

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
August 25, 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
Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board
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
Lorraine Haywood, Finance Director
Laura Mai, Asst. Finance Director
Dana Turner, Dental Services Director
Chris Sheafor, Support Services Director
Kristen Cochran Ward, MH Connections Dir.
Anita Benavidez, Executive Assistant

Staff Present:

MJ Jorgensen, Proj. Implementation Coord.
Alyson Williams, Policy Coordinator
Brian Ferrans, Manager, BH Strategy & Impl.
Pam Klein, Project Specialist
Sue Hewitt, Evaluation Coordinator
Suman Mathur, Evaluation/Data Analyst
Mindy Rickard, ACP Coordinator

Public Present:

Anna Fuller, LWVLC Observer
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.

Amendments to the agenda include removing the May 26 Board Meeting Minutes from the Consent Agenda and adding a Temporary PTO Policy under Discussion & Actions.

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

PUBLIC COMMENT

Gerri Vermont encourages everyone to support the Health Care Emergency Guarantee Act now in front of congress. She reported that it would provide coverage for those losing employer-based insurance due to the pandemic and could be an indicator of how Medicare for All might work.

PRESENTATIONS & DISCUSSION

COVID-19 Emergency: Status

Current Status of COVID-19

Dr. James Stewart, Medical Director, presented an update on the status of COVID-19 including national statistics on new tests, new cases, hospitalization, and deaths. COVID-19 is now the third leading cause of death in the US for 2020 – only heart disease and cancer kill more people. We are entering the school season, with uncertainty about impacts. Some universities that have fully opened and experienced large increases in cases determined that they need to transition back to online.

Nationally, the US is experiencing a downtrend of cases and hospitalizations, although the new plateau of new daily cases is about twice what the daily count was in June; and daily deaths remain high at about 1K/day. Reports indicate that people are becoming desensitized – thinking it is normal to see tens of thousands of cases, and the ongoing devastation of so many deaths – but it is NOT normal. Between the stresses being felt due to the pandemic, the economy, and on families, people are experiencing pandemic prevention fatigue. There is also “message chaos,” with conflicting messaging, which does not necessarily come from people with expertise, making it hard for people to sort out who to believe. Schools are making decisions, but not always following data: some are opening in active areas, and some are remaining closed I less active areas.

There are currently around 175,000 deaths in the US. The Institute for Health Metric and Evaluation (IHME) anticipates 300K deaths by December 1.

In Colorado, there is some good news, as Colorado moved from “trending poorly” to “caution warranted”, with about 3% of tests coming back positive. As a state, Colorado is doing well on metrics compared to most of the rest of the country. Dr. Stewart recommended the new State COVID Dashboard as a resource for valid information on key components. The total infection rate nationally is estimated at 14%, while Colorado sits at 6.7%, leaving 93% of Coloradans susceptible to contracting COVID.

Larimer County remains classified as medium risk. The CU modeling team model shows a significant increase starting in September through October with a likely risk of overwhelming ICU capacity in November/December. The Larimer County dashboard includes the test positivity rate by day as well as the rate per 100K people.

Flu season is soon upon us, and there is almost nothing known about how COVID-19 and flu will interact. It is possible that both could peak at the same time, causing great stress to the system, or it is also possible that the COVID prevention measures coupled with flu vaccinations may help reduce flu cases, as has been shown to be the case in the southern hemisphere, which is now ending their typical flu season. Getting people vaccinated for flu should be a priority.

There is still a lot to learn about COVID-19. A recent study published in JAMA Cardiology of 100 patients who had recently recovered from COVID, with a median age of 49, BMI of 25, indicated that 78% of those infected had significant cardiac involvement, and after recovery 60%

still had active heart inflammation. That is giving us another strong indication that this is a disease with unknown, serious implications, that you don't want to expose everyone to.

The first case of reinfection has been reported in Hong Kong, more than four months after the first infection, raising the question of immunity, though it is thought to be rare.

Part of the challenge in helping the public understand this pandemic is that there is much black and white messaging, which leads to false dichotomies being repeated. There is a call for comprehensive science-informed messaging, leading to informed tailored policies.

Brief Program Update: Advance Care Planning

Mindy Rickard, Advance Care Planning (ACP) Coordinator, presented an update on the ACP program. The anxiety around COVID-19 and the progression of the pandemic has more people thinking about what they want for their end-of-life care, and who would make their medical decisions if they were unable to speak for themselves, driving an increase in requests for assistance in completing the process. ACP has also seen an increase in requests for training and guidance from clinical and long-term care facilities.

The City of Fort Collins Wellness Program reached out in April. A person well known to the City had experienced a serious COVID-19 infection, including hospitalization, ICU, and being on a ventilator. Being without an Advance Directive when the person went in created significant challenges during this time. FC Wellness sponsored, with the help of our ACP program, a very successful effort to increase the number of their employees with Advance Directives.

There have also been other significant collaborations in recent months. At the request of the library, ACP produced a 10-minute Spanish language video, which was very well received. This also prompted a Spanish language page on the HD website. The National Conversation Project Involvement reached out to the HD to review some of their documents related to COVID-19, and ACP has been working with the Statewide Collaboration on the COVID Toolkit, developing a specific COVID decision aid. That aid can be very useful to those in home health agencies, which are overwhelmed right now. Ms. Rickard will be a speaker at an upcoming event at the CSU Center for Healthy Aging this fall. Staff are also working on training for those in long term care settings – walking staff through the website so that they can help their residents make their choices. In the past, guide sessions were in a 1:1 face-to-face setting, but with COVID-19, staff are utilizing Zoom and screen sharing, improving access for the community as a whole.

Quick Update: Focus on People Experiencing Homelessness

Brian Ferrans reported that the Myrtle Street quarantine, isolation, recovery site has been a bit busier in the last six weeks, serving three families and two individuals, as well as offering support for those needing quarantine displaced by the Cameron Peak fire. The site continues to get referrals from Banner, Family Housing Network, and County Contact Tracers. They anticipate continued demand. We have just signed an agreement with the Larimer County Criminal Justice system Work Release Program in case they experience cases (Larimer County will provide some resources).

The City of Fort Collins continues work on a non-congregate shelter project operated by Catholic Charities, looking to place up to 75 individuals in the next 60-90 days for those at higher risk of COVID-19 complications. Nineteen have already been placed. The selection process has been developed rapidly, and it has had its challenges: it has been hard to focus on those at highest risk, and the strictness of the program model creates some limits. MJ Jorgensen and Julie

Abramoff have been involved, and Julie will be providing assistance in connecting people to needed health care.

The City has also worked out an agreement with the Rescue Mission to open new congregate overnight shelter at the Food Bank on Blue Spruce for fall and winter, potentially spring. The HD may have a role in that, similar to our role at the NACC in the spring. There are currently no options identified for day shelter for those experiencing homelessness for the winter.

Challenges We're Experiencing

Carol Plock noted that all programs have been busy as they deal with the ongoing challenges of an emergency that is lasting longer than any other emergency we have ever dealt with. Current challenges include the difficulty of figuring out staffing, given the uncertainties around how school will be operated, with a combination of remote and hybrid openings, and the need for staff to take parental leave in order to help their families adapt. We currently anticipate that between 8 and 11 employees may need to take some level of parental leave.

Another recent challenge involved the work around organizational response when two staff members tested positive for COVID, including the investigation of the situation, contact tracing, quarantine, isolation, temporary closure, and communications. In the category of ever-changing rules and regulations, there is considerable uncertainty around President Trump's Executive Order regarding payroll tax deferrals. While the start date is supposed to be September 1, there has been no federal guidance issued, and payroll systems are not set up to be able to do what is being proposed.

Given the likelihood of long-term work at home recommendations, staff have continued to work on a list for additional equipment needed for efficiency and effectivity. A list has been compiled and will be prioritized, and solutions rolled out by priority. Finally, the continued stress of the impacts of the pandemic are creating challenges for staff in terms of overwork, anxiety, and frustration with how long it is lasting. Research shows that it is important to offset negative emotions with the positive side of situations and things to celebrate, and the management team will be looking for ways to support staff and each other for the long haul.

Budget Implications: 2020 and Preview of 2021

Ms. Plock presented an updated projection of COVID-19's impact on the 2020 budget. The projection is an estimate, based on limited experience with the changes. The projection is an update from our first projection, done on April 28, and shows an improved outlook. Projected loss in revenues this year is currently anticipated to be about \$1M, largely impacted by a little less than half the typical revenue for dental.

On the expense side, we currently anticipate spending about \$1,280,000 less than originally budgeted for the year (a savings), based on less need for expenditures such as dental/medical supplies and labs, conferences and meetings, and unfilled positions. Another part of that savings is that we have put planned pay increases on hold until further analysis later in the year, which is saving over \$300,000. If possible, we would like to be able to institute some of the pay increase towards the end of the year, since the next 2-4 years of revenues are projected to be tight, but we will delay making a decision on that until later in the year. However, since employees are not taking vacations at the rate they would normally take them, we are accumulating an increase in compensated liabilities, which impact our expenses. Currently Finance estimates that we will have about \$200,000 in extra expenses by the end of the year. We will likely recommend a

policy requiring employees with high paid time off balances to take time off before the end of the year.

With all those updates, it looks like our budget could come out fairly even by the end of the year, rather than the \$1M loss originally anticipated. In addition, we originally thought that all our COVID-related expenses would need to come from our reserves, but it now looks like most of those expenditures (currently estimated at around \$500,000) have a good chance of being reimbursed by grants or federal aid, including the Coronavirus Relief Fund, although that funding is not guaranteed.

Initial projections were that our reserves could be lowered by \$1.7M, but now it is looking like that may be avoidable if our federal claims are accepted. Retaining reserves *may* still allow us to save funds for a new building, originally planned for 2022/2023. However, it is too early to determine that; the biggest budget challenges from lower property taxes in a recession would likely happen between 2022 and 2024.

Finally property valuations (which allow us to estimate our property tax revenue) are normally due from the County on August 25. Due to COVID, that deadline has been pushed to October 13, after the budget has been developed. It has been suggested that we assume flat tax revenues for 2021.

Preview of Impact on Program Utilization

Ms. Plock provided a preliminary draft preview of Program Utilization data which includes a month-to-month comparison between last year and this year for most of our programs. The data is still being checked for accuracy, so should not be used, but it gives hints of our experience, and will, when finished, help us understand the impact of COVID on our client-facing programs throughout the year.

Brief Board Retreat Updates

The Triennial Retreat this year will be Friday, August 28, 8:00 am – 6:00 pm, and Saturday, August 29, 9:00 am – 12:00 pm. Saturday’s agenda will be broken into two sections – continuation of the retreat 9:00 – 11:00 am and an executive session 11:00 am – 12:00 pm. Given time constraints, a virtual meeting, and more time needed for preparation, the diversity and equity section originally planned for the retreat will be pushed to the next quarterly work session, though it looks like we have identified a phenomenal presenter.

DISCUSSION & ACTIONS

Reroofing 202 Bristlecone Building: General Approval of Contract

Chris Sheafor updated the Board on a reroofing bid for the 202 building, which is 18 years old and needs to be replaced, and also saw some hail damage a couple of years ago. The successful bid came in at \$141,900 and staff needs general approval of the contract to expend funds to replace the roof, which will also result in greater energy efficiency.

MOTION: To approve negotiation and execution of the \$141,900 contract to reroof the 202 building.

Moved/Seconded/Carried Unanimously

Nomination to CO Special Districts Property & Liability Pool

Finance Director Lorraine Haywood has been the Health District representative for the Colorado Special Districts Property and Liability Pool Board of Directors, and needs to be re-nominated by the Health District Board in order to continue to serve. This is a pool of governmental entities

providing liability insurance and worker's comp insurance; their job is to represent the best interests of all members in bids for insurance. If nominated, Ms. Haywood could still serve on the Pool Board after her retirement, should the Health District so choose.

MOTION: To nominate Lorraine Haywood to represent the Health District on the Board of Directors of the CO Special District Property & Liability Pool.

Moved/Seconded/Carried Unanimously

Temporary PTO Policy

Karen Spink noted that with the COVID pandemic and related stay-at-home orders, work at home, and travel disruption, employees are not taking as much Paid Time Off (PTO) as they would normally take. Those breaks are not only essential to the health of HD employees; the unused accumulation creates a liability for uncompensated absences during the year, causing a drain on the budget. Staff would like to have the option of having a temporary mandatory time off policy, requiring those employees with exceptionally high balances to take a certain portion of that time off this year.

MOTION: To allow the Executive Director to impose a temporary exception to the Paid Time Off (PTO) Policy for the duration of the COVID-19 pandemic emergency, in order to implement a Mandatory PTO Use directive, if needed.

Moved/Seconded/Carried Unanimously

The Board requested that the Executive Director send a copy of the directive to the board members if it is determined to be needed.

UPDATES & REPORTS

Executive Director Updates

The Board Triennial Retreat agenda will go out tomorrow, as well as a sneak preview of the "Take 2" Community Health Survey recently fielded. There are 1200 respondents thus far. This COVID-related additional survey will close in September with a more complete analysis and qualitative feedback for review at a future Board meeting. Kudos to the Eval team for fielding it so quickly.

Liaison to PVHS/UCHealth North Report

UCH had its last Board meeting on August 19. Financials for in-patient care across the board are down by 10% but trends are improving. Outpatient is back to pre-pandemic levels. ER volumes are still a bit slow but improving; Greeley is doing very well. Some capital expenditure projects have resumed and building of the linear accelerator (radiation therapy for cancer) at the Harmony Campus is continuing. The cash burn has stabilized and cash resources are looking better across the organization. Recruitment and hiring has resumed; COVID testing is at 2K/day with positivity rates declining. Trauma services through the ER are increasing. UCH is testing employees routinely and will be administering flu shots early this year.

PUBLIC COMMENT (2nd opportunity)

Erin Hottenstein requested email notification of upcoming meetings including special meeting notices, but has not heard back yet. Ms. Hottenstein also asked if the Triennial Retreat notebook will be posted online and if minutes will be taken at the retreat.

CONSENT AGENDA

- Approval of the June 2020 Financials

MOTION: To approve the Consent Agenda as Revised

Moved/Seconded/Carried Unanimously

APPROVAL OF JULY 28 BOARD MEETING MINUTES

Approval of the July 28 Board of Directors Meeting Minutes

MOTION: To approve the July 28 Board Meeting Minutes

Moved/Seconded/Carried 4 – 0 (one abstaining due to absence)

ANNOUNCEMENTS

August 28-29, Board Triennial Retreat

September 22, 4:00 pm, Board of Directors Regular Meeting

October 29, 4:00 pm, Board of Directors Regular Meeting

ADDITIONAL CONVERSATION

Director Gutilla requested a discussion of Erin Hottenstein’s request for notification of board meetings, wondering whether we could quickly create a notification process. Staff responded that they had just not gotten to the request yet given other priorities, but had intended to have the Board discuss the request at the retreat. Brief discussion ensued about information posted on our website, our legal requirements for posting, and the rarity of special meetings. The board requested to have the topic be on the agenda for the next regular board meeting, if needed. Staff also noted that while the full board retreat notebook, which is very thick, is not typically put online, it would be possible to make a couple of copies available for check-out.

Director Gutilla also requested a discussion about the Board’s response to a citizen inquiry to Mike Liggett and the Board about our statement on racism. The Board President and Executive Director reviewed and discussed the letter, creating a draft response which was sent to Board members but received the same day as the board meeting. After discussion, the board thought that the letter could be revised to include better examples of systemic racism, along with an offer to be able to speak with someone from the Health District, and otherwise sent as is. It was also requested that the board be given more time to consider the draft; the proposed process would be for there to be a timely response to the writer acknowledging receipt of the letter, while also indicating when a thoughtful board response could be forthcoming, since board deliberations are required to happen in public meetings.

ADJOURN

MOTION: To Adjourn the Meeting

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:46 p.m.