



BOARD OF DIRECTORS REGULAR MEETING

**Health District of Northern Larimer County
Virtual Meeting
See connection details at end of agenda**

**Tuesday, February 23, 2021
4:00 p.m.**



BOARD OF DIRECTORS REGULAR MEETING

February 23, 2021

4:00 pm

Virtual

AGENDA

- 4:00 p.m. **Call to Order; Introductions; Approval of Agenda** Molly Gutilla
- 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. **UPDATES & DISCUSSION**
- **COVID-19: Status**.....James Stewart
 - **Health District as COVID-19 Vaccination Provider**.....Suman Mathur, James Stewart
 - **Larimer Health Connect: Open Enrollment in the Midst of COVID** Rosie Duran
- 4:50 p.m. **PRESENTATION & ACTIONS**
- **Policy**..... Alyson Williams
 - State Legislative Proposals**
 - HB21-1075: Replace the Term Illegal Alien
 - SB21-009: Reproductive Health Care Program
 - SB21-025: Family Planning Services for Eligible Individuals
 - Senior Dental Program Restoration of Funding
 - Update: Medicaid Adult Dental Benefit
 - Federal Policy Issues**
 - Special Districts Provide Essential Services Act (H.R. 535, S. 91)
 - COVID Relief/Stimulus Package
 - Other policy issues that may arise
- 5:25 p.m. **Updates & Reports**
- Executive Director Updates Carol Plock
 - Liaison to PVHS/UCHealth North Report..... Faraz Naqvi, Celeste Kling
- 5:40 p.m. **PUBLIC COMMENT (2nd opportunity)** See Note above.
- 5:45 p.m. **CONSENT AGENDA**
- Approval of the Board Meeting Minutes for November 10, 2020; December 11, 2020; and January 26, 2021
 - Approval of the November 2020 Financials
- 5:50 p.m. **ANNOUNCEMENTS**
- March 9, 4:00 pm – Board of Directors Special Meeting
 - March 23, 4:00 pm – Board of Directors Regular Meeting
 - April 13, 4:00 pm - Board of Directors Special Meeting
- 5:55 p.m. **ADJOURN**

Join Zoom Meeting

Registration is required. Click this link to register:

<https://healthdistrict.zoom.us/join/tJUqc-ihpzluGddQBBYDCgfQo2HO5PEGpHIA>

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

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. **Public comments or input are taken only during the time on the agenda listed as 'Public Comment.'** 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.**

■ 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

COVID-19 Pandemic Update

Health District Board of Directors Meeting
February 23, 2021

United States Overview

ON FEBRUARY 21

1,225,773 new tests

58,429 new cases

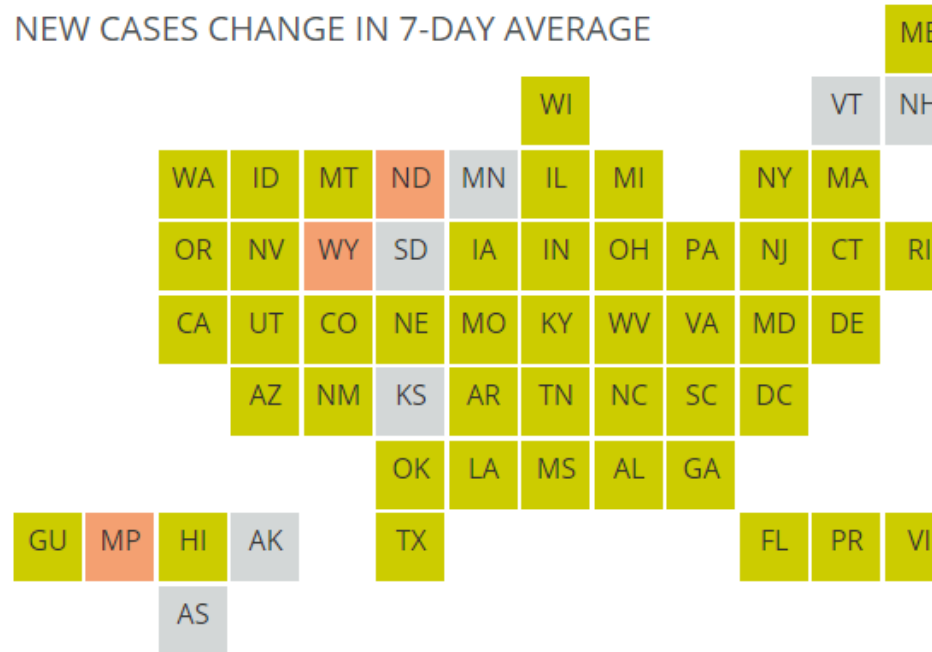
56,159 currently hosp.

1,286 new deaths

14-DAY TREND

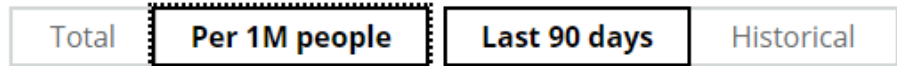


NEW CASES CHANGE IN 7-DAY AVERAGE



Cases are **rising** in 3 states, **staying the same** in 7 states, and **falling** in 46 states.

State-level Metrics

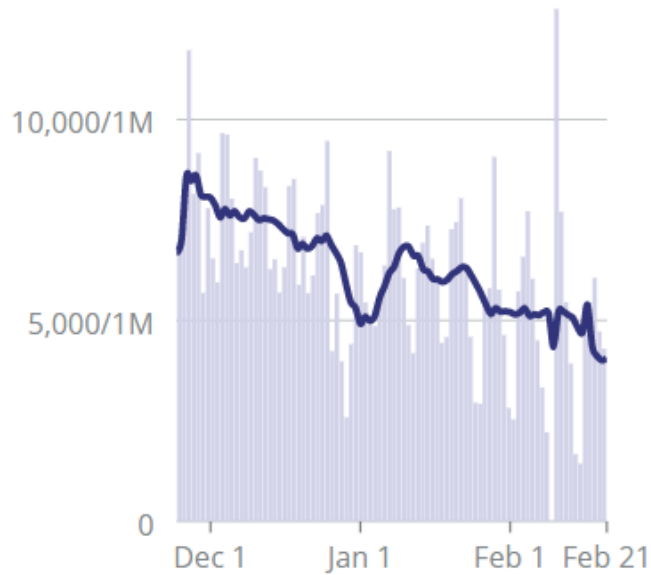


----- Dashed line represents National 7-day average

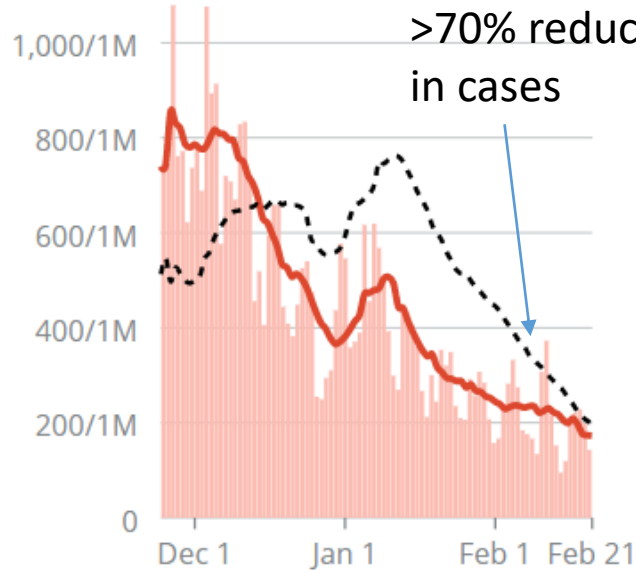
—— Solid line represents Colorado 7-day average

New tests

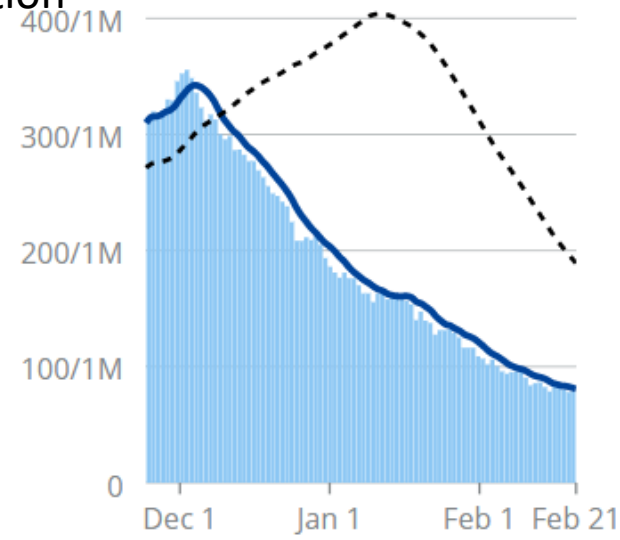
Total PCR tests (test encounters)



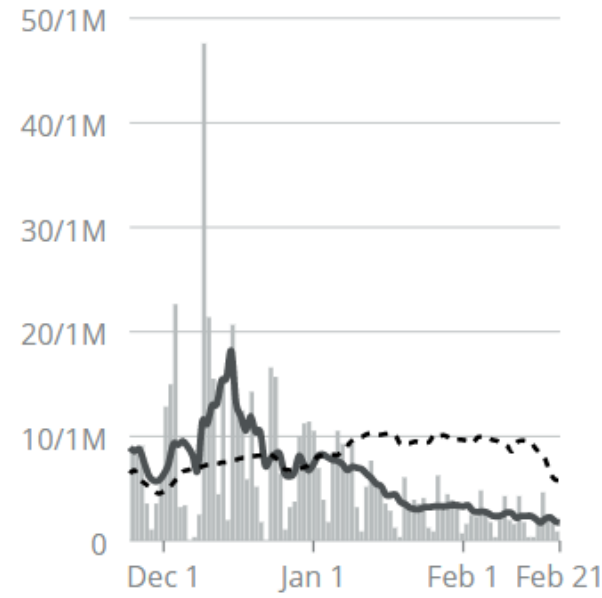
New cases



Current hospitalizations



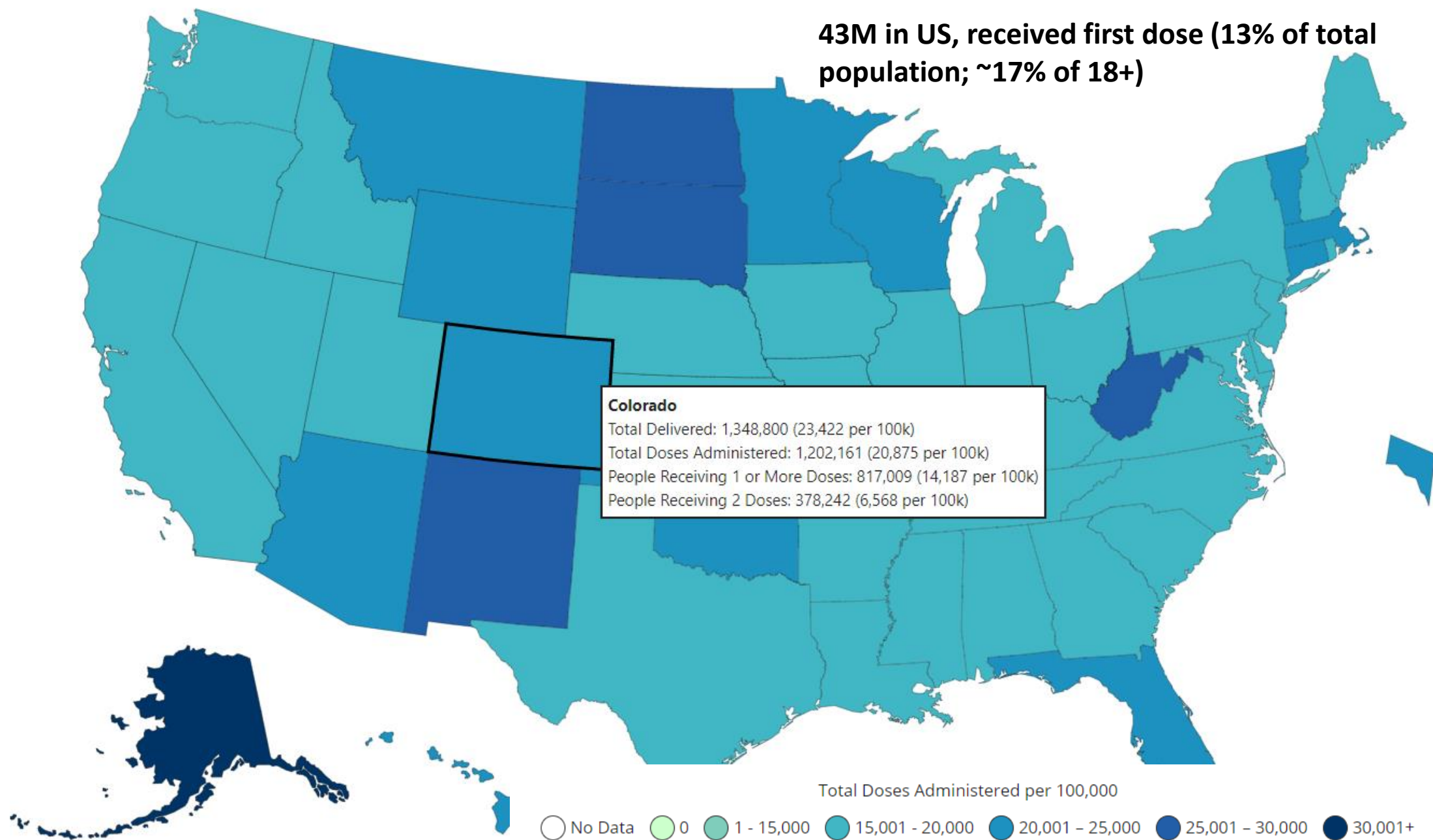
New deaths



[Chart information and data](#) ↓

Total Doses Administered Reported to the CDC by State/Territory and for Selected Federal Entities per 100,000

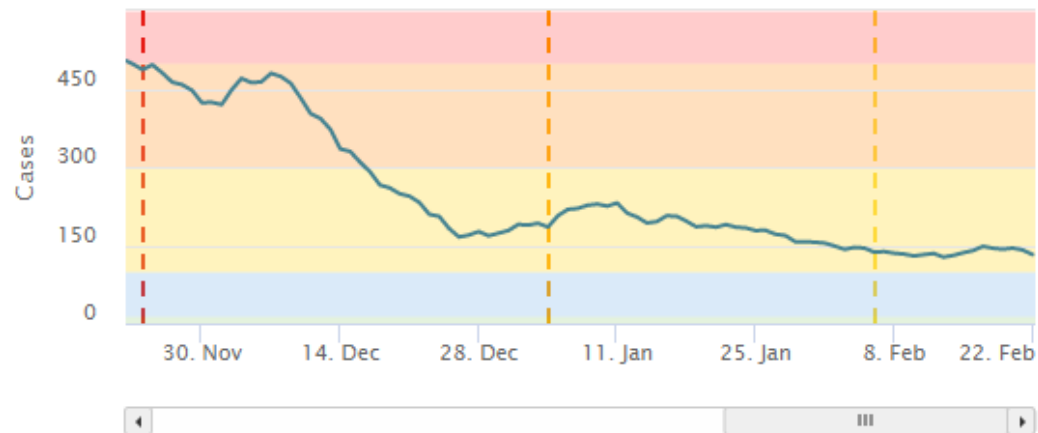
43M in US, received first dose (13% of total population; ~17% of 18+)



Cases/100k: 7-Day Rate



Zoom 1wk 1mo **3mo** All 7d 14d Mo



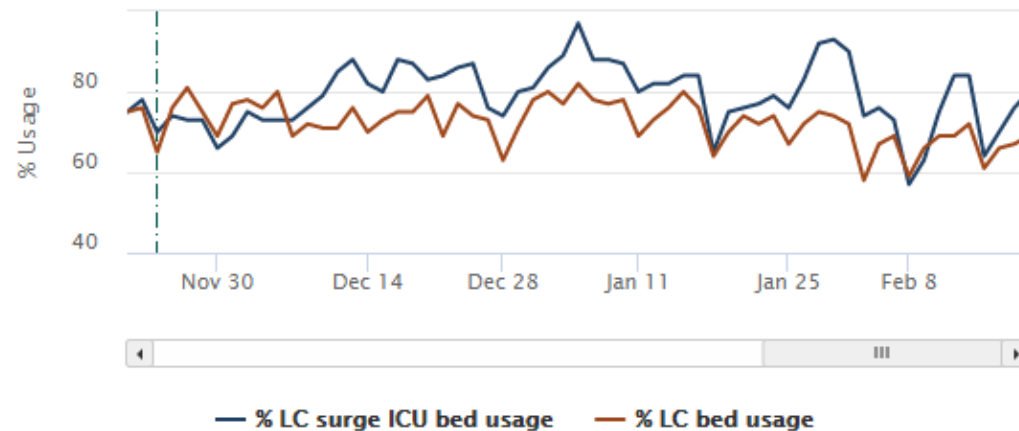
The state moved from 14- to 7-day as a dial determinate on Feb. 5, 2021.

Hospital Utilization

ICU & Hospital Usage % by Day



Zoom 1wk 1mo **3mo** All 7d 14d Mo

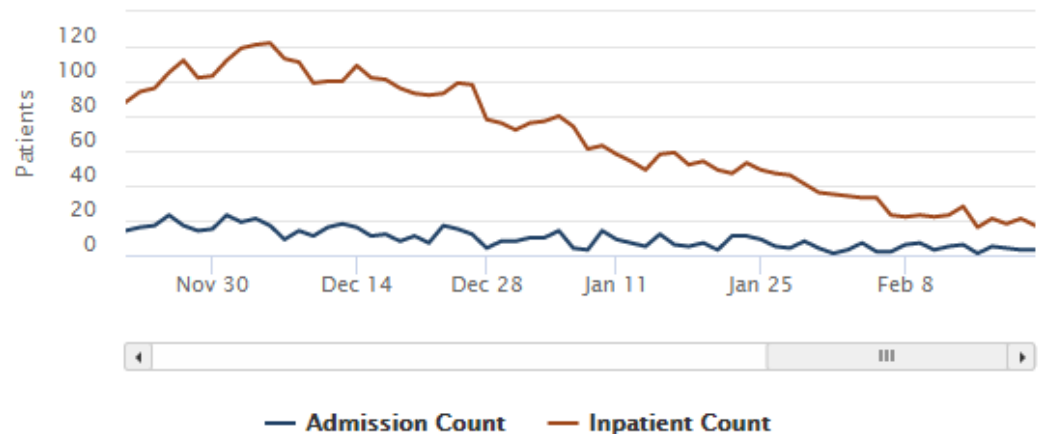


COVID Hospital Patients

Admission & Inpatient by Day



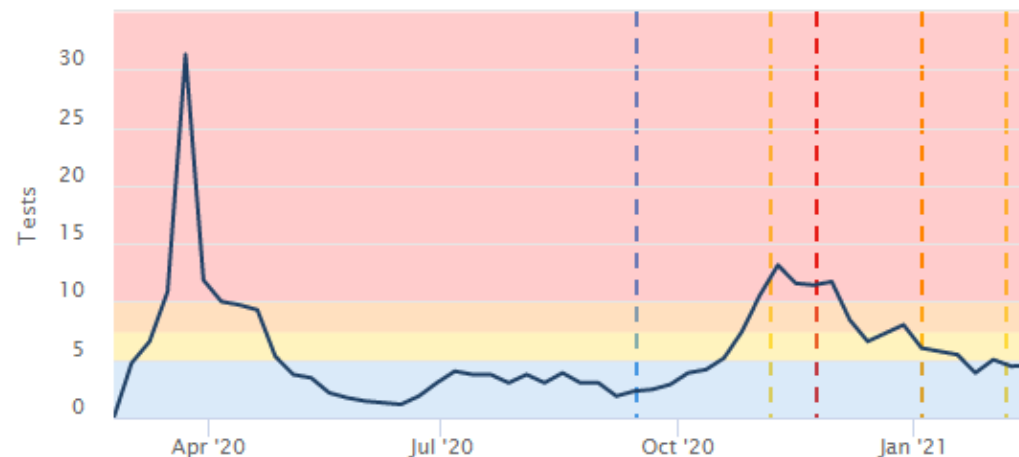
Zoom 1wk 1mo **3mo** All 7d 14d Mo



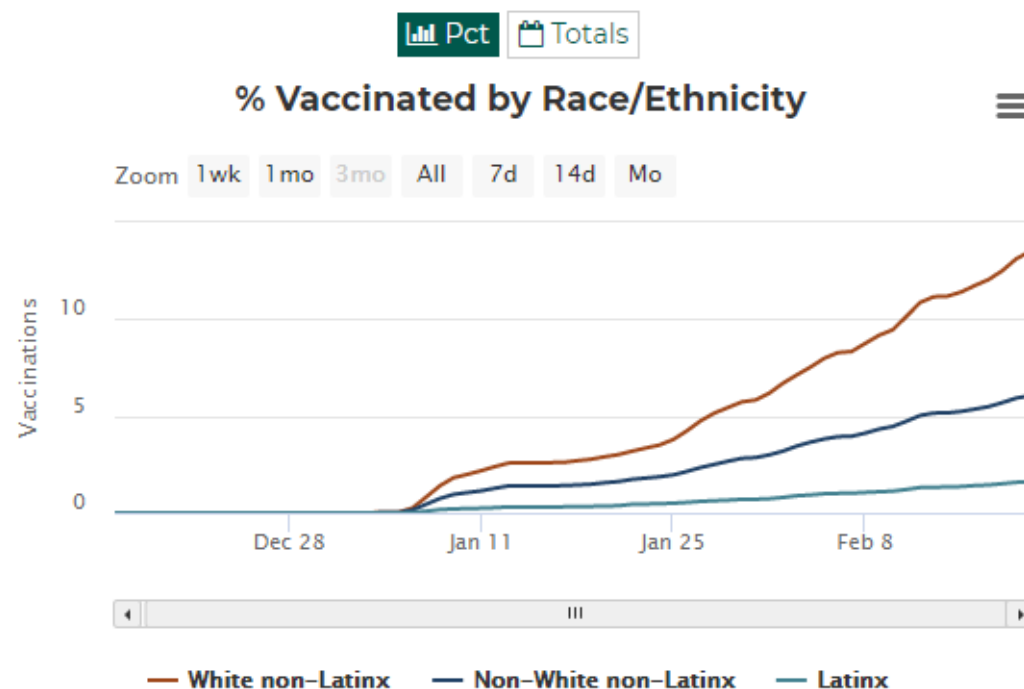
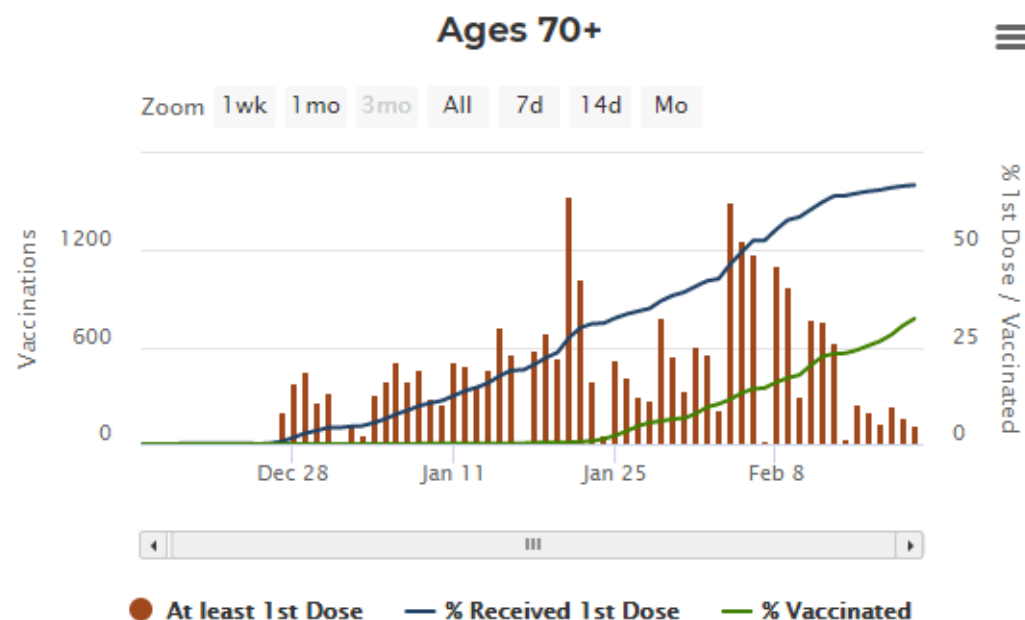
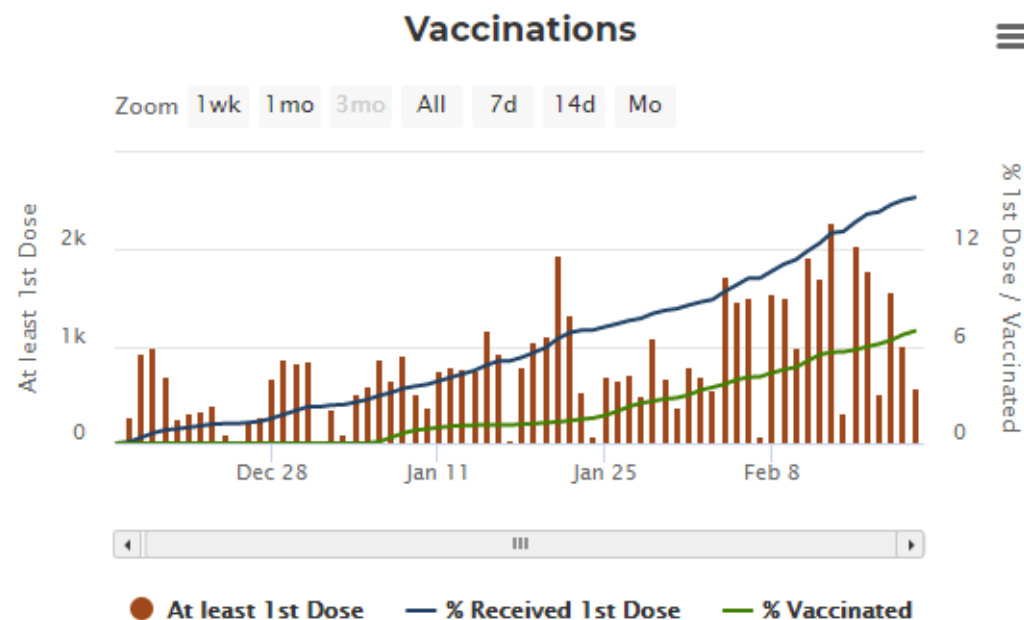
PCR % Positive by Day



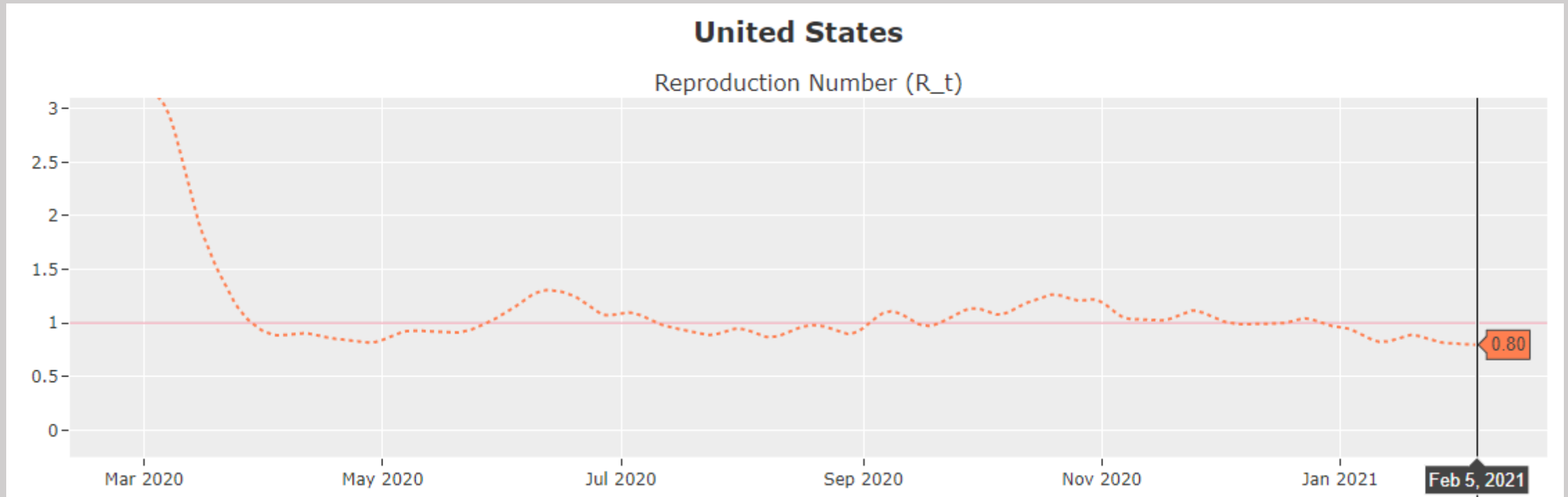
Zoom 1wk 1mo 3mo All **7d** 14d Mo



Category	Total	% of group
Doses received by residents	79,139	--
Residents receiving first dose	54,323	15.2%
Residents vaccinated	24,816	7.0%
Age 70+ residents at least one dose	26,676	66.9%
Age 70+ residents vaccinated	12,899	32.3%
White non-Latinx residents vaccinated	22,284	7.4%
Non-White non-Latinx residents vaccinated	722	4.4%
Latinx residents vaccinated	668	1.6%
Unknown race residents vaccinated	1,142	--



Lowest R_t in history of COVID

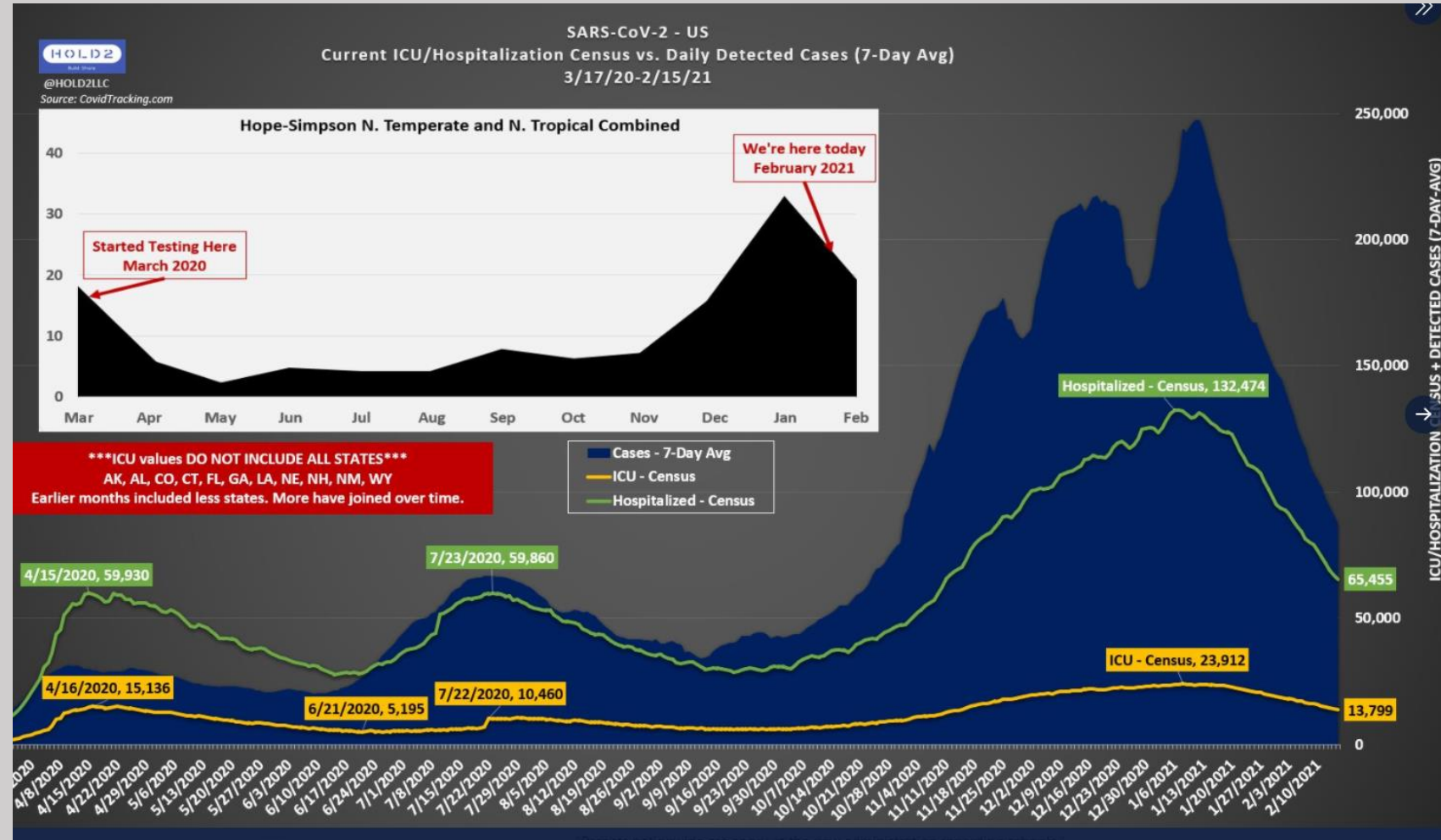


Immunity in Larimer Co likely >38%

- >54K first dose of vaccine
- >17K confirmed covid cases ([CDC says](#) actual is likely 4.6X confirmed) or ~81K infected
- $54+81=135$ K with some immunity (38%)
- 1 out of every 2.5 people highly unlikely to get infected, and also unlikely to spread
- Nationally, similar number with estimated 83M infected, 43M vaccinated first dose (38%)

IF seasonality has any effect, we should continue to see a drop

- Hope-Simpson is epidemiology hypothesis around seasonal spread of respiratory viruses, including coronaviruses



Ongoing debate...new research

Efficacy two weeks
after first dose

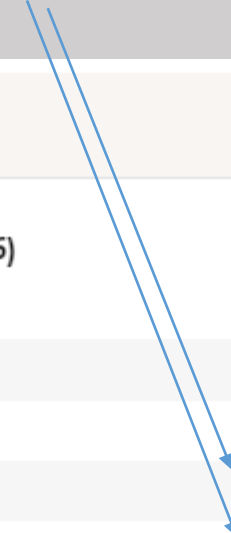


Table 1. Efficacy of BNT162b2 against Covid-19 According to Analysis Period.

Analysis Period	Vaccine (N=21,669)	Placebo (N=21,686)	Vaccine Efficacy, % (95% CI)*
	<i>no. of cases</i>		
After dose 1 to before dose 2 (per Polack et al. ¹)	39	82	52.4 (29.5–68.4)
Beginning 7 days after dose 1 to before dose 2 (derived†)‡	18	57	68.5 (46.5–81.5)
Beginning 14 days after dose 1 to before dose 2 (derived†)§	2	27	92.6 (69.0–98.3)
≥7 Days after dose 2 (per Polack et al. ¹)	9	172	94.8 (89.8–97.6)

* The derived vaccine efficacies were calculated as $100 \times (1 - [\text{risk among vaccinated patients} / \text{risk among unvaccinated patients}])$, on the basis of those remaining at risk according to the specified analysis period. The vaccine efficacies reported by Polack et al. were calculated as $100 \times (1 - \text{IRR})$, where IRR is the calculated ratio of confirmed cases of Covid-19 illness per 1000 person-years of follow-up in the active vaccine group to the corresponding illness rate in the placebo group.

† The values were derived with the data reported by the manufacturer in Figure 13 of the Vaccines and Related Biological Products Advisory Committee briefing document.²

‡ Before day 7, a total of 21 cases had accrued in the vaccine group and 25 cases in the placebo group.

§ Before day 14, a total of 37 cases had accrued in the vaccine group and 55 cases in the placebo group.

Source: NEJM, Feb 17, 2021; DOI: 10.1056/NEJMc2036242

CORRESPONDENCE | [ONLINE FIRST](#)

Early rate reductions of SARS-CoV-2 infection and COVID-19 in BNT162b2 vaccine recipients

[Sharon Amit](#) • [Gili Regev-Yochay](#) • [Arnon Afek](#) • [Yitshak Kreiss](#) • [Eyal Leshem](#) 

Published: February 18, 2021 • DOI: [https://doi.org/10.1016/S0140-6736\(21\)00448-7](https://doi.org/10.1016/S0140-6736(21)00448-7)

- In Israel, single dose Pfizer 85% effective for symptomatic disease prevention

UK speeds up vaccinations: All adults get 1st jab by July 31

By JILL LAWLESS yesterday

- “Britain is delaying giving second vaccine doses until 12 weeks after the first, rather than three to four weeks, in order to give more people partial protection quickly.”
- 1 in 3 adults have received first dose of some vaccine; 33% in UK compared to ~17% in US

[#MYANMAR](#)[#COVID-19](#)[FRANCE](#)[AFRICA](#)[CULTURE](#)[SHOWS](#)[FIGHT THE FAKE](#)[Live news](#)

France recommends single vaccine dose for people who have had Covid



Issued on: 12/02/2021 - 15:06 Modified: 12/02/2021 - 15:04

NEWS / Pfizer and BioNTech Submit COVID-19 Vaccine Stability Data at Standard Freezer Temperature to the U.S. FDA

PFIZER AND BIONTECH SUBMIT COVID-19 VACCINE STABILITY DATA AT STANDARD FREEZER TEMPERATURE TO THE U.S. FDA

Friday, February 19, 2021 - 07:00am EST

- Proposed U.S. EUA label update would enable the vaccine to be stored at -25°C to -15°C (-13°F to 5°F) for a total of two weeks
- If approved, new storage option could offer pharmacies and vaccination centers greater flexibility in managing and maintaining vaccine distribution and supply

Source: <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-submit-covid-19-vaccine-stability-data>

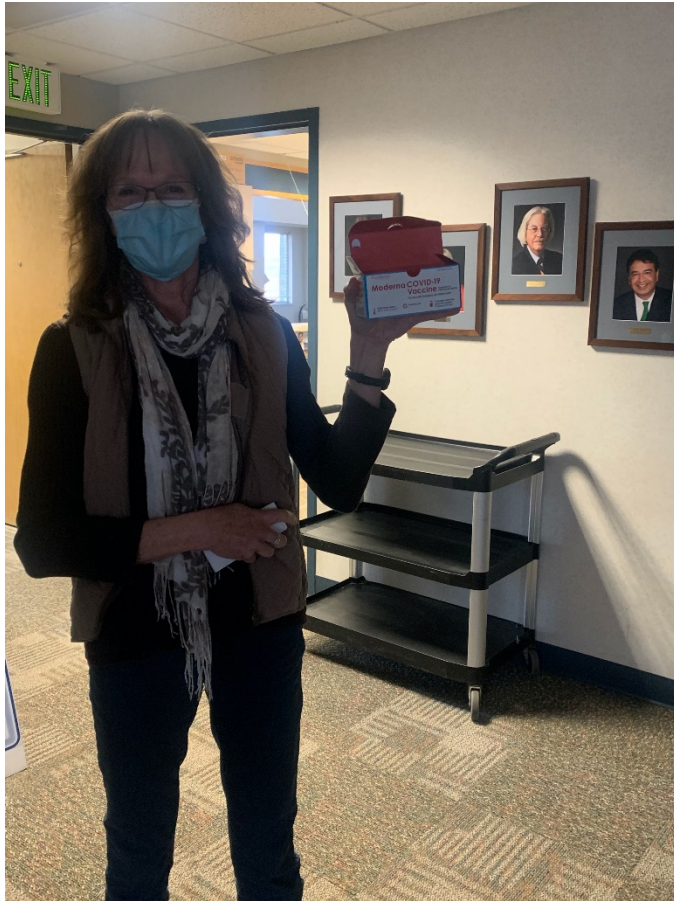
Vaccine Clinics at the Health District

Dr. James Stewart & Suman Mathur

February 23, 2021



Background:



- Asked by state/CDPHE end of 2020 to apply to be a vaccine provider
- Established vaccine planning committee
- Ordered appropriate supplies & ensured sufficient staffing
- Applied to be provider in late Jan; approved soon after
- 1st shipment arrived 2/9
- 1st clinic 2/11

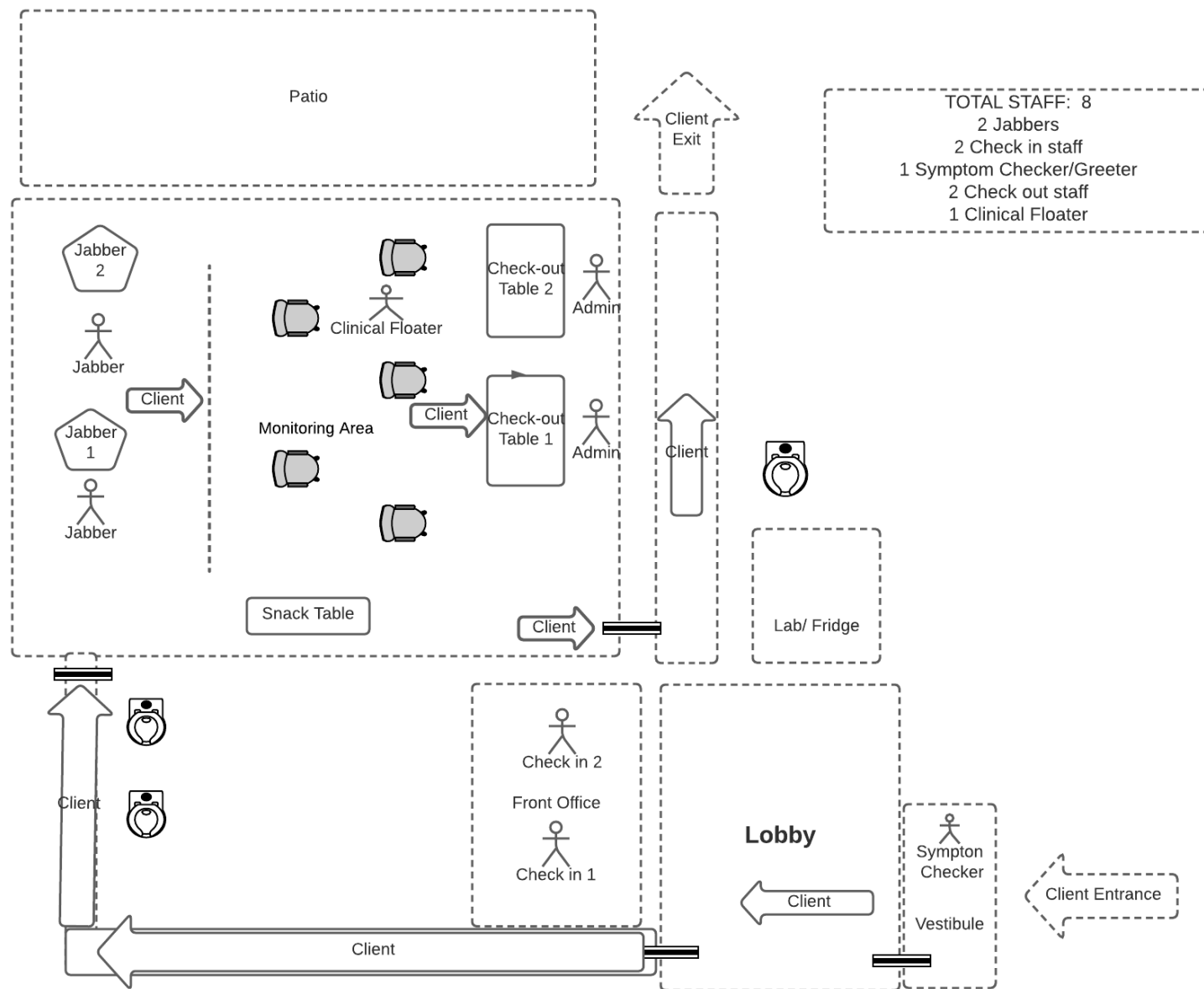
Who?

- Coordination with LCDHE for remaining Tier 1B1 providers (i.e. moderate risk HCW)
- Health District clients 70+
 - those without internet/only accessible by phone
 - beginning outreach with Meals on Wheels clients
- Health District clients 65 +
- Those 65+ referred to us by state COVID Vax hotline/other word of mouth (i.e. churches, PCPs)
- Building a waitlist through webform/calls to front desk

How?

- Build off existing model for flu shot clinics/blood cholesterol clinics
- Administrative staff (check-in/check-out, scheduling, data entry, phone-calls):
 - Front Desk staff
 - Evaluation staff (Maria, Sue, Shaeyla, Suman)
- Clinical staff (vaccinators, clinical observers/floaters, respond to medical questions):
 - Medical Director
 - Nurses (Julie A, Cheri N)
 - PRNs (RNs, Pharmacists, etc)
 - Volunteers (RN's, retired physicians)
- Creating bilingual materials/identifying bilingual staff





Successes!



- Very successful and smooth vaccination process
 - Week 1: 108/100 doses! Week 3: 200 doses ordered
- Improved coordination & communication with County and State
 - weekly calls
- Access to free transportation for appointments
- Staff are incredibly generous and flexible!
 - Able to accommodate clients with disabilities or who require other accommodations
- Extremely grateful clients!
 - "I wouldn't have known what to do if you hadn't called"

Challenges!

- **Supply** continues to be limited & unpredictable
 - Unable to plan more than 1 week out; scheduling appointments for 2-3 days later
 - Hope state will start getting 3 week window
- Remaining 70+ are “hard to reach”
 - Lots of staff time devoted to phone calls
- Managing phone traffic
- Lack of centralized scheduling platform/universal waitlist
 - Hard to have a sense of how many people on lists/queues are still needing vaccine
 - “Eligibility” besides age difficult to ascertain
 - Aligning state with local priorities (ambiguity with 65-69 y/o)

2021 FEBRUARY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5 Order survey opens at 12:01 am	6
7	8 Order survey closes at 11:59 pm	9	10	11 Allocations can be viewed in Inventory under Vaccine Orders (late evening)	12	13
14 Allocations can be viewed in Inventory under Vaccine Orders (late evening)	15 Vaccine Ship Days	16	17	18	19	20
21	22	23	24	25	26	27
28	1	2	3	4	5	6

KEY

— Vaccine Ship days
or orders placed on
Tuesdays

--- Vaccine Ship days
or orders placed on Sundays

Future:

- Continue to increase our vaccine supply
- 1-2 days/week @ Bristlecone offices + 1-2 days/week mobile!
- Possible mobile clinics w/ special populations:
 - Murphy Center/Homeward Alliance
 - Northern Colorado Health Network
 - BIPOC Alliance/Unitarian Church
 - Red Feather Lakes (rural communities)
 - Agricultural/farmworkers
- Ongoing coordination with Salud
- Equity focus – Who needs the most support? How can we partner? How do we reach communities where they are at?
 - linking with existing partnerships and groups (i.e. Salud, LCDHE, LatinX Advocacy groups)
 - connecting with out clients

“Your staff were absolutely wonderful, gracious and efficient. All the stress of waiting for a vaccine melted as I moved easily through your stations.

Hats off to all of you at the Health District. I’ve been honored and grateful to have help with my dental needs. Now to have met more Health District professionals, I’m on cloud nine.”

Larimer Health Connect

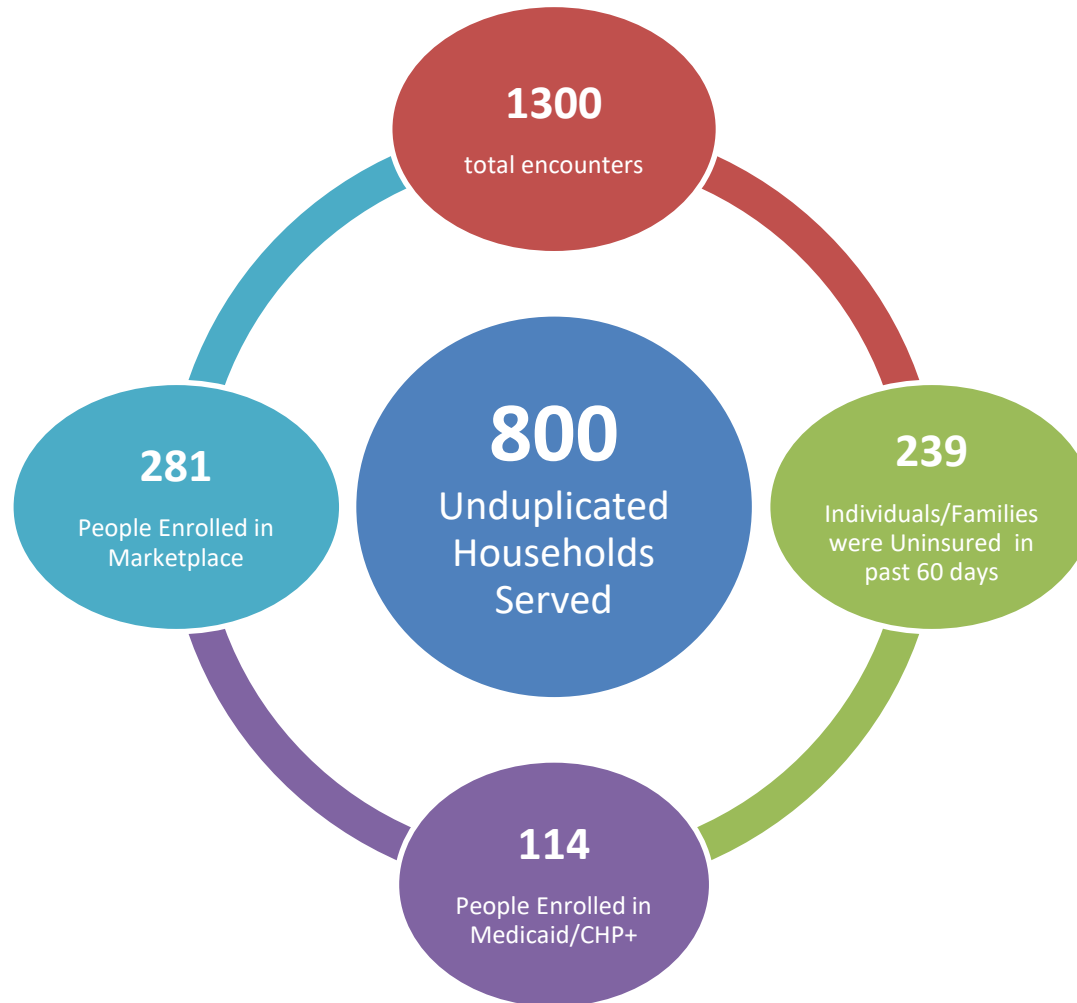
Open Enrollment during the Pandemic and Beyond...



Health District
LARIMER HEALTH CONNECT

Open Enrollment 8 Amid COVID-19

Lives impacted during this time...



Remote Assistance Provided During the Pandemic

- Phone / Virtual
Zoom
Appointments
- Limited, In-Person
Assistance



Customer experiences compared to years past...

- Increased unemployment
- Loss of Income
- No Childcare/School
- Focused on Survival
- Insurance Choices Affected



Barriers to Care

- Cost of Care
- Access to Care
- Technology and System Issues



Eligible but not Enrolled (EBNE)

The EBNE population resides in a variety of areas in Larimer County: from Berthoud to Loveland, to north Fort Collins and beyond.

- Past/Present Outreach to the EBNE Population
- Future Outreach Plans to increase efforts to reach the EBNE



Uninsured Enrollment Period

Only for individuals/families who are currently *UNINSURED*

- Runs Feb. 8th – May 15th, 2021
- Coverage starts 1st of the following month
- Normal Special Enrollment Period (SEP) still applies
- Our focus during this UEP



Questions?





POLICY

February 23, 2021





TOPICS OF DISCUSSION

01

STATE

02

FEDERAL



STATE





**DAYS IN
SESSION**



**BILLS
INTRODUCED**



**BILLS
KILLED/LOST**



**ISSUES WITH
A POSITION**

HB20-1075: REPLACE THE TERM ILLEGAL ALIEN



HOUSE: Lontine (D)
SENATE: Gonzales (D)

2/25 Hearing
House State, Civic, Military
& Veterans Affairs

Replaces the term "illegal alien" with "worker without authorization" as it relates to public contracts for services

- "Worker without authorization" an individual who is unable to provide evidence that the individual is authorized by the federal government to work in the United States.
- Board strongly supported a similar bill last session.



SB20-009:REPRODUCTIVE HEALTH CARE PROGRAM



HOUSE: Jaquez Lewis (D)
SENATE: Caraveo (D)

TBD Hearing
Senate Health & Human
Services

The bill creates the Reproductive Health Care Program to include contraceptives and family planning services for undocumented individuals. It also requires coverage of a one year supply of oral contraceptives for all Medicaid beneficiaries.



SB20-025: FAMILY PLANNING SERVICES FOR ELIGIBLE INDIVIDUALS



HOUSE: None
SENATE: Pettersen (D)

TBD Hearing
Senate Health & Human
Services

Expand Medicaid to provide family planning services to individuals who are not pregnant and have an income less than 250% of the FPL. Currently, adults are eligible for these services with incomes up to 133% FPL.

- Conditional on Federal approval
- Also allows for Medicaid recipients to request a 1 year supply of contraceptives



SENIOR DENTAL PROGRAM FUNDING



JOINT BUDGET COMMITTEE ISSUE

Background

- In FY19-20 the SDP had an increase in its appropriation from \$3M to \$4M General Fund
- In budget balancing actions for FY20-21, the JBC decreased the appropriation back to \$3M



Restore \$1 million of funding to SDP

UPDATE: MEDICAID ADULT DENTAL BENEFIT



JOINT BUDGET COMMITTEE ISSUE

Communicated the need to restore the dental benefit to \$1500 to JBC members and local legislators

- March 4th- Figure Setting for HCPF
- April 8th- Long Bill Starts its Journey



The background features abstract geometric patterns in the corners. The top-left and bottom-right corners contain clusters of interlocking triangles and hexagons in shades of orange, teal, yellow, and dark blue. The bottom-left corner has a smaller, more fragmented arrangement of similar shapes. The central area is a plain light gray.

FEDERAL

SPECIAL DISTRICTS PROVIDE ESSENTIAL SERVICES ACT

H.R. 535, S. 91

Establish federal definition of
"special district"

01

02

States would have the discretion
to establish their own programs to
disburse the funds to special
districts demonstrating
pandemic-related need for relief.

03

04

Require states direct at least 5% of
future Coronavirus Relief Fund
allocations to special districts

Codify special districts' access to the
Federal Reserve's Municipal
Liquidity Facility



COVID Legislation- Health Related

Premium Tax Credits

No marketplace enrollee spends more than 8.5% of income on premiums
Extend to those >400%FPL



\$0 Premiums

People with income below 150% of the FPL
If getting UI & qualified to purchase on marketplace, can get \$0 premium on silver plan (are some stipulations)



COBRA Subsidies

Federal funding to cover 85% of COBRA premiums from month after enactment to September 30, 2021



Medicaid Expansion

2-year increase in FMAP when a state expands

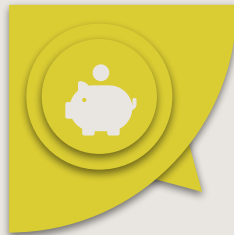


Table 1: Percent of Income Paid for Marketplace Benchmark Silver Premium, by Income

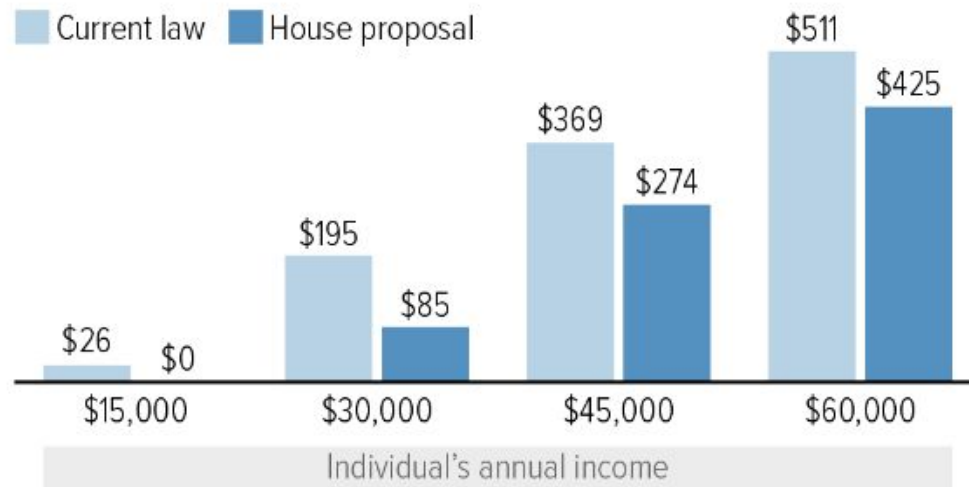
Income (% of poverty)	Affordable Care Act (current law)	House COVID-19 Relief Proposal
Under 100%	Not eligible for subsidies*	Not eligible for subsidies**
100% – 138%	2.07%	0.0%
138% – 150%	3.10% – 4.14%	0.0%
150% – 200%	4.14% – 6.52%	0.0% – 2.0%
200% – 250%	6.52% – 8.33%	2.0% – 4.0%
250% – 300%	8.33% – 9.83%	4.0% – 6.0%
300% – 400%	9.83%	6.0% – 8.5%
Over 400%	Not eligible for subsidies	8.5%

FIGURE 1



Proposal in House Ways and Means COVID Relief Legislation Would Make Marketplace Coverage More Affordable

Monthly premium for benchmark marketplace coverage for a 45-year-old, based on national average premium



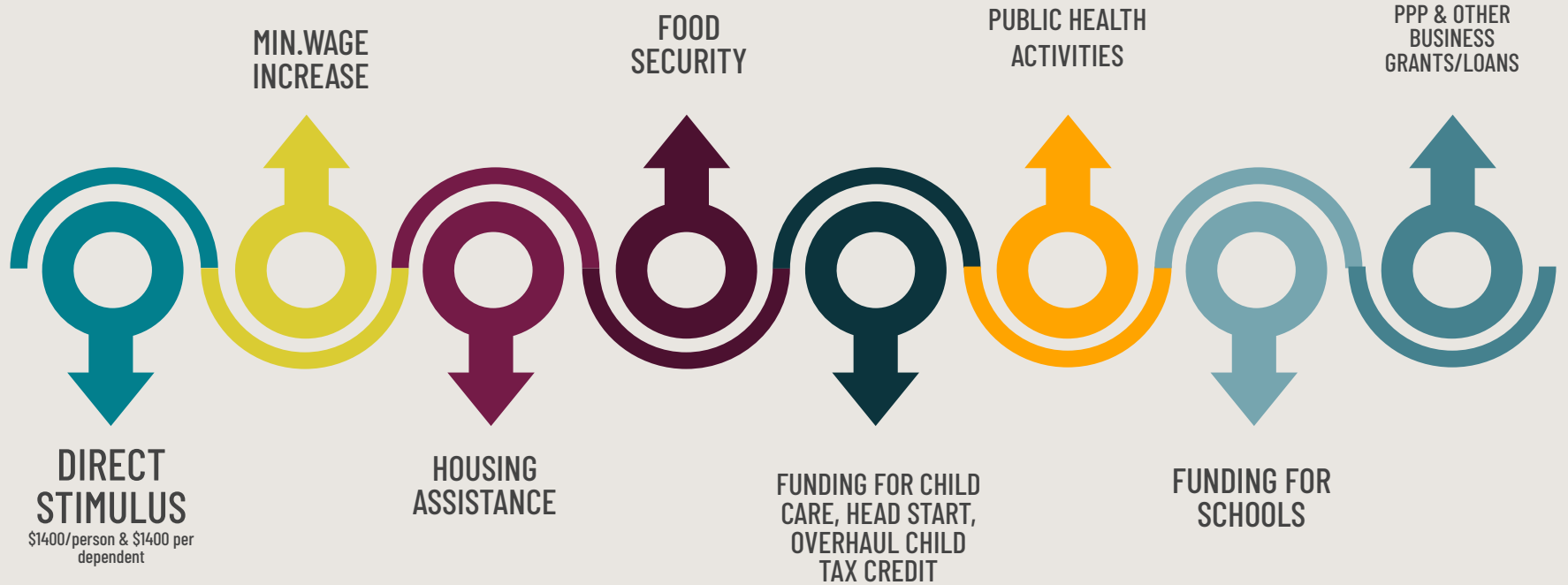
Source: CBPP calculations based on House Ways and Means Committee COVID relief legislation

APPENDIX TABLE 2

House Proposal Would Lower Marketplace Premium Payments for Those Above 400 Percent of Poverty in All States

State	Monthly marketplace premium payment								
	45-year-old individual; \$60,000 (470% FPL*)			60-year-old couple; \$75,000 (435% FPL*)			Family of four**; \$120,000 (458% FPL*)		
	Current law	House proposal***	Difference	Current law	House proposal	Difference	Current law	House proposal	Difference
U.S. average	\$511	\$425	-\$86	\$1,920	\$531	-\$1,389	\$1,445	\$850	-\$595
Colorado	397	397	0	1,491	531	-960	1,122	850	-272

COVID Legislation- What Else?





CREDITS

- ◀ Presentation template by [Slidesgo](#)
- ◀ Icons by [\[redacted\]](#)
- ◀ Infographics by [\[redacted\]](#)



HB21-1075: REPLACE THE TERM ILLEGAL ALIEN

Concerning replacing the term “illegal alien” with “worker without authorization” as it relates to public contracts for services.

Details

Bill Sponsors:	House – Lontine (D) Senate – Gonzales (D)
Committee:	House State, Civic, Military and Veterans Affairs
Bill History:	2/16/2021- Introduced in House
Next Action:	2/25/2021- Hearing in House State, Civic, Military and Veterans Affairs
Fiscal Note:	<u>The bill will increase workload for state and local agencies in FY2021-22 only.</u>

Bill Summary

The bill replaces the term "illegal alien" with "worker without authorization" as it relates to public contracts for services. A “worker without authorization” is defined as an individual who is unable to provide evidence that the individual is authorized by the federal government to work in the United States.

Issue Summary

A similar bill, HB20-1294, was introduced during the 2020 regular session, but was not passed due to the constraints of COVID-19. The Health District Board of Directors voted to strongly support the bill. When the label of “illegal alien” or “illegal immigrant” is used it effectively says that the individual, as opposed to the actions the person has taken, is unlawful.

About this Brief

This brief was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This brief is not a complete analysis of this policy issue. This brief is accurate to staff knowledge as of date printed. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

SB21-009: REPRODUCTIVE HEALTH CARE PROGRAM

Concerning the creation of a reproductive health care program, and, in connection therewith, providing contraceptive methods and counseling services to participants

Details

Bill Sponsors: House – Caraveo (D), Benavidez (D), Duran (D), Gonzales-Gutierrez (D), Hooton (D), Jodeh (D), Lontine (D), Michaelson Jenet (D), Ortiz (D), Titone (D), Valdez, D. (D), Valdez, A. (D), Woodrow (D)
Senate – Jacquez Lewis (D), Buckner (D), Danielson (D), Gonzales (D), Kolker (D), Pettersen (D), Rodriguez (D)

Committee: Senate Committee on Health & Human Services

Bill History: 2/16/2021- Introduced in Senate, Assigned to Health & Human Services Committee

Next Action: Hearing in Senate Health & Human Services

Bill Summary

The bill expands the Medicaid program to include contraceptives and family planning services for undocumented individuals. It also requires coverage of a one year supply of oral contraceptives for all Medicaid beneficiaries.

Issue Summary

Health Coverage for Undocumented Individuals

Among the total nonelderly population in the United States, 45% of undocumented immigrants were uninsured, compared to about 23% of lawfully present immigrants and 8% of citizens, as of 2017.¹ This high rate of uninsurance reflects the limited access to employer sponsored insurance as well as eligibility restrictions that prevent most from accessing Medicaid, Medicare, and the Affordable Care Act (ACA) marketplaces.

Most undocumented adult individuals are only eligible for Emergency Medicaid.² Emergency Medicaid only covers services for a 'life or limb threatening emergency' and labor and delivery for pregnant women. For those pregnant women, it does not cover any prenatal or postnatal care.

Unintended Pregnancy

Unintended pregnancies represent 45% of all pregnancies in the United States, an all-time low.³ The rate of unplanned pregnancies among women with incomes below the federal poverty level (FPL) has been reported at nearly seven times that of women at 200% of the FPL or higher.⁴ Approximately 95% of all unintended pregnancies occur in women who do not use contraception or use it inconsistently or incorrectly.⁵ Women

¹ Kaiser Family Foundation (July, 15, 2019). Health Coverage and Care of Undocumented Immigrants. Retrieved from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/>

² 10 CCR 2505-10 8.100 section 8.1.00.3.G.1v

³ Sawhill, I.V. & Guyot, K. (June 2019). *Preventing Unplanned Pregnancy: Lessons from the State*. Economic Studies at Brookings. Retrieved from <https://www.brookings.edu/research/preventing-unplanned-pregnancy-lessons-from-the-states/>

⁴ National Conference of State Legislatures (Jan. 2018). *Preventing Unplanned Pregnancy*. Retrieved from <https://www.ncsl.org/research/health/preventing-unplanned-pregnancy.aspx>

⁵ America's Health Rankings (2020). *Unintended Pregnancy*. Retrieved from https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/unintended_pregnancy/state/U.S

with an unplanned pregnancy are less likely to receive prenatal care.⁶ A 2011 study found that that taxpayers spend about \$12 billion annually on publicly financed medical care for women who experience unintended pregnancies and on infants who were conceived unintentionally.⁷

Year Long Supply of Contraceptives

A study in California found that dispensing a 1-year supply is associated with a 30% reduction in the odds of conceiving an unplanned pregnancy and a 46% reduction in the odds of an abortion compared with dispensing just one or three packs.⁸ Similarly, findings from Washington found that when women received least a one-year supply of oral contraceptive, the state saved \$1.5 million, an average of \$226 per client, on maternity and infant care services due to averted births, compared with those who were dispensed an initial one-month supply.⁹

This Legislation

Definitions

Contraceptive methods and counseling services: Any FDA-approved contraceptive drug, device, or product; the services related to the administration and monitoring of those products (including side-effect management); counseling to continue adherence to the prescribed regimen; the removal and insertion of devices; and any other contraceptive methods or counseling services that have been identified by the federal Health Resources and Services Administration (HRSA) or the “Women’s Preventive Service Guidelines.”¹⁰

Eligible individual: An individual with reproductive capacity, regardless of gender, citizenship, or immigration status, who would be eligible to enroll in Medicaid, except that the individual is not a citizen of the U.S. and is not considered an eligible noncitizen.

Participant: An eligible individual enrolled in the reproductive health care program.

Pharmacist: A licensed pharmacist who has entered into a collaborative practice agreement¹¹ to prescribe and dispense hormonal contraceptive patches and oral hormonal contraceptives.

Provider: means any person, public or private institution, agency, or business providing medical care, services, or goods authorized under Medicaid. They must hold, where applicable, a current valid license or certificate. These services must be provided and goods must be dispensed only if performed, referred, or ordered by a doctor of medicine or a doctor of osteopathy. Services of dentists, podiatrists, and optometrists need not be referred or ordered by a doctor of medicine or a doctor of osteopathy.¹²

Reproductive Health Care Program

Starting January 1, 2022, HCPF is to administer the reproductive health care program. Unless a participant requests a shorter period of time, the provider or pharmacist is to prescribe a 12-month supply of the requested contraceptive or an alternative if the requested product is medically inadvisable. The participant’s choice of contraceptive must not be infringed upon and must not require prior authorization, step therapy or other utilization control methods. The Medical Services Board is to adopt rules needed to implement the program, including the rules that specify the manners in which outreach and notification of eligible individuals occur as well as the manner of enrollment. These contraceptives must not have any cost-sharing requirements.

⁶ Kost, K., Lindberg, L. Pregnancy Intentions, Maternal Behaviors, and Infant Health: Investigating Relationships With New Measures and Propensity Score Analysis. *Demography* 52, 83–111 (2015). Retrieved from <https://link.springer.com/article/10.1007/s13524-014-0359-9>

⁷ Thomas, A. & Monea, E. (July 2011). *The High Cost of Unintended Pregnancy*. Center on Children & Families at Brookings.

⁸ Foster DG, Hulett D, Bradberry M, Darney P, Policar M. Number of oral contraceptive pill packages dispensed and subsequent unintended pregnancies. *Obstet Gynecol.* 2011 Mar;117(3):566-572. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/21343759/>

⁹ Fan, J.Z., Lyons, D., Felver, B.E.M, & Glenn, A.J. (Nov. 2018). *The Effect of Dispensing One-Year Supply of Oral Contraceptive Pills*. Retrieved from <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-113.pdf>

¹⁰ <https://www.hrsa.gov/womens-guidelines-2019>

¹¹ Pursuant to state law, C.R.S. §12-280-602

¹² This definition is a shortened version of the referred to statute of C.R.S. §25.5-4-103(19)(a)

Starting in state fiscal year 2023-24, HCPF is to analyze and report the cost-effectiveness of the program through their annual SMART Act hearing.¹³ The report is to include the total number of eligible individuals; the total number of enrolled participants, disaggregated by race, ethnicity, gender identity, and income level; cost of providing contraceptive methods and counseling services; participants' preferred method of contraceptive methods; and the cost savings realized due to unintended pregnancies, including avoided hospital costs.

Contraceptives Covered under Medicaid

The bill adds a requirement that a 12 month supply of and FDA-approved contraceptive drug, device, or product is to be covered, unless the recipient requests a shorter supply.

The bill, subject to a petition, takes effect at 12:01am on the day following the expiration of the 90 day period after the final adjournment of the General Assembly.

Reasons to Support

Access to a full range of sexual and reproductive health services is critical to the well-being of individuals, families, and communities. There currently are access barriers due to health coverage and cost, which exacerbate inequities in Latinx communities. The Reproductive Health Care Program has the opportunity to reduce unintended pregnancies, improve sexual health, and address maternal mortality.

Providing Medicaid recipients with a full year of contraceptives not only reduces unintended pregnancies but also saves the state funds that are associated with pregnancy, birth, and the health care of infants and children. In addition, there is a burden on women to continue to refill contraceptives every month or every three months, that may entail taking time off work, obtaining childcare, and traveling in order to obtain their preferred method of contraception.

Supporters

- 9to5 Colorado
- Center for Biological Diversity
- Center for Health Progress
- Cobalt
- Colorado Association of Local Public Health Officials
- Colorado Children's Campaign
- Colorado Immigrant Rights Coalition
- Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
- Colorado People's Alliance (COPA)
- Interfaith Alliance of Colorado
- New Era Colorado
- One Colorado
- Padres y Jóvenes Unidos
- Planned Parenthood of the Rocky Mountains
- Progress Now Colorado
- The Women's Foundation of Colorado

Reasons to Oppose

Although such a program is likely to save the state money over time, the requirement of funds for an initial investment in such an uncertain budget time may mean that other priorities do not receive full funding. In addition, by providing coverage for a full year's supply of contraceptives, Medicaid would be funding the contraceptives for that individual for that year even if they are no longer eligible for Medicaid and enroll in a private plan mid-year.

¹³ Enacted in 2010 and extensively revised in 2013, Colorado's SMART Government Act includes requirements for state departments to create publicly-available annual strategic/performance plans and present them to the General Assembly.

Some may argue that public funds should not be used to provide care for undocumented individuals.

Opponents

- Opposition has yet to be made public.

Other Considerations

There may need to be clarity to determine if a patient opts to change their contraceptive method mid-year (for a medical reason or personal reasons) would that new method still be covered.

About this Analysis

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SB21-025: FAMILY PLANNING SERVICE FOR ELIGIBLE INDIVIDUALS

Concerning family planning services for individuals whose income does not exceed two hundred fifty percent of the federal poverty level.

Details

Bill Sponsors:	House – None Senate – Pettersen (D)
Committee:	Senate Committee on Health & Human Services
Bill History:	2/16/2021- Introduced in Senate, Assigned to Health & Humans Services
Next Action:	Hearing in Senate Health & Human Services

Bill Summary

The bill requires the Department of Health Care Policy and Financing (HCPF) to seek federal approval, though a state plan amendment, to provide family planning services to individuals who are not pregnant and have an income less than 250% of the federal poverty level (FPL). Currently, adults are eligible for these services with incomes up to 133% FPL.

Issue Summary

Experiences in Other States

Since the federal government matches Medicaid family planning services at 90%, many states have viewed this option of providing the services as the most cost-effective for state dollars.¹ More than half of states, 26, offer expanded family planning services through Medicaid.² The majority of these states (24) set income eligibility requirements ranging from at or below 138% of the federal poverty level (FPL) to under 306% of the FPL.^{2,3} Most of the states (17) operate these programs through a state plan amendment while the remaining 6 have obtained waivers from the federal government.

Colorado Family Planning Program

The Colorado Department of Public Health and Environment's (CDPHE) Family Planning Program (FPP) has been providing services for more than 45 years.⁴ In 2008, multi-year grant funding was awarded to expand services, including distribution of long-acting reversible contraception (LARC) as part of the existing programs. The program provides low or no cost family planning services at Title X clinics across the state to about 40,000 women a year. However, fewer than half of women without coverage are currently being served by the program. The following chart from CDPHE's 2020 fact sheet illustrates the outcomes from this program.

¹ Sawhill, I.V. & Guyot, K. (June 2019). *Preventing Unplanned Pregnancy: Lessons from the State*. Economic Studies at Brookings. Retrieved from <https://www.brookings.edu/research/preventing-unplanned-pregnancy-lessons-from-the-states/>

² Kaiser Family Foundation (Sept 2020). *States that Have Expanded Eligibility for Coverage of Family Planning Services Under Medicaid*. Retrieved from <https://www.kff.org/medicaid/state-indicator/family-planning-services-waivers/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

³ Guttmacher Institute (Feb, 1, 2021) *Medicaid Family Planning Eligibility Expansions*. Retrieved from <https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions>

⁴ CDPHE (2021). *About Colorado's Family Planning Program*. Retrieved from <https://cdphe.colorado.gov/fpp/about-us>

	Colorado, 2009	Colorado, 2019	Outcome
Birth Rate for Females Ages 15-19	37.7 births per 1,000 population	13.5 births per 1,000 population	64.2% decrease
Birth Rate for Females Ages 20-24	89.9 births per 1,000 population	55.3 births per 1,000 population	38.5% decrease
Abortion Rate for Females Ages 15-19	10.3 abortions per 1,000 population	3.9 abortions per 1,000 population	62.1% decrease
Abortion Rate for Females Ages 20-24	20.9 abortions per 1,000 population	12.0 abortions per 1,000 population	42.6% decrease

Unintended Pregnancy

Unintended pregnancies represent 45% of all pregnancies in the United States, an all-time low.⁵ The rate of unplanned pregnancies among women with incomes below the federal poverty level (FPL) has been reported at nearly seven times that of women at 200% of the FPL or higher.⁶ Approximately 95% of all unintended pregnancies occur in women who do not use contraception or use it inconsistently or incorrectly.⁷ Women with an unplanned pregnancy are less likely to receive prenatal care.⁸ A 2011 study found that taxpayers spend about \$12 billion annually on publicly financed medical care for women who experience unintended pregnancies and on infants who were conceived unintentionally.⁹

Year Long Supply of Contraceptives

A study in California found that dispensing a 1-year supply is associated with a 30% reduction in the odds of conceiving an unplanned pregnancy and a 46% reduction in the odds of an abortion compared with dispensing just one or three packs.¹⁰ Similarly, findings from Washington found that when women received at least a one-year supply of oral contraceptive, the state saved \$1.5 million, an average of \$226 per client, on maternity and infant care services due to averted births compared with those who were dispensed an initial one-month supply.¹¹

This Legislation

Definitions

Eligible individual: An individual who is not pregnant and whose income does not exceed 250% of the FPL and who meets other requirements under federal law.

Family planning services: Contraception¹²; health care or counseling services focused on preventing, delaying, or planning for a pregnancy, including medically necessary evaluation or preventive services (i.e.

⁵ Sawhill, I.V. & Guyot, K. (June 2019). *Preventing Unplanned Pregnancy: Lessons from the State*. Economic Studies at Brookings. Retrieved from <https://www.brookings.edu/research/preventing-unplanned-pregnancy-lessons-from-the-states/>

⁶ National Conference of State Legislatures (Jan. 2018). *Preventing Unplanned Pregnancy*. Retrieved from <https://www.ncsl.org/research/health/preventing-unplanned-pregnancy.aspx>

⁷ America's Health Rankings (2020). *Unintended Pregnancy*. Retrieved from https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/unintended_pregnancy/state/U.S

⁸ Kost, K., Lindberg, L. Pregnancy Intentions, Maternal Behaviors, and Infant Health: Investigating Relationships With New Measures and Propensity Score Analysis. *Demography* 52, 83–111 (2015). Retrieved from <https://link.springer.com/article/10.1007/s13524-014-0359-9>

⁹ Thomas, A. & Monea, E. (July 2011). *The High Cost of Unintended Pregnancy*. Center on Children & Families at Brookings.

¹⁰ Foster DG, Hulett D, Bradsberry M, Darney P, Policar M. Number of oral contraceptive pill packages dispensed and subsequent unintended pregnancies. *Obstet Gynecol.* 2011 Mar;117(3):566-572. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/21343759/>

¹¹ Fan, J.Z., Lyons, D., Felver, B.E.M., & Glenn, A.J. (Nov. 2018). *The Effect of Dispensing One-Year Supply of Oral Contraceptive Pills*. Retrieved from <https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-113.pdf>

¹² Defined in statute, C.R.S. §2-4-401(1.5), as a medically acceptable drug, device, or procedure used to prevent pregnancy.

tobacco utilization screening, counseling, testing, and cessation services); follow-up visits to evaluate or manage problems associated with contraceptive methods; sterilization services (regardless of sex); cervical cancer screening and prevention; infertility assessments; and diagnosis, treatment, or medication to prevent a sexually transmitted infection (STI) or other condition of the urogenital system.

Presumptive eligibility¹³: The self-declaration of income, assets, and status in order to promptly receive Medicaid services prior to the verification of income, assets, and status.

Medicaid Family Planning Eligibility Expansion

By January 31, 2022, the Department of Health Care Policy and Financing (HCPF) is to seek federal approval of a state plan amendment (SPA) for the Medicaid program to provide family planning services to eligible individuals. The SPA must not impose age, sex, or gender identity limitations on eligible individuals and include a presumptive eligibility process. When the SPA is approved, HCPF is to ensure that an eligible individual receives a one year supply of their contraception, if requested. In addition, HCPF is to coordinate with Connect for Health Colorado, health care consumer advocates, and other stakeholders to conduct outreach about all available health coverage options and encourage enrollment through available sources, including Medicaid, CHP+, a public benefit corporation, or Connect for Health Colorado. HCPF is to promulgate rules that are necessary to implement this bill.

The bill, subject to a petition, takes effect at 12:01am on the day following the expiration of the 90 day period after the final adjournment of the General Assembly.

Reasons to Support

The expansion has the opportunity to reduce unintended pregnancies and improve sexual health. The bill would increase the number of Coloradans who would qualify for these services to align with the eligibility level for the Childrens' Health Plan Plus (CHP+). Such an expansion of family planning would also reduce the number of individuals who need to use Medicaid and CHP+ for pregnancy and postpartum care. Further, it may reduce the strain on the existing state family planning program.

Supporters

- Center for Biological Diversity
- Cobalt
- Colorado Association of Local Public Health Officials
- Colorado- American College of Obstetricians and Gynecologists
- Colorado Children's Campaign
- Interfaith Alliance
- The Women's Foundation of Colorado

Reasons to Oppose

Although such an expansion is likely to save the state money over time, the requirement of funds for an initial investment in such an uncertain budget time may mean that other priorities do not receive full funding.

Some may argue that the state should not be involved in providing family planning services to individuals.

Opponents

- Any opposition has not been made public at this time.

About this Analysis

¹³ C.R.S. §25.5-5-204(1)

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Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING and BUDGET HEARING
November 10, 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
Molly Gutilla, MS DrPH, Board Vice President
Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board

Staff Present:

Carol Plock, Executive Director
Karen Spink, Assistant Director
James Stewart, Medical Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Richard Cox, Communications Director
Kristen Cochran-Ward, MH Director
Brian Ferrans, CIT Director
Laura Mai, Asst. Finance Director
Alyson Williams, Policy Coordinator
Julie Estlick, Communications Specialist
Sue Hewitt, Evaluation Coordinator

Staff Present:

Suman Mathur, Evaluator & Data Analyst
Mindy Rickard, ACP Coordinator
Anita Benavidez, Executive Assistant

Others Present:

Erin Hottenstein
Diana Dwyer
Ashley Pennington
MaryJo Thometz
Keanu Kikau
Nellie Kassebaum
Lisa Muser
Javier Eiserman

CALL TO ORDER; APPROVAL OF AGENDA

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

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

PUBLIC COMMENT

Erin Hottenstein, Fort Collins, expressed interest in an update on the HealthInfoSource.com project; on the status of the Greater Health rebranding; and when reviewing the budget an explanation of changes in which there was an increase of more than five percent.

BUDGET PRESENTATION AND PUBLIC HEARING

Health District Direction and 2021 Budget

Introduction

Carol Plock, Executive Director and Lorraine Haywood, Finance Director presented the 2021 budget, starting with the Health District's Mission – to enhance the health of the community – noting that Health District's functions come from statutory powers relating to health services, and that work is

primarily around providing, connecting to, improving, and/or growing health services. In general, the 2021 budget is a very challenging budget to formulate in the midst of incredible uncertainty, where it is hard to predict revenues, expenses, and year-end changes. The budget was formulated utilizing the best information available at the time.

The Health District is anticipating tough budget year in 2021, with the possibility that it could get worse in 2022 and 2023 if property taxes decline due to the economic downturn. The key focus for the use of funds in the 2021 budget includes: 1) Maintaining key health services, with limited expansion in areas that are critical to community health in the midst of COVID, 2) Assuring limited funding from reserves for time-limited work during the COVID pandemic, 3) Maintaining enough in reserves to assist in weathering the economic downturn long-term if necessary; and 4) Determining alternatives to formerly planned expansion of owned space.

Overview of Core Services

Ms. Plock reviewed the core services funded by the Health District's operational budget. A top priority for the coming year, in this time of extra challenges and uncertainties, is the **Mental Health/Substance Use programs**, including Connections and CAYAC (Child, Adolescent, and Young Adult Connections), Integrated Care, which works with our partners to integrate mental health care into primary care, and continued focus on Community Dual Disorders Treatment (CDDT).

Connections and CAYAC teams help individuals and families assess their behavioral health needs, and get connected to the right provider to be able to meet their unique needs. CAYAC currently includes psychiatric services provided by three part-time psychiatric providers, but in 2021 we anticipate moving to one full time psychiatrist, supplemented by nurse practitioner (with specialty in psychiatric services) time. Connections is providing the community COVID-19 Emotional Support Line (12 hours/day, 7 days/week) in addition to their normal duties, and there will be increased focus on marketing. Integrated Care includes counselors and a psychiatrist who provide services in the primary care safety net clinics, including pain clinics, assistance with Medication Assisted Treatment for those with substance use disorders.

The second highest priority for the Health District is aiding the community in **accessing health care**. Larimer Health Connect, which helps people understand and apply for health insurance, will continue to be critically important moving into 2021. As jobs stop and start, many people find their insurance in flux, and the threat of COVID increases the potential need for health care. If the declared public health emergency ends in January, as currently scheduled, large numbers of residents who have been on Medicaid will lose their eligibility. Plans include an increase in outreach to help people understand their options for health coverage. Prescription Assistance is also considered an essential service to continue. The Medicaid Accountable Care Collaborative continues to work on facilitating care coordination, focusing recently on ever-changing COVID-related adaptations such as telehealth, major expansion in Medicaid rolls, and the upcoming expected contraction of Medicaid coverage.

Access to **affordable dental care** remains a major community need, but providing care amidst COVID-19 has been challenging. In the past eight months, dental staff members have had to transition from nearly complete closure, to complete re-tooling to adjust to new COVID protocols, subsequently opening with less capacity due to requirements for cleaning and disinfection, PPE changes, etc. The community has experienced a general reduction of dental care capacity, and helping to fill the gap for senior dental care has become very important. Our team will continue to provide care for those who require it under anesthesia. While we had originally hoped to be implementing a grant focused on recruiting specialty dental care partners, that has largely been delayed by COVID, though we hope to get back to it in 2021.

The Community Impact Team, focusing on helping the community make long-term improvements in mental health and substance use services, was largely diverted in 2020 due to COVID, when staff worked with partners to create and staff a 24/7 COVID Isolation, Recovery, and Quarantine Center (IRQ) for people experiencing homelessness. With a current rise in cases, the IRQ is getting busier. Staff members have been incredibly committed and flexible in this COVID era, also working with local shelters (and people placed in non-congregate shelter hotel rooms) to advise on or provide COVID screening, increased hygiene, and connections to health care. In 2021, we anticipate that the team will continue this work, and continue to work with the Mental Health and Substance Use Alliance, focusing on substance use disorder perceptions and services transformation, a grant providing Medication Assisted Treatment in the local jail, and, if time allows, a more comprehensive analysis of the strengths and gaps in the local behavioral health system.

Health promotion and preventive services will continue work in tobacco cessation and the program to help people improve their blood pressure. With a current lower priority on these areas, there will be some FTE reduction in both programs. Both programs have shifted to a more COVID-sensitive approach, utilizing remote methods. With COVID, staff roles for the medical director and nurses within this program have shifted considerably, as they moved to helping to create and manage the IRQ, providing continuous internal and external consultation on COVID issues, connecting people experiencing homelessness who have high risks or special needs to health care, and providing flu vaccinations for staff and PEH. They are preparing for the possibility of a role in getting out COVID vaccinations as those become available.

Advance Care Planning has been an important program in this COVID environment. The program exists to ‘help you make sure that those who will make decisions for you when you can no longer make them can understand your wishes.’ The team provides direct assistance to individuals getting ACP forms completed and filed, mostly done now with teleconsults, works with employers on virtual employee campaigns, and provides training for providers, volunteers, and community groups. This program has some reduction in FTE and a budget cut. In 2021, about 1/3 of its funding is in the operational budget, with the rest coming from donations and reserves.

Other services are essential to our work. Given the increasing need for marketing and outreach, in 2021, the **Communications team** is adding a half-time social media specialist. The **Policy** (1 person) department is adding a half-time FTE for five months during the legislative session. **Resource Development** and **Assessment** continue their programs, but have undergone continuous adjustments and have been immensely busy and flexible during the COVID-19 pandemic.

Time Limited Services

Projects that are time-limited have funding coming from reserves, grants, partnerships, or all three.

Major projects in temporary funding include the addition of short-term staff in Connections, mostly to deal with the increase in COVID work; an increase in funding for Larimer Health Connect outreach; and the part time Policy Specialist for Health Care Access. Some reserves have been set aside for COVID-related needs if absolutely necessary. Staff anticipates federal funding under the Coronavirus Relief Fund for 2020, but at this point it is completely uncertain whether they will be available in 2021. Funds have been set aside for a Community Health Survey, Take 3, in 2021, to gain further understanding of the impact of COVID.

Direct services: There is some grant funding for Senior and Specialty dental care but the Health District supplements that, utilizing a sliding-fee schedule. The wheelchair-accessible dental chair will be part of next year’s expenditures. The Community Impact Team may see implementation of

programs for SUD Transformation and other special projects. Integrated care will continue .4 FTE for a Behavioral Health Provider.

Community Planning, Change, and Training will focus largely on Health Equity, Diversity and Inclusion activities including internal training, updating of policies, and work with SummitStone via a RWJ Special Culture of Health Scholarship and project. A Health Equity Implementation Coordinator position will be created to support these efforts. Some funds have been reserved for unforeseen community health needs as well as community and staff specialized training.

Other funds have been set aside for targeted program outreach with a focus on COVID (Connections and LHC); HR, contracts, compliance updates; office space (with a proposed change to reserve dollars); website update with possible name change and outreach; HealthInfoSource marketing, evaluation and improvements; emergency preparedness; transition management; and special projects.

Office space: The Health District has been saving for years to purchase a building in 2023. :Prior to COVID, our plan was to accrue about \$5M in reserves, but with the COVID financial situation, we knew we were unlikely to be able to do so. Instead, an unusual opportunity arose: the building on Mulberry that currently houses Connections and CAYAC is owned by the CSU Research Foundation, and it was just put up for sale. It is a unique opportunity because it is in a perfect location with adequate parking, and is about the same size we were projecting, for considerably less (though it is an older building). It offers an affordable expansion option for the short term, and a prime location for the long term. An offer from the Health District has been submitted, and we have come to an agreement on terms; we are awaiting signatures.

The website update has made some progress but is not ready yet. As we maneuver through COVID, the Health District name is commonly being used by other organizations and the public, so this has been deemed the wrong time to change the name and identity; we can reconsider it next year. HealthInfoSource software development is nearly complete; still to come is its population, testing, a soft launch, and finally, the real launch. In the area of Emergency Preparedness – an example this year is that the Mental Health team has been called out to assist with fire evacuee support.

Other short-term funding budgeted in case of need includes: New Health District projects implementation, dentist loan repayment, Preventive Medicine Resident, CDDT/ACT Facility repairs contingency, high-level staff recruitment, and grant matches and obligations.

Timelines and Deadlines

Ms. Haywood reviewed the timeline, noting that the next dates include:

- December 10, 2020 – Final assessed valuation due from County
- December 11, 2020 – Board of Directors meet to adopt the Budget and appropriate money
- December 15, 2020 – Deadline for Board of Directors to adopt 2020 Budget and appropriate money, and for Certification of Mill Levy to County Commissioners

Revenues

The Health District's sources of revenue lead with property and ownership taxes, lease revenue, fees for services, grants, and also include some investment income and partnership funds. The mill levy remains the same at 2.167. Property taxes are budgeted to increase by a modest \$25K, assuming there is no change to the specific ownership tax revenues. Property tax revenues have flattened and the future is an unknown. The repeal of Gallagher will have a positive impact in coming years. Local growth stands at 1.6% over prior year and inflation sits at about 2.75% at this point.

Key changes in revenue: Increases in grant revenue, but decreases in integrated care income, dental billing, and investment income.

Key changes in expenditures: Adjustments to the world of COVID including increases in fixed costs; adjustments in FTE; squeezing the budget for non-essentials like mileage, supplies, and conferences. Staff is trying to find the balance between cutting and maintaining a stable base and flexibility for the future. Since the building purchase is not final until the Board approves it, total expenditures will change assuming that purchase. The pie chart of program expenditures indicates that the programs with the biggest proportion of expenditures are Dental, at 37% and Connections at 33%. In total expenditures, Administration is at a well-controlled 6%.

Public Hearing/Public Comment

Erin Hottenstein noted that clearly much work went into the budget. She had questions about why there would be a budget line for elections, why the comparison between years would show an increase of over 10% when the FTE increase was less than one, and why the year to year comparison of conferences expenditures doesn't show a decrease. She also would like to know more about the beginning balance.

Ms. Plock noted that when both the operational and the reserve budget conference expenditures are taken together, there is a decrease in the overall conferences budget, though the operational alone may be stable. The funding for the Board conferences/training has increased some. The elections line item is a placeholder so that funds are available in an election year. She noted that the salary increase did not sound correct, but since salaries come from both operational and reserves, she would need to do some research to answer that question. Ms. Haywood explained that the beginning balance consists of cash-on-hand, investment accounts, and a projection of what will be in the bank account. There are funds in reserves for the potential future building, and for other uses. Ms. Plock will respond to Ms. Hottenstein by email regarding her questions.

Board Discussion and Questions

A Board member asked about the increase in the Board line item of the budget from 2020 to 2021. Staff explained that it includes funds for conferences for every board member and training dollars for the equity focus. There was a request for a report on expenditures for the prior year.

There was a board comment that the budget reflected the instructions and values discussed previously by the Board. The intent was to retain the Medical Director and adequate nursing staff, while acknowledging that some of our health promotion services are valuable but not the highest priority. A reallocation of .2 FTE from a lower priority program maintained it, while supporting a higher priority program

Another Board member noted the Health District's statement on racism, which included commitment to listening, learning, acting, and doing, and asked how our budget lined up with that intent. Staff responded that there is a commitment to the Equity, Diversity, and Inclusion through the work of the internal EDIT team, dedicated time of a staffperson on the CIT team, and a new position of Health Equity Implementation Coordinator.

As the Evaluation team works toward generating the Community Health Survey, Take 3, it was requested that staff include the voices of those most impacted in the COVID pandemic, and that the information be disseminated quickly. It was noted that the intent is not to do another full CHS, but to understand the parts that relate to COVID impact. Clarity about the information most needed will aid

in making this the most valuable use of limited dollars in this arena. A question was whether we are moving toward creating a community advisory committee; that will be discussed in a future meeting.

PRESENTATIONS & DISCUSSION

COVID-19

Current Status: Back in Uncharted Waters

Dr. Stewart, Health District Medical Director, started his report with good news that there are some positive preliminary results on Pfizer's vaccine, reflecting more than 90% efficacy. However, we will have an unmerciful winter before any vaccine reaches mainstream America. The U.S. has had record-breaking numbers over the last week, with more than 100K cases/day. Hospitalizations have nearly doubled since September with a projection that ICU capacity could be exceeded in late December. Twenty-nine states are seeing record cases, with a disproportionate number of those cases affecting racial and ethnic groups.

Colorado has seen a dramatic increases in cases, and it is hitting every age group – with a sharp upturn in hospitalizations, particularly for those ages 40-64 and 65+. With upcoming holiday gatherings these numbers are likely to increase in what is already uncontrolled spread across the nation. Colorado is seeing an alarming 10% positivity rate (up from 6.6% two weeks ago) while our neighbors are seeing even more alarming rates. Larimer County is at an 8.4% positivity rate while hospitalizations over the last few days have exceeded any at the beginning of COVID. Even if a lockdown was instituted, we would not see a decrease in number of cases for a week or two later. Health experts are asking people to only gather with those in their household, limiting all unnecessary exposures.

Implications for Health District

Ms. Plock noted that an All-Staff meeting was held yesterday, asking employees to double-down on every precaution, and emphasizing that all staff who can should be working from home, and time in the office should not be any longer than absolutely necessary. As role models for the community, staff were asked to share the information and the gravity of the situation with others. Communications will be putting out messaging on social media, and Ms. Plock suggested that some key organizations may develop a joint statement to be distributed to the community. A Board member expressed gratitude that the Health District is working on communication strategies, since we may be able to reach populations that perhaps the county and other organizations don't have the time or capacity to reach.

Follow up to October Work Session

Staff inquired whether the Board would like to have further conversation around the Natalie Burke presentation at last month's work session. A work session will be scheduled, incorporating a brief business meeting.

POLICY

Election Results

Alyson Williams, Policy Coordinator presented on the national election results, noting that we won't know the final make-up of the Senate until after January 6 when the two Georgia run-offs occur. State office elections: Senator Ginal retained her seat, Perry Buck was replaced by Mike Lynch, and Hugh McKean becomes the new minority leader. Cathy Kipp and Jenni Arndt retain their seats.

State and Federal Issues

Repeal of the Gallagher Amendment was successful, relieving the risk of a significant deficit in the Health District budget for 2022. Proposition EE, the Nicotine Product Tax for education, passed but a lawsuit has been filed against it, so its fate is uncertain. Proposition 115 to ban abortion beyond 22 weeks failed; Proposition 116, reducing the current state income tax from 4.63% to 4.55%, passed. It

will cause a reduction to the General Fund of about 1.2%. Prop 117, requiring voter approval of certain new enterprises exempt from TABOR Initiative, passed. Prop 118 passed, creating Paid Family Leave Program providing workers up to 12 weeks of paid time off, with combined contributions from employers and employees. Funding will start January 2023 and enrollment will begin in January 2024.

State budget Governor Polis has created a budget that has been described as ambitious and optimistic, submitted to the Joint Budget Committee on November 2nd. Over the next two budget years, including 2021, there is a proposed \$1.3B stimulus and investment package increasing the general fund reserve as well as funding for education, health and behavioral health and clean energy. There are no salary increases, nor increases for Medicaid providers. The next revenue forecast is due Friday, December 18, and this forecast will inform the Joint Budget Committee.

Federal issue: The Section 340B is a complicated program that provides discounts on prescription drugs to covered entities that serve high numbers of indigent or Medicaid patients, allowing patients to get free or discounted prescriptions. Covered entities include critical access hospitals and federally qualified health centers, such as Salud or Sunrise. The program is a complicated one, and manufacturers have recently refused to provide their products to contract pharmacies – only to the agency itself. The pharmaceutical companies and the covered entities are in disagreement about how to resolve their differences. FQHCs rely on the 340B program to provide affordable prescriptions to their clients, so its resolution is critically important. The federal department of HHS was directed to do a resolution process in 2010, which has never been done. The issue is drawing both legislative attention, as well as lawsuits, so resolution is likely to take some time.

BOARD DISCUSSION AND DECISION

Board Position on Federal or State Issues, if ready

There were no issues ready for a decision at this time.

Compass Advisory Committee Nominations

Julie Estlick, Communications Specialist, proposed that the Board approve Roy Ramirez, a bilingual employee of Larimer Health Connect, for the *Compass* Advisory Committee.

MOTION: To approve Roy Ramirez as a member of the Compass Advisory Committee

Moved/Seconded/Carried Unanimously

Board Meeting Schedule for 2021

Ms. Plock noted that two meetings are traditionally scheduled in the first three months of the year during the legislative session. The proposed meeting schedule was agreed upon.

UPDATES & REPORTS

Executive Director Updates

Cheri Nichols, Clinical Nurse Manager and James Stewart, Medical Director, were excited to present during a National Webinar for the American College of Preventive Medicine, Hypertension Learning Collaborative, on reducing hypertension in high risk populations. A Board member asked about the status of the building acquisition. The Board President signed the offer which was subsequently accepted. The next step is completion of due diligence; if that is successful, the Board will need to vote on approval, which must be completed no later than December 22.

Liaison to PVHS/UCHealth North Report

Given the rapid increase in COVID-19 cases and hospitalizations, UCHHealth is postponing some non-emergency surgeries, expanding surge capacity, providing incentives to nurses and staff for additional shifts, requiring CDC-recommended eye protection and medical grade masks, and limiting visitation. They are seeing a positivity rate of about 20% on testing. They are also getting freezer and distribution capacity established for the Pfizer vaccine and have adequate PPE. There have been no influenza-related hospitalizations thus far. UCHHealth is not involved in the Pfizer trial but are involved in AstraZeneca trial with a focus on ethnic backgrounds.

PUBLIC COMMENT (2nd opportunity)

Erin Hottenstein expressed her appreciation for Ms. Haywood's definition of the beginning balance but her question really pertained to why it is higher; staff will respond by email.

CONSENT AGENDA

- Approval of the May 26, 2020 Board Meeting Minutes

MOTION: To approve the Consent Agenda as Presented

Moved/Seconded/Carried Unanimously

OTHER APPROVALS

- Approval of the September 22, 2020 Board Meeting Minutes

MOTION: To approve the September 22, 2020 Board Meeting Minutes

Moved/Seconded/Carried 4-0 (Faraz Naqvi abstaining)

ANNOUNCEMENTS

- December 11, 4:00 pm, Board of Directors Regular Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of Personnel Matters, for review of the Executive Director, under § 24-6-402(4)(f), C.R.S..

Moved/Seconded/Carried Unanimously

The Board retired to Executive Session at 6:00 p.m.

The Board came out of Executive Session at 6:20 pm. No decisions were made.

ADJOURN

MOTION: To Adjourn the Meeting

Moved/Seconded/Carried Unanimously

The meeting was adjourned at 6:22 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

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

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING and BUDGET HEARING
December 11, 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
Molly Gutilla, MS DrPH, Board Vice President
Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board

Staff Present:

Carol Plock, Executive Director
Karen Spink, Assistant Director
Lin Wilder, Special Project Coord.
Dana Turner, Dental Director
James Stewart, Medical Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Richard Cox, Communications Director
Kristen Cochran-Ward, MH Director
Brian Ferrans, CIT Director

Staff Present:

Laura Mai, Asst. Finance Director
Alyson Williams, Policy Coordinator
Jessica Shannon, RD Coordinator
Anita Benavidez, Executive Assistant

Others Present:

Erin Hottenstein
Karin Bierstin

CALL TO ORDER; APPROVAL OF AGENDA

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

Items added to the agenda include a decision on Resolution 2020-10 and a decision related to the IRQ site.

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

PUBLIC COMMENT

None

BOARD ACTION

Purchase of 425 W. Mulberry: Approval (or Status)

Staff is near the end of the due diligence work, including appraisal, inspection, and analysis of the title. The property inspection brought up some items that need to be immediately addressed, and staff requested a reduction in purchase price. It is the staff's recommendation that the Health District move forward on the purchase at the reduced price of \$2,749,550.

MOTION: To approve Resolution 2020-10 authorizing the purchase of the real property located at 425 West Mulberry Street, Fort Collins, Colorado for the price of \$2,749,550, AND giving the Executive Director, Carol Plock, the authority to execute all required documents to consummate the purchase of the Property.
Moved/Seconded/Carried Unanimously

2021 Budget Approval

Changes since the draft budget

The majority of the changes since the draft budget are related to operating cost changes (both revenue and expenditures) due to the purchase of the 425 West Mulberry building. Revenue increases due to lease income from tenants of the building, but operational expenses also increase in the areas of utilities, first year improvements, etc. The final valuations from the County, which impact anticipated tax revenue, were received, with only a \$1,300 anticipated decrease in tax revenue from what was previously estimated. Other changes in the operational budget include minor adjustments and corrections on employee wages, and Mental Health Connections expenditures will drop as they will no longer need to pay rent for their offices.

On the Reserves side of the budget, there were adaptations that lowered expenditures in the Special Projects Reserves in order to retain adequate reserve funding for the future. Due to likely increased expenses for the COVID-19 Isolation, Recovery, and Quarantine services for those experiencing homelessness, other line items were reduced. Capital expenditure changes are largely due to the Mulberry building purchase. There was also a corrected “2021 Program Revenues and Expenditures” page in the budget.

MOTION: To approve the 2021 Health District of Northern Larimer County Budget as presented.
Moved/Seconded/Carried Unanimously

Board Discussion/Decision

Approvals

MOTION: To approve the following resolutions: 2020-06 to Adopt the Budget; 2020-07 to Set Mill Levies; 2020-08 to Appropriate Sums of Money; and 2020-09 to spend Revenues to Reserve accounts.
Moved/Seconded/Carried Unanimously

PRESENTATIONS & DISCUSSION

COVID-19

Current Status

Dr. Stewart gave an update on the COVID-19 metrics both nationally and statewide, noting that the US is currently seeing staggering record-breaking numbers, including higher case and death rates than ever. The 7-day average death rate is currently over 2,300, but is reaching 3,000 on some days. In Colorado, there was a rapid growth in cases in November, but it looks like the trend is slow down and cases may be plateauing. Data from CovidActNow indicates that Colorado is in an active/imminent outbreak, with a 12.4% positive test rate. ICU utilization for the state is at 62%, while Larimer County’s utilization site at a high of 87%. The infection rate is trending down, sitting at about 1, but the state is holding steady at severe risk (Red). Larimer County has seen 166 positive cases in the past 24 hours, and now has 92 deaths, with 91% of those 65+. The elderly population is extremely vulnerable.

The FDA committee voted yesterday to recommend Early Use Authorization for Pfizer's vaccine. The Moderna vaccine is expected to be approved next week. Vaccine will be free, and it will be distributed in three phases, with highest risk health care workers and long-term care facility staff and residents in the first distribution. Experts don't expect distribution to the general public until Summer 2021. In the state priority list, some dental offices will be in Phase 1B; we do not know when staff that are working in the IRQ can be vaccinated. The 1A group will receive their vaccinations through the health systems, while the long-term care facilities will get theirs through national pharmacies.

COVID and the Health District: New Isolation/Recovery and Quarantine (IRQ) site

In the first days of December, one of the local shelters for people experiencing homelessness received results of COVID testing that indicated a very significant growth in positive cases - 54 people had tested positive – far higher than we had ever seen. This amount exceeded the available capacity in the Myrtle Isolation/Recovery and Quarantine (IRQ) site, with new intakes at 43. Including the positive cases from all the shelters and Harvest Farms, there are currently over 108 positives among this population. One of the challenges has been how long it has taken for the shelters to get test results returned; that is now improving.

Staff members had to spring into action, working with the organizations that serve the homeless and with Larimer County. Within a day, staff partnered with the Rescue Mission to open up the space at their Jefferson site (which had been emptied when they opened up the Blue Spruce temporary shelter) to handle the overflow. However, capacity there was also limited, and the layout makes preventing spread very difficult.

Larimer County located a hotel in Loveland that agreed to rent their facility for use as an IRQ on the condition that all rooms were booked for at least sixty days. Several community health leaders toured the hotel and activity moved full speed ahead on Monday. The final decision to move forward was made today. Staff has been busy working agreements with the hotel, County, and Health District; an amendment to the County IGA; and updated guest agreements. The IRQ will move there for 60 days, but retain the Myrtle site for overflow if needed, and return after the 60 days has ended. Larimer County will cover the cost of the rooms and warranty any damage; the Health District will provide organization, food, security, transportation, supplies, and staffing.

The total potential cost for the "surge IRQ" to February 15 is estimated at a max of \$269,740. There is approximately \$85K in grant funding that can be allocated to this cost, and another joint application with Homeward Alliance and Rescue Mission for a grant of \$100K, although we won't know until later whether that has been granted. Homeward Alliance has committed up to \$60K through fund raising, of which \$30K would come from the \$100K grant if it is approved. Move-in will take place on Tuesday. Ms. Plock expressed her gratitude for Brian Ferrans, Dr. James Stewart, MJ Jorgensen, Lorraine Haywood, Lin Wilder, and Chris Sheafor, who have all gone to great extremes to make this happen. Board President Michael Liggett approved this moving forward in the interim between board meetings but staff is requesting Board ratification of the decision.

MOTION: To ratify the decision made by Board President Michael Liggett for the Health District to go forward with the surge IRQ, with the involvement and expenditures indicated in the memo included in the board packet, from about December 15, 2020 to February 15, 2021.
Moved/Seconded/Carried Unanimously

POLICY

Colorado 2020 Special Session

The Colorado Special Session ran from November 30 to December 2. Actions as a result of that session include \$60M in housing assistance; fiscal measures/small business grants up to \$100M to the disaster emergency fund; food pantry grant program extended up to \$5M; \$5M to Energy Outreach Colorado; and \$20M in grants for child care & education.

Beyond the 10 bills that passed, 23 other bills and 2 COVID-related resolutions failed.

Preview 2021 Session

The 2021 Session is set to start January 13 with 20 Democrats and 15 Republicans in the Senate and 41 Democrats and 24 Republicans in the House. The session may pause depending on the status of COVID, reconvening later in the year. The next revenue forecast is due December 18.

Likely topics will include balancing the budget; the public option for health insurance; increasing consumer protection from health care ministries, which do not offer full insurance; multiple behavioral health proposals; and several possible prescription drug proposals. Behavioral health proposals may include: conforming with the 988 Federal number for suicide prevention; insurance coverage for an annual mental health wellness exam; a supervised youth site for harm reduction measures; and public safety measures/co-responder models similar to the Star program in Denver. Prescription drug proposals could include a Prescription Affordability Board; utilization of an international crisis index; a revised transparency bill; and state employee benefits changes that could trickle down to the commercial market. There may also be proposals that would impact special districts in the areas of open records and public meetings.

National Issues

The a stimulus package looked possible, hope is now dwindling again with the House out of session until next Tuesday and little progress. With the new administration starting January 20th, a lot of rulemaking is anticipated.

UPDATES & REPORTS

Executive Director Updates

With the extreme rise in COVID cases, it has been hard for the County to keep up with contact tracing, and they asked for some assistance. Four of our staff are helping part-time on contact tracing and case investigation. With a new state law taking effect January 2021 that requires sick leave for all workers and a public health emergency clause, we will need to amend our policy paid time off policy. We expect to include a statement to allow for other temporary leave policies if the federal EFMLA is not extended.

We are in the midst of Open Enrollment for the health insurance marketplace, and are experiencing steady demand for our assistance, complicated by challenging technical issues due to changes in the state system. There is an uptick in calls and staff is prepared for the demand leading into December 15 for January 1st effectivity. Four people were hired to assist with the demand and all came up to speed extremely fast. The team is working primarily from home but making accommodations for those needing an in-person visit. Dental continues to be very busy. Challenges include staff needing to be out due to quarantine or symptoms, resulting in constantly shuffling appointments; a second unrelated 2-person outbreak; and some reduction in PPE availability.

Liaison to PVHS/UCHealth North Report

UCHealth's hospitalization trends are looking a little better, going from 460 hospitalized to 384. The positivity rate has dropped from 21% to 19%. UCH will be getting some vaccine late next week. Doses will be prioritized for those working directly with COVID patients, followed by those with indirect contact. They are having positive results with IV steroids and monoclonal antibody treatment. They are still holding steady financially, but more margin erosion from COVID is expected. A current challenge is that although there was strong support from the community during the beginning of the pandemic, the community seems to be more apathetic now, despite staff still needing to work very hard to meet the need. The good news is that past experience has made them better prepared for the surge. Whereas PPE used to be the biggest challenge, now PPE levels are good, but staffing shortages are the biggest issue.

PUBLIC COMMENT (2nd opportunity)

Erin Hottenstein expressed her gratitude to the Health District for their response to COVID-19 and making additional space available for those experiencing homelessness. Karin Bierstin, representing the League of Women Voters, offered their assistance in any way they can.

CONSENT AGENDA

- Approval of the September 2020 Financials

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

ANNOUNCEMENTS

- January 26, 2021, 4:00 pm, Board of Directors Regular Meeting
- February 9, 4:00 pm, Board of Directors Special Meeting
- February 23, 4:00 pm, Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 5:10 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Approved:

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

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

HEALTH DISTRICT
of Northern Larimer County
November 2020
Summary Financial Narrative

Revenues

The Health District is 0.04% behind year-to-date tax revenue projections. Interest income is 62.1% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings decreased from 0.30% to 0.28% (based on the weighted average of all investments). Fee for service revenue from clients is 54.7% behind year-to-date projections and revenue from third party reimbursements is 40.0% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 5.8% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 21.4% behind year-to-date projections. Program variances are as follows: Administration 13.7%; Board 15.0%; Connections: Mental Health/Substance Issues Services 17.0%; Dental Services 23.4%; MH/SUD/Primary Care 23.6%; Health Promotion 21.9%; Community Impact 25.4%; Program Assessment and Evaluation 21.3%; Health Care Access 20.1%; HealthInfoSource 27.5%; and Resource Development 16.5%.

Capital Outlay

Capital expenditures are 96.2% 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 11/30/2020

ASSETS

Current Assets:	
Cash & Investments	\$8,595,606
Accounts Receivable	211,976
Property Taxes Receivable	123,232
Specific Ownership Tax Receivable	49,775
Prepaid Expenses	68,096
Total Current Assets	<u>9,048,685</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	4,421,116
Equipment	1,110,359
Accumulated Depreciation	(2,915,492)
Total Property and Equipment	<u>7,208,578</u>
Total Assets	<u><u>16,257,263</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	725,787
Deposits	1,000
Deferred Revenue	641,281
Total Current Liabilities	<u>1,368,068</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	61,741
Total Deferred Inflows of Revenues	<u>61,741</u>
Total Liabilities & Deferred Inflows of Resources	<u>1,443,389</u>
EQUITY	
Retained Earnings	13,706,789
Net Income	1,107,086
TOTAL EQUITY	<u>14,813,875</u>
TOTAL LIABILITIES AND EQUITY	<u><u>16,257,263</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 11/30/2020

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	61,491	8,188,875
Specific Ownership Taxes	49,775	572,811
Lease Revenue	96,697	1,052,399
Interest Income	2,079	62,501
Sales Revenue	0	80
Fee For Service Income	7,518	95,957
Third Party Income	50,848	517,102
Grant Income	5,297	395,769
Special Projects	0	5,307
Miscellaneous Income	896	18,115
Gain/(Loss) on Asset Disposal	0	(3,570)
Total Revenue	<u>274,599</u>	<u>10,905,345</u>
Expenses:		
Operating Expenses		
Administration	54,112	751,568
Board Expenses	596	61,349
Connections: Mental Health/Substance Issues Svcs	120,638	1,536,083
Dental Services	250,387	2,908,104
Integrated Care (MHSA/PC)	66,272	881,055
Health Promotion	45,771	638,970
Healthy Mind Matters	(18,132)	514,652
Program Assessment & Evaluation	2,831	173,491
Health Care Access	84,892	893,059
HealthInfoSource	6,577	79,414
Resource Development	13,016	143,470
Special Projects	(103,013)	813,716
Grant Projects	49,288	392,004
Total Operating Expenses	<u>573,237</u>	<u>9,786,935</u>
Depreciation and Amortization		
Depreciation Expense	<u>13,268</u>	<u>150,778</u>
Total Depreciation and Amortization	<u>13,268</u>	<u>150,778</u>
Total Expenses	<u>586,505</u>	<u>9,937,713</u>
Net Inome	<u>(311,906)</u>	<u>967,632</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 11/30/2020

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$33,017	\$61,491	\$28,474	\$8,250,578	\$8,188,875	(\$61,703)	\$8,250,616	\$61,741
Specific Ownership Taxes	48,300	49,775	1,475	595,184	572,811	(22,373)	650,000	77,189
Lease Revenue	96,697	96,697	0	1,052,399	1,052,399	0	1,149,096	96,697
Interest Income	15,000	2,079	(12,921)	165,000	62,501	(102,499)	180,000	117,499
Sales Revenue	42	0	(42)	464	80	(384)	506	426
Fee for Services Income	19,243	7,518	(11,725)	211,676	95,957	(115,719)	230,919	134,962
Third Party Reimbursements	65,294	50,848	(14,446)	861,272	517,102	(344,170)	974,247	457,145
Grant Revenue	31,104	5,297	(25,808)	447,482	395,769	(51,713)	1,201,408	805,639
Partnership Revenue	2,563	0	(2,563)	28,190	5,307	(22,883)	31,270	25,963
Miscellaneous Income	1,708	896	(813)	18,792	18,115	(677)	20,500	2,385
Gain/(Loss) on Disposal of Assets	0	0	0	0	(3,570)	(3,570)	0	3,570
Total Revenue	\$312,968	\$274,599	(\$38,369)	\$11,631,036	\$10,905,345	(\$725,691)	\$12,688,562	\$1,783,217
Expenditures:								
Operating Expenditures								
Administration	\$62,497	\$54,112	\$8,385	\$870,542	\$751,568	\$118,974	\$932,658	\$181,089
Board Expenses	3,509	596	2,913	72,214	61,349	10,865	75,723	14,374
Connections: Mental Health/Substance Issues Svcs	164,202	120,638	43,564	1,851,744	1,536,083	315,662	2,015,365	479,282
Dental Services	337,082	250,387	86,695	3,797,200	2,908,104	889,095	4,136,444	1,228,339
Integrated Care (MH/SUD/PC)	102,725	66,272	36,453	1,153,805	881,055	272,750	1,256,927	375,872
Health Promotion	72,320	45,771	26,548	818,209	638,970	179,238	880,564	241,593
Community Impact	61,348	(18,132)	79,480	689,850	514,652	175,198	751,297	236,645
Program Assessment & Evaluation	19,665	2,831	16,834	220,473	173,491	46,982	240,165	66,674
Health Care Access	99,222	84,892	14,330	1,117,551	893,059	224,492	1,228,945	335,886
HealthInfoSource	9,687	6,577	3,109	109,531	79,414	30,117	119,237	39,824
Resource Development	15,272	13,016	2,256	171,847	143,470	28,377	187,143	43,673
Contingency (Operations)	0	0	0	45,000	4,330	40,670	192,000	187,670
Special Projects	205,239	(103,013)	308,252	2,197,125	809,386	1,387,738	2,718,118	1,908,732
Grant Projects	31,104	49,288	(18,184)	447,482	392,004	55,479	1,201,408	809,404
Total Operating Expenditures	\$1,183,872	\$573,237	\$610,636	\$13,562,571	\$9,786,935	\$3,775,636	\$15,935,993	\$6,149,058
Net Income	(\$870,904)	(\$298,638)	\$572,267	(\$1,931,535)	\$1,118,410	\$3,049,945	(\$3,247,431)	(\$4,365,841)

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 1/1/2020 to 11/30/2020

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual Budget</u>	<u>Annual Funds</u> <u>Remaining</u>
Non-Operating Expenditures								
Building	-	-	-	52,000	-	52,000	52,000	52,000
Capital Equipment	-	-	-	15,000	-	15,000	20,000	20,000
General Office Equipment	-	-	-	34,000	-	34,000	54,000	54,000
Medical & Dental Equipment	5,052	-	-	50,541	2,750	47,791	56,541	53,791
Computer Equipment	-	-	-	54,714	5,712	49,002	54,714	49,002
Computer Software	-	-	-	16,800	-	16,800	16,800	16,800
Total Non-Operating Expenditures	<u>\$ 5,052</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 223,055</u>	<u>\$ 8,462</u>	<u>\$ 214,593</u>	<u>\$ 254,055</u>	<u>\$ 245,593</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2020

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$875	\$0	(\$875)	\$9,625	\$8,871	(\$754)	\$10,500	\$1,629
Total Revenue	875	0	(875)	9,625	8,871	(754)	10,500	1,629
Expenditures:								
Salaries and Benefits	48,636	38,677	9,958	534,993	468,397	66,597	583,629	115,232
Supplies and Purchased Services	13,861	15,435	(1,574)	335,549	283,171	52,377	349,029	65,857
Total Expenditures	62,497	54,112	8,385	870,542	751,568	118,974	932,658	181,089
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	0	0	0	8,612	16,253	(7,641)	8,612	(7,641)
Supplies and Purchased Services	3,509	596	2,913	38,602	18,027	20,575	42,111	24,084
Election Expenses	0	0	0	25,000	27,069	(2,069)	25,000	(2,069)
Total Expenditures	3,509	596	2,913	72,214	61,349	10,865	75,723	14,374
<u>Connections: Mental Health/substance Issue</u>								
Revenue:								
Fees, Reimbursements & Other Income	2,500	1,039	(1,461)	27,500	16,433	(11,067)	30,000	13,567
Total Revenue	2,500	1,039	(1,461)	27,500	16,433	(11,067)	30,000	13,567
Expenditures:								
Salaries and Benefits	140,238	95,488	44,750	1,422,614	1,145,972	276,642	1,437,852	291,880
Supplies and Purchased Services	23,964	25,150	(1,186)	429,130	390,110	39,020	577,513	187,403
Total Expenditures	164,202	120,638	43,564	1,851,744	1,536,083	315,662	2,015,365	479,282
<u>Dental Services</u>								
Revenue:								
Fees, Reimbursements & Other Income	81,967	37,657	(44,310)	901,634	493,217	(408,417)	983,601	490,384
Total Revenue	81,967	37,657	(44,310)	901,634	493,217	(408,417)	983,601	490,384
Expenditures:								
Salaries and Benefits	267,542	206,070	61,472	2,942,962	2,466,033	476,929	3,210,504	744,471
Supplies and Purchased Services	69,540	44,318	25,223	854,238	442,071	412,167	925,940	483,869
Total Expenditures	337,082	250,387	86,695	3,797,200	2,908,104	889,095	4,136,444	1,228,339

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2020

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	42	20,565	20,523	143,509	111,712	(31,798)	191,233	79,521
Total Revenue	42	20,565	20,523	143,509	111,712	(31,798)	191,233	79,521
Expenditures:								
Salaries and Benefits	93,063	59,886	33,176	1,023,689	810,510	213,179	1,116,752	306,242
Supplies and Purchased Services	9,662	6,386	3,277	130,116	70,544	59,571	140,175	69,631
Total Expenditures	102,725	66,272	36,453	1,153,805	881,055	272,750	1,256,927	375,872
<u>Community Impact</u>								
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	(22,335)	76,318	593,814	467,950	125,864	647,797	179,847
Supplies and Purchased Services	7,365	4,203	3,162	96,036	46,702	49,334	103,500	56,798
Total Expenditures	61,348	(18,132)	79,480	689,850	514,652	175,198	751,297	236,645
<u>Program Assessment & Evaluation</u>								
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	1,087	16,068	188,709	155,478	33,232	205,865	50,387
Supplies and Purchased Services	2,510	1,744	766	31,763	18,013	13,750	34,300	16,287
Total Expenditures	19,665	2,831	16,834	220,473	173,491	46,982	240,165	66,674
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	903	0	(903)	9,935	928	(9,007)	10,838	9,910
Total Revenue	903	0	(903)	9,935	928	(9,007)	10,838	9,910
Expenditures:								
Salaries and Benefits	58,712	35,883	22,829	645,835	545,831	100,004	704,547	158,716
Supplies and Purchased Services	13,607	9,888	3,719	172,374	93,140	79,234	176,017	82,877
Total Expenditures	72,320	45,771	26,548	818,209	638,970	179,238	880,564	241,593

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2020

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Health Care Access</u>								
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	67,792	15,476	915,948	780,655	135,293	999,216	218,561
Supplies and Purchased Services	15,954	17,100	(1,146)	201,603	112,404	89,199	229,729	117,325
Total Expenditures	99,222	84,892	14,330	1,117,551	893,059	224,492	1,228,945	335,886
<u>Health Info Source</u>								
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	5,697	2,271	87,638	66,414	21,224	95,605	29,191
Supplies and Purchased Services	1,720	881	839	21,893	12,999	8,893	23,632	10,633
Total Expenditures	9,687	6,577	3,109	109,531	79,414	30,117	119,237	39,824
<u>Resource Development</u>								
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	11,973	1,540	148,643	133,822	14,821	162,156	28,334
Supplies and Purchased Services	1,759	1,043	716	23,204	9,648	13,556	24,987	15,339
Total Expenditures	15,272	13,016	2,256	171,847	143,470	28,377	187,143	43,673

Health District of Northern Larimer County

Investment Schedule November 2020

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,383	0.017%	0.04%	N/A
Local Government Investment Pool	COLOTRUST	\$ 6,851,924	82.028%	0.12%	N/A
Flex Savings Account	First National Bank	\$ 238,399	2.854%	0.13%	N/A
Certificate of Deposit	Advantage Bank	\$ 139,923	1.675%	1.60%	12/27/2021
Certificate of Deposit	Advantage Bank	\$ 112,971	1.352%	2.15%	9/2/2021
Certificate of Deposit	Points West	\$ 114,720	1.373%	0.70%	12/12/2021
Certificate of Deposit	Points West	\$ 155,754	1.865%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	\$ 238,121	2.851%	1.59%	10/7/2021
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	2.993%	1.01%	1/9/2021
Certificate of Deposit	Farmers Bank	\$ 250,000	2.993%	0.65%	6/27/2022
Total/Weighted Average		<u>\$ 8,353,194</u>	<u>100.000%</u>	<u>0.28%</u>	

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.