Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS REGULAR MEETING

May 26, 2020
4:00 pm

Health District of Northern Larimer County
120 Bristlecone Drive
Fort Collins, CO

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS MEETING
May 26, 2020
4:00 pm
Remote Meeting Via Zoom
(Connection information on first page)

AGENDA

4:00 p.m. **Call to Order; Introductions; Approval of Agenda** ..... Michael Liggett

4:05 p.m. **PUBLIC COMMENT**
Note: If you choose to comment, please follow the "Guidelines for Public Comment" provided on the back of the agenda.

4:10 p.m. **REPORTS, DISCUSSION & ACTIONS**

- **Swearing-in of New Board Members** ..... Chris Sheafor
- **COVID-19 Emergency: Status and Health District Role**
  - Current Status of COVID-19: national, state, local ..... James Stewart
  - Northside Aztlan & Alternate Site Updates ..... Brian Ferrans
  - Adjustments: Programs, Staff Issues, Onsite/Offsite, Emerging Needs ..... Carol Plock
  - Adapting Dental Care: Challenges, Changes, Plan ..... Dana Turner, Leith Rupp
  - Mental Health and Substance Use Evolving Response ..... Kristen Cochran-Ward
  - Financial Update ..... Lorraine Haywood, Carol Plock
- **Policy**
  - State Budget, and Other Legislative Issues ..... Alyson Williams
    - Ratification of Advocacy to Retain Medicaid Adult Dental and Senior Dental
    - Colorado Health Insurance Affordability Fund
    - Continuing Access to Telehealth
- **Board Email Communications** ..... Carol Plock
- **Setting a Board Mini-Retreat; Re-Setting Triennial Board Retreat** ..... Michael Liggett

5:25 p.m. **OTHER UPDATES & REPORTS**

- Executive Director Updates ..... Carol Plock
- Liaison to PVHS/UCHealth North Report ..... Faraz Naqvi, MD

5:32 p.m. **CONSENT AGENDA**

- Minutes: February 25, March 10, March 24, April 14, April 28
- March 2020 Financials

5:35 p.m. **PUBLIC COMMENT**
Note: If you choose to comment, please follow the "Guidelines for Public Comment" provided on the back of the agenda.

5:40 p.m. **ANNOUNCEMENTS**

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

5:45 p.m. **DECISION**

- Selection of Board Officers ..... Michael Liggett

5:50 p.m. **ADJOURN**

Topic: Health District of Northern Larimer County Board of Directors Regular Meeting
Time: May 26, 2020 04:00 PM Mountain Time (US and Canada)

Join Zoom Meeting
https://healthdistrict.zoom.us/j/95110738859?pwd=d0dGdzRvWDZoSk8zWTQ1N25QNldRZz09

Meeting ID: 951 1073 8859
Password: 489439

Dial by your location
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■ MISSION ■

The Mission of the Health District of Northern Larimer County is to enhance the health of our community.

■ VISION ■

- District residents will live long and well.

- Our community will excel in health assessment, access, promotion and policy development.
  - Our practice of **assessment** will enable individuals and organizations to make informed decisions regarding health practices.
  - All Health District residents will have timely **access** to basic health services.
  - Our community will embrace the **promotion** of responsible, healthy lifestyles, detection of treatable disease, and the **prevention** of injury, disability and early death.
  - Citizens and leaders will be engaged in the creation and implementation of ongoing **systems and health policy development** at local, state, and national levels.
  - Like-minded communities across the country will emulate our successes.

■ STRATEGY ■

The Health District will take a leadership role to:

- Provide exceptional health services that address unmet needs and opportunities in our community,
- Systematically assess the health of our community, noting areas of highest priority for improvement,
- Facilitate community-wide planning and implementation of comprehensive programs,
- Educate the community and individuals about health issues,
- Use Health District funds and resources to leverage other funds and resources for prioritized projects, and avoid unnecessary duplication of services,
- Promote health policy and system improvements at the local, state and national level,
- Continuously evaluate its programs and services for quality, value, and impact on the health of the community,
- Share our approaches, strategies, and results, and
- Oversee and maintain the agreements between Poudre Valley Health System, University of Colorado Health and the Health District on behalf of the community.

■ VALUES ■

- Dignity and respect for all people
- Emphasis on innovation, prevention and education
- Shared responsibility and focused collaborative action to improve health
- Information-driven and evidence-based decision making
- Fiscal responsibility/stewardship
- An informed community makes better decisions concerning health

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**

Revised 1/26/2016

Social Sustainability
222 Laporte Ave.
PO Box 580
Fort Collins, CO 80522
970.221.6758

MEMORANDUM

DATE: May 20, 2020
TO: Mayor and City Council
THRU: Darin Atteberry, City Manager
Jeff Mihelich, Deputy City Manager
Jacqueline Kozak Thiel, Chief Sustainability Officer
FROM: Beth Sowder, Social Sustainability Department Director

RE: Northside Aztlan Community Center Exit Options

Bottom Line

The City is actively coordinating with the Service Providers to develop an exit strategy for Northside Aztlan Community Center (NACC). While planned for May 29, staff is in the process of extending the agreement to no later than June 19 to allow for a phased transition out of NACC with the continuation of daytime services for people experiencing homelessness, e.g., health screenings, meals, etc. Staff and service provider partners continue to explore all options for shelter during this time as well as planning for fall/winter sheltering. An additional update will be provided to City Council when the exit strategy has been finalized.

Emergency Regulation No. 2020-02, suspending legal requirements related to the use of NACC as a temporary shelter, remains in effect and so no action related to that is needed.

Background

The City has been following the guidance of public health agencies when supporting a community-wide response to the COVID-19 pandemic, including for those community members without homes. On March 19, in response to this guidance and global emergency, the City and community partners like Homeward Alliance, Homeward 2020, Catholic Charities, Fort Collins Rescue Mission, Health District of Northern Larimer County, and Summitstone Health swiftly established a centralized operations site at NACC to help keep people safe and slow the spread of COVID-19. This includes daytime services such as shelter, showers, meals, hand washing stations, health screenings and monitoring, case management, access to mental/behavioral health and crisis intervention, and overnight shelter. On average, NACC is serving approx. 200 people experiencing homelessness (PEH), including approximately 100 male community members overnight. The current agreement with the Service Providers to operate NACC expires on May 29, 2020.

NACC Extension and Exit Strategy

As noted in the Council Memo last week, NACC is needed as a site for childcare (Camp FunQuest) beginning the weekend of July 17. Staff is preparing an extension to allow for a transition in services for PEH, which will be signed by the City Manager given his authority to issue permits for the use of City property, with key elements as follows:

- Service providers will continue to provide daytime services, including lunches, staffing and associated support, and health screening and testing through June 19 at the latest.
- The City will continue to support collaborative efforts to identify alternate shelter locations (see section and table below).

- The City, service providers, funders and partners will work together on the joint development of strategic, long term approaches for PEH that ensures limited resources are directed and leveraged toward the best possible solutions during the uncertain duration and conditions of the COVID-19 pandemic.
- After June 19, the City will mobilize to rehabilitate NACC, which will include:
    - Site rehabilitation, including 72-hour quarantine of the facility immediately followed by full facility deep cleaning and sanitization; repair of any damage, locker room and shower area restoration; HVAC preventative maintenance and duct cleaning; and refinishing of all wood floors including the gym and all activity rooms
    - Preparing to restart operations, including moving Camp FunQuest back to NACC and preparing facility for general operations, training staff on new design for delivering services in this time.
- Estimated costs of this three-week extension ranges between $52-57K, with $13-$18K of this amount as direct costs to the City. An anonymous funder has graciously covered all non-city costs, the providers are funding direct services, and the majority of city expenditures are eligible for reimbursement.

Note with the increase in people receiving services at NACC, coupled with warmer weather, Police Services is seeing an increase in disturbance calls at NACC and crimes committed by guests in the neighboring areas. Continuing the congregate shelter at that location may contribute to an increase in disruptive behaviors and criminal activity in the north part of town.

Other Shelter Options Under Exploration

Expanded shelter options are still needed due to the continued requirement for physical distancing. The City and partners have been actively working to secure other sites for continued shelter, both congregate and non-congregate. As this situation is rapidly evolving, here are the current options staff and our partners are exploring, and note the options are not mutually exclusive:

Option	Benefits	Challenges	Notes
Option 1: Secure a separate congregate site similar in size and amenities to NACC	- Provides one single space where all services can be provided, e.g., meals, health screening, etc.	- Staff and partners have explored approx. 20 options in Fort Collins and have not yet found a willing property owner	- Even during normal times, there is usually not enough shelter space for everyone during the summer months – it is exacerbated now due to distancing needs / requirements
Option 2: Secure a longer-term site for sheltering in winter	- Recognizes a second wave is likely and physical distancing requirements will still be in place	- Additional resources will be needed to secure such a site and options are limited (see above)	- Both the likely COVID resurgence in the fall as well as cold weather needs makes this a priority
Option 3: Secure non-congregate shelter options (motels/hotels)	- Provide separate space for most vulnerable - those over 65 and/or with underlying health conditions - Greater ability to provide	- Determining who most appropriate applicant (e.g. who has legal responsibility as	- New territory for State Department of Housing (DOH) and FEMA, but is encouraged during pandemic

	case management and focus on long-term permanent housing - Most expenses are eligible for reimbursement	required) - Up-front funding required without guaranteed reimbursement	

Next Steps

- Update the agreement with the Service Providers, including exit strategy
- Collaborate with other funders and service providers to plan and prioritize shelter needs and funding options with limited resources
- Continue pursuing the options listed above and communicate with City Council which direction is being pursued.

Email to Legislators, Joint Budget Committee Staff, and Office of State Planning and Budget
May 11, 2020

Good afternoon,

The Health District of Northern Larimer County, like you, is deeply concerned about the need to balance the state budget and its impact on Coloradans. We recognize that you have received numerous emails and letters from concerned groups, but wanted to **highlight that oral health care is an essential component of overall health**.

The **Medicaid Adult Dental Benefit AND the Senior Dental Program are critically important to the health of Coloradans**. **We understand that there may need to be adjustments to funding of these programs; however, we strongly request that neither program be eliminated**. Please see the attached at-a-glance fact sheet for more information on these two essential benefits.

In regards to the Medicaid Adult Dental Benefit, we recognize that there may need to be a reduction in the benefit cap, from $1,500 back to the previous $1,000. At the same time, **we strongly urge you to not eliminate the denture benefit.** Additionally, we request you maintain Senior Dental Program at $3 million, which reduces program funding by $1 million compared to FY2019-20.

It is important to note that Medicare does not include a dental benefit, so if either the Senior Dental Program or the Medicaid Dental Benefit is eliminated or severely reduced. older adults with low incomes will be unable to access the oral health care they need to maintain their overall health. While the identified reductions in funding and benefit caps noted above are in no way desirable, they will still leave essential assistance for Coloradans.

If you have any questions regarding the attached fact sheet or the impact of the Medicaid Adult Dental Benefit or Senior Dental Program, please feel free reach out to me by email or phone.
Best,

Alyson

Alyson Williams, MPH
Policy Coordinator
Health District of Northern Larimer County
120 Bristlecone Drive | Fort Collins CO, 80524
Office: (970) 224-5209, ext 238
Cell: (970) 389-4470

MEDICAID ADULT DENTAL BENEFIT

ORAL HEALTH CARE IS ESSENTIAL

CONNECTED TO OVERALL HEALTH

Poor oral health has been linked to heart disease, diabetes & kidney disease.

POOR ORAL HEALTH COMES AT A COST

In 2016, emergency dental visits cost the U.S. health system $2.4 billion [1]

ACTS AS AN EARLY-WARNING SYSTEM

The mouth can show initial signs for more than 120 diseases.[2]

ELIMINATING THE DENTURE BENEFIT WOULD MEAN...

Patients may be less inclined to have diseased teeth removed without the option to replace them

- Keeping hopeless teeth means patients will have ongoing active infection in their mouth/body
- Detrimental to overall health
- Negatively impacts proper nutrition

Patients who have teeth extracted may not have the ability to replace missing teeth

- Greatly impaired or no ability to chew, which negatively impacts proper nutrition
- Seniors more likely to experience malnutrition
- Experience social stigmas
- Adults with low incomes are more likely to have the appearance of their mouth and teeth affect their ability to interview for a job.[3]

CLIENT EXPERIENCES

A veteran in his late 50's came in late on a Friday afternoon complaining of severe pain in his lower teeth. He reported that he had not been able to eat or sleep well for several weeks because of dental pain and he had reached the point where he couldn't stand it any longer. He had lost about 10 pounds due to his pain and inability to eat properly. He begged the Health District dentist to take out his remaining 7 teeth so that he "won't be grumpy" with his grandkids. The dentist was able to extract his remaining severely decayed teeth and plan for dentures before he saw his grandkids that weekend.

A Health District dentist saw a patient for a new patient exam. "Sheila" had all her upper teeth removed 3 years prior and could never afford a replacement. She only had 6 remaining lower teeth. Her lower partial denture was designed to replace the missing lower teeth but, she had been unable to wear it comfortably as it was damaged. She was worried it was broken beyond repair. The dentist was able to fix her lower partial denture so that it was tight and secure to her gums and also comfortable. She was able to get a new upper denture and she had 28 teeth to chew with.

1 Families USA, "Improving Pregnancy-Related Oral Health Coverage Would Bolster Maternal Health, Reduce Health Care Costs"
2 Delta Dental, "Word of Mouth. The Importance of Oral Health"
3 American Dental Association Health Policy Institute, "Oral Health and Well-Being in the United States"

Health District
OF NORTHERN LARIMER COUNTY

SENIOR DENTAL PROGRAM

WHAT DOES THE PROGRAM DO?

The Senior Dental Program grants funds to a variety of entities including: Area Agencies on Aging, community-based organizations and foundations, federal qualified health centers, safety net clinics, local public health agencies, and private dental practices to promote the health and welfare of Colorado's low-income seniors.

PROGRAM ELIGIBILITY FOR PATIENTS

60

YEARS OF AGE OR OLDER

<250%

OF THE FEDERAL POVERTY LEVEL (FPL)

NOT ELIGIBLE FOR

HEALTH FIRST COLORADO; OLD AGE PENSION HEALTH & MEDICAL CARE PROGRAM

DOES NOT HAVE

PRIVATE DENTAL PLAN

THE SENIOR DENTAL PROGRAM FILLS A CRITICAL GAP FOR OLDER ADULTS WHOSE INCOME FALLS BETWEEN MEDICAID ELIGIBILITY AND 250% FPL

WHAT THE PROGRAM MEANS TO PEOPLE

Funding from the Colorado Senior Dental Program is essential in supporting seniors like "Bob"

Due to a lifetime without routine dental care, Bob came to the Health District's Family Dental Clinic with a mouthful of decayed teeth. Due to his financial situation, Bob was in excruciating pain because he had waited until he could no longer bear it.

Because Bob was unable to retire, he worked a retail job to meet his basic needs. With his hours severely cut (pre-COVID-19 pandemic), he survived on a small monthly income - with no family support. Even at our sliding-fee scale rates, Bob was unable to afford the dental treatment that he desperately needed to relieve his pain and suffering so that he could continue to work.

The Health District's Family Dental Clinic connected him with Senior Dental Program support, which covered a portion of the fees for his care. With dental care within his financial reach, Bob was extremely grateful for the assistance he received through the program.

Without support from the Senior Dental Program, Bob would still be in pain and with no options to access affordable care.

For questions, contact:
Alyson Williams, Policy Coordinator- awilliams@healthdistrict.org or 970-224-5209

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OF NORTHERN LARIMER COUNTY

Health District
OF NORTHERN LARIMER COUNTY
120 Bristlecone Drive, Fort Collins, CO 80524
970•224•5209 fax 970•221•7165
info@healthdistrict.org www.healthdistrict.org

MEMO

TO: Health District Board of Directors

FROM: Carol Plock, Executive Director

DATE: May 22, 2020

RE: Email Communications Between Board Members: Passing Along Articles

The Board has recently had questions about email communications between Board members, and our legal counsel is working on a comprehensive memo about the issue that will be ready for the Board's June meeting. Since email (and text) communications between board members could be considered a "meeting" if the discussion includes public business, the Board has been cautioned in the past by legal counsel to refrain from such communication.

However, there has been a recent question (particularly relevant in the current pandemic environment) about whether a board member can simply send an article to the rest of the Board members. I have consulted with counsel, and while there *could* be a risk to forwarding the article and creating a meeting if the email or article relates to the policy-making of the Health District, there are two things that could be included to mitigate that risk:

1) Include only a neutral introductory sentence (for example, "Attached is an interesting article on ____ that I thought you might be interested in"), and don't include any opinion or discussion about it.

2) Include the following phrase:

   "This is an information-only item and no action is needed. Should you wish to discuss it at a board meeting, please send an email to the Executive Director and/or the Board President requesting to add it to an agenda. Please do not "reply-all" to this email, or include any board member in a response."

We also request that you cc the Executive Director in your response, both to archive the communication, and to assure that they have the same background knowledge as the Board in future board meeting discussions.

If you would prefer not to have to remember all of this, another alternative is to send the article to the Executive Director and request that it be shared with the Board. The Executive Director will then use similar language in forwarding it to Board members.

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
REGULAR MEETING
February 25, 2020

Health District Office
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Molly Gutilla, MS DrPH, Board Vice President
Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Board Secretary

BOARD MEMBER ABSENT: Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board

Staff Present:

Carol Plock, Executive Director
Karen Spink, Assistant Director
James Stewart, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Dana Turner, Dental Service Director
Chris Sheafor, Support Services Director
Lin Wilder, Community Impact Team
Alyson Williams, Policy Coordinator

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:01 p.m.

The February 13 minutes will be removed from the consent agenda and put into a regular consideration/vote, since one board member was not in attendance for that meeting.

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

PUBLIC COMMENT

None

PRESENTATIONS

- ***Integrated Care Program – MH/SU Services in Primary Care – Andrea Holt***
  Andrea Holt, Behavioral Health Provider and Program Coordinator presented on the Integrated Care Program. The program started in 2002, and Ms. Holt has been with the program since its inception.

  Behavioral Health staff hired by the Health District are co-located at the Family Medicine Center (residency program) and at Salud Family Health Center (Federally Qualified Health Center). Staffing includes the Program Coordinator, a Psychiatrist, and 6 Behavioral Health Specialists. Over the years, staff have provided intensive case management, consultations/brief interventions, and therapy. Recently there has been less need for intensive case management, however, now that UCHealth's community case management

program was disbanded, staff are seeing the intensive case management needs picking up again, though the Medicaid Accountable Care Collaboration Team takes on many of those. Currently, their work includes working side-by-side with physicians to provide consults and to conduct screenings, group visits for shared medical appointments, psychosocial evaluations, and therapy. Staff also work with residents to provide consultation and training, and are involved with the Pain Clinic and Medication Assisted Addictions Treatment (MAAT) program, which has been a huge success.

There has been a recent shift to billing in the past two years which has presented several challenges and is creating some service gaps, including some who end up with higher co-pays at FMC.

Overall, the program and staff are held in high regard in both clinics. Providers at FMC have expressed excitement around having the pain-focused behaviorist and value staff's role in educating medical residents. A provider from Salud expressed that this [integration of behavioral health] has been one of the best changes in clinical care since starting in Fort Collins 20 years ago. Other provider comments were that 'we could add 10 more behaviorists and we'd be SO excited,' and 'this service is critical in helping us with high-needs patients.' Patient satisfaction is also high, with clients expressing thanks for being able to get behavioral health needs addressed at medical visits.

Program Statistics for 2019:

- 4400 contacts: 3880 with the behavioral health providers and 519 with psychiatrist
- FMC's Pain Clinic has approximately 364 patients, expanding to 400
- FMC's MAAT Clinic has approximately 306 patients, 175 of whom were seen at the FMC satellite clinic at Northern Colorado AIDS Project

A board member question was whether staff have seen a dramatic cultural shift over the past 15 years. Ms. Holt responded 'absolutely,' noting that 10 years ago, the program had to sell itself to physicians, but now when medical students come in, they are asking 'what behavioral health services do you offer?' Patients are now far more open to discussing behavioral health needs. Another question was what gaps still exist. For people who are self-pay, the cost of co-pays or care can still be a barrier. Another gap is that although the need is great, there is a limit to the volume of people that can be served. They could easily use more staff to serve the need, and there are many areas where they could offer more and unique services. Director Prows noted that in his practice experience, behavioral health specialists are the single most cost effective way to improve outcomes in care.

- ***Investment Report – Lorraine Haywood***
  Lorraine Haywood gave the annual Investment Report, noting that there is not much difference year over year in what we are earning in our investments. As a government entity, where we can invest is limited by the state of Colorado to very safe investments. In 2019, there was a slight decrease in rates by the end of the year, but they were still better than the prior year. We place funds in different banks that are willing to take public funds, as illustrated in the report. We have been notifed that we have received all that we will receive after the bankruptcy settlement of Lehman Brothers – in the end receiving just under half of what was lost, or about $50,000 of $104,000 lost – which was more than was anticipated.

- ***Early release, limited CHS data for FC: Housing – Suman Mathur, James Stewart***
  We have received a request for early release of some of the Community Health Survey data,

from a committee working on housing policies that wants to include the information in a Health Impact Assessment (HIA) report to city council. Staff are currently reviewing the data for accuracy and should have it ready soon. The Board supported the request, and asked that the data also be shared with the Board when ready.

DISCUSSION & POTENTIAL ACTIONS

State Legislative Proposals – Alyson Williams

Ms. Williams updated the status of the legislative session: 49 days into session with 71 days left, 504 bills introduced, 70 bills killed, and 221 of the total bills are bipartisan. The majority of bills that the board has taken a position on are waiting to be heard in appropriations.

Updates to bills previously discussed: *HB20-1008: Cost Sharing Arrangements* has been amended, removing the prohibition on enrolling people during the marketplace enrollment period; the change does not cause any concern related to the Board's current position. Ms. Williams also reviewed the past recommendations of the board for the 2019 Interim Opioid and Other Substance Use Disorders Study Committee. The current bills that have been introduced follow these themes.

New bills for consideration:

- **SB20-007: Treatment for Opioid and Other Substance Use Disorders**
  This bill addresses a variety of measures a related to the general topic of substance use disorder (SUD) treatment. Key elements include requiring managed service organizations (MSOs) to create updated community assessments, requiring insurance pans to provide coverage for SD treatment in accordance with ASAM criteria; prohibiting certain entities and programs from restricting use or access to medication assisted treatment (MAT), and requiring Medicaid to include care coordination for SUD and mental health treatment.

  A Board member questioned the cost; the cost is significant, therefore the bill is likely to be amended. The Marijuana Tax Fund is the usual source of funding, but that is dwindling.

  MOTION: To strongly support SB20-007: SUD Treatment, while urging legislators to amend the bill text to ensure person-centered language.
  Moved/Seconded/Carried Unanimously

- **HB20-1017: Substance Use Disorder Treatment in the Criminal Justice** SYstem
  This bill addresses a variety of measures to improve treatment services for individuals with an opioid or other substance use disorder who are in the Criminal Justice System. Key elements include requiring prisons, jails, and DHS to make medication assisted treatment (MAT) available to people in custody; requiring prisons and jails to ensure continuity of care; and allowing for controlled substance disposal and referral to treatment at 'safe stations.' The SDA is in opposition to this bill because they do not feel that fire districts, the locations listed as 'safe stations,' are prepared to take the disposed drugs. Funding is not provided to jails to implement MAT programs.

  MOTION: To support SB20-1017: SUD & Criminal Justice, while urging Legislators to expand the language in regards to medication assisted treatment programs in jails, prisons, and the Department of Human Services facilities to be more encompassing by using "substance use disorder" instead of "opioid use disorder," while also requiring at least one opioid agonist and opioid antagonist to be made available; and to provide funding for entities to implement an effective MAT program.
  Moved/Seconded/Carried Unanimously

- **HB20-1065: SUD Harm Reduction**
  This bill addresses access to the life-saving medication, naloxone, and promotes public health through preventing the spread of blood-borne pathogens through harm reduction programming. Director Kling disclosed that she is a member of the Colorado Women's Bar Association, which is in opposition to this bill. She indicated that she did not know why they would be against this bill.

  MOTION: To support SB20-1065: SUD Harm Reduction.
  Moved/Seconded/Carried Unanimously

- **HB20-1085: SUD Prevention**
  This bill addresses practices in the health care setting aimed at preventing opioid misuse and increasing alternatives to opioids; addresses efforts in the health care setting to address emerging drug trends; and enhances the delivery of prevention services.

  Ms. Williams stated that there is a huge list of various prevention efforts outlined in this bill. One provision is to require each health care provider to query the program before prescribing a second fill for benzodiazepine. Director Prows raised a question about whether the bill would prohibit prescribers from writing a prescription and include refills with that original prescription, which he would support. Ms. Williams indicated she would investigate the question. This bill has the largest amount of money tied to it.

  MOTION: To support SB20-1085 SUD Prevention.
  Moved/Seconded/Carried Unanimously

- **SB20-028: SUD Recovery**
  This bill addresses measures to assist an individual's recovery from a substance use disorder.

  Ms. Williams highlighted that this bill requires the state Substance Abuse Trend and Response Task Force to convene stakeholders to review progress on passed and enacted Study Committee bills. The bill also requires the Office of Behavioral Health to establish a program assisting individuals with SUDs by providing the individuals with important temporary financial housing assistance. It would fund designing and conducting a comprehensive review of SUD treatment and recovery services, and also creates a new grant program on recovery support services, providing grants to recovery community organizations. She noted that there was an error in the staff recommendation; it should have been for 'support.'

  MOTION: To support SB20-028 SUD Recovery
  Moved/Seconded/Carried Unanimously

- **HB20-1294 Replaces the term illegal alien with undocumented immigrant**
  This bill requires that the term "illegal alien" be replaced with "undocumented immigrant" as it relates to public contracts for services. The change is welcomed by staff, since it is language that is required in our contracts.

  MOTION: To strongly support HB20-1294: Replace illegal alien with undocumented immigrant
  Moved/Seconded/Carried Unanimously

Federal Issues:

- **Proposed Notice of Benefit and Payment Parameters for 2021**
  This annual proposed rule would set forth payment parameters and provisions related to the

risk adjustment and risk adjustment data validation programs; cost-sharing parameters; and user fees for issuers offering plans on Federally-facilitated Exchanges and State-based Exchanges using the Federal platform. It would also provide additional standards for several other Affordable Care Act programs.

The Board is asked to consider the submission of public comment. The key communication points include:

- The proposed notice suggests ending automatic re-enrollment for low-income marketplace enrollees who get $0 premium plans, which could have a negative impact for clients. Oppose that proposal, encouraging the reduction of bureaucratic hurdles to re-enrollment, helping to maintain a stable risk pool and thereby lower premiums, help reduce administrative costs for insurers and the marketplace, and prevent gaps in coverage and care.
- For SEP enrollments, coverage effective dates would change to the first day of the following month – regardless of enrollment date (currently have to enroll by 15th). Support this; it would keep continuous coverage, which is crucial for some individuals with health issues and/or essential prescription drugs.
- CMS proposes to require states to report annually any state-mandated benefits applicable to the individual and small group markets that are in addition to the essential health benefits. Creating this reporting requirement may have repercussions for consumers, not just the state; oppose it.

The Board supports the submission of public comment along those lines.

- **Public Charge**
  Ms. Williams reported that the federal Adminstration's new public charge rule went into effect on January 24. Already it has had a chilling effect on enrollment in public programs, even in programs that do not fall under it. For example, NY has already seen a dramatic decrease in enrollment in WIC, particularly in communities that have a high LatinX population, despite the fact that WIC is not even impacted under this bill. The concern is that, due to fear, disenrollment may continue to happen in programs that provide essential services.

  A board questions was whether it might impact the Census. Mr. Cox stated that the local Complete Count Committee is working on a collaborative approach; Larimer County just hired a part-time outreach specialist and they are working with community partners on LatinX outreach plans. The Health District is developing materials for outreach.

- **Timing and Process for next ED Review – Michael Liggett, Molly Gutilla**
  While it is time for Annual Reviews, the last ED review was done just seven months ago. With an election coming up, the question is whether to do the review prior to the elections, and whether to do a 360 evaluation, as previously discussed. Given that there was not time to do a 360 evaluation prior to elections, and that the triennial review took a higher priority, it might be preferable to keep the review around the one-year mark. The board decided to wait until after elections, and to have a work session where the Board, with ED input, could develop/refine questions and identify respondents.

- **Preliminary December 2019 Financials**
  Ms. Haywood stated that these are just draft financials for review. The December financials will not be final until the audit is complete in May.

UPDATES & REPORTS

Executive Director Report

The staff retreat for the first staff look at the data banners from the Community Health Survey is scheduled for Friday, February 28th. Key data points will be determined for inclusion in the board retreat notebook. Other items included in the notebook will be information from the discussion groups; other national, state and local emerging health issues; and the results of our end of year program reviews. The notebook is anticipated to be delivered around April 10 for board review before the retreat on April 19. Director Gutilla requested that the agenda include an expert to present and help the board consider their role around equity, diversity and inclusion, and that staff share their recommendation for a potential presenter with her prior to making a decision.

Ms. Plock noted that declining Medicaid numbers in Colorado are impacting providers; some providers, such as federally qualified health centers, are having to lay off staff. Reasons given by HCPF include a better economy, increased scrutiny from the federal Administration on eligibility (leading to reviews of enrollments and the threats of potential "clawbacks"), and the effect of the new public charge rule, where those who are eligible are refraining from enrolling due to concerns about family members. The apparent impact is that many people are becoming uninsured. While FQHCs are required to serve people regardless of insurance status, they are experiencing significant budget cuts. It is impacting our local Medicaid Accountable Care Team; the RAE has made about a $100,000 cut, at the same time hospitals have cut out their community care coordination. This also effects the "per member per month" funding that family practice providers receive, and then contribute a share to our local accountable care collaborative.

In other news, our Dental program has installed a new updated version of Dentrix and staff are working hard on implementation that will make the clinic much more efficient. The state's Behavioral Health Taskforce has a June deadline for submitting recommendations to the governor, and is floating the idea of a new ASO model, which would significantly change how behavioral health services are organized in the state, creating controversy. Finally, recent significant grant evaluation reports have been created for the MAT and CAYAC programs; they will be sent electronically to board members.

PUBLIC COMMENT (2nd opportunity)

None.

CONSENT AGENDA

The minutes of the February 13, 2020 meeting were pulled off the consent agenda.

MOTION: To approve the remaining Consent Agenda – the January 28, 2020 Board Meeting Minutes
Moved/Seconded/Carried Unanimously

MOTION: To approve the February 13, 2020 Board Meeting Minutes
Moved/Seconded/Carried Unanimously* (3-0)
**Director Michael Liggett not in attendance*

ANNOUNCEMENTS

March 10, 4:00 pm, Board of Directors Special Meeting
March 24, 4:00 pm, Board of Directors Regular Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of addressing personnel matters pursuant to §24-6-402(4)(f) of the C.R.S., topic: Executive Director
Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 5:22 p.m.
The Board came out of Executive Session at 5:42 p.m.

ADJOURN

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

The meeting was adjourned at 5:43 p.m.

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Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

NOT PRESENT___ _____

Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
REGULAR MEETING
March 24, 2020

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

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

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
James Stewart, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Dana Turner, Dental Services Director
Chris Sheafor, Support Services Director
Lin Wilder, Community Impact Team
Kristen Cochran-Ward, Mental Health Director
Anita Benavidez, Executive Assistant

Others Present:
MJ Jorgensen, Project Impl. Coordinator
Brian Ferrans, Mgr, Beh'l Health Strategy
Jessica Shannon, Resource Development Coord.
Alyson Williams, Policy Coordinator
Cheri Nichols, Clinical Nurse Manager
Wendy Grogan, Administrative Assistant
Sue Hewitt, Evaluation Coordinator
Vivian Perry, Progr. Mgr., Info & Referral Web
Pam Klein, Project Specialist
Erin Hottenstein, Public

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 5:06 p.m. The meeting was conducted remotely due to the COVID-19 pandemic. Additions to the agenda: Discussion & Action: Temporary Special Travel Policy, Temporary Special Leave Policy.

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

PUBLIC COMMENT

None

DISCUSSION & ACTIONS

COVID-19 Emergency: Status and Decisions

Status of COVID-19 – James Stewart

Dr. Stewart provided an overview of the COVID-19 pandemic situation. A significant increase in cases is anticipated in the coming days, and we anticipate a shutdown of all non-essential services in order to avoid the virus shutting down all essential services. Across the country, lifesaving healthcare staff and facilities are threatened by shortages in staff, PPE, ventilators and hospital beds.

His slides illustrated the exponential growth of COVID between March 6 and today (March 5

was date the first case was identified in Colorado): cases rose from 117,723 worldwide and 800 cases in the US, to 415,876 worldwide and 51,542 in the US. It took 67 days for the world to reach the first 100,000, but only 11 days to reach 200,000, and only 4 days to reach 300,000. If that rate of growth occurred in the US, we could see 250,000 cases in the US in 2 weeks and 2M cases by 3 weeks. The state of Colorado now has 912 confirmed cases out of 7,701 tests, and 11 deaths. The disease is not sparing any age of adults: fifty-two percent of those cases are in the age group of 30 – 59. Larimer County has 43 cases as of this report; Weld County has 76. It's important to note that the number of confirmed cases is likely vastly different than the number of actual cases present in the community: since the availability of testing is very limited, a true number of cases is not known. Estimates of true cases range from about 20-30 times the number of confirmed cases.

Five public health strategies have been or are being implemented: Containment, Mitigation, Suppression, Treatment, and Prevention.

Containment has already failed; the response in the US was very slow compared to other countries, and the disease has rapidly spread. The focus must turn to Mitigation and Suppression – the strategies include early detection, isolation, home quarantine, social distancing, extensive testing, contact tracing, closing schools and universities, and potentially a stay-at-home order. There are several challenges to these strategies; without testing, it is not possible to determine how extensive the problem is, or where, so it's not possible to isolate only those impacted. Other factors are the limited public health infrastructure in Colorado, and the risk of exceeding our health care capacity. It takes at least a 2-week window from suppression actions to seeing a reduction.

Treatment – We are currently lacking capacity to meet the surge that is coming if strong measures are not taken. Dr. Stewart shared the statistics in terms of hospital beds and ICU beds available in the US. In Larimer County we have a total of 592 beds, 80 ICU beds. At the current rate of growth in cases, if more measures are not put in place, we would run out of beds by early May, assuming we stay at the 20% hospitalization rate.

Ratification of Emergency Declaration
On March 19, 2020 the Executive Director executed an emergency declaration; it was approved by Board President Michael Liggett and requires ratification by the Board.

MOTION: To ratify the Emergency Declaration
Moved/Seconded/Carried Unanimously

Ratification of Remote Meeting Policy
In order to hold our Board meetings remotely, a new policy was recommended, developed, and approved by Board President Michael Liggett.

MOTION: To ratify the Remote Meeting Policy
Moved/Seconded/Carried Unanimously

Resolution 2020-4: To Approve Funding in Response to the COVID-19 Pandemic
Three documents were sent to Board members just before the meeting; one is Resolution 2020-4: To Approve Funding in Response to the COVID-19 Pandemic. Because of the current pandemic emergency and because we will need to aid in the protection of the public's health, safety, and welfare, Ms. Plock is requesting approval of expenditures up to $200K from the Health District's 'Contingency budget line item'. It is too early to determine the total amount of funding the Health District will need to divert. If we need to pull significantly from the Health District's

capital reserves, it is likely to impact our ability to move forward with an additional building in 2022. Initial use of funding is anticipated to include the costs of having staff work remotely, and of our work in partnership with several other organizations to provide services to those experiencing homelessness – in particular, our work at the new temporary Northside Aztlan homeless shelter to set up screening and an isolation/recovery room, and potentially additional isolation/recovery space. We also anticipate potential temporary changes in programs, such as increasing the income level that makes one eligible for our services.

A board question was, given the potential gap in hospital beds, whether there might be a role for the HD to participate in some sort of construction of emergency medical facilities? That is not something the Health District has been involved with; we are aware that the EOC has started to work on developing beds at The Ranch, although we don't know what the level of service will be. The Health District is focusing its attention on issues that others are not dealing with at all, particularly the needs of those experiencing homelessness. While the level of funding eventually needed is unknown at this point, this will give us a start and allow us to address the most pressing needs as they occur.

MOTION: To adopt Resolution 2020-4: Approving Funding in Response to the COVID-19 Pandemic

Moved/Seconded/Carried Unanimously

A board comment noted that this is exactly what contingency funds are for, and that fighting a pandemic is aligned with our mission. A board question was whether we have a plan to coordinate with other organizations. The Health District is working very closely with the homeless service providers and the City. We are not a primary player in the EOC; we receive some information, but not regular updates. We are actively working very closely with mental health partners. SummitStone is the official designated "lead" for mental health, but if mental health providers are called out, we have a major role with them in that process.

Temporary COVID-19 Pandemic Travel Restrictions Policy

Ms. Spink reported that last week the Health District implemented a temporary travel restrictions policy and a special leave policy. Updated versions were sent to the Board just prior to the meeting.

MOTION: To adopt the Temporary COVID-19 Pandemic Travel Restrictions Policy

Moved/Seconded/Carried Unanimously

Temporary COVID-19 Pandemic Special Leave Policy

This policy includes Federal Law that goes into effect on April 2, and is subject to change. Employees will receive full pay through the end of May. Supplemental Family and Medical Leave can be used for care of a minor child. FMLA provides job protection for those 12 weeks.

MOTION: To adopt the Temporary COVID-19 Pandemic Special Leave Policy in Concept, subject to attorney review, with the addition of "June 1" in Point 7

Moved/Seconded/Carried Unanimously

If there are minor changes in the Policy, those will be made automatically. If major changes are required, the document will be brought to Board President Michael Liggett for authorization.

OTHER UPDATES AND REPORTS

Executive Director Updates

Temporary Changes in Programs to Better Assure Community Health Services – Carol Plock and Karen Spink
It was noted that we are in uncharted waters with what is happening with the pandemic, our economy and the availability of child care. We are moving toward complete remote work, although some programs will continue in office at some level, such as emergency dental and some CAYAC services. Given the situation, the Executive Director requests the ability to make temporary program rules changes that will allow more people to access our services. Examples might be to increase income eligibility for certain services that have lower levels up to 400% of FPL; another might be a waiver of copays for the Prescription Assistance Program; another might be to be allowed to obtain oral consent until we can set up quick and effective systems for written consent; in a few cases, allowing for self-verification of income as we try to remove barriers during this period. The Board, by consensus, authorized the Executive Director to approve temporary rules changes to allow local residents enhanced access to our programs.

Community Response to COVID-19: Services for Those Experiencing Homelessness
After Ms. Plock read an email from Homeward 2020 indicating the creation of a temporary facility for the homeless at the Northside Aztlan Center, and contacted them to see if health supplies might be needed, Dr. Stewart volunteered to consult about infection control measures. Dr. Stewart was welcomed and quickly began working directly with the three major homeless services providers (Homeward Alliance, Catholic Charities, and Rescue Mission). We have just begun to work through the details; at our recommendation, a space in the building is being prepped to include an isolation area and quarantine area. This is a high priority as we anticipate a stay at home order soon.

The City opened Northside Aztlan as overflow to augment current shelters within the community in order to honor the social distancing dictate. The difficulty is that most of the common areas at all these sites don't have the space or a system to separate the healthy from the infected or symptomatic. At this time Northside is short-staffed, short on PPE, with only minimal security.

The plan is that regular screenings will take place, and if a person is exhibiting symptoms, they will go to a separate entrance, where further initial screening will be completed. If symptoms are mild, they would remain in isolation within the facility. If severe, an ambulance will be called for transport to the hospital.

A Board comment was that the board member was feeling encouraged that we have been able to be a part of the solution for this need. Next steps are getting dividers up; obtaining over-the-counter medicine (if it can be distributed), and possibly Telehealth for treatment. The City of Fort Collins and other public entities have been working on this "holdover" shelter until we get to a better situation. A Board member asked about the possibility of repurposing hotel rooms. There has been some discussion at the city level on this topic.

Other Accomplishments in Adapting to COVID-19
There has been much action since March 5, when the first case was detected in the state. Some of those include: Activated and updated IC Structure chart; identified essential services – dental emergencies, mental health; prepared for a mental health call out – when you are a primary responder you must respond when called out; inventory of our PPE supplies; Larimer Health Connect became a top priority for remote services due to increasing numbers of unemployed.

Challenges have included ever-changing situations and guidance. The first challenge was to create ways for staff to work from home. We had to assess who had the necessary technology,

and who needed what; set priorities; order and deploy equipment; etc. Our IT staff of two is holding up under incredible demands. They are working from a very comprehensive priority list with 81 people. Our server capacity was maxed; just some of our tasks included: adding servers, laptops, and phones as needed; usage policy and distribution; and making program adjustments to allow work from home.

Organizationally, the Incident Command Team established a tracking method for objectives. A local disaster declaration was put in place on March 19, while work on the budget and a master list of employees was developed identifying those that would fall into the high risk category. We are also tracking any employee who is out because of the COVID-19 Virus or in quarantine. We are in the process of defining ways in which we can keep people working whose job depends on clients – particularly the dental staff. Mental Health had a March 13th call-out; and we are assessing what BH services are available. The psychiatrists are coming up on telehealth and prescription software.

Larimer Health Connect is having to work completely differently, and Connect for Health Colorado declared a two week open enrollment period. Advance Care Planning demand is also picking up. The Communications staff is very busy working on getting the word out about changes, and since Compass is soon to come out, that will put information in the hands of 90,000 households. We have had a request from Weld County for help with case investigation and contact tracing. Dr. Bruce Cooper has been activated to help there. The future of contact tracing is uncertain, now that there is so much spread. A board comment was that a big question will be what metrics can be used to determine when restraints can be loosened?

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

The main concern for UCHealth right now is whether hospitals and ERs will become overwhelmed; Greeley is probably most at risk for reaching capacity. MCR and PVH still have capacity. PPE is in short supply, even with having pulled a lot from CSU. They are testing PPE manufacturer sterilization solutions. Like hospitals across the country, the supply of ventilators is a fixed number, and UCH is uncertain what the future looks like for more. Small rural hospitals like Steamboat Springs can get overwhelmed with just a few cases.

A secondary concern is financial. Their cash reserves are still strong, but depending on the rate of draw down, that could disappear quickly. Reimbursements from Medicare/Medicaid are being held up. All facility expansions are on hold and the hospitals can't recruit. Staff retention will be a bigger issue as the crisis goes on and health care worker resources are impacted by the virus. A typical patient needing a ventilator needs it for 10-14 days. In a very difficult situation, protocols are being developed for who gets access to a ventilator should there not be enough capacity. Emergency tent space has been set up as MASH units in the UCH parking lot.

Election updates – Chris Sheafor

Despite the COVID-19 Pandemic, the Health District sits right in the middle of an election. Mr. Sheafor has been in contact with governmental offices about the possibility of postponing the Special District election, but we have been told that there is no option - there is no provision in state law to postpone elections. We encouraging people to vote by absentee ballot – many requests for ballots have come in. Staff is working with the County Clerk's office on how to manage polling places differently on election day – such as a change of location to create a larger space; recruiting additional election judges; disinfecting equipment between people; identifying ways to assure social distancing in polling places.

This Thursday is candidate orientation; ballots go out from permanent mailing list between April 3 and 5. Work is in process to ensure the list is accurate. Absentee ballots will go out through the month of April as requests are received. Election Day is May 5. It was noted that a request for absentee ballot can be done online – available through our website. It was suggested that there be a clear path to the ballot request form on the front page of our website.

PUBLIC COMMENT (2nd opportunity)
None.

ANNOUNCEMENTS
April 14, 4:00 pm, Board of Directors Special Meeting (TBD: if needed)
April 28, 4:00 pm, Board of Directors Regular Meeting

A Board member asked what fell to the back burner as we respond to these shifting high priorities. A few include preparations for the Triennial Board Retreat; performance evaluations and raises; dental moved to emergency only appointments; and policy analysis will change as the legislature decides when to be in session.

ADJOURN

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

The meeting was adjourned at 7:05 p.m.

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Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
SPECIAL MEETING
April 14, 2020

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

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

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
James Stewart, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Dana Turner, Dental Services Director
Chris Sheafor, Support Services Director
Lin Wilder, Community Impact Team Dir.
Kristen Cochran Ward, MH Connections Dir.
Anita Benavidez, Executive Assistant

Staff Present:
MJ Jorgensen, Proj. Implementation Coord.
Sue Hewitt, Evaluation Coordinator
Vivian Perry, Proj. Mgr – Info & Referral Web
Alyson Williams, Policy Coordinator
Jessica Shannon, Resource Development Coord.
Taylor Kelly, Project Implementation Specialist
Pam Klein, Project Specialist
Brian Ferrans, Mgr, BH Strategy & Impl.

Public Present:
Erin Hottenstein

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:05 p.m.

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

PUBLIC COMMENT

None

REPORTS, DISCUSSIONS & ACTIONS (Note: all votes were taken by roll call)

Health District Board Elections

Election Update

Chris Sheafor reported that this is definitely an election different than ever before – not only due to the pandemic, but also due to the upcoming major elections, which have made it difficult to get equipment. We now have all equipment in, and the ballots are printed for the election. One candidate has dropped out, leaving eight. Due to the pandemic, we have been strongly encouraging people to vote by absentee ballot, and have received large numbers of requests for them; some ballots are coming in already.

Since there is no provision in State law that allows postponement of an election, the election must be held on its original date of May 5th, and since it was originally set up as a polling place

election (with the option of voting by mail through 'absentee' ballots), the election must include a polling place for voting in person. In response to the COVID-19 pandemic, in order to allow for greater social distancing, staff propose that the election be held in one larger location in a centrally located site – the Drake Center – rather than two smaller locations on the north and south part of town. CDC Guidelines for elections will be followed, including social distancing, disinfection, requiring and providing masks, etc. Given the requests already received for absentee ballots, we are anticipating a smaller crowd of in-person voters than usual. The new location will be announced on our website, included in the new edition of *Compass*, and through social media and a press release to the Coloradoan.

A Board member asked how the absentee ballots work. Staff explained that we have one big batch of ballots that are mailed out to those on our permanent 'absentee' mail-in voting list (which is currently about 1,400), and that staff also send out ballots daily as new requests for absentee ballots are received. If someone has requested an absentee ballot and doesn't get it for any reason, or if they receive it but not in time to mail it back, the individual can go to the polling place or drop the ballot at the Health District.

Resolution 2020-04 to Change Election Polling Place

The Board considered the resolution to consolidate the two polling places into one, and move it to the Drake Center.

MOTION: To approve Resolution 2020-04 to Change Election Polling Place
Moved/Seconded/Carried Unanimously

Other

Ms. Plock noted that, while errors in Compass are rare, we found out just this afternoon that this time a significant error was made: the listing of family members for board candidate Johanna Ulloa Giron was incorrect. When Ms. Ulloa Giron submitted her information, she did not provide information for that category, and the error was made because staff were using a template from a prior election for the questions and answers, and forgot to delete the information on that section, which was from a prior candidate. The error was not caught in the editing process. Staff are very sorry for the error. Ms. Plock called Ms. Ulloa Giron to apologize, and will call her again after the board meeting to get her feedback on options for correcting the mistake. The board and staff agreed that the question about family will not be asked of candidates in the future. Staff will make sure that the Coloradoan, which is also collecting information from the candidates to post, is aware that our information was in error.

COVID-19 Emergency: Status

Current Status of COVID-19

Dr. Stewart presented key current statistics about COVID-19: There are now close to 2M cases around the world. In the U.S., there were about 51,500 cases on March 24, and about 590,000 today, ten times more in three weeks, but not as bad as one of the original projections of 2M in the U.S. Colorado has about 8,000 cases, with 1,556 hospitalized and 329 deaths. Larimer County currently has 198 cases. Weld County is getting hit hard with 850 cases, and Larimer County is starting to see people coming in from Greeley for medical care. In a slide reflecting the changing epidemiology of the coronavirus, the stay at home orders seem to be working to 'flatten the curve' – we might even be seeing the start of a down trend.

As one might expect, the population is experiencing increased anxiousness to return to life as normal. The challenge is that it will likely take more than a year before we have a vaccine, and

the majority of people do not have immunity. On our current path, we would continue with aggressive lockdown/suppression for a while, then slowly lift the restrictions, but may have to close down again as we see resurgence.

The scientific consensus is that a test, trace, and isolation strategy is critical. COVID-19 has become the leading cause of death in the US. Without suppression, many more people would become infected and die. The lockdown will need to continue, but better testing, tracing, and quarantine is also needed. Currently front line health care workers can be tested, but we need testing available for the whole population, and faster results. Dr. Stewart shared brief reviews on two articles – From *The Hill* "We'll lose 'World War C' against COVID-19 if we don't fight the right way", and Johns Hopkins National Plan for Comprehensive COVID-19 Case Finding & Contract Tracing. Success would require the ability to safely isolate those that are sick, and then quarantine any at risk of infection. Both would require far more volunteers.

The typical test being used is a PCR test, which provides pretty good assurance of positive validity, but some research has indicated a false negative rate of 25-40%. False negatives may result from the timing of the test – if too early or too late – the most accurate findings are within 1-3 days of onset of symptoms. They may also come from the difficulty of collecting the sample.

Antibody tests are another option for testing: they show whether your body has been exposed to the virus and has had a response resulting in antibodies/immunity, but they are not yet widely available. Immunity is an important part of the return to business as usual. A board member comment was that relying on people having immunity to allow them back to work could be ethically tricky - there may be unintended consequences if those that are immune have access to work, when others do not.

Larimer County health care capacity remains stable and we are seeing a decrease in all other types of hospitalization. PVH still has capacity, but the Greeley hospital was at capacity, though they are now starting to see a little relief. Instances requiring the ER or admission are leveling off.

Northside Aztlan and Alternate Site: Screening, Recovery, Isolation for Those Experiencing Homelessness – James Stewart, Brian Ferrans

The Health District is currently co-managing the Recovery Center at the Aztlan Center (working with Holly LeMasurier and Homeward 2020) and is developing an alternate isolation site. Dr. Stewart shared the organizational chart and flow chart for the Aztlan shelter (with Brian Ferrans and MJ Jorgenson as site leads, and Dr. Stewart at Medical Director, with other volunteer physicians and a nurse practitioner filling in with medical on-call triage services) as well as some pictures of "daily life" at the shelter. The Health District is organizing screening (symptom and temperature surveillance) for those attending the Northside Aztlan center, and organizing the infection control volunteers who help with screening, hand wash station, and staffing the recovery center. Screening and hand-washing takes place at all three meals, and is working well; there were 165 for breakfast this morning. Throughout the day, 8:00 am – 10:00 pm, there is symptom surveillance, triage, and the Recovery Center is staffed. Behavioral health needs are now covered 8:00 am – 8:00 pm seven days/week. After that calls go to the crisis line.

The general use area is designated for men without symptoms to sleep at night 9:00 pm – 6:00 am. The recovery area (for isolation and recovery) has a similar set-up, but guests stay there all

the time – six beds in the conference room, industrial strength HEPA filter, television and DVDs for entertainment, water and snacks, and individual chairs and trash cans. The intent is prevention of the spread of disease, and managing recovery – keep people as comfortable as they can be while recovering from symptoms.

We now have a very helpful system set up with the PVH ED that allows us to send guests for rapid testing, with a 3-hour turn-around time. There is no shortage of compassion or composure as we adapt to the needs in a rapidly changing environment. Our own staff – Brian, James, and MJ display incredible compassion and commitment, working long hours in less than ideal situations. New partners and new volunteers keep stepping up; the collaboration is amazing.

Ms. Plock shared that at the beginning of our Recovery Center experience, when there were cases of norovirus circulating among the population, the Health District staff realized we needed several different isolation and recovery options – one for men, one for women, and some with very specific isolation needs. The EOC had been developing space for 10 beds for those experiencing homelessness at The Ranch, but the site was only for those discharged from the hospital, and when the Army Corp. of Engineers took over the site for expanded hospital level care, they had to move. While all that was happening, the Health District located an alternate site where Elderhaus used to be located, and currently owned by the CSU Research Foundation.

The Health District has been working with the Homeward Alliance to stand up this site, and have been negotiating leases, getting utilities set up (the city provided some utilities at no charge), working with the City to meet its requirements, security cameras, security, an initial deep cleaning, ongoing cleaning, internet, wifi, and landlines. Currently working on an ongoing cleaning contract to meet the standards required for COVID-19. Our Health Van will serve as an office space, along with a space that security can use. Homeward Alliance hired a site lead at this new location; our site leads will also provide oversight, and other volunteers are being recruited. HA will also provide case management, and daily check-ins. It may be possible to open as soon as Thursday. Capacity in two homes is 5 bedrooms that could each have their own bathroom. As many as about a dozen more people may be able to be housed, if bathrooms can be shared.

Mental Health and Substance Use Response

Kristen Cochran Ward noted that Connections has been selected to be the COVID-19 mental health support line, and as a result, moved with haste to change hours from typical business hours to 8-8, seven days a week, most done remotely (some services, particularly with children, are still being done in the office). We have been working with key partners; it is anticipated that people will need growing mental health support due to the loss of jobs, the stress of shutdown, the loss of lives, and fear of the pandemic. Currently the demand has not exceeded capacity, because people are focused on survival (How will I pay my rent? How will I feed my family?), but the need is expected to grow over the next several months. This transition is a significant one for staff, who are working different hours and needing to do things differently. If demand increases to a higher level, we can reach out to the Care Team (the mental health team that is trained to respond to disasters) and other partners for assistance.

We are also working with partners on new marketing approaches. We have already distributed outreach flyers and cards at businesses, and are working on social media outreach and other marketing materials. Part of the marketing strategy is to determine how best reach those that wouldn't ordinarily seek mental health care. Ms. Cochran-Ward will be on a radio panel and podcast tomorrow morning.

A board comment was that primary care is seeing substantial mental health burden due to anxiety and isolation, even suicide. A key population that we need to reach out to is the medical providers and front line responders. Another board comment was that the data is indicating that child abuse reports are down, although it doesn't mean that it isn't happening – may mean that it is not being reported. Alcohol use appears to be up.

Other Key Efforts

Larimer Health Connect: Ms Spink reported that Larimer Health Connect has seen a 45% increase in the number of individuals they serve since they went "on-line" March 25; 48% increase in enrollments for the same time last year, although there is still capacity available. LHC is working on a marketing push to help people get health insurance - Medicaid and on the Marketplace – and is gearing up for a very busy next few weeks and beyond. A Board member asked if there were any issues with faxed-in consent forms. Generally speaking it is working, just on occasion we have to mail out and have documents sent back.

Advance Care Planning: There is also an increase in demand for Advance Care Planning; our one remaining staffperson on the project is keeping busy.

Human Resources: We have been busy learning and applying the changing policies at the national and state levels. The Families First Coronavirus Act provided 80 hours of paid sick time for six different situations (see Temporary COVID-19 Pandemic Special Leave Policy).The Supplemental/Emergency Family and Medical Leave Policy provides 12 weeks paid leave (by Federal mandate at 2/3 pay) for child care. It allows for a broader group of individuals and provides for intermittent leave. Most of our employees are now set up to work remotely, with a few exceptions who come to sites. Parents who cannot find other child care can lower their hours or work different hours. We are currently continuing full pay and the 80 hours granted through the Families First Act protects employees' PTO time.

The majority of our staff is keeping quite busy. In addition to the work at Northside Aztlan and emergency dental care, some staff are actively working on grants to cover some of the new expenditures; others are working on figuring out policies and laws related to COVID-19, others are searching for Personal Protective Equipment (PPE) for when we can re-open, and yet others are working on sewing masks. There are many other things we're not getting to with priority given to COVID-19 support.

Intro to Financial Implications (FEMA, State, Health District)

A comprehensive analysis of the financial impact is not yet available, but Ms. Plock and Ms. Haywood are working on an analysis that will be presented at the April 28 Board meeting. Dental revenues are typically over $1M, and those will be less this year. Other issues to estimate will be the impact of lower property tax collections, and potential Gallagher impacts for the future (which may be impacted by oil & gas reductions). Our Finance Department has been tracking COVID-19 related expenses carefully – the biggest expenditure at the moment was the transition to remote work. We continue to have Dr. Cooper help Weld County with case investigation and contact tracing as well as acting as a back-up for Dr. Stewart. New costs will also include security and special cleaning at both Northside Aztlan and the Alternate Site, along with a variety of other expenses. Staff expressed their gratitude to the Board for the $200K already designated for the COVID-19 response; there will likely need to be an additional request

made at the April 28 meeting.

Staff is working on identifying funding that we might be able to access. Since we are a local government, FEMA is a possibility, but they have very specific restrictions on reimbursement, so it is not a sure thing. The funders of two existing grants gave permission for their grants to be used for COVID-19 pandemic response instead. One will be used to cover the cost of Mental Health response in the parts of Larimer County outside of the district; the other will likely be repurposed to cover some of the costs of the services we are providing for those experiencing homelessness. At the next meeting, we will report on state funding; we do know that HCPF alone has to cut $20M in the remaining three months of this tax year.

We are anticipating decreases in funding that could impact our programs, but it's too early to determine how much. One consideration may be whether the Health Department will need any assistance in the contact tracing effort; it is anticipated to be a massive undertaking.

Update to Policy 97-16: Policies and Procedures for Reviewing and Copying Public Records

Mr. Sheafor reported that our attorneys reviewed the Policy and suggested some minor changes including a rate increase on the cost for copies. Once updated, it will be posted on the website.

MOTION: To approve the update to Policy 97-16: Policies and Procedures for Reviewing and Copying Public Records
Moved/Seconded/Carried Unanimously

UPDATES & REPORTS

Executive Director Updates – Carol Plock
Nothing more than what has been covered.

Liaison to PVHS/UCHealth North Report – Faraz Naqvi, MD
PVHS/UCHealth North will have a Board meeting tomorrow. A snapshot at the moment is that they are currently managing capacity demand, with the ability to manage a small surge in ICU. They have seen a decrease in visits across the board; clinic visits down 40 – 50%, Emergency Department 50%; and outpatient surgery down 70%. The UCH Hospital in Weld County had been operating at capacity, but is no longer at capacity, and MCR can handle more as needed. Financially, they are seeing a decrease in revenues at the same time that their expenditures are very high; as much as $3.5-4M per day. It is fortunate they have a strong balance sheet so they are not as much on the edge as some other hospitals are; in particular, rural hospitals are in a lot of trouble. Staffing is in pretty good shape – no massive numbers of illness or call-ins; and they are paying all employees through May, though they may yet have to use furloughs. Banner has had to cut back on both the number of employees and hours worked. UCHealth is working towards more community-based testing; testing is currently restricted to hospital workers, first responders, and other health providers.

PUBLIC COMMENT (2nd opportunity)

Erin Hottenstein asked if the Health District is seeking more masks – she is seeing some available in the community. Staff believes we have enough N95 and procedure masks for our health professionals to carry us through another couple of months, but we have not had time to procure enough cloth masks that others should use – so we would welcome those if available.

A last comment from staff is that Weld County has much more spread than we have, and they anticipate far more. Service providers in that county are getting completely overwhelmed so we will likely see people crossing county boundaries seeking the health care they need. It is imperative that we not grow complacent in Larimer County.

ANNOUNCEMENTS

April 28, 4:00 pm, Board of Directors Regular Meeting
May 5 – Health District Board Election Day
May 26, 4:00 pm, Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 5:40 p.m.

Respectfully submitted:

_____
Anita Benavidez, Assistant to the Board of Directors

_____
Michael D. Liggett, Esq., Board President

_____
Molly Gutilla, MS DrPH, Board Vice President

_____
Celeste Kling, J.D., Board Secretary

_____
Joseph Prows, MD MPH, Board Treasurer

_____
Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
REGULAR MEETING
April 28, 2020
Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

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

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
James Stewart, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Dana Turner, Dental Services Director
Chris Sheafor, Support Services Director
Lin Wilder, Community Impact Team Director
Kristen Cochran-Ward, Connections Director
Anita Benavidez, Executive Assistant

Staff Present:
Brian Ferrans, Mgr, Beh'l Health Strategy
Jessica Shannon, Res. Development Coord.
Alyson Williams, Policy Coordinator
Taylor Kelley, Proj. Implementation Specialist
Sue Hewitt, Evaluation Coordinator
Vivian Perry, Progr. Mgr., Info & Referral Web
Pam Klein, Project Specialist
Maria McPherson, Progr. Evaluation Specialist
Suman Mathur, Evaluator & Data Analyst

Public Present:
Erin Hottenstein
Bill Althouse

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:00 p.m. The meeting was conducted remotely.

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

PUBLIC COMMENT

Bill Althouse introduced himself as a science researcher and noted that he has studied the progress of COVID-19 around the globe and, as others have noted, believes that testing and contact tracing is paramount to control of this virus. He spoke with Tom Gonzales of Larimer County Health Department and feels Mr. Gonzales understands what needs to be done regarding testing. Mr. Althouse believes that testing and contact tracing will buy critical time, and is hoping that funders will help it take place. He noted that the cost of testing is reimbursable by both Medicare and Medicaid, but there is still the cost of contact tracing. He is looking for sources to seed the costs of contact tracing.

DISCUSSION & ACTIONS

COVID-19 Emergency: Status and Decisions

Current Status of COVID-19

Dr. Stewart provided an update on the COVID-19 pandemic. As of April 14, there were close to two million cases around the world. Today there are more than three million cases and cases within the United States have doubled. He presented the following data: The U.S. represents about 1/3 of the global cases and has a case fatality rate of 5.7% of confirmed cases. That means one out of four global deaths is in the US. As of today, Colorado has 14,000 cases, about 2,500 have been hospitalized, and there have been just over 700 deaths in the state. Larimer County currently has 321 confirmed cases with 19 related deaths.

Colorado is one of the leading states relaxing its "stay-at-home" orders and there is concern that it may be too early as we don't yet have the capacity for mass testing. Some of the key guidelines for the "safer at home" orders from the governor are that: older adults/high risk individuals continue to stay at home; the stay at home rate does not drop from the current 75% to less than 65%; we see steadily improving testing and tracing availability, and everyone wears facial masks. The state's viewpoint is that if Coloradans adhere to the guidance of at least 65% physical distancing, we likely won't see another peak that would over-burden our service capacity. However, if that drops to 45 – 50%, we will see another peak this summer into fall.

The Jenner Institute at Oxford just announced that they will be testing a vaccine in May, and if it proves effective, they could potentially have a vaccine available in large numbers (millions) by September.

Level 2: 'Safer at Home' and Implications to the Health District

Ms. Plock reviewed the transition from "stay at home" to "safer at home" per Governor Polis' latest order on April 22, which started April 27. Some highlights from his address: COVID-19 is still circulating – while most people who get it won't require hospitalization, others will, and deaths will continue. We need to manage our expectations – this is not going back to "normal". We must modify our behaviors – precautions are critical to success. These precautions include adults 60+ and those with underlying health conditions continue to stay at home, all people limit all social interaction, staying at home except when absolutely necessary, and abide by the 6' physical distancing mandate, all wear masks whenever around others (except those you live with), and there is aggressive case detection (testing) and containment (contact tracing).

Other considerations include: teleworking for all who can, sick people may not go to work, eliminating unnecessary gatherings and no more than ten people when necessary, no travel (stay within 10 miles of home), continue hand-washing and disinfection, growing testing by 5% per week, as well as increasing and automating contact tracing. What is not opening at this point is K-12 education in schools (remote through end of this school year), sporting events, restaurants, nightclubs, bard, gyms, and spas. The governor was hopeful that we could reopen restaurants, bars and personal services by mid-May. What has been loosened, with strict precautions: elective medical and dental procedures, child care, retail businesses (first, curbside delivery, later phased-in openings), personal services, and for offices where telework does NOT work, up to 50% of staff, with precautions.

For the Health District, what that means is that where telework is effective, it will continue. While we will increase our dental procedures, we must use extreme precautions. Dana and Dr. Rupp are beginning to develop procedures for reopening at less than full capacity, while waiting for guidelines from the ADA and CDA. They have developed a 20-step plan with careful

attention to PPE.

We will be examining the rest of our services, and anticipate a slight increase in in-office work. Close attention will be paid to changes in child care, decisions being made by our partner agencies (particularly primary care), how our employees are being utilized – currently, that remains high, though some may need to be redeployed, the local approach to services for those experiencing homelessness, constant changes, and the community approach to testing and contact tracing. The Health District has individuals who could assist with contact tracing, and Ms. Plock will be sure that the Larimer County Health Department is aware of that.

Northside Aztlan (NACC) & Alternate Site Updates

Brian Ferrans reported that the NACC has been operating just over a month. It is supported on-site 14 hours per day by a mix of Health District employees and other volunteers. Symptom surveillance continues during meal times as processes continue to shift to gain greater efficiency. Handwashing stations have been added, guests are increasingly respecting the physical distancing guidelines while in line, and we are providing masks for those who will wear them. The NACC recently had a 4-day break with no symptomatic individuals, but we currently have three guests who have all tested negative but are still very sick and recovering at NACC. The Health District is working with Homeward Alliance on completing preparations for the use of the Alternate Site. The decision has not been made about whether the best use will be for those who are COVID+, those who are symptomatic but whose testing was negative, or those at high risk for complications from COVID-19. The cleaning contract is being finalized and Homeward Alliance has hired an on-site manager.

The City of Fort Collins will be shutting down the tent city over the next few days, staff anticipate an influx of people inside at night, as well as disbursement throughout the community. The City has extended the contract for operations at NACC through May 22. The City has agreed to open an additional portion of NACC for those at high risk of complications from COVID-19. As currently planned, the Recovery Center will be used for high-risk individuals. There will still be space for quick triage of symptomatic individuals, and then transport to the Alternate Site as needed (assuming the Alternate Site will house mostly symptomatic folks awaiting testing or in recovery).

Mental Health and Substance Use Response

Kristen Cochran-Ward reported that the Connections team is up and running, providing services 8:00 am – 8:00 pm. They have entered into an agreement with SummitStone, so that the phone number will roll over to SummitStone's Crisis Line 8:00 pm – 8:00 am (with the awareness that not all callers will be crisis calls), providing 24-hour service. Since April 1 there have been 484 unduplicated individuals requesting services, with 77 of those calling with primarily COVID-related mental health issues – mostly anxiety and extreme sadness. This is not surprising with the job losses, financial stress, blending work-from-home and parenting, and uncertainty that surrounds COVID-19. Outreach is focusing on reaching clients we might not have reached previously, using the words that people are feeling (overwhelmed, worried) rather than typical behavioral health terms. Community partners are working on a grant application to expand outreach to all those who might need it.

A Board member commented that La Cocina provides mental health services to those in immigration/LatinX populations, but the needs are exceeding their capacity. Ms. Cochran-Ward noted that Connections has three bilingual providers, and may be able to help. The team is working on having all the new marketing materials be both in English and Spanish.

Projecting COVID-19 Impact on 2020 Budget
Ms. Plock noted that it's very hard to know, at this point, the total impact of COVID-19 on an organization's financial status. The figures that are being presented today are very preliminary, and the attempt was to provide conservative estimates, but this is an incredibly difficult projection to make.

In the 2020 Operational Budget, projections currently indicate that we could see as much as a 10% drop in revenues ($1.3M). Anticipated changes would come from lower fee income, property and special ownership taxes, and investment income. After adjusting for anticipated expenditures savings (dental/medical supplies, conferences not attended, not filling positions, etc.) and potential increased expenses (cleaning, disinfection), the estimated operational budget impact is a loss of about $1,060,000.

In the 2020 Reserves Budget, there is currently an additional allocation of $200,000 to COVID-19 Emergency Expenses from the Contingency line item. There are several line items in the reserves budget that are less likely to be spent this year (for example, the Aging Initiative, the Pain Management Project, Specialized training, the name change), with a corresponding savings.

When those changes are applied to the Operational Budget impact, if the deficit in the Operational budget is addressed with Reserve funds, the total COVID-related decline to the Health District reserves in 2020 is currently projected at about $940,000.

Ms. Plock then reviewed the original planned use of reserves in 2020 with the Board.
Our current reserves sit at about $7.5M to start this year. Of that, $2.9M are funds currently budgeted to be spent in 2020 on program, capital, and non-capital equipment, software, and building improvements. $320K is required to be withheld as compensation absence liabilities. $500K is an emergency reserve required by the State. We could "borrow" from that reserve but would be required to replenish it next year. There is $1.9M set aside as a portion of the cost of a new building to be purchased in 2022/2023 – which is looking unlikely with the current economic situation. There is also $1,150,000 - $1M of which is a reserve required by Board policy. Finally, there is a $791K contingency -- $200K of which has already been reserved for COVID-19 response.

In reviewing projected potential changes in planned reserve expenditures, Ms. Plock noted that it might be wise to reserve, for now, the full Contingency line item for COVID-19 Emergency expenses through the end of the year, in the amount of about $790K. Costs so far include the transition to remote services, prevention of spread among those experiencing homelessness, case investigation and contact tracing (so far in Weld County), and the changes to the Mental Health Connections services, but other expenses are likely to emerge in the future. Adding that to the already projected Reserves deficit of $940K (taking half from the board's $1M required reserve, and half from the funds being reserved for the future purchase of a building), there could be a total lowering in reserves of about $1.7M in just 2020.

At the moment, staffing is being maintained at full capacity, and we may need to redeploy some employees. It is not possible to say whether we might need to consider lay-offs in the future.

Ms. Plock consulted Larimer County's budget director, who noted that for businesses and those organizations whose major revenue is from sales taxes, there will be an immediate budget hit, while for those organizations whose revenues are largely property taxes, the hits will be largest in future years, likely from around 2022-2024. This situation is likely to be a deeper recession

than in 2008. If we cut too deeply, and have no reserves going into those years, we would have no option but to cut into important programming, which would lead to lay-offs.

A board question was whether we are seeking Federal Grants – or any grant opportunities. Initially, Ms. Plock thought we would likely be eligible for some FEMA reimbursement, but we are not sure whether we meet all the criteria; we are checking into it. Since the Connections COVID-19 line needs to be county-wide, we will need to secure adequate funding for the southern part of the county. Another grant for COVID-19 Telehealth might reimburse some of the expenses in getting the Connections team up and running remotely. Jessica Shannon has put together and is maintaining a comprehensive matrix of funding opportunities. There was a board question about whether we are allowed to utilize our funds for assisting Weld County in contact tracing. The exception is acceptable because of the high rate of cases in Weld County, which puts Larimer County at risk, and the ability for governmental agencies to commit to intergovernmental agreements of mutual aid in emergency situations. Ms. Plock reiterated that we have offered the same assistance to Larimer County, and that our liaison to the EOC reports that Larimer County is able to meet the need for contact tracing at this time, although that may change as testing increases.

Emergency COVID-19 Expenditure Budget Increase

Due to the continuing need for funds to for quick response to the COVID-19 emergency, Ms. Plock requested that the Board approve an increase (from $200K to $500K) to the expenditure limit for COVID-19 Pandemic Response.

MOTION: To adopt Resolution 2020-4: Approving Funding in Response to the COVID-19 Pandemic

Moved/Seconded/Carried Unanimously

Policy

Update on State Budget, Legislative Session, Interim Committees, etc.

Alyson Williams reported that there will be a Joint Budget Meeting on Monday, May 4, with a forecast budget on May 12, and the legislature reconvening on May 18. The budget goes to the Governor and is signed by May 30. Only legislation of priority is expected to be taken up the priority will be Budget and COVID-19. There are currently 75 bills that may be needed to keep the government running. Most of the bills on which the Board of Directors took a position are gone.

The State is planning for a $43.2M budget cut for the last three months of 2020 – though the cuts would not affect emergency funds for COVID-19. They are anticipating $3B in lost revenue for the new budget year (about 10%), and the Federal stimulus dollars have strict use guidelines. Staff will be giving major budget cut recommendations to the Joint Budget Committee (JBC). Potential cuts that could have a negative effect on the Health District include possible reductions in: adult dental benefit for Medicaid, children's health insurance, the Senior Dental program, and a reduction in the rate of pay for Medicaid providers.

Although the possibility has been raised, it appears unlikely there would be emergency taxes. Everyone agrees that the need to balance the state budget without doing harm to schools will be extremely difficult. Interim committees have been suspended, making it difficult to find fixes for either TABOR or Gallagher. With the upcoming elections, there will be new House members, and there is concern about the loss of institutional knowledge in the midst of an emergency. The decline in revenues to the State will likely impact TABOR resets in the future. It was noted that if the state eliminates the dental benefits, it would make a big impact on the community's needs

and the Health District's revenues. We are advocating for a reduction in the programs, rather than their elimination.

OTHER UPDATES & REPORTS

Executive Director Updates – Carol Plock

Ms. Plock provided an update on the Larimer Health Connect – they are busy but still have a bit of capacity available. April 30 is the last day people can enroll in the special enrollment period. She will be working with leadership to review all staff and programs in upcoming weeks to determine workloads, assignments, and whether to increase some in-office work. In non-COVID news, the Behavioral Health facility design phase is nearly complete, and is looking impressive. A board question was whether we would not be doing the name change. Staff response was that it seems prudent to put that on hold at the moment, since the community is identifying with the "Health District." A board comment was that the Larimer County Health Department is scrambling to provide updated, accurate information to those that might not hear it otherwise, and can use help.

Board Election Update

The election is next week, Tuesday, May 5. Although the overseas voting won't be in, we will announce the preliminary outcome on the 5th. There will be an email sent to the candidates and the Board inviting them to a Zoom meeting announcing the election results, likely sometime between 8:00 and 10:00 pm on the 5th. Results will also be posted on the website, and sent through a press release that night. We have mailed out about 1,100 newly requested absentee ballots, on top of the 1,400 on our permanent mailing list, for a total of about 2,500 ballots (not including ballots going to those overseas) – about double in a normal year. This may indicate smaller numbers at the polling place.

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

The PVHS/UCHealth North Board met on April 15. UCHealth did the testing for Weld County at the JBS meat processing plant, testing 2,500 employees with high positive rates. Emergency Department volumes are down 60%, and overall volumes are down 40%. Revenues across the board were down but expenses were roughly flat, since it has been possible to downsize expenses in some areas. There is some concern about what will happen on the back-end of this, and whether it will be possible to rebound. EBIDA was down in February, and expected to be worse in March. There has been assistance in subsidy and FEMA funds. The loss of revenues associated with the outpatient surgery centers is very significant. An update on the 24th indicated that they are starting to schedule elective procedures with all patients and employees tested.

UCHealth, the biggest Medicaid provider in the state, is pouring money back into the community and keeping facilities open so that they remain part of the health infrastructure. They regularly serve vulnerable populations, particularly through Anschutz in Denver. They are bleeding down reserves for the benefit of the community - with a decrease in revenues, they could burn at the rate of about $1B/year, if they can't recoup lost revenues.

PUBLIC COMMENT (2nd opportunity)

Mr. Althouse spoke again regarding his review of graphs from the different countries that indicated that the US is 14th in testing of all countries. He noted that the County does not have the funds to purchase the tests and is working with CSU for validation of other tests. Mr. Althouse spoke in support of the antibody testing. Director Prows indicated that he is now able to get a test for any patient who is symptomatic. Regarding the antibody tests, there are 80 or more different types of antibodies and it is impossible to tell which, if any, are reliable.

CONSENT AGENDA

January 2020 and February 2020 Financials

Staff noted that some of the labels on the "Statement of Program Revenues and Expenditures – Budget to Actual" are incorrect on the January and February 2020 Financials; on the sections labeled "temporary help," the data is for "other expenses." All figures are accurate.

MOTION: To adopt the Consent Agenda, approving the January 2020 and February 2020 financials, with the correction of those labels.

Moved/Seconded/Carried Unanimously

ANNOUNCEMENTS

May 5 – Health District Board Election Day
May 26, 4:00 pm, Board of Directors Regular Meeting—Seating of Elected Board Members
June 23, 4:00 pm, Board of Directors Regular Meeting

ADJOURN

MOTION: To Adjourn the Meeting

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:41 p.m.

Respectfully submitted:

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Anita Benavidez, Assistant to the Board of Directors

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Michael D. Liggett, Esq., Board President

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Molly Gutilla, MS DrPH, Board Vice President

_____

Celeste Kling, J.D., Board Secretary

_____

Joseph Prows, MD MPH, Board Treasurer

_____

Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board

HEALTH DISTRICT
of Northern Larimer County
March 2020
Summary Financial Narrative

Revenues

The Health District is 2.0% behind year-to-date tax revenue projections. Interest income is 37.7% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings decreased from 1.51% to 1.28% (based on the weighted average of all investments). Fee for service revenue from clients 12.4% behind year-to-date projections and revenue from third party reimbursements is 47.9% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 1.5% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 15.5% behind year-to-date projections. Program variances are as follows: Administration 5.0%; Board 32.4%; Connections: Mental Health/Substance Issues Services 14.3%; Dental Services 19.0%; MH/SUD/Primary Care 15.1%; Health Promotion 15.9%; Community Impact 14.7%; Program Assessment and Evaluation 13.9%; Health Care Access 15.3%; HealthInfoSource 45.4%; and Resource Development 16.5%.

Capital Outlay

Capital expenditures are 90.5% behind year-to-date projections due to the postponement of some capital purchases due to current COVID-19 circumstances.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 3/31/2020

ASSETS

Current Assets:	
Cash & Investments	$7,897,433.47
Accounts Receivable	(20,236.74)
Property Taxes Receivable	5,734,509.16
Specific Ownership Taxes Receivable	43,808.19
Prepaid Expenses and Deposits	75,456.53
Total Current Assets	13,730,970.61
Property and Equipment	
Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,161,518.19
Accumulated Depreciation	(2,854,873.81)
Total Property and Equipment	7,320,355.13
Total Assets	$21,051,325.74

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 3/31/2020

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	$823,581.02
Deposits	1,000.00
Deferred Revenue	412,037.69
Total Current Liabilities	1,236,618.71
Long-term Liabilities:	
Compensated Absences Payable	13,578.75
Total Long-term Liabilities	13,578.75
Deferred Inflows of Resources	
Deferred Property Tax Revenue	4,713,390.26
Total Deferred Inflows of Resources	4,713,390.26
Total Liabilities & Deferred Inflows of Resource	5,963,587.72
EQUITY	
Retained Earnings	13,654,788.76
Net Income	1,432,949.26
Total Equity	15,087,738.02
Total Liabilities & Equity	$21,051,325.74

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF REVENUES AND EXPENSES

For 1/1/2020 To 3/31/2020

	Current Month	Year to Date
Revenue:		
Property Taxes	$1,021,118.90	$3,537,225.74
Specific Ownership Taxes	43,807.39	148,241.08
Lease Revenue	93,880.37	281,641.11
Interest Income	8,683.24	27,994.29
Sales Revenue	10.28	80.09
Fee For Services Income	11,753.00	50,539.13
Third Party Reimbursements	7,331.40	126,814.15
Grant Revenue	2,188.53	56,722.68
Special Projects Revenue	2,965.98	3,035.36
Miscellaneous Income	7,440.84	9,543.81
Total Revenue	1,199,179.93	4,241,837.44
Expenses:		
Operating Expenses		
Administration	$88,059.32	$248,211.28
Board Expenses	12,959.27	16,801.20
Connections: MentalHealth/Substance Issues Svcs	165,859.55	426,731.16
Dental Services	273,423.76	825,725.74
MH/SUD/Primary Care	86,174.52	263,540.74
Health Promotion	64,071.81	184,526.90
Community Impact	53,663.84	158,110.57
Program Assessment & Evaluation	17,569.55	51,094.96
Health Care Access	77,465.77	253,997.68
HealthInfoSource	4,786.17	16,012.89
Resource Development	12,830.71	38,556.97
Special Projects	101,647.33	211,232.97
Grant Projects	12,753.66	72,669.59
Total Operating Expenses	971,265.26	2,767,212.65
Depreciation and Amortization		
Depreciation Expense	13,718.90	41,675.53
Total Depreciation and Amortization	13,718.90	41,675.53
Total Expenses	984,984.16	2,808,888.18
Net Income	$214,195.77	$1,432,949.26

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2020 To 3/31/2020

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Annual Funds Remaining
Revenue:								
Property Taxes	$454,238	$1,021,119	$566,881	$3,453,888	$3,537,226	$83,338	$8,250,616	$4,713,390
Specific Ownership Taxes	55,988	43,807	(12,181)	159,220	148,241	(10,979)	650,000	501,759
Lease Revenue	93,880	93,880	0	281,641	281,641	0	1,149,096	867,455
Interest Income	15,000	8,683	(6,317)	45,000	27,994	(17,006)	180,000	152,006
Sales Revenue	42	10	(32)	127	80	(47)	506	426
Fee For Services Income	19,243	11,753	(7,490)	57,729	50,539	(7,190)	230,919	180,380
Third Party Reimbursements	112,975	7,331	(105,644)	243,562	126,814	(116,748)	974,247	847,433
Grant Revenue	47,823	2,189	(45,634)	143,468	56,723	(86,745)	1,201,408	1,144,685
Special Projects/Partnership Revenue	2,563	2,966	403	7,688	3,035	(4,653)	31,270	28,235
Miscellaneous Income	1,708	7,441	5,733	5,125	9,544	4,419	20,500	10,956
Total Revenue	$803,459	$1,199,179	$395,720	$4,397,447	$4,241,837	($155,610)	$12,688,562	$8,446,725
Expenditures:								
Operating Expenditures								
Administration	71,925	88,059	(16,134)	261,291	248,211	13,080	925,187	676,976
Board Expenses	16,227	12,959	3,268	24,881	16,802	8,079	75,723	58,921
Connections: Mental Health/Substance Issues Svc	164,809	165,859	(1,050)	498,318	426,732	71,586	1,991,421	1,564,689
Dental Services	337,516	273,424	64,092	1,020,655	825,726	194,929	4,085,364	3,259,638
MH/SUD/Primary Care	103,143	86,174	16,969	310,632	263,541	47,091	1,242,717	979,176
Health Promotion	74,241	64,072	10,169	219,625	184,527	35,098	881,329	696,802
Community Impact	61,454	53,664	7,790	185,474	158,111	27,363	742,037	583,926
Program Assessment & Evaluation	19,695	17,569	2,126	59,397	51,095	8,302	237,628	186,533
Health Care Access	99,406	77,466	21,940	300,161	253,998	46,163	1,200,881	946,883
HealthInfoSource	9,707	4,786	4,921	29,347	16,013	13,334	117,417	101,404
Resource Development	15,299	12,831	2,468	46,182	38,557	7,625	184,763	146,206
Contingency (Operations)	5,000	4,330	670	5,000	4,330	670	192,000	187,670
Special Projects	169,738	97,317	72,421	480,215	206,903	273,312	2,418,118	2,211,215
Grant Projects	47,823	12,754	35,069	143,468	72,670	70,798	1,201,408	1,128,738
Total Operating Expenditures	1,195,983	971,264	224,719	3,584,646	2,767,216	817,430	15,495,993	12,728,777
Net Income	($392,524)	$227,915	($620,439)	$812,801	$1,474,621	($661,820)	($2,807,431)	($4,282,052)

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 2/1/2020 to3/31/2020

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Annual Funds Remaining
Non-Operating Expenditures								
Building	-	-	-	-	-	-	192,000	192,000
Capital Equipment	-	-	-	-	-	-	20,000	20,000
General Office Equipment	25,000	-	25,000	25,000	-	25,000	54,000	54,000
Medical & Dental Equipment	2,709	-	2,709	5,489	2,750	2,739	56,541	53,791
Computer Equipment	20,000	1,623	18,377	40,000	4,815	35,185	54,714	49,899
Computer Software	9,500	-	9,500	9,500	-	9,500	16,800	16,800
Total Non-Operating Expenditures	$ 57,209	$ 1,623	$ 55,586	$ 79,989	$ 7,565	$ 72,424	$ 394,055	$ 386,490

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2020 To 3/31/2020

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
Administration								
Revenue:								
Miscellaneous Income	$875	$7,182	$6,307	$2,625	$7,182	$4,557	$10,500	$3,318
Total Revenue	$875	$7,182	$6,307	$2,625	$7,182	$4,557	$10,500	$3,318
Expenditures:								
Salaries and Benefits	48,636	42,895	5,741	145,907	128,908	16,999	583,629	454,721
Supplies and Purchased Services	23,289	45,164	(21,875)	115,384	119,304	(3,920)	341,558	222,254
Total Expenditures	$71,925	$88,059	($16,134)	$261,291	$248,212	$13,079	$925,187	$676,975
Board of Directors								
Expenditures:								
Salaries and Benefits	$718	$1,807	($1,089)	$2,153	$1,807	$346	$8,612	$6,805
Supplies and Purchased Services	3,509	981	2,528	10,528	4,618	5,910	42,111	37,493
Election Expenses	12,000	10,171	1,829	12,200	10,377	1,823	25,000	14,623
Total Expenditures	$16,227	$12,959	$3,268	$24,881	$16,802	$8,079	$75,723	$58,921
Community Impact								
Revenue:								
Total Revenue	$0	$0	$0	$0	$0	$0	$0	$0
Expenditures:								
Salaries and Benefits	$53,983	$50,125	$3,858	$161,949	$146,858	$15,091	$647,797	$500,939
Supplies and Purchased Services	7,471	3,539	3,932	23,524	11,252	12,272	94,240	82,988
Total Expenditures	$61,454	$53,664	$7,790	$185,473	$158,110	$27,363	$742,037	$583,927

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2020 To 3/31/2020

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
Program Assessment & Evaluation								
Revenue:								
Total Revenue	$0	$0	$0	$0	$0	$0	$0	$0
Expenditures:								
Salaries and Benefits	$17,155	$15,565	$1,590	$51,466	$45,978	$5,488	$205,865	$159,887
Supplies and Purchased Services	2,540	2,004	536	7,931	5,116	2,815	31,763	26,647
Total Expenditures	$19,695	$17,569	$2,126	$59,397	$51,094	$8,303	$237,628	$186,534
Connections: Mental Health/Substance Issue:								
Revenue:								
Fees, Reimbursements & Other Income	$2,500	$3,127	$627	$7,500	$7,945	$445	$30,000	$22,055
Total Revenue	$2,500	$3,127	$627	$7,500	$7,945	$445	$30,000	$22,055
Expenditures:								
Salaries and Beneftis	$120,238	$104,712	$15,526	$350,713	$307,111	$43,602	$1,552,852	$1,245,741
Supplies and Purchased Services	44,572	61,147	(16,575)	147,605	119,620	27,985	438,569	318,949
Total Expenditures	$164,810	$165,859	($1,049)	$498,318	$426,731	$71,587	$1,991,421	$1,564,690
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	$81,967	$12,774	($69,193)	$245,900	$167,566	($78,334)	$983,601	$816,035
Total Revenue	$81,967	$12,774	($69,193)	$245,900	$167,566	($78,334)	$983,601	$816,035
Expenditures:								
Salaries and Benefits	$267,542	$232,242	$35,300	$802,626	$684,184	$118,442	$3,210,504	$2,526,320
Supplies and Purchased Services	69,974	41,183	28,791	218,029	141,542	76,487	874,860	733,318
Total Expenditures	$337,516	$273,425	$64,091	$1,020,655	$825,726	$194,929	$4,085,364	$3,259,638

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2020 To 3/31/2020

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
MH/SUD/Primary Care								
Revenue:								
Fees, Reimbursements & Other Income	$47,724	$3,262	($44,462)	$47,808	$3,262	($44,546)	$191,233	$187,971
Total Revenue	$47,724	$3,262	($44,462)	$47,808	$3,262	($44,546)	$191,233	$187,971
Expenditures:								
Salaries and Benefits	$93,063	$81,263	$11,800	$279,188	$240,023	$39,165	$1,116,752	$876,729
Supplies and Purchased Services	10,029	4,911	5,118	31,292	23,276	8,016	125,357	102,081
Total Expenditures	$103,092	$86,174	$16,918	$310,480	$263,299	$47,181	$1,242,109	$978,810
Health Promotion								
Revenue:								
Fees, Reimbursements & Other Income	$903	$190	($713)	$2,710	$928	($1,782)	$10,838	$9,910
Total Revenue	$903	$190	($713)	$2,710	$928	($1,782)	$10,838	$9,910
Expenditures:								
Salaries and Benefits	$58,712	$51,156	$7,556	$176,137	$153,929	$22,208	$704,547	$550,618
Supplies and Purchased Services	15,529	12,916	2,613	43,488	30,598	12,890	176,782	146,184
Total Expenditures	$74,241	$64,072	$10,169	$219,625	$184,527	$35,098	$881,329	$696,802

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2020 To 3/31/2020

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
Health Care Access								
Revenue:								
Fees, Reimbursements & Other Income	$0	$0	$0	$0	$94	$94	$0	($94)
Total Revenue	$0	$0	$0	$0	$94	$94	$0	($94)
Expenditures:								
Salaries and Benefits	$83,268	$72,023	$11,245	$249,804	$214,275	$35,529	$999,216	$784,941
Supplies and Purchased Services	16,138	5,443	10,695	50,357	39,723	10,634	201,665	161,942
Total Expenditures	$99,406	$77,466	$21,940	$300,161	$253,998	$46,163	$1,200,881	$946,883
Health Info Source								
Revenue:								
Total Revenue	$0	$0	$0	$0	$0	$0	$0	$0
Expenditures:								
Salaries and Benefits	$7,967	$4,139	$3,828	$23,901	$12,697	$11,204	$95,605	$82,908
Supplies and Purchased Services	1,740	647	1,093	5,446	3,315	2,131	21,812	18,497
Total Expenditures	$9,707	$4,786	$4,921	$29,347	$16,012	$13,335	$117,417	$101,405
Resource Development								
Revenue:								
Total Revenue	$0	$0	$0	$0	$0	$0	$0	$0
Expenditures:								
Salaries and Benefits	$13,513	$12,176	$1,337	$40,539	$36,156	$4,383	$162,156	$126,000
Supplies and Purchased Services	1,786	655	1,131	5,643	2,401	3,242	22,607	20,206
Total Expenditures	$15,299	$12,831	$2,468	$46,182	$38,557	$7,625	$184,763	$146,206

Health District of Northern Larimer County

Investment Schedule
March 2020

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	$ 1,381	0.019%	0.34%	N/A
Local Government Investment Pool	COLOTRUST	$ 5,714,763	78.349%	1.25%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	$ 10,277	0.141%	1.25%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	$ 26,648	0.365%	1.25%	N/A
Flex Savings Account	First National Bank	$ 173,816	2.383%	0.73%	N/A
Certificate of Deposit	Advantage Bank	$ 138,438	1.898%	1.40%	12/27/2021
Certificate of Deposit	Advantage Bank	$ 111,179	1.524%	1.40%	9/2/2021
Certificate of Deposit	First National Bank	$ 113,730	1.559%	1.35%	9/6/2020
Certificate of Deposit	Points West	$ 113,927	1.562%	1.35%	6/4/2020
Certificate of Deposit	Points West	$ 154,495	2.118%	1.25%	4/2/2020
Certificate of Deposit	Adams State Bank	$ 235,301	3.226%	1.29%	10/7/2021
Certificate of Deposit	Cache Bank & Trust	$ 250,000	3.427%	1.40%	1/9/2021
Certificate of Deposit	Farmers Bank	$ 250,000	3.427%	2.00%	6/27/2020
Total/Weighted Average		$ 7,293,954	100.000%	1.28%	

Notes:

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper, money market funds and repurchase agreements backed by these same securities.