

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
SPECIAL MEETING
March 8, 2022

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., Liaison to UCH-North/PVH
Johanna Ulloa Giron, Psy.M., MSW, Board Secretary

Staff Present:

Carol Plock, Executive Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
James Stewart, Medical Director
Karen Spink, Assistant Director
Laura Mai, Finance Director
Richard Cox, Communications Director

Staff Present:

Xochitl Fragoso, Asst. Finance Dir.
Anita Benavidez, Executive Assistant
Chris Roth, IT/Network Manager
Sue Hewitt, Evaluation Coordinator

Public Present:

Nicole "Coco" Peterson
Ann Yanagi
Hauna Kelly-Ontiveros

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:00 p.m.
The agenda was amended to strike "Financials" from the agenda.

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

PUBLIC COMMENT

None

DISCUSSION & ACTIONS

Appointment of New Executive Director and Approval of Employment Agreement

MOTION: To appoint Robert Williams as the new Executive Director of the Health District, and to approve the related Employment Agreement.
Moved/Seconded/Carried Unanimously

A Board member thanked the Board for their hard work on a decision that really matters - using both head and heart. Thanks were also extended to the staff who helped with the process and the staff and community members who gave input.

Mr. Williams will begin on April 11, 2022.

Appointment of Interim Director

The recommendation is to appoint Karen Spink act as the Interim Executive Director from April 2 – April 10, 2022.

MOTION: To approve and appoint Karen Spink as the interim executive director between April 2 and April 10, 2022

Moved/Seconded/Carried Unanimously

Policy

Karen Spink introduced the new policy coordinator, Lisa Ward. Lisa joins the Health District with a Master’s Degree in healthcare policy as well as experience in a similar position at Denver Health.

State Legislative Proposals

The legislature is in their second regular session of the 73rd General Assembly, convening on January 12, 2022 with a scheduled adjournment on May 11, 2022. There are currently a total of 424 bills proposed, with 54 bills that have been died. The remote testimony option remains in effect throughout the 2022 session.

HB22-1064: Prohibit Flavored Tobacco Regulate Synthetic Nicotine. A bill with bi-partisan support in the Senate, it would prohibit the sale, display and marketing of all flavored tobacco products in Colorado, including menthol and mint. It also establishes a \$10M grant fund to help users stop smoking in targeted communities. An amendment is being considered regarding the implementation date (currently 2024) and to exempt Hookah shops, due to their cultural importance. Staff recommendation is to support.

MOTION: To support HB22-1064: Prohibit Flavored Tobacco Regulate Synthetic Nicotine.

Moved/Seconded/Carried Unanimously

SB22-040: Actuarial Reviews for Health Insurance Mandates. This bill creates a process for actuarial review of proposed legislation that may create a new health benefit mandate on health insurance plans. The process allows the review of up to five bills each Legislative Session related to cost, utilization, health benefits, and impact on premiums. One impact of the bill is that reviews could delay the enactment of positive insurance changes. A key question was whether a meaningful examination could be completed in the 120 day timeline. The bill ensures that reviews will be done in a “timely manner” but there is no definition of “timely manner”. The bill requires that an actuarial firm be vetted. The concern was whether it would be possible to be both timely and adequate. The fiscal note is slightly higher than the failed 2021 legislative bill. Staff recommendation is to monitor the bill.

MOTION: To monitor SB22-040: Actuarial Reviews for Health Insurance Mandates.

Moved/Seconded/Carried Unanimously

Brief Overview of Other Relevant Bills

SB22-077: Interstate Licensed Professional Counselor Compact. This bill permits Colorado to join a multi-state compact, allowing a licensed professional counselor who joins to practice in each member state, including via telehealth, which could help with recruitment of mental health providers. It needs ten states before it becomes effective and two have passed thus far. Effective Date is July 2023. Costs will be paid through a yearly fee levied on professional counselors who choose to participate.

SB22-081: Health Exchange Education Campaign Healthcare Services. This bill appropriates a total of \$25M over five years, paid with insurance company donations (revenue neutral) to develop new marketing and education materials regarding a health insurance exchange education campaign. Target population are those eligible but not enrolled. Funding would go to Connect for Health Colorado for navigator programs.

HB22-1152: Prohibit Employer Adverse Action Marijuana Use. The bill prohibits employers from taking adverse actions against employees or applicants who use medical marijuana, both on duty and off,

or retail marijuana, off duty. Any company that operates heavy equipment is excluded and there are other concerns, including operating a motor vehicle. Several amendments are anticipated, and it may move towards a study, or may die.

Two Major New Bills Introduced Last Week

HB22-1278: Creation of the Behavioral Health Administration. This bill is the legislation giving authority to the new Behavioral Health Administration; the concept for the BHA passed last year. It is a 232 p. bill with significant complexity. The BHA integrates mental health services, substance use disorders services, and crisis services, and uses a regional model. The BHA Commissioner has already been appointed, and it is important that the bill pass this year. Groups are just beginning to look closely at the wording and definitions. One key area of discussion is that the bill creates two new types of providers: Comprehensive Behavioral Health Safety Net Provider and Essential Behavioral Health Safety Net Provider, which changes previous community mental health center language, which is concerning to CMHCs. In discussion, it was noted that all definitions need a close look, and there was a request to share the definitions with the board.

HB22-1279 Reproductive Health Equity Act. This Bill will be introduced on March 9. Its language states that every individual has a fundamental right to use or refuse contraception; every pregnant individual has a fundamental right to continue the pregnancy and give birth or to have an abortion; and that a fertilized egg, embryo, or fetus does not have independent or derivative rights under the laws of the state. There was a board comment that the Supreme Court has previously left it to the states to define fetus viability, and a question about whether a fetus is defined using any level of viability in this law; staff will investigate.

Not Yet Introduced Bills

Public Entity Collective Bargaining – may not be introduced this session; there has been significant opposition, and the governor has indicated he will veto this bill. **Out of Network Billing Alignment** – There are questions around definitions of balanced billing. **Workforce Package:** A large coalition has been working on this package. It includes data and policy changes, wellness and support, training, recruitment, and retention.

Some of the **ARPA Funding Bills** were introduced yesterday, with more to come on housing. The **Behavioral Health Transformation Taskforce** recommends \$450M of ARPA funds be allocated; these funds must be obligated by December 24, 2024 and spent before the end of 2026. Relevant bills related to their recommendations include **SB22-147: Behavioral Health Care Services for Children; SB22-48: Colorado Land-Based Tribe Behavioral Health Services Grant Program; HB22-1283: Youth and Family Behavioral Health Care; and HB22-1281: Behavioral Health Care Continuum Gap Grant Program.** Proposed funding for these four bills is \$100M. ARPA funding must also encompass housing.

Microsoft 365 Enterprise Purchase

As presented in the Memo to the Board, staff recommends moving to Microsoft 365 Enterprise with many benefits. It would provide technology updates for collaboration, communication, and consistent software upgrades across the organization. It also has world-class security. The term is three years, with an annual subscription. Board approval is required due to the cost of the transition.

The Board noted that they may need some training on how to use Microsoft Teams. One question asked about flexibility to share documents. The Board portal discussed in prior meetings has been developed and is scheduled for review at a future Board meeting; it is to be determined whether it will be part of Teams. Another board question was ‘how is it an upgrade?’ Staff response was that it is great for collaboration, as well as phasing in and rolling out upgrades across the organization, then doing automatic upgrades. In answer to a question about ‘what level of protection (security) it offers, staff noted that it will be stored on the special government control cloud’ which has the highest security available on clouds. Staff noted that not everything would be shifted, and that vital documents would remain in-house.

This will keep everything up-to-date and reduces cost by combining four different products. Current plans are to discontinue Zoom in favor of Microsoft teams after some piloting. A board comment was that it would be important to evaluate whether to use Zoom or Teams based on the type of meeting, such as access to public meetings. People are used to Zoom, it is easy to use, and Zoom allows the use of interpretation easily. We will retain a HIPAA Compliant Zoom license and the ability to use Zoom as appropriate, will retain the budget for it, and will look into what we need for interpretation.

MOTION: To approve the contract for the purchase of Microsoft 365 Enterprise, as included in the board packet.

Moved/Seconded/Carried Unanimously

Community Health Survey Print/Mail Contract

The Evaluation Coordinator, Sue Hewitt, noted that 2022 is the year for the next Triennial Assessment. Staff is nearly ready to launch the survey; it was moved to the spring as formerly approved by the Board. A smaller follow-up survey is anticipated in the fall. Staff need general approval of the contract to print/mail the survey due to the size of the contract.

A Board member question was whether the new Executive Director should have some say before the survey goes out. Ms. Plock responded that the issue was in timing; if the survey is delayed, it would likely be impossible for results to be ready in time for the board retreat, usually held in August, which is important in order to have the board's direction prior to the development of the 2023 budget. There is also concern that a summer fielding could limit participation from one of the hardest populations to include – young adults. It was noted that the new Executive Director would arrive in time to both help craft, and participate in, the community discussions, and that if there are new questions to be asked, there is still the opportunity of the fall survey.

Other board comments were that some populations get asked for their opinion regularly, and was there a way to combine with other organizations as they do their surveys (like the hospital, and the health department), and that for the discussion groups, it's important to invite marginalized populations far in advance (more like six weeks than two weeks. Although the different organizations measure different things, there is some coordination, and this year the health department had input into the questions. There was also a request that when the survey came out, the board receive a copy of the cover letter, the survey, and get an update on the timeline for the rest of the year. It was also noted that staff are still looking at alternative ways to gather information, such as probability based paneling.

MOTION: To give general approval to the Community Health Survey Print/Mail Contract as requested.

Moved/Seconded/Carried Unanimously

PRESENTATIONS

COVID Update – Dr. James Stewart, Medical Director

This report is almost two years to the day that Dr. Stewart gave his first COVID-19 report. Although this is a nasty virus that has been devastating, and some devastation continues, there is good news to share. Two weeks ago with Omicron surging, the 7 day case rate/100k was 1,287; now it is 50.9. The test positivity rate was 28.4% -- this morning that number has dropped to 4.5%. The latest numbers show a 70% decrease from last week. Omicron moved through quickly – peaked fast, and dropped fast.

The CDC has established new parameters for low, medium, and high community spread and the majority of the state has moved into blue (the lowest color under the old measures). Experts are seeing similar trends around the world - with the exception of Hong Kong, South Korea, and New Zealand. Norway has completely eliminated their travel restrictions.

The other good news is that the NIH website now reflects an arsenal of treatment tools. Non-Pharmaceutical supplies (rapid tests, respirator masks) are ample; preventive measures include mRNA vaccinations, DNA and a new recombinant protein (pending approval) that builds on the technology; pre-exposure prophylaxis (for high risk) in the form of evushield; post exposure prophylaxis and early treatment in the form of paxlovid and molnupiravir (which need to be started early); outpatient treatment in the form of monoclonal antibodies; and inpatient treatments including remdesivir and immunomodulators. Although we can't predict the future, we anticipate peaks and valleys, and potentially seasonal fluctuations going forward.

A board comment was that since it is impossible to predict variants, it was a mercy that Omicron turned out to be less severe than prior variants. It was noted that while there is considerable immunity now, there are still people who remain vulnerable due to no or waning immunity. A board question was whether there are now improved processes for the next 'critter' that might come along. Dr. Stewart noted that there has been much improvement in pandemic understanding and preparedness, and great vigor in creating institutions and processes that will enhance response in the future. Ms. Plock noted that strategic stockpiles are likely to be significantly improved from these lessons, and that regional debriefings on what has been learned are underway.

COVID and the Health District – Carol Plock, Executive Director

Executive Director Carol Plock, shared her excitement at seeing the 7 day/100k case rate numbers drop below 100 – for the first time since the end of July 2021. The leadership team will take up the issue of modifying office policies and begin discussions on returning again to more in-person work. In a recent presentation from the Health Department, they noted that while this is a very bright light, COVID isn't totally over – they are recommending a “step down” on precautions rather than jumping off the cliff; a transition rather than a flip of the switch. They recommended the continued use of ventilation, spacing, shortened time periods with others, and avoiding crowds. They do predict an uptick in the fall.

COVID-Related Funding and Expenditures

Resource Development Coordinator Jessica Shannon provided an overview of COVID-related needs funding. She began with a summary of the Health District's major COVID response activities. In Spring 2020, key activities included supporting the emergency COVID-19 shelter for people experiencing homelessness at Northside Aztlan, and creating a community behavioral health response, including partnering with SummitStone on a 24/7 emotional support warm-line and extended hours. By summer 2020 the Health District had opened the Isolation, Recovery and Quarantine (IRQ) for those experiencing homelessness, and conducted a special COVID-related behavioral health outreach campaign. By winter 2020, staff was assisting the Larimer County Department of Health with contact tracing, and by December needed to respond to IRQ overflow by organizing a temporary move into a hotel. By January 2021, the Health District was preparing to operate COVID-19 vaccination clinics, which continued through the year. In June of that year the IRQ site was closed, but due to increasing cases was re-opened at the end of December.

Expenses incurred in COVID response included the costs of transitioning our services to new ways of doing business, and providing new services due to the COVID pandemic. They included hard costs (costs excluding the re-allocation of staffing), and re-allocated staffing costs: the costs of re-assigning staff from their normal duties to new duties). Total COVID-19 expenses were \$1,243,803. Through several funding sources, a total of \$751,019 in external funding was received. The Health District incurred \$706,352 in hard costs (not including re-allocated staffing), of which \$532,398 (75%) was externally funded, requiring expenditures of just over \$170,000 from reserves. The cost of staff re-allocated to new COVID-related duties was \$372,845, of which \$218,621 (41%) was externally funded. Overall, 60% of total costs were externally funded.

Staff worked incredibly hard to adjust to COVID needs and expenditures, to develop and maintain the right record-keeping to track expenditures, and to respond to funding opportunities. Some opportunities had as little as one day notice. Staff were thanked for their efforts.

Elections Update

Designated Election Official Chris Sheafor reported that there will be an election – there is a total of nine candidates for four positions: six for the three 3-year terms and three for the one 1-year term. If people want to vote by mail, they must request an absentee ballot through an application, unless they have already done so in previous Health District elections and at that time requested to be on the permanent mail ballot list. Applications for an absentee ballot are available on the Health District website, will be published in *Compass*, or are available by phone call, email, in-person, US mail, or fax. On April 4, ballots will start to be mailed to those who have submitted new requests or are already on the permanent mail ballot list.

Compass will come out at about the same time, and will include profiles on all candidates. There will also be a League of Women Voters Candidate Forum at the City Council Chambers that will be viewable via Fort Collins City TV; details are still being determined. A candidate orientation will be held on March 23. May 3 is Election Day, with two in-person voting locations: at the Health District, 120 Building and Spirit of Joy Lutheran Church in south Fort Collins. Polls close at 7:00 pm and votes are immediately tallied, with results announced late that night. The Health District website now has a button for translating its general content into other languages (top right), and forms related to the election are available in Spanish.

Executive Director Updates and Quarterly Report

Larimer County is providing strong support to the IRQ, through funding from three different funding sources, all with different timing and differences in what they will cover. The facility will be operational at least through May with a possibility of continuing through August. With the very recent change in COVID rates, part of the funding allows for the use of a portion of the IRQ for people experiencing homelessness who are at high risk of serious illness if they were to get COVID, so one of the two houses will be transferred to serve that population – retaining the other for COVID positive or COVID quarantine needs. If the IRQ can go through August, it gives more time for the City's development of their planned temporary improved shelter, which is targeted to open next fall.

Liaison to PVHS/UCHealth North Report - Celeste Kling

Board liaison Kling reported that there has been discussion that it is time to resume the annual Joint Meeting between boards of UCHealth North/PVHS and the Health District Board. She suggested that the meeting wait until the arrival of the new Executive Director and the completion of elections; board members agreed. AT PVHS, construction is going well. Financials are good, though they took a hit in January due to Omicron. Incident Command protocols have ended, and they are now making good progress on hiring.

There is now approval for the Mountain Crest psychiatric hospital to move to the 3rd floor of PVH. It will be equipped with 50 beds, 42 of which are private (compared to a current 41 beds, 24 of which are private), and there will be an outdoor rooftop courtyard. Mental Health outpatient services currently provided at Mountain Crest will now be provided across Lemay in the medical office building. ECT (electroconvulsive therapy; most commonly used for patients with severe major depression or bipolar disorder that has not responded to other treatments) will be available; currently, the closest location for ECT is in Longmont. UCHealth, systemwide, now has a big focus on mental health. It is unknown what will be done with the old Mountain Crest facility; it is a part of the legacy assets owned by the Health District but leased to UCHealth North/PVHS.

PUBLIC COMMENT (2nd opportunity)

None

CONSENT AGENDA

- Approval of the November 9, 2021; December 13, 2021; and January 25, 2022 Regular Meeting Minutes; as well as the February 7, 2022, and February 21, 2022 Special Meeting Minutes

MOTION: To approve the consent agenda as amended

Moved/Seconded/Carried Unanimously

ANNOUNCEMENTS

- March 22 – 4:00 pm, Board of Directors Regular Meeting
- April 14 – 4:00 pm, Board of Directors Special Meeting
- April 26, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

A motion was made to adjourn the meeting at 6:00 pm.

MOTION: To adjourn the Special Meeting

Moved/Seconded/Carried Unanimously