



# **BOARD OF DIRECTORS REGULAR MEETING**

**September 22, 2020  
4:00 pm**

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



## Board of Directors Regular Meeting

September 22, 2020

4:00 pm

Zoom Meeting (see details on back)

### 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. Presentations & Discussion**
- COVID-19:
    - Current Status ..... James Stewart
    - Quick Update: COVID and the Health District (Programs, Staff) ..... Carol Plock
  - Policy Issues ..... Alyson Williams
    - 2021 Colorado Revenue forecast and Budget Outlook
    - Looking ahead to the 2021 Legislative Session
    - Federal policy: Health Care Guarantee Act
- 4:45 p.m. Discussion & Actions**
- Board Priorities after Triennial Review Retreat ..... Michael Liggett
    - Review of priority process, staff input, budget process ..... Carol Plock
    - Board Discussion and Decision ..... Michael Liggett
  - Upcoming Board Health Equity Presentation/Training/Discussion Time ..... Carol Plock
- 5:15 p.m. Updates & Reports**
- Executive Director Updates ..... Carol Plock
  - Liaison to PVHS/UCHealth North Report ..... Faraz Naqvi
- 5:25 p.m. Public Comment (2<sup>nd</sup> opportunity) See Note above.**
- 5:30 p.m. Consent Agenda**
- Approval of the May 26, 2020 and August 25, 2020 Board Meeting Minutes
  - Approval of the July 2020 Financials
- 5:35 p.m. Announcements**
- October 29, 4:00 pm, Board of Directors Regular Meeting (and possible work session?)
  - November 10, 4:00 pm, Budget Hearing and Board of Directors Regular Meeting
  - December 11, 4:00 pm, Board of Directors Regular Meeting (and possible work session?)
- 5:40 p.m. EXECUTIVE SESSION**  
For the purpose of addressing personnel matters pursuant to §24-6-402(4)(f) of the C.R.S.,  
topic: Executive Director Review
- 6:15 p.m. Adjourn**

## Zoom Connection Information

### **Health District of Northern Larimer County**

#### **Board of Directors Meeting**

**When: Sep 22, 2020 04:00 PM Mountain Time (US and Canada)**

Please note: All attendees will need to register for this meeting. You may register at any time, though it is helpful to do so in advance to ensure you are able to join prior to the start of the meeting.

The link to register is:

<https://healthdistrict.zoom.us/meeting/register/tJwkduutrD0pGtIRAR3HhouY1IHaEPT-qvu4>

After registering, you will receive a confirmation email containing information about joining the meeting.

## ■ 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.**

# COVID-19 Pandemic

Update for Board of Directors

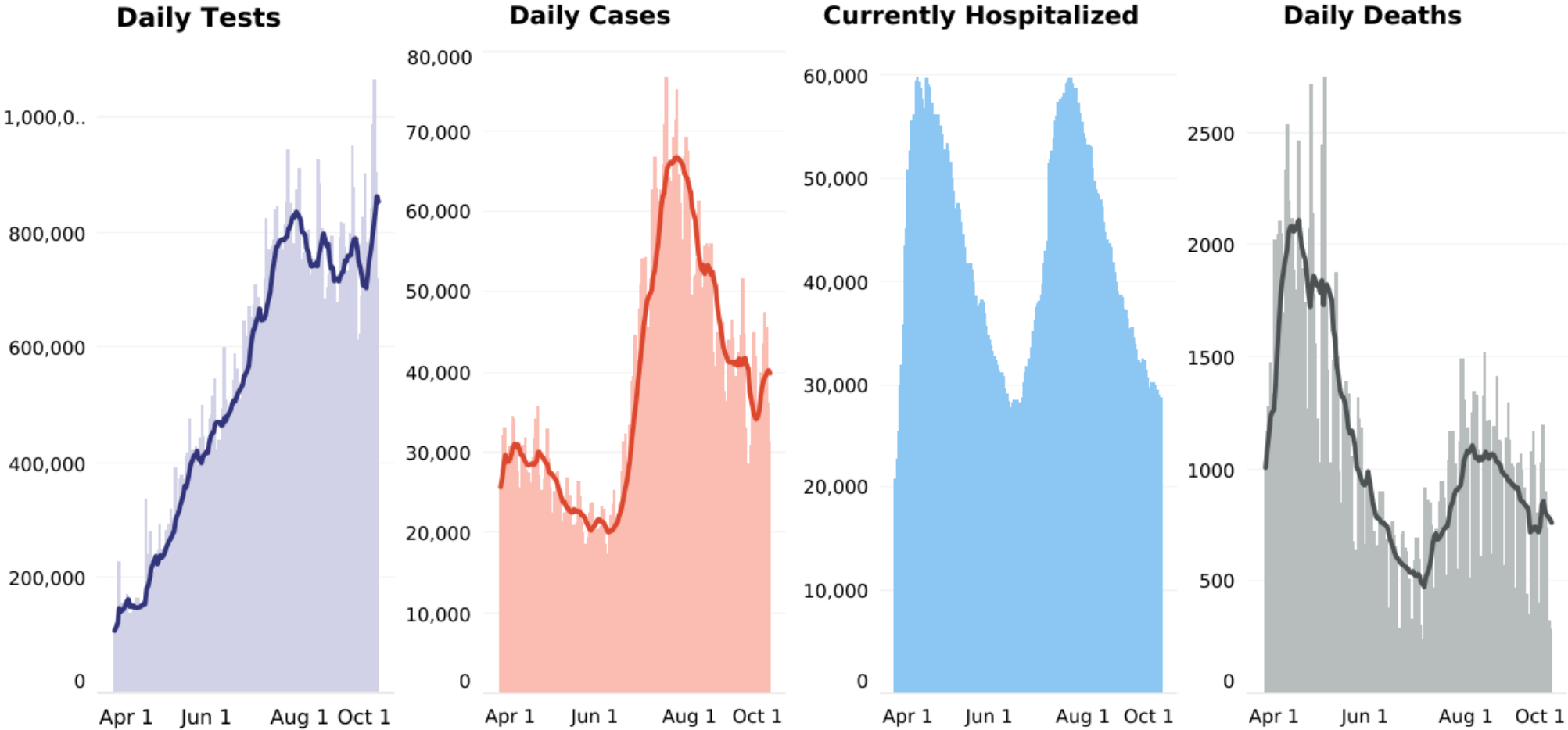
September 22, 2020

“‘A single death is a tragedy, a million deaths is a statistic.’ My primary concern is that people may become desensitized to the sheer number of deaths caused by the pandemic. Close to 200,000 people have been killed in the U.S. That’s staggering.”

-Dr. Tom Frieden, President & CEO Resolve to Save Lives, Former CDC Director

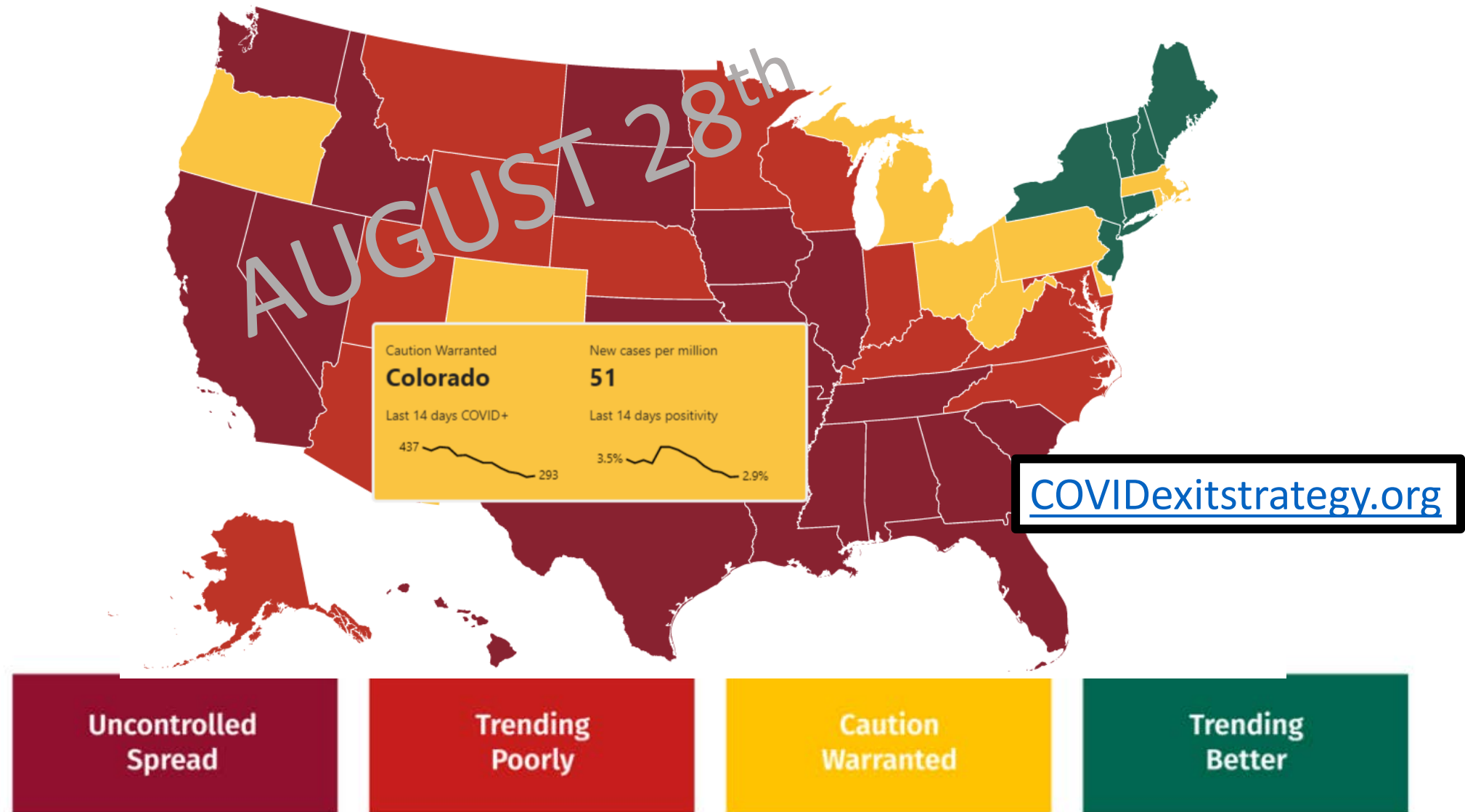
NATIONWIDE COVID-19 METRICS SINCE APRIL 1. 7-DAY AVERAGE LINES

Choose Census Region  
All



# Tracking Our COVID-19 Response


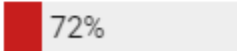

Each state's progress towards a new normal





# How is My State Doing on Key Measures?

Using a simple red, yellow, green scale, you can see the progress towards the key measures.

| STATE NAME | 14-DAY<br>TREND<br>OF<br>COVID+ | LAST 14 DAYS OF<br>COVID+<br>(ROLLING)   | % OF TEST<br>TARGET<br>(INCIDENCE<br>ADJUSTED)  | ICU<br>OCCUPIED      | NEW<br>CASES<br>PER<br>MILLION<br>PER DAY  | CONTACT<br>TRACING<br>POSSIBLE?                        | COVID+<br>RATE<br>IS      |
|------------|---------------------------------|--|---|----------------------|--|--|---------------------------|
| Colorado   | 71%<br><i>Increasing</i>        |  295 505 |  72% | 58%<br><i>Normal</i> |  88 | <i>Difficult</i><br>Positivity makes<br>it challenging | 4.2%<br><i>Increasing</i> |

# Colorado County COVID-19 Status

Data is updated daily by about 4 p.m. and includes cases reported through the previous day.  
All data, for days past and present, is recalculated daily.



**COLORADO**  
Department of Public  
Health & Environment



Overall Status

Two-Week  
Cumulative Incidence

Two-Week  
Average Positivity

Decreasing or Stable  
Hospitalizations

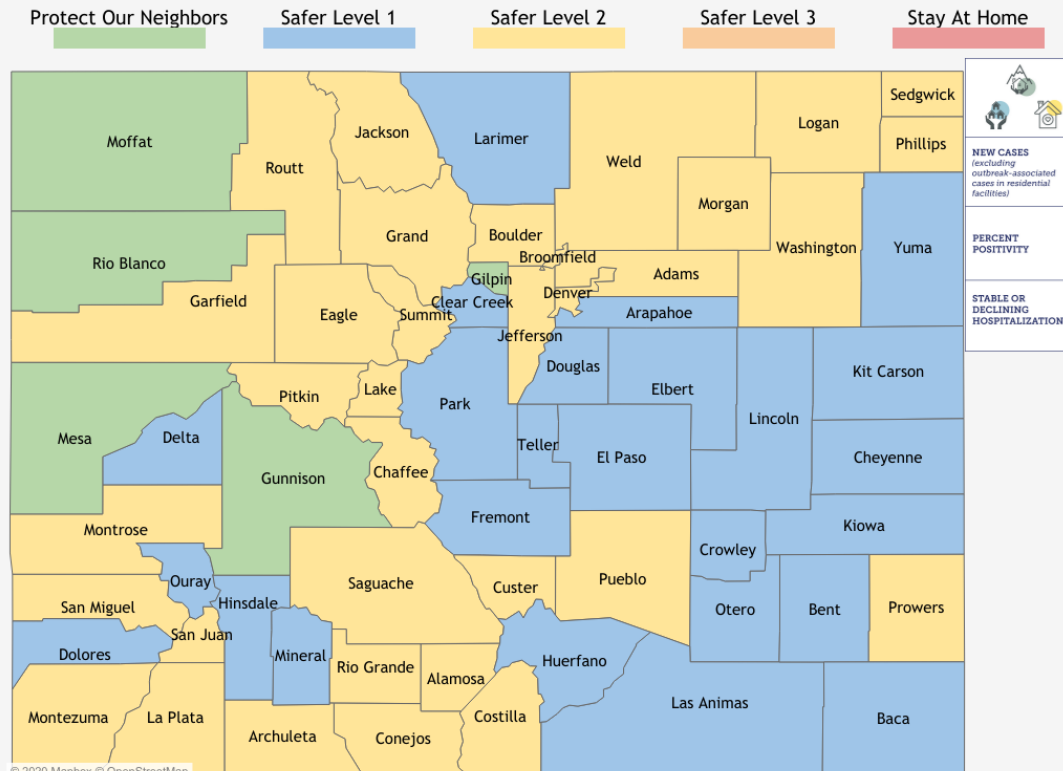
Hide Level Determinants

Show Guidelines & Restrictions

## Overall County Status

Click a County to View Corresponding Dial & Metrics

County data may be slightly different than state data due to data reporting timelines and outbreak exclusions

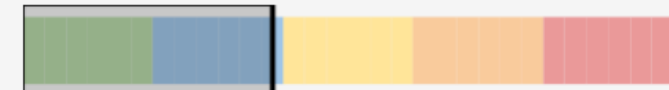


© 2020 Mapbox © OpenStreetMap

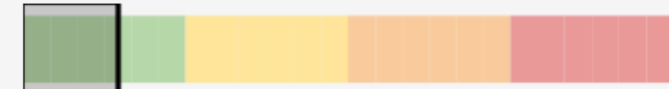


Counties will move between levels based on the metrics and will work with the state to ensure unique local factors are considered. In order to move to a less restrictive level (e.g., Level 2 to el 1), counties must meet and sustain all three metrics for two weeks. Counties must engage in a consultation process with CDPHE, which may entail moving to a more restrictive level, when they are out of compliance with any of the metrics for more than two weeks.

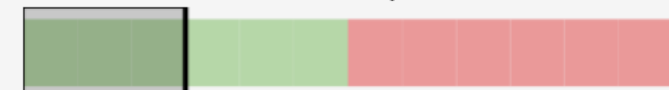
**Larimer County Two-Week Cumulative Incidence: 73.40**



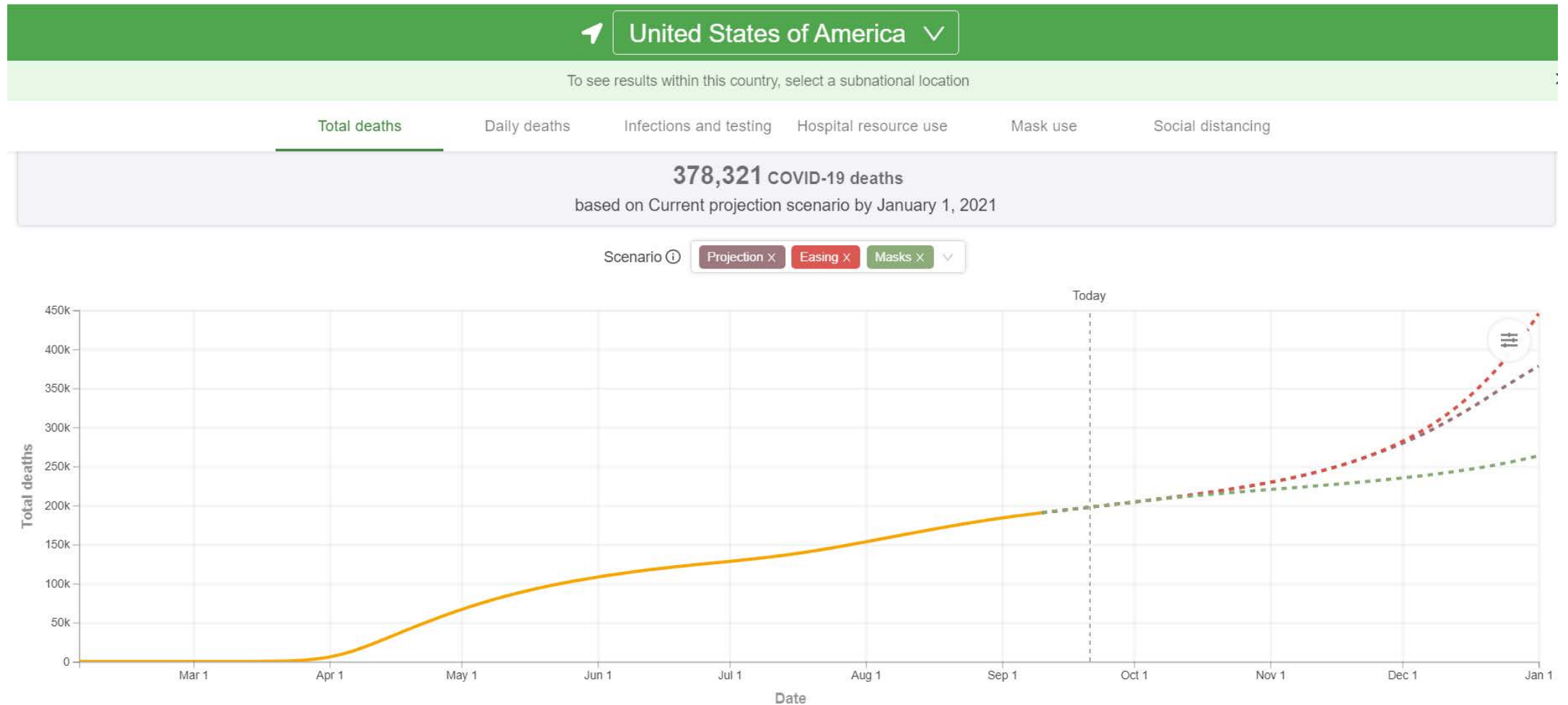
**Larimer County Two-Week Average Positivity: 2.4%**



**11 Days of Declining or Stable Hospitalizations in Larimer County**



# 200,000 Deaths YTD; 378,000 Total US COVID Deaths Projected



Source: Institute for Health Metrics and Evaluation

# COVID 3<sup>rd</sup> Leading Cause of Death, 2020

## Causes of Death, 2017, USA

- Heart disease: 647,457
- Cancer: 599,108
- **COVID-19: 378,000**
- Accidents (unintentional injuries): 169,936
- Chronic lower respiratory diseases: 160,201
- Stroke (cerebrovascular diseases): 146,383
- Alzheimer's disease: 121,404
- Diabetes: 83,564
- Influenza and pneumonia: 55,672
- Chronic kidney disease: 50,633
- Intentional self-harm (suicide): 47,173

*Source: CDC, 2020; IHME Covid Health Data*

# Vaccine: coming sometime between November and never

- Promising trials, most experts agree nothing before November; still a lot of unknowns
- Logistics are challenging
  - Billions of doses need to be made and distributed
  - Likely a two dose series
  - Most people get it mid to late 2021, CDC Director estimates
  - Uptake
    - Example: If 50% effective X 50% get the vaccine = 25% protected
    - If decreased uptake, still many susceptible
- Vaccination cannot be only prevention strategy; 3Ws will remain essential
  - Wear a mask
  - Watch your distance (stay at least 6ft away)
  - Wash your hands

# Schools and COVID: New Resource from CDC

|  |  |  |                                       |  |  |   |     |
|--|--|--|---------------------------------------|--|--|---|-----|
|  |  |  |                                       |  |  |   |     |
| CORE INDICATORS  | INDICATORS   | Lowest risk of transmission in schools | Lower risk of transmission in schools | Moderate risk of transmission in schools | Higher risk of transmission in schools | Highest risk of transmission in schools | 10% |
| Number of new cases per 100,000 persons within the last 14 days*   |  |  |                                       |  |  |   | 90% |
| Percentage of positive RT-PCR tests during the last 14 days**  | CORE INDICATORS  |  |                                       |  |  |   | 90% |
| Ability of schools to implement mitigation strategies  | Number of new cases per 100,000 persons within the last 14 days*       | <5                                     | 5 to <20                              | 20 to <50                                | 50 to ≤ 200                            | >200                                    | 15% |
|  | Percentage of RT-PCR tests that are positive during the last 14 days** | <3%                                    | 3% to <5%                             | 5% to <8%                                | 8% to ≤ 10%                            | >10%                                    | 15% |
| Community health department  |  |  |                                       |  |  |   | 15% |
| Schools should adopt the additional mitigation measures outlined below to the extent possible, practical and feasible. |  |  |                                       |  |  |   | 15% |

Questions?

## 2020 Health District Priority Leanings - DRAFT

Retreat: August 28 & 29, 2020      Board Decision: (date), 2020

### Areas of Key Future Focus, in Order of Interest Current Programs

| Score, weighted interest level** | Diversity Score***               | Area of Focus   |
|----------------------------------|----------------------------------|---|
| 7                                | 2<br><br>(All 5 had as a 1 or 2) | <b>Mental Health Connections, Adult and CAYAC (Child, Adolescent, &amp; Young Adult Connections):</b><br><b>Improve ability of community to effectively address mental illness and substance use disorders; provide support line for those impacted by COVID-19</b><br>Strong focus, with changes<br>Assure bilingual staff in both Adult and CAYAC<br>Increase competency in substance use disorder assessment & treatment<br>Increase SUD-related referrals and calls<br>If referrals from current sources are lower due to COVID, inform them of expanded hours and build relationships with more referral sources<br>Connect the uninsured and those without a medical home to Larimer Health Connect |
| 13                               | 5                                | <b>Larimer Health Connect:</b><br><b>Boost the number of people who have health insurance; help the community understand health insurance</b><br>Strong focus, possible change (helping people sign up for Medicare)<br>Even more important with anticipated impact of COVID on economy and health care coverage<br>Be prepared to adjust to whatever happens with the Affordable Care Act<br>Investigate services and funding for assistance for Medicare; see if funding is available   |
| 18                               | 5                                | <b>Integrated Care:</b><br><b>Integrate skilled mental health and substance use professionals into primary care safety net clinics</b><br>Strong focus, with changes<br>Develop creative ways to still do warm hand-offs when medical appointments are virtual<br>Increase competency in substance use disorder assessment and treatment<br>Provide or connect to care coordination<br>Refer to Dental  |
| 18                               | 2                                | <b>Community Impact Team/ Mental Health &amp; Substance Use Alliance:</b><br><b>Organize community partners for long term systemic improvements in MH/SUD services &amp; approaches</b><br>Strong focus, with changes<br>Special focus on substance use disorder transformation<br>Assist in organizing and securing health services for people experiencing homelessness during COVID<br>Lower priority projects (e.g. pain management) put on hold until COVID abates<br>Capture the changes/benefits (ongoing list – include in EOYs)  |
| 19                               | 4                                | <b>Dental Care:</b><br>Strong focus , with changes<br>Maximize capacity to the extent possible, given the requirements imposed by COVID<br>Organizational budget will need to adapt to lower revenue, increased costs (PPE, cleaning,) due to COVID<br>Implement health equity changes (e.g., training, intake, database, policies, procedures)<br>Increase dental specialty options, when COVID challenges abate   |
| 31                               | 4                                | <b>Tobacco: Help People Quit</b><br>Maintain focus, minor changes<br>Place special focus on populations with high use (LGBTQ+, mental illness)<br>Research vaping (youth, adult) to determine current evidence on potential harm, interventions; provide recommendations for whether to implement targeted programing around vaping   |
| 36                               | 2                                | <b>Heart Health:</b><br><b>Improve level of ‘found’ and ‘controlled’ blood pressure, cholesterol issues</b><br>Modify focus<br>Prime focus on high risk individuals in need of more intensive intervention.<br>Maintain nurse FTE (variety of tasks across organization – CDDT, infection control, persons Experiencing homelessness, ACP; disaster response)   |
| 37                               | 3                                | <b>Advance Care Planning:</b><br><b>Increase the completion, filing, and family knowledge of adults’ end of life directives</b><br>Focus in some question<br>Insurers now reimburse for physician conversation with patient; some social workers now assist patients.<br>ACP provides more comprehensive assistance for individuals, trains medical practices and volunteers, has relationships with employers to run their employee programs. Increased urgency, interest with COVID deaths.   |



**Areas of Key Future Focus, in Order of Interest  
Items Requiring ADDITIONAL (Operational) Resources**

| <b>Score, weighted interest level**</b> | <b>Diversity Score ***</b> | <b>Area of Focus</b>   |
|---|----------------------------|--|
| 15                                      | 3                          | <b>Mental Health Connections, CAYAC:</b><br>Increase FTE in direct services with significant community gaps: psychological testing, psychiatry   |
| 16                                      | 6                          | <b>Health Equity Advancement; Addressing Racism:</b><br>Add FTE for health equity implementation, racial diversity<br>Increase budget for non-FTE related expenses, internal & external (training, media, etc.)  |
| 19                                      | 6                          | <b>Assessment, Research, Planning, and Evaluation:</b><br>Increase budget to allow for full repeat of Community Health Survey and comparison to 2019 CHS; assistance to nonprofits with methods (panels, surveys) to gather information from their constituencies; additional information gathering methodologies for our use (e.g., panels) |
| 21                                      | 7                          | <b>Add FTE to Expand Outreach for Programs Critical in COVID/Economy Challenges</b><br>Larimer Health Connect; Mental Health Connections, Adult and CAYAC  |
| 21                                      | 5                          | <b>Assist in Connecting People Experiencing Homelessness to Health Services</b><br>Nurse time, care coordination   |
| 23                                      | 6                          | <b>Bilingual Staff:</b><br>Provide pay differential for some or all positions  |
| 25                                      | 7                          | <b>Communications:</b><br>Add FTE for increased dissemination of information, increased social media, social marketing, search engine optimization, ListServes to maintain communication with community  |
| 40                                      | 1<br>(All 5 had as an 8)   | <b>Address the Increasing ‘Safety in Driving’ Risks:</b><br>Driving impaired by alcohol, marijuana (youth: 3x increase), texting   |

**\*\* Lower** score means **higher** priority. Possible range: 5 – 45. Five board members ranked leanings (based on review of health burden analysis, triennial community health survey results, other information from triennial review, current community health and economic challenges (year of COVID), and end of year program reports) for eight of eight possible priority areas.

**\*\*\* Diversity** score is the range between the lowest score and the highest score, giving an indication of whether the board members’ choices were clustered more in agreement (lower numbers) or whether they had wider variances in their choices (higher numbers)

**HEALTH DISTRICT**  
**of Northern Larimer County**  
**July 2020**  
**Summary Financial Narrative**

**Revenues**

The Health District is 2.2% behind year-to-date tax revenue projections. Interest income is 51.2% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings decreased from 0.61% to 0.46% (based on the weighted average of all investments) due in part to the decrease in interest rates available for certificates of deposits that came up for renewal. Fee for service revenue from clients is 55.4% behind year-to-date projections and revenue from third party reimbursements is 41.2% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 5.4% 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 10.0%; Board 8.1%; Connections: Mental Health/Substance Issues Services 11.8%; Dental Services 21.8%; MH/SUD/Primary Care 18.3%; Health Promotion 20.0%; Community Impact 13.0%; Program Assessment and Evaluation 14.6%; Health Care Access 19.3%; HealthInfoSource 24.5%; and Resource Development 16.2%.

**Capital Outlay**

Capital expenditures are 97.3% 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 7/31/2020

ASSETS

|                                     |                          |
|-------------------------------------|--------------------------|
| Current Assets:                     |                          |
| Cash & Investments                  | \$11,170,400             |
| Accounts Receivable                 | 69,649                   |
| Property Taxes Receivable           | 341,866                  |
| Specific Ownership Tax Receivable   | 59,361                   |
| Prepaid Expenses                    | 59,374                   |
| Total Current Assets                | <u>11,700,650</u>        |
| Property and Equipment              |                          |
| Land                                | 4,592,595                |
| Building and Leasehold Improvements | 4,421,124                |
| Equipment                           | 1,161,719                |
| Accumulated Depreciation            | (2,909,301)              |
| Total Property and Equipment        | <u>7,266,137</u>         |
| Total Assets                        | <u><u>18,966,788</u></u> |

LIABILITIES AND EQUITY

|   |                          |
|---|--------------------------|
| Current Liabilities:                              |                          |
| Accounts Payable                                  | 766,418                  |
| Deposits  | 1,000                    |
| Deferred Revenue                                  | 1,128,814                |
| Total Current Liabilities                         | <u>1,896,233</u>         |
| Long-term Liabilities:                            |                          |
| Compensated Absences Payable                      | 13,579                   |
| Total Long-term Liabilities                       | <u>13,579</u>            |
| Deferred Inflows of Resources                     |                          |
| Deferred Property Tax Revenue                     | 298,740                  |
| Total Deferred Inflows of Revenues                | <u>298,740</u>           |
| Total Liabilities & Deferred Inflows of Resources | <u>2,208,551</u>         |
| EQUITY  |                          |
| Retained Earnings                                 | 13,706,789               |
| Net Income  | 3,051,447                |
| TOTAL EQUITY                                      | <u>16,758,236</u>        |
| TOTAL LIABILITIES AND EQUITY                      | <u><u>18,966,788</u></u> |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
STATEMENT OF REVENUES AND EXPENSES  
As of 7/31/2020

|  | <u>Current Month</u> | <u>Year to Date</u> |
|--|----------------------|---------------------|
| Revenue  |                      |                     |
| Property Taxes                                   | 43,126               | 7,951,876           |
| Specific Ownership Taxes                         | 59,360               | 346,311             |
| Lease Revenue                                    | 96,697               | 665,612             |
| Interest Income                                  | 4,356                | 51,291              |
| Sales Revenue                                    | 0                    | 80                  |
| Fee For Service Income                           | 10,714               | 60,082              |
| Third Party Income                               | 70,142               | 324,713             |
| Grant Income                                     | 83,125               | 224,042             |
| Special Projects                                 | 1,160                | 5,306               |
| Miscellaneous Income                             | 867                  | 13,232              |
| Total Revenue                                    | <u>369,546</u>       | <u>9,642,544</u>    |
| Expenses:  |                      |                     |
| Operating Expenses                               |                      |                     |
| Administration                                   | 55,283               | 550,435             |
| Board Expenses                                   | 696                  | 53,467              |
| Connections: Mental Health/Substance Issues Svcs | 159,689              | 1,030,284           |
| Dental Services                                  | 267,663              | 1,868,495           |
| Integrated Care (MHSA/PC)                        | 80,397               | 593,585             |
| Health Promotion                                 | 58,304               | 411,725             |
| Healthy Mind Matters                             | 53,457               | 377,154             |
| Program Assessment & Evaluation                  | 17,432               | 118,629             |
| Health Care Access                               | 79,904               | 566,363             |
| HealthInfoSource                                 | 12,047               | 51,846              |
| Resource Development                             | 13,265               | 90,466              |
| Special Projects                                 | 54,438               | 578,296             |
| Grant Projects                                   | 18,434               | 203,556             |
| Total Operating Expenses                         | <u>871,007</u>       | <u>6,494,300</u>    |
| Depreciation and Amortization                    |                      |                     |
| Depreciation Expense                             | <u>13,789</u>        | <u>96,797</u>       |
| Total Depreciation and Amortization              | <u>13,789</u>        | <u>96,797</u>       |
| Total Expenses                                   | <u>884,796</u>       | <u>6,591,097</u>    |
| Net Inome  | <u>(515,250)</u>     | <u>3,051,447</u>    |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Revenues and Expenditures - Budget and Actual  
As of 7/31/2020

|  | Current Month      |                    |                   | Year to Date        |                    |                    | Annual               | Remaining            |
|--|--------------------|--------------------|-------------------|---------------------|--------------------|--------------------|----------------------|----------------------|
|  | Budget             | Actual             | Variance          | Budget              | Actual             | Variance           | Budget               | Funds                |
| <b>Revenue:</b>                                  |                    |                    |                   |                     |                    |                    |                      |                      |
| Property Taxes                                   | \$89,856           | \$43,126           | (\$46,730)        | \$8,114,124         | \$7,951,876        | (\$162,248)        | \$8,250,616          | \$298,740            |
| Specific Ownership Taxes                         | 57,044             | 59,360             | 2,316             | 367,010             | 346,311            | ( 20,699 )         | 650,000              | 303,689              |
| Lease Revenue                                    | 96,697             | 96,697             | 0                 | 665,612             | 665,612            | 0                  | 1,149,096            | 483,484              |
| Interest Income                                  | 15,000             | 4,356              | ( 10,644 )        | 105,000             | 51,291             | ( 53,709 )         | 180,000              | 128,709              |
| Sales Revenue                                    | 42                 | 0                  | ( 42 )            | 295                 | 80                 | ( 215 )            | 506                  | 426                  |
| Fee for Services Income                          | 19,243             | 10,714             | ( 8,529 )         | 134,703             | 60,082             | ( 74,621 )         | 230,919              | 170,837              |
| Third Party Reimbursements                       | 65,294             | 70,142             | 4,848             | 552,417             | 324,713            | (227,704)          | 974,247              | 649,534              |
| Grant Revenue                                    | 33,388             | 83,125             | 49,737            | 320,325             | 224,042            | ( 96,282 )         | 1,201,408            | 977,366              |
| Partnership Revenue                              | 2,563              | 1,160              | ( 1,403 )         | 17,939              | 5,306              | ( 12,634 )         | 31,270               | 25,964               |
| Miscellaneous Income                             | 1,708              | 867                | ( 842 )           | 11,958              | 13,232             | 1,273              | 20,500               | 7,268                |
| <b>Total Revenue</b>                             | <b>\$380,835</b>   | <b>\$369,546</b>   | <b>(\$11,288)</b> | <b>\$10,289,383</b> | <b>\$9,642,544</b> | <b>(\$646,838)</b> | <b>\$12,688,562</b>  | <b>\$3,046,017</b>   |
| <b>Expenditures:</b>                             |                    |                    |                   |                     |                    |                    |                      |                      |
| Operating Expenditures                           |                    |                    |                   |                     |                    |                    |                      |                      |
| Administration                                   | \$64,894           | \$55,283           | \$9,611           | \$611,568           | \$550,435          | \$61,133           | \$925,187            | \$374,752            |
| Board Expenses                                   | 3,509              | 696                | 2,813             | 58,177              | 53,467             | 4,709              | 75,723               | 22,256               |
| Connections: Mental Health/Substance Issues Svcs | 172,459            | 159,689            | 12,770            | 1,168,247           | 1,030,284          | 137,964            | 1,991,421            | 961,137              |
| Dental Services                                  | 350,002            | 267,663            | 82,339            | 2,389,441           | 1,868,495          | 520,947            | 4,085,364            | 2,216,869            |
| Integrated Care (MH/SUD/PC)                      | 104,946            | 80,397             | 24,549            | 726,480             | 593,585            | 132,895            | 1,242,717            | 649,132              |
| Health Promotion                                 | 74,067             | 58,304             | 15,763            | 514,452             | 411,725            | 102,727            | 881,329              | 469,604              |
| Community Impact                                 | 62,791             | 53,457             | 9,334             | 433,757             | 377,154            | 56,604             | 742,037              | 364,883              |
| Program Assessment & Evaluation                  | 20,070             | 17,432             | 2,639             | 138,870             | 118,629            | 20,242             | 237,628              | 118,999              |
| Health Care Access                               | 101,739            | 79,904             | 21,835            | 702,089             | 566,363            | 135,726            | 1,200,881            | 634,518              |
| HealthInfoSource                                 | 9,977              | 12,047             | (2,070)           | 68,674              | 51,846             | 16,829             | 117,417              | 65,571               |
| Resource Development                             | 15,641             | 13,265             | 2,376             | 108,010             | 90,466             | 17,544             | 184,763              | 94,297               |
| Contingency (Operations)                         | 0                  | 0                  | 0                 | 25,000              | 4,330              | 20,670             | 192,000              | 187,670              |
| Special Projects                                 | 205,239            | 54,438             | 150,801           | 1,376,170           | 573,966            | 802,204            | 2,718,118            | 2,144,152            |
| Grant Projects                                   | 33,388             | 18,434             | 14,954            | 320,325             | 203,556            | 116,769            | 1,201,408            | 997,852              |
| <b>Total Operating Expenditures</b>              | <b>\$1,218,722</b> | <b>\$871,007</b>   | <b>\$347,715</b>  | <b>\$8,641,261</b>  | <b>\$6,494,300</b> | <b>\$2,146,962</b> | <b>\$15,795,993</b>  | <b>\$9,301,694</b>   |
| <b>Net Income</b>                                | <b>(\$837,887)</b> | <b>(\$501,460)</b> | <b>\$336,427</b>  | <b>\$1,648,121</b>  | <b>\$3,148,245</b> | <b>\$1,500,123</b> | <b>(\$3,107,431)</b> | <b>(\$6,255,676)</b> |

Unaudited - For Management Use Only

**HEALTH DISTRICT OF NORTHERN LARIMER COUNTY**

**STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL**

For 1/1/2020 to 7/31/2020

|                                  | <u>Current Month</u><br><u>Budget</u> | <u>Current Month</u><br><u>Actual</u> | <u>Current Month</u><br><u>Variance</u> | <u>Year to Date</u><br><u>Budget</u> | <u>Year to Date</u><br><u>Actual</u> | <u>Year to Date</u><br><u>Variance</u> | <u>Annual Budget</u> | <u>Annual Funds</u><br><u>Remaining</u> |
|----------------------------------|---------------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------------|--|----------------------|---|
| Non-Operating Expenditures       |                                       |                                       |   |                                      |                                      |  |                      |   |
| Building                         | 40,000                                | -                                     | 40,000                                  | 164,000                              | -                                    | 164,000                                | 192,000              | 192,000                                 |
| Capital Equipment                | 5,000                                 | -                                     | 5,000                                   | 10,000                               | -                                    | 10,000                                 | 20,000               | 20,000                                  |
| General Office Equipment         | -                                     | -                                     | -                                       | 34,000                               | -                                    | 34,000                                 | 54,000               | 54,000                                  |
| Medical & Dental Equipment       | -                                     | -                                     | -                                       | 45,489                               | 2,750                                | 42,739                                 | 56,541               | 53,791                                  |
| Computer Equipment               | -                                     | -                                     | -                                       | 54,714                               | 5,712                                | 49,002                                 | 54,714               | 49,002                                  |
| Computer Software                | -                                     | -                                     | -                                       | 9,500                                | -                                    | 9,500                                  | 16,800               | 16,800                                  |
| Total Non-Operating Expenditures | <u>\$ 45,000</u>                      | <u>\$ -</u>                           | <u>\$ 45,000</u>                        | <u>\$ 317,703</u>                    | <u>\$ 8,462</u>                      | <u>\$ 309,241</u>                      | <u>\$ 394,055</u>    | <u>\$ 385,593</u>                       |

**HEALTH DISTRICT OF NORTHERN LARIMER COUNTY**  
**Statement of Program Revenues and Expenditures - Budget and Actual**  
**As of 7/31/2020**

|   | Current Month |         |            | Year to Date |           |             | Annual    | Remaining |
|---|---------------|---------|------------|--------------|-----------|-------------|-----------|-----------|
|   | Budget        | Actual  | Variance   | Budget       | Actual    | Variance    | Budget    | Funds     |
| <b>Administration</b>                             |               |         |            |              |           |             |           |           |
| Revenue:  |               |         |            |              |           |             |           |           |
| Miscellaneous Income                              | \$875         | \$0     | ( \$875 )  | \$6,125      | \$7,182   | \$1,057     | \$10,500  | \$3,318   |
| Total Revenue                                     | 875           | 0       | ( 875 )    | 6,125        | 7,182     | 1,057       | 10,500    | 3,318     |
| Expenditures:                                     |               |         |            |              |           |             |           |           |
| Salaries and Benefits                             | 48,636        | 43,602  | 5,034      | 340,450      | 301,760   | 38,690      | 583,629   | 281,869   |
| Supplies and Purchased Services                   | 16,258        | 11,681  | 4,577      | 271,117      | 248,675   | 22,442      | 341,558   | 92,883    |
| Total Expenditures                                | 64,894        | 55,283  | 9,611      | 611,568      | 550,435   | 61,133      | 925,187   | 374,752   |
| <b>Board of Directors</b>                         |               |         |            |              |           |             |           |           |
| Expenditures:                                     |               |         |            |              |           |             |           |           |
| Salaries and Benefits                             | 0             | 0       | 0          | 8,612        | 16,253    | (7,641)     | 8,612     | (7,641)   |
| Supplies and Purchased Services                   | 3,509         | 696     | 2,813      | 24,565       | 10,146    | 14,419      | 42,111    | 31,965    |
| Election Expenses                                 | 0             | 0       | 0          | 25,000       | 27,069    | (2,069)     | 25,000    | (2,069)   |
| Total Expenditures                                | 3,509         | 696     | 2,813      | 58,177       | 53,467    | 4,709       | 75,723    | 22,256    |
| <b>Connections: Mental Health/substance Issue</b> |               |         |            |              |           |             |           |           |
| Revenue:  |               |         |            |              |           |             |           |           |
| Fees, Reimbursements & Other Income               | 2,500         | 1,195   | ( 1,305 )  | 17,500       | 11,329    | ( 6,171 )   | 30,000    | 18,671    |
| Total Revenue                                     | 2,500         | 1,195   | ( 1,305 )  | 17,500       | 11,329    | ( 6,171 )   | 30,000    | 18,671    |
| Expenditures:                                     |               |         |            |              |           |             |           |           |
| Salaries and Benefits                             | 145,238       | 116,071 | 29,167     | 861,664      | 766,655   | 95,009      | 1,562,852 | 796,197   |
| Supplies and Purchased Services                   | 27,221        | 43,618  | (16,397)   | 306,584      | 263,629   | 42,955      | 428,569   | 164,940   |
| Total Expenditures                                | 172,459       | 159,689 | 12,770     | 1,168,247    | 1,030,284 | 137,964     | 1,991,421 | 961,137   |
| <b>Dental Services</b>                            |               |         |            |              |           |             |           |           |
| Revenue:  |               |         |            |              |           |             |           |           |
| Fees, Reimbursements & Other Income               | 81,967        | 47,649  | ( 34,317 ) | 573,767      | 287,428   | ( 286,339 ) | 983,601   | 696,173   |
| Total Revenue                                     | 81,967        | 47,649  | ( 34,317 ) | 573,767      | 287,428   | ( 286,339 ) | 983,601   | 696,173   |
| Expenditures:                                     |               |         |            |              |           |             |           |           |
| Salaries and Benefits                             | 267,542       | 230,774 | 36,768     | 1,872,794    | 1,610,510 | 262,283     | 3,210,504 | 1,599,994 |
| Supplies and Purchased Services                   | 82,460        | 37,172  | 45,288     | 516,647      | 258,267   | 258,380     | 874,860   | 616,593   |
| Total Expenditures                                | 350,002       | 267,946 | 82,056     | 2,389,441    | 1,868,778 | 520,664     | 4,085,364 | 2,216,586 |

**HEALTH DISTRICT OF NORTHERN LARIMER COUNTY**  
**Statement of Program Revenues and Expenditures - Budget and Actual**  
**As of 7/31/2020**

|   | Current Month |        |          | Year to Date |         |          | Annual    | Remaining |
|---|---------------|--------|----------|--------------|---------|----------|-----------|-----------|
|   | Budget        | Actual | Variance | Budget       | Actual  | Variance | Budget    | Funds     |
| <b><u>Integrated Care (MHSA/PC)</u></b>           |               |        |          |              |         |          |           |           |
| Revenue:  |               |        |          |              |         |          |           |           |
| Fees, Reimbursements & Other Income               | 42            | 32,878 | 32,836   | 95,659       | 91,146  | ( 4,513) | 191,233   | 100,087   |
| Total Revenue                                     | 42            | 32,878 | 32,836   | 95,659       | 91,146  | ( 4,513) | 191,233   | 100,087   |
| Expenditures:                                     |               |        |          |              |         |          |           |           |
| Salaries and Benefits                             | 93,063        | 74,165 | 18,898   | 651,439      | 552,429 | 99,009   | 1,116,752 | 564,323   |
| Supplies and Purchased Services                   | 11,883        | 6,232  | 5,651    | 75,041       | 41,155  | 33,886   | 125,965   | 84,810    |
| Total Expenditures                                | 104,946       | 80,397 | 24,549   | 726,480      | 593,585 | 132,895  | 1,242,717 | 649,132   |
| <b><u>Community Impact</u></b>                    |               |        |          |              |         |          |           |           |
| Revenue:  |               |        |          |              |         |          |           |           |
| Fees, Reimbursements & Other Income               | 0             | 0      | 0        | 0            | 0       | 0        | 0         | 0         |
| Total Revenue                                     | 0             | 0      | 0        | 0            | 0       | 0        | 0         | 0         |
| Expenditures:                                     |               |        |          |              |         |          |           |           |
| Salaries and Benefits                             | 53,983        | 50,139 | 3,844    | 377,882      | 347,519 | 30,363   | 647,797   | 300,278   |
| Supplies and Purchased Services                   | 8,808         | 3,318  | 5,491    | 55,876       | 29,635  | 26,241   | 94,240    | 64,605    |
| Total Expenditures                                | 62,791        | 53,457 | 9,334    | 433,757      | 377,154 | 56,604   | 742,037   | 364,883   |
| <b><u>Program Assessment &amp; Evaluation</u></b> |               |        |          |              |         |          |           |           |
| Revenue:  |               |        |          |              |         |          |           |           |
| Fees, Reimbursements & Other Income               | 0             | 0      | 0        | 0            | 0       | 0        | 0         | 0         |
| Total Revenue                                     | 0             | 0      | 0        | 0            | 0       | 0        | 0         | 0         |
| Expenditures:                                     |               |        |          |              |         |          |           |           |
| Salaries and Benefits                             | 17,155        | 15,778 | 1,377    | 120,088      | 108,408 | 11,680   | 205,865   | 97,457    |
| Supplies and Purchased Services                   | 2,915         | 1,653  | 1,262    | 18,782       | 10,221  | 8,561    | 31,763    | 21,542    |
| Total Expenditures                                | 20,070        | 17,432 | 2,639    | 138,870      | 118,629 | 20,242   | 237,628   | 118,999   |
| <b><u>Health Promotion</u></b>                    |               |        |          |              |         |          |           |           |
| Revenue:  |               |        |          |              |         |          |           |           |
| Fees, Reimbursements & Other Income               | 903           | 0      | ( 903)   | 6,322        | 928     | ( 5,395) | 10,838    | 9,910     |
| Total Revenue                                     | 903           | 0      | ( 903)   | 6,322        | 928     | ( 5,395) | 10,838    | 9,910     |
| Expenditures:                                     |               |        |          |              |         |          |           |           |
| Salaries and Benefits                             | 58,712        | 51,415 | 7,297    | 410,986      | 356,355 | 54,631   | 704,547   | 348,192   |
| Supplies and Purchased Services                   | 15,354        | 6,889  | 8,466    | 103,466      | 55,370  | 48,097   | 176,782   | 121,412   |
| Total Expenditures                                | 74,067        | 58,304 | 15,763   | 514,452      | 411,725 | 102,727  | 881,329   | 469,604   |



**HEALTH DISTRICT OF NORTHERN LARIMER COUNTY**  
**Statement of Program Revenues and Expenditures - Budget and Actual**  
**As of 7/31/2020**

|                                     | Current Month |        |          | Year to Date |         |          | Annual    | Remaining |
|-------------------------------------|---------------|--------|----------|--------------|---------|----------|-----------|-----------|
|                                     | Budget        | Actual | Variance | Budget       | Actual  | Variance | Budget    | Funds     |
| <b><u>Health Care Access</u></b>    |               |        |          |              |         |          |           |           |
| 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        | 73,409 | 9,859    | 582,876      | 501,500 | 81,376   | 999,216   | 497,716   |
| Supplies and Purchased Services     | 18,471        | 6,495  | 11,976   | 119,213      | 64,863  | 54,350   | 201,665   | 136,802   |
| Total Expenditures                  | 101,739       | 79,904 | 21,835   | 702,089      | 566,363 | 135,726  | 1,200,881 | 634,518   |
| <b><u>Health Info Source</u></b>    |               |        |          |              |         |          |           |           |
| Revenue:                            |               |        |          |              |         |          |           |           |
| Fees, Reimbursements & Other Income | 0             | 0      | 0        | 0            | 0       | 0        | 0         | 0         |
| Total Revenue                       | 0             | 0      | 0        | 0            | 0       | 0        | 0         | 0         |
| Expenditures:                       |               |        |          |              |         |          |           |           |
| Salaries and Benefits               | 7,967         | 10,018 | (2,051)  | 55,770       | 43,643  | 12,127   | 95,605    | 51,963    |
| Supplies and Purchased Services     | 2,010         | 2,029  | (19)     | 12,905       | 8,203   | 4,702    | 21,812    | 13,609    |
| Total Expenditures                  | 9,977         | 12,047 | (2,070)  | 68,674       | 51,846  | 16,829   | 117,417   | 65,571    |
| <b><u>Resource Development</u></b>  |               |        |          |              |         |          |           |           |
| Revenue:                            |               |        |          |              |         |          |           |           |
| Fees, Reimbursements & Other Income | 0             | 0      | 0        | 0            | 0       | 0        | 0         | 0         |
| Total Revenue                       | 0             | 0      | 0        | 0            | 0       | 0        | 0         | 0         |
| Expenditures:                       |               |        |          |              |         |          |           |           |
| Salaries and Benefits               | 13,513        | 12,346 | 1,167    | 94,591       | 85,145  | 9,446    | 162,156   | 77,011    |
| Supplies and Purchased Services     | 2,128         | 919    | 1,209    | 13,419       | 5,321   | 8,098    | 22,607    | 17,286    |
| Total Expenditures                  | 15,641        | 13,265 | 2,376    | 108,010      | 90,466  | 17,544   | 184,763   | 94,297    |

## Health District of Northern Larimer County

### Investment Schedule

July 2020

|  |                     |    |            |          |       |            |
|--|---------------------|----|------------|----------|-------|------------|
| Local Government Investment Pool   | COLOTRUST           | \$ | 1,383      | 0.013%   | 0.14% | N/A        |
| Local Government Investment Pool   | COLOTRUST           | \$ | 9,358,860  | 85.914%  | 0.35% | N/A        |
| Local Government Investment Pool (Children's Oral Health Care Assistance Fund) | COLOTRUST           | \$ | 10,300     | 0.095%   | 0.35% | N/A        |
| Local Government Investment Pool (Oral Health Care Assistance Fund)            | COLOTRUST           | \$ | 26,708     | 0.245%   | 0.35% | N/A        |
| Flex Savings Account   | First National Bank | \$ | 123,926    | 1.138%   | 0.20% | N/A        |
| Certificate of Deposit   | Advantage Bank      | \$ | 138,993    | 1.276%   | 1.59% | 12/27/2021 |
| Certificate of Deposit   | Advantage Bank      | \$ | 111,764    | 1.026%   | 2.13% | 9/2/2021   |
| Certificate of Deposit   | First National Bank | \$ | 114,065    | 1.047%   | 1.35% | 9/6/2020   |
| Certificate of Deposit   | Points West         | \$ | 114,700    | 1.053%   | 0.80% | 6/4/2022   |
| Certificate of Deposit   | Points West         | \$ | 155,363    | 1.426%   | 1.00% | 4/2/2022   |
| Certificate of Deposit   | Adams State Bank    | \$ | 237,170    | 2.177%   | 1.59% | 10/7/2021  |
| Certificate of Deposit   | Cache Bank & Trust  | \$ | 250,000    | 2.295%   | 1.01% | 1/9/2021   |
| Certificate of Deposit   | Farmers Bank        | \$ | 250,000    | 2.295%   | 0.65% | 6/27/2022  |
| Total/Weighted Average   |                     | \$ | 10,893,232 | 100.000% | 0.46% |            |

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.

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**REGULAR MEETING**  
**August 25, 2020**

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

**MINUTES**

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

**Staff Present:**

Carol Plock, Executive Director  
Karen Spink, Assistant Director  
James Stewart, Medical Director  
Richard Cox, Communications Director  
Lorraine Haywood, Finance Director  
Laura Mai, Asst. Finance Director  
Dana Turner, Dental Services Director  
Chris Sheafor, Support Services Director  
Kristen Cochran Ward, MH Connections Dir.  
Anita Benavidez, Executive Assistant

**Staff Present:**

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

**Public Present:**

Anna Fuller, LWVLC Observer  
Gerri Vermont, LC Health Care Action Group  
Erin Hottenstein

**CALL TO ORDER; APPROVAL OF AGENDA**

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

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

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

**PUBLIC COMMENT**

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

## **PRESENTATIONS & DISCUSSION**

### **COVID-19 Emergency: Status**

#### ***Current Status of COVID-19***

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

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

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

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

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

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

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

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

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

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

### ***Brief Program Update: Advance Care Planning***

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

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

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

### ***Quick Update: Focus on People Experiencing Homelessness***

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

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

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

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

### ***Challenges We're Experiencing***

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

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

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

### ***Budget Implications: 2020 and Preview of 2021***

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

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

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

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

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

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

#### ***Preview of Impact on Program Utilization***

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

#### ***Brief Board Retreat Updates***

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

### **DISCUSSION & ACTIONS**

#### ***Reroofing 202 Bristlecone Building: General Approval of Contract***

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

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

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

#### ***Nomination to CO Special Districts Property & Liability Pool***

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

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

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

*Moved/Seconded/Carried Unanimously*

### ***Temporary PTO Policy***

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

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

*Moved/Seconded/Carried Unanimously*

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

## **UPDATES & REPORTS**

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

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

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

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

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

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

## **CONSENT AGENDA**

- Approval of the June 2020 Financials

**MOTION: To approve the Consent Agenda as Revised**



*Moved/Seconded/Carried Unanimously*

**APPROVAL OF JULY 28 BOARD MEETING MINUTES**

Approval of the July 28 Board of Directors Meeting Minutes

**MOTION: To approve the July 28 Board Meeting Minutes**

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

**ANNOUNCEMENTS**

August 28-29, Board Triennial Retreat

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

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

**ADDITIONAL CONVERSATION**

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

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

**ADJOURN**

**MOTION: To Adjourn the Meeting**

*Moved/Seconded/Carried Unanimously*

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

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

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Celeste Kling, J.D., Board Secretary

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Joseph Prows, MD MPH, Board Treasurer

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