

BOARD OF DIRECTORS REGULAR MEETING October 28, 2021

Health District Office Building

120 Bristlecone Drive, Fort Collins Remote

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President

Joseph Prows, MD MPH, Board Treasurer Celeste Kling, J.D., Liaison to UCH-North/PVH Molly Gutilla, MS DrPH, Board Vice President Johanna Ulloa Giron, Psy.M., MSW, Board Secretary

Staff Present:

Carol Plock, Executive Director Chris Sheafor, Support Services Director Dana Turner, Dental Services Director James Stewart, Medical Director Jose Madera, Dental Assistant Karen Spink, Assistant Director Kristen Cochran-Ward, MH/SU Director Laura Mai, Finance Director Leith Rupp, Lead Dentist Lin Wilder, Special Projects Director Lorraine Haywood, Ret. Finance Director

Staff Present:

MJ Jorgensen, Project Implementation Coord. Richard Cox, Communications Director Sue Hewitt, Evaluation Coordinator Suman Mathur, Evaluator & Data Analyst Xochitl Fragoso, Accounts Receivable Anita Benavidez, Executive Assistant

Guest Speaker:

Alyson Williams **Public Present:**

Diana Dwyer

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:02 p.m.

The agenda was amended to remove the July 27 and September 28, 2021 Board of Directors Meeting Minutes from the Consent Agenda.

MOTION: To approve the agenda as Amended

Moved/Seconded/Carried Unanimously

PUBLIC COMMENT

None

PRESENTATIONS & DISCUSSION

Dental Clinic Update:

Dental Services Director Dana Turner gave an update on the Dental Clinic. There is a disparity in access to dental care for those with low incomes and other challenges, which our clinic seeks to address. Financially, 72% of the dental clinic patients are below 133% FPL and 6% are experiencing homelessness. Transportation can be an issue; some walk to the clinic and others take multiple buses. There are only six other dental clinics that take Medicaid and are currently accepting new adult patients with 48,799 Larimer County adults enrolled in Medicaid. We are currently the only place offering income based discounts for out of pocket expenses except for Salud, which is currently not taking patients outside of their clinic. Only two dental specialists currently take Medicaid.

The clinic's current capacity remains very much affected by COVID adaptations; staff have worked to creatively improve processes, leading to the use of one chair now being nearly as effective (94.4%) as two chairs. The dental staff works hard to support those with language or mobility barriers, with at least one staff person who is bilingual (English/Spanish) in all areas. The recent purchase of wheel chair tilts provide adaptability that allows the patient to remain seated.

Staff continues to evaluate and improve processes that may unintentionally create barriers, and is working toward implementing a care coordination model – such models are becoming key to identifying and overcoming barriers and ensuring oral health is achieved. Staff is implementing the Health Resources and Service Administration's recommended Phase 1 Dental Treatment plan, finding our baseline and tracking and measuring our progress, with the goal of eliminating dental disease. The clinic is a comprehensive care clinic, focused on getting patients to a state of oral health, and keeping it there, rather than operating on an emergent model. Treatment plan completion rates are one of the best measures of how well we are serving our community, so the process is to establish tour baseline, then set an initial goal of treatment completion. HRSA recommends an initial goal of 33% of treatment completion, with 5% increases each year up to 75%.

Jose Madera, a dental assistant with 8+ years of experience who joined the Health District two years ago, spoke about the sense of purpose and joy he feels knowing that the work he does at the Health District makes a real difference in the quality of people's lives. Patients are treated with dignity and compassion while providing excellent affordable dental care. He has witnessed the incredible changes proper dental care can make.

Dr. Leith Rupp, Lead Dentist, commented on the unique position the Health District has within the community to address cases others only hear about. The need is constantly high: the clinic provided 11,347 appointments; 1,232 of those dental emergencies, and 24,943 dental procedures including 1,367 extractions and 43 people sent for specialty care. In addition to more routine dental care, Dr. Rupp presented four particularly devastating case examples that make visible the situations that people live with, and the difference the dental clinic regularly makes. In cases where people had severe dental disease, they have seen situations where the situation went on so long that people have used superglue, placed cotton backing behind their teeth to stabilize them that hardened and became full of bacteria, have discovered carcinomas, treated major jaw issues, and helped stop rapidly deteriorating teeth. They are regularly faced with unusual, difficult cases that require innovative approaches.

COVID-19 Update

Larimer County continues to struggle with the impact of COVID and the Delta variant. In the last week, there has been an increase of 21.6% in cases – up to 339 per 7days per 100k - and an 8% increase in 7-day positivity rates. While hospitalizations are currently flat, ICU occupancy is high, slightly up and at a very stressful level. 45% of patients in the ICU are COVID+ with 86% of those unvaccinated. MCR has had an incredible caseload in ICU, where they turned normal hospital beds into ICU beds.

Unfortunately, Larimer County moved from yellow to orange this week, with a new public order for masking in public indoor places on October 20. All counties in Colorado are moving in the wrong direction. Nationally, Colorado is a bit of an outlier with a 5% total increase over the last two weeks. Throughout the month of October, cases have trended upward. The state boasts 70.3% of residents are fully vaccinated but that still leaves 13% in the 70+ age range without any doses and 17% of those between 60 and 69 years old.

There are several reasons for hope: the FDA recently authorized Pfizer for 5- to 11-year olds, and Merck has an oral antiviral that ended its trial early due to "compelling efficacy". Early indications are that

fluvoxamine, an oral antidepressant, has shown a reduction in hospitalization with a 10-day treatment. In addition to COVID, Dr. Stewart noted a hospitalization increase in respiratory cases including RSV and parainfluenza. The Health District will ramp up for Moderna boosters and is still providing 1st and 2nd doses.

2022 Budget: Key Factors

Executive Director Carol Plock presented some key elements from the 2022 budget. The net estimated tax revenue to the Health District will increase by about 4.5%; when other revenue sources are added; there will be an expected increase of about \$437,152 over last year, or a 3.93% increase. In determining how to allocate those funds, the first step is to take out fixed costs. Next, the budget includes a recommended fixed pay increase of 2.5% for staff. After those expenditures are calculated, about \$184,000 remained for other priorities. Potential future challenges in budgeting and needs include the uncertainty around the continuation of COVID-19, the Delta variant or other variants; and the property tax reductions included in SB-293, and potentially Proposition 120, should it pass.

Top focus areas for the 2022 budget year include: (1) maintaining key health services with limited expansion in areas deemed critical for the community; (2) assuring quality staffing; (3) specific funding to be allocated to Equity, Diversity, and Inclusion; (4) limited funding from reserves for time-limited work to impact health in ways related to COVID-19; (5) completing the renovation at 425 Mulberry; and (6) maintain enough in reserves to assist in weathering economic downturn, if necessary.

Ms. Plock presented some of the key programmatic changes included in the budget. The Board's highest priority is Connections and CAYAC. In Adult Connections, increasing demands are driving the need for a program assistant, and increased FTE in the care coordinator position. Supervisory FTE increase slightly in both Adult and CAYAC. The budget also includes an FTE for a bilingual behavioral health provider, along with funds to engage a search firm to help recruit one; those funds will also assist Integrated Care, which needs to fill an open bilingual position. IC will also have a slight expansion of FTE.

In Larimer Health Connect, the budget for outreach has been increased due to anticipated need to assist people who currently remain in Medicaid regardless of income changes, but will see an end to their coverage when the declaration of emergency is over. Prescription assistance has the unique opportunity to close help a gap in the criminal justice system by providing long-acting injectable alcohol use disorder treatment, providing enough time for parolees to connect with other resources (funding in reserves).

In the Community Impact Team and Mental Health and Substance Use Alliance (MHSUA), funding is increased for the Substance Use Disorder Transformation Project, assisting in getting providers more training on identifying and treating SUD, and impacting community understanding of SUD. The MHSA Alliance, in conjunction with Summit Stone, has been asked by the county to do another community mental health and substance use disorders needs assessment – one time-limited position has been added for that process. There are also funds to research health clinic models for people experiencing homelessness.

There are funds in Dental to implement the patient care coordination approach discussed earlier, and some placeholder funds have been scaled back from dental in order to reallocate funds to other priorities. In Health Promotion, changes relating to staff reorganization with the retirement of the clinical nurse manager are included. Fees were eliminated for the tobacco cessation program, reducing revenues slightly. If grant funding is received, 1.5 FTE may be available for nurse care managers to work directly with people experiencing homelessness as it relates to COVID.

Assessment, Evaluation & Research will be conducting the triennial community health needs assessment, including a random sample survey, discussion groups, and the possibility of a more in-depth survey follow-up. An Equity Implementation Manager will be hired and the health equity initiative budget has been increased.

In other areas, there is funding for completing the renovations at 425 Mulberry. In order to add focus to programs that need extra attention, rebalance workload, and reduce the burden on the ED and AD, funds are included for a new Director of External Affairs, who would have responsibility for communications, CIT, policy, and advance care planning

The budget process: The first budget deadline has been completed: The Board received the draft budget by October 15th. A public hearing is announced, and will be conducted on November 9, with an invitation for public comments. Any questions from the Board should be submitted prior to the November 9th meeting so that they can be addressed prior to the public hearing; the Board will also have the opportunity to discuss the budget at the November 9 meeting. By the end of that meeting, any board instructions to staff should be given, since the final budget has to be approved on December 13.

Potential Implication of Proposition 120 on Health District

Alyson Williams joined the meeting to give insight on the potential impact of SB21-293/Prop 120 on the Health District. SB21-293 reduces property tax assessment rates for residential, agricultural, and renewable energy production for 2022 and 2023. Most residential taxes will move from 7.15% to 6.95%; multi-family from 7.15% to 6.8%. The Colorado Fiscal Institute (CFI) estimates a 1.7% drop in assessed value, correlating to a loss of about \$152,000 per year to the Health District. Everything changes if Proposition 120 passes, and particularly if it is found to negate SB21-293. Proposition 120 drops rates permanently; from 7.15% to 6.5% for single-family and multi-family residential, and from 29% to 26.4% for other categories, such as commercial and agricultural. The impact to the Health District would be considerably higher and would be ongoing. If SB21-293 stays in effect and Prop 120 gets passed, the estimated loss of revenue to Larimer County would be \$8,312,301, but if litigation was successful and SB21-293 is overturned, those losses would increase to a \$68,519,194 loss for Larimer County.

New Community Solution to COVID IRQ needs for those experiencing homelessnes

When the Myrtle houses closed, the assumption was that local shelters would take on all the functions of an IRQ. However, they are running out of funds and their staff is overwhelmed. Homeless providers are finding themselves swamped with no stable solution to the Isolation, Recovery, and Quarantine issue. Shelters were trying to isolate people within their facility but the Rescue Mission has recently been told they cannot do that.

The Health District doesn't have the staff availability to run an IRQ that we had last time, but our facilities staff can get the facility ready again. Conversations are preliminary, but the County may provide funding to run the IRQ, if the Health District gets the facility set up. There will be a need to increase security, hire a site coordinator and two staff members, and a nurse care manager (supervised by Dr. Stewart). The initial thought is to have Lin Wilder supervise the coordinator in the near-term; county staff are likely to assist with some tasks. A Board member noted that having a local supervisor would be important; Ms. Plock will reconsider who would do that. The Board was comfortable with providing the facility but concerned that the IRQ not be run by existing staff. All agreed that the Health District needs to be a part of the solution, but also needs to be very cautious about donating staff time. CIT will assist with training, but will not staff the IRQ. Another board concern was whether the Health District will be expected to run the shelter from now on; staff responded that there is currently a major planning effort to develop long-term shelter and services, and the particular need of space for those with infectious diseases, is now a distinct part of the planning. The City and County have both hired staff who are working on the long-term shelter and services planning.

DISCUSSION AND ACTIONS

2021 Staff Bonus Proposal

Revenue remained flat from 2020 to 2021, limiting the Health District's capacity to increase wages. The Health District was not a recipient of some of the federal funding that other organizations such as FQHCs

and CBHCs received to assist in staff wages. Due to lower than anticipated expenditures, the Health District does have funds for a one-time bonus, which would make a big difference for staff. Staff are proposing a one-time \$4,000/employee bonus, with proration for FTE and the percent of 2021 worked. One Board comment was in support of the concept that the amount was the same for all employees.

MOTION: To approve the 2021 staff bonus Moved/Seconded/Carried Unanimously

OTHER UPDATES & REPORTS

Executive Director Update

Ms. Plock noted that the deadline for staff vaccination is coming up, with 95% of employees vaccinated. The Health District will offer vaccination boosters beginning in November.

Liaison to PVHS/UCHealth North Report

Recent meetings were focused on COVID, with UCHealth experiencing 106% ICU occupancy last week. UCHealth is the largest Medicaid provider in the state of Colorado and 92% of Medicaid COVID patients in their system are unvaccinated. Mortality has gone up and there is a sense that the public is unaware. Of those COVID patients in the hospital, 16% are in the ICU and 30% are on ventilators.

PUBLIC COMMENT (2nd opportunity)

Diana Dwyer commented that the presentation by the dental staff was very impactful, and wondered whether they accept private donations. Staff responded that the dental clinic can accept private donations, and that anyone interested should contact Jessica Shannon at the Health District.

CONSENT AGENDA

• August 2021 Financials

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

ANNOUNCEMENTS

- November 9, 2021, 4:00 pm Board of Directors Regular Meeting and Budget Hearing
- November 15, 2021, 4:00 pm Possible Board of Directors Work Session/Special Meeting
- December 13, 2021, 4:00 pm Board of Directors Regular Meeting and Budget Approval

It was noted that an early December meeting may be needed to approve the brochure.

ADJOURN REGULAR MEETING; MOVE INTO WORK SESSION

A motion was made to adjourn and go into a Work Session.

MOTION: To adjourn the regular meeting, with a brief break, before returning for the Work Session.

Moved/Seconded/Carried Unanimously

Ms. Plock announced that the professional recruiter has had a family emergency. She sent survey questions for both internal and external feedback this afternoon. Ms. Plock will email the surveys to the Board for a brief review before the Work Session, which will convene at 6:30 p.m.