional Support Line (12 hours/day, 7 days/week) in addition to their normal duties, and there will be increased focus on marketing. Integrated Care includes counselors and a psychiatrist who provide services in the primary care safety net clinics, including pain clinics, assistance with Medication Assisted Treatment for those with substance use disorders.

The second highest priority for the Health District is aiding the community in **accessing health care**. Larimer Health Connect, which helps people understand and apply for health insurance, will continue to be critically important moving into 2021. As jobs stop and start, many people find their insurance in flux, and the threat of COVID increases the potential need for health care. If the declared public health emergency ends in January, as currently scheduled, large numbers of residents who have been on Medicaid will lose their eligibility. Plans include an increase in outreach to help people understand their options for health coverage. Prescription Assistance is also considered an essential service to continue. The Medicaid Accountable Care Collaborative continues to work on facilitating care coordination, focusing recently on ever-changing COVID-related adaptations such as telehealth, major expansion in Medicaid rolls, and the upcoming expected contraction of Medicaid coverage.

Access to **affordable dental care** remains a major community need, but providing care amidst COVID-19 has been challenging. In the past eight months, dental staff members have had to transition from nearly complete closure, to complete re-tooling to adjust to new COVID protocols, subsequently opening with less capacity due to requirements for cleaning and disinfection, PPE changes, etc. The community has experienced a general reduction of dental care capacity, and helping to fill the gap for senior dental care has become very important. Our team will continue to provide care for those who require it under anesthesia. While we had originally hoped to be implementing a grant focused on recruiting specialty dental care partners, that has largely been delayed by COVID, though we hope to get back to it in 2021.

**The Community Impact Team, focusing on helping the community make long-term improvements in mental health and substance use services,** was largely diverted in 2020 due to COVID, when staff worked with partners to create and staff a 24/7 COVID Isolation, Recovery, and Quarantine Center (IRQ) for people experiencing homelessness. With a current rise in cases, the IRQ is getting busier. Staff members have been incredibly committed and flexible in this COVID era, also working with local shelters (and people placed in non-congregate shelter hotel rooms) to advise on or provide COVID screening, increased hygiene, and connections to health care. In 2021, we anticipate that the team will continue this work, and continue to work with the Mental Health and Substance Use Alliance, focusing on substance use disorder perceptions and services transformation, a grant providing Medication Assisted Treatment in the local jail, and, if time allows, a more comprehensive analysis of the strengths and gaps in the local behavioral health system.

**Health promotion and preventive services** will continue work in tobacco cessation and the program to help people improve their blood pressure. With a current lower priority on these areas, there will be some FTE reduction in both programs. Both programs have shifted to a more COVID-sensitive approach, utilizing remote methods. With COVID, staff roles for the medical director and nurses within this program have shifted considerably, as they moved to helping to create and manage the IRQ, providing continuous internal and external consultation on COVID issues, connecting people experiencing homelessness who have high risks or special needs to health care, and providing flu vaccinations for staff and PEH. They are preparing for the possibility of a role in getting out COVID vaccinations as those become available.

**Advance Care Planning** has been an important program in this COVID environment. The program exists to ‘help you make sure that those who will make decisions for you when you can no longer make them can understand your wishes.’ The team provides direct assistance to individuals getting ACP forms completed and filed, mostly done now with teleconsults, works with employers on virtual employee campaigns, and provides training for providers, volunteers, and community groups. This program has some reduction in FTE and a budget cut. In 2021, about 1/3 of its funding is in the operational budget, with the rest coming from donations and reserves.

**Other services** are essential to our work. Given the increasing need for marketing and outreach, in 2021, the **Communications team** is adding a half-time social media specialist. The **Policy** (1 person) department is adding a half-time FTE for five months during the legislative session. **Resource Development** and **Assessment** continue their programs, but have undergone continuous adjustments and have been immensely busy and flexible during the COVID-19 pandemic.

### ***Time Limited Services***

Projects that are time-limited have funding coming from reserves, grants, partnerships, or all three.

Major projects in temporary funding include the addition of short-term staff in Connections, mostly to deal with the increase in COVID work; an increase in funding for Larimer Health Connect outreach; and the part time Policy Specialist for Health Care Access. Some reserves have been set aside for COVID-related needs if absolutely necessary. Staff anticipates federal funding under the Coronavirus Relief Fund for 2020, but at this point it is completely uncertain whether they will be available in 2021. Funds have been set aside for a Community Health Survey, Take 3, in 2021, to gain further understanding of the impact of COVID.

Direct services: There is some grant funding for Senior and Specialty dental care but the Health District supplements that, utilizing a sliding-fee schedule. The wheelchair-accessible dental chair will be part of next year’s expenditures. The Community Impact Team may see implementation of

programs for SUD Transformation and other special projects. Integrated care will continue .4 FTE for a Behavioral Health Provider.

Community Planning, Change, and Training will focus largely on Health Equity, Diversity and Inclusion activities including internal training, updating of policies, and work with SummitStone via a RWJ Special Culture of Health Scholarship and project. A Health Equity Implementation Coordinator position will be created to support these efforts. Some funds have been reserved for unforeseen community health needs as well as community and staff specialized training.

Other funds have been set aside for targeted program outreach with a focus on COVID (Connections and LHC); HR, contracts, compliance updates; office space (with a proposed change to reserve dollars); website update with possible name change and outreach; HealthInfoSource marketing, evaluation and improvements; emergency preparedness; transition management; and special projects.

Office space: The Health District has been saving for years to purchase a building in 2023. :Prior to COVID, our plan was to accrue about \$5M in reserves, but with the COVID financial situation, we knew we were unlikely to be able to do so. Instead, an unusual opportunity arose: the building on Mulberry that currently houses Connections and CAYAC is owned by the CSU Research Foundation, and it was just put up for sale. It is a unique opportunity because it is in a perfect location with adequate parking, and is about the same size we were projecting, for considerably less (though it is an older building). It offers an affordable expansion option for the short term, and a prime location for the long term. An offer from the Health District has been submitted, and we have come to an agreement on terms; we are awaiting signatures.

The website update has made some progress but is not ready yet. As we maneuver through COVID, the Health District name is commonly being used by other organizations and the public, so this has been deemed the wrong time to change the name and identity; we can reconsider it next year. HealthInfoSource software development is nearly complete; still to come is its population, testing, a soft launch, and finally, the real launch. In the area of Emergency Preparedness – an example this year is that the Mental Health team has been called out to assist with fire evacuee support.

Other short-term funding budgeted in case of need includes: New Health District projects implementation, dentist loan repayment, Preventive Medicine Resident, CDDT/ACT Facility repairs contingency, high-level staff recruitment, and grant matches and obligations.

### ***Timelines and Deadlines***

Ms. Haywood reviewed the timeline, noting that the next dates include:

- December 10, 2020 – Final assessed valuation due from County
- December 11, 2020 – Board of Directors meet to adopt the Budget and appropriate money
- December 15, 2020 – Deadline for Board of Directors to adopt 2020 Budget and appropriate money, and for Certification of Mill Levy to County Commissioners

### ***Revenues***

The Health District's sources of revenue lead with property and ownership taxes, lease revenue, fees for services, grants, and also include some investment income and partnership funds. The mill levy remains the same at 2.167. Property taxes are budgeted to increase by a modest \$25K, assuming there is no change to the specific ownership tax revenues. Property tax revenues have flattened and the future is an unknown. The repeal of Gallagher will have a positive impact in coming years. Local growth stands at 1.6% over prior year and inflation sits at about 2.75% at this point.

**Key changes in revenue:** Increases in grant revenue, but decreases in integrated care income, dental billing, and investment income.

**Key changes in expenditures:** Adjustments to the world of COVID including increases in fixed costs; adjustments in FTE; squeezing the budget for non-essentials like mileage, supplies, and conferences. Staff is trying to find the balance between cutting and maintaining a stable base and flexibility for the future. Since the building purchase is not final until the Board approves it, total expenditures will change assuming that purchase. The pie chart of program expenditures indicates that the programs with the biggest proportion of expenditures are Dental, at 37% and Connections at 33%. In total expenditures, Administration is at a well-controlled 6%.

### ***Public Hearing/Public Comment***

Erin Hottenstein noted that clearly much work went into the budget. She had questions about why there would be a budget line for elections, why the comparison between years would show an increase of over 10% when the FTE increase was less than one, and why the year to year comparison of conferences expenditures doesn't show a decrease. She also would like to know more about the beginning balance.

Ms. Plock noted that when both the operational and the reserve budget conference expenditures are taken together, there is a decrease in the overall conferences budget, though the operational alone may be stable. The funding for the Board conferences/training has increased some. The elections line item is a placeholder so that funds are available in an election year. She noted that the salary increase did not sound correct, but since salaries come from both operational and reserves, she would need to do some research to answer that question. Ms. Haywood explained that the beginning balance consists of cash-on-hand, investment accounts, and a projection of what will be in the bank account. There are funds in reserves for the potential future building, and for other uses. Ms. Plock will respond to Ms. Hottenstein by email regarding her questions.

### ***Board Discussion and Questions***

A Board member asked about the increase in the Board line item of the budget from 2020 to 2021. Staff explained that it includes funds for conferences for every board member and training dollars for the equity focus. There was a request for a report on expenditures for the prior year.

There was a board comment that the budget reflected the instructions and values discussed previously by the Board. The intent was to retain the Medical Director and adequate nursing staff, while acknowledging that some of our health promotion services are valuable but not the highest priority. A reallocation of .2 FTE from a lower priority program maintained it, while supporting a higher priority program

Another Board member noted the Health District's statement on racism, which included commitment to listening, learning, acting, and doing, and asked how our budget lined up with that intent. Staff responded that there is a commitment to the Equity, Diversity, and Inclusion through the work of the internal EDIT team, dedicated time of a staffperson on the CIT team, and a new position of Health Equity Implementation Coordinator.

As the Evaluation team works toward generating the Community Health Survey, Take 3, it was requested that staff include the voices of those most impacted in the COVID pandemic, and that the information be disseminated quickly. It was noted that the intent is not to do another full CHS, but to understand the parts that relate to COVID impact. Clarity about the information most needed will aid

in making this the most valuable use of limited dollars in this arena. A question was whether we are moving toward creating a community advisory committee; that will be discussed in a future meeting.

## **PRESENTATIONS & DISCUSSION**

### **COVID-19**

#### ***Current Status: Back in Uncharted Waters***

Dr. Stewart, Health District Medical Director, started his report with good news that there are some positive preliminary results on Pfizer's vaccine, reflecting more than 90% efficacy. However, we will have an unmerciful winter before any vaccine reaches mainstream America. The U.S. has had record-breaking numbers over the last week, with more than 100K cases/day. Hospitalizations have nearly doubled since September with a projection that ICU capacity could be exceeded in late December. Twenty-nine states are seeing record cases, with a disproportionate number of those cases affecting racial and ethnic groups.

Colorado has seen a dramatic increases in cases, and it is hitting every age group – with a sharp upturn in hospitalizations, particularly for those ages 40-64 and 65+. With upcoming holiday gatherings these numbers are likely to increase in what is already uncontrolled spread across the nation. Colorado is seeing an alarming 10% positivity rate (up from 6.6% two weeks ago) while our neighbors are seeing even more alarming rates. Larimer County is at an 8.4% positivity rate while hospitalizations over the last few days have exceeded any at the beginning of COVID. Even if a lockdown was instituted, we would not see a decrease in number of cases for a week or two later. Health experts are asking people to only gather with those in their household, limiting all unnecessary exposures.

#### ***Implications for Health District***

Ms. Plock noted that an All-Staff meeting was held yesterday, asking employees to double-down on every precaution, and emphasizing that all staff who can should be working from home, and time in the office should not be any longer than absolutely necessary. As role models for the community, staff were asked to share the information and the gravity of the situation with others. Communications will be putting out messaging on social media, and Ms. Plock suggested that some key organizations may develop a joint statement to be distributed to the community. A Board member expressed gratitude that the Health District is working on communication strategies, since we may be able to reach populations that perhaps the county and other organizations don't have the time or capacity to reach.

#### **Follow up to October Work Session**

Staff inquired whether the Board would like to have further conversation around the Natalie Burke presentation at last month's work session. A work session will be scheduled, incorporating a brief business meeting.

## **POLICY**

### ***Election Results***

Alyson Williams, Policy Coordinator presented on the national election results, noting that we won't know the final make-up of the Senate until after January 6 when the two Georgia run-offs occur. State office elections: Senator Ginal retained her seat, Perry Buck was replaced by Mike Lynch, and Hugh McKean becomes the new minority leader. Cathy Kipp and Jenni Arndt retain their seats.

### ***State and Federal Issues***

Repeal of the Gallagher Amendment was successful, relieving the risk of a significant deficit in the Health District budget for 2022. Proposition EE, the Nicotine Product Tax for education, passed but a lawsuit has been filed against it, so its fate is uncertain. Proposition 115 to ban abortion beyond 22 weeks failed; Proposition 116, reducing the current state income tax from 4.63% to 4.55%, passed. It

will cause a reduction to the General Fund of about 1.2%. Prop 117, requiring voter approval of certain new enterprises exempt from TABOR Initiative, passed. Prop 118 passed, creating Paid Family Leave Program providing workers up to 12 weeks of paid time off, with combined contributions from employers and employees. Funding will start January 2023 and enrollment will begin in January 2024.

**State budget** Governor Polis has created a budget that has been described as ambitious and optimistic, submitted to the Joint Budget Committee on November 2<sup>nd</sup>. Over the next two budget years, including 2021, there is a proposed \$1.3B stimulus and investment package increasing the general fund reserve as well as funding for education, health and behavioral health and clean energy. There are no salary increases, nor increases for Medicaid providers. The next revenue forecast is due Friday, December 18, and this forecast will inform the Joint Budget Committee.

**Federal issue:** The Section 340B is a complicated program that provides discounts on prescription drugs to covered entities that serve high numbers of indigent or Medicaid patients, allowing patients to get free or discounted prescriptions. Covered entities include critical access hospitals and federally qualified health centers, such as Salud or Sunrise. The program is a complicated one, and manufacturers have recently refused to provide their products to contract pharmacies – only to the agency itself. The pharmaceutical companies and the covered entities are in disagreement about how to resolve their differences. FQHCs rely on the 340B program to provide affordable prescriptions to their clients, so its resolution is critically important. The federal department of HHS was directed to do a resolution process in 2010, which has never been done. The issue is drawing both legislative attention, as well as lawsuits, so resolution is likely to take some time.

## **BOARD DISCUSSION AND DECISION**

### ***Board Position on Federal or State Issues, if ready***

There were no issues ready for a decision at this time.

### ***Compass Advisory Committee Nominations***

Julie Estlick, Communications Specialist, proposed that the Board approve Roy Ramirez, a bilingual employee of Larimer Health Connect, for the *Compass* Advisory Committee.

**MOTION: To approve Roy Ramirez as a member of the Compass Advisory Committee**

***Moved/Seconded/Carried Unanimously***

### ***Board Meeting Schedule for 2021***

Ms. Plock noted that two meetings are traditionally scheduled in the first three months of the year during the legislative session. The proposed meeting schedule was agreed upon.

## **UPDATES & REPORTS**

### ***Executive Director Updates***

Cheri Nichols, Clinical Nurse Manager and James Stewart, Medical Director, were excited to present during a National Webinar for the American College of Preventive Medicine, Hypertension Learning Collaborative, on reducing hypertension in high risk populations. A Board member asked about the status of the building acquisition. The Board President signed the offer which was subsequently accepted. The next step is completion of due diligence; if that is successful, the Board will need to vote on approval, which must be completed no later than December 22.

### ***Liaison to PVHS/UCHealth North Report***

Given the rapid increase in COVID-19 cases and hospitalizations, UCHHealth is postponing some non-emergency surgeries, expanding surge capacity, providing incentives to nurses and staff for additional shifts, requiring CDC-recommended eye protection and medical grade masks, and limiting visitation. They are seeing an positivity rate of about 20% on testing. They are also getting freezer and distribution capacity established for the Pfizer vaccine and have adequate PPE. There have been no influenza- related hospitalizations thus far. UCHHealth is not involved in the Pfizer trial but are involved in AstraZeneca trial with a focus on ethnic backgrounds.

#### **PUBLIC COMMENT (2<sup>nd</sup> opportunity)**

Erin Hottenstein expressed her appreciation for Ms. Haywood's definition of the beginning balance but her question really pertained to why it is higher; staff will respond by email.

#### **CONSENT AGENDA**

- Approval of the May 26, 2020 Board Meeting Minutes

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

#### **OTHER APPROVALS**

- Approval of the September 22, 2020 Board Meeting Minutes

**MOTION: To approve the September 22, 2020 Board Meeting Minutes**  
*Moved/Seconded/Carried 4-0 (Faraz Naqvi abstaining)*

#### **ANNOUNCEMENTS**

- December 11, 4:00 pm, Board of Directors Regular Meeting

#### **EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION: For the purpose of Personnel Matters, for review of the Executive Director, under § 24-6-402(4)(f), C.R.S..**  
*Moved/Seconded/Carried Unanimously*

The Board retired to Executive Session at 6:00 p.m.

The Board came out of Executive Session at 6:20 pm. No decisions were made.

#### **ADJOURN**

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

The meeting was adjourned at 6:22 p.m.