

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**REGULAR MEETING**  
**January 25, 2022**

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

**MINUTES**

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

**Staff Present:**

Carol Plock, Executive Director  
Chris Sheafor, Support Services Director  
Dana Turner, Dental Services Director  
James Stewart, Medical Director  
Karen Spink, Assistant Director  
Laura Mai, Finance Director  
Lin Wilder, Special Projects Director  
Richard Cox, Communications Director  
Angela Castillo, Eval & Assessment Specialist  
Sue Hewitt, Evaluation Coordinator

**Staff Present:**

Anita Benavidez, Executive Assistant

**Public Present:**

Austin Leffel  
Beth Thurston, League of Women Voters  
Christina Taylor  
Diana Dwyer, League of Women Voters  
Megan Carpenter

**Presenter:**

David Ayraud, Larimer County Attorney

**CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA**

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

The November 9, 2021 and December 13, 2021 Board Meeting Minutes were removed from the Consent Agenda.

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

**PUBLIC COMMENT**

None

**PRESENTATION AND DECISION**

***Colorado Opioid Settlement Waiver – David Ayraud, Larimer County Attorney***

After just over five years of work, nationwide opioid settlements have been reached with the “Big 3” distributors (McKesson, Cardinal Health, and AmerisourceBergen) and Janssen. In August 2021, the Colorado Attorney General signed the Colorado Opioids MOU. In order to receive the full settlement payments, a minimum of 95% of local governments were required to participate. Colorado estimates 99% of local governments that were required to participate (the Health District was not in that original group) have approved the MOU.

When funds are distributed, they must be used for opioid abatement projects. In Colorado, they will be dispersed directly in the following increments: 10% to the state, 20% to participating local governments, 60% to regions and 10% to specific abatement infrastructure projects (which is anticipated to aid rural areas). The bulk of the funding locally will come through the 60% regional share; Larimer County has been designated as one of the regions in the state. The 20% going to participating local governments does not include the Health District, but rather cities and counties with 10,000 population or more.

The estimated regional share for Larimer County ranges between just under \$12M up to \$15M. It is not yet known when the funds will come in yet, but they are anticipated to be spread over an 18 year period. Most of the ‘settlers’ want to front-load it, so there would be more funding in the beginning than towards the end. A Larimer Regional Governance council will be established with voting members from Larimer County, the cities of Fort Collins, Loveland, and Wellington, and a representative from the Board of Health. There will also be a committee of non-voting subject matter experts, which tentatively includes the Health District; an intergovernmental agreement (IGA) has not been completed yet.

The Health District is being asked to sign two releases. The request for releases from the Health District and Poudre School District came from the defendants to the Colorado Attorney General, though they didn’t share much information about why – it is not clear if these districts are even eligible to file lawsuits. It is possible that if the releases were not signed, the defendants might delay payment, or hold back a certain amount of the disbursement to cover any additional lawsuits. Signing the releases is anticipated to expedite disbursement of the funds.

In board discussion one question was whether having a guaranteed seat on the committee can be a condition of signing the release. Mr. Ayraud responded that while it would be possible to request a seat, it is doubtful that the defendants would agree to any changes in the nationally developed forms. It is likely that the committee members will be the same as listed in the presentation, but the specifics have not yet been ironed out. The Board also requested more information on who is being released – that is, a more comprehensive list of companies included in the releases. Mr. Ayraud noted that there are two different releases – one for Janssen and one for the distributors, and that the distributors list needs to remain flexible, since additional defendants may sign on to the settlement in the future.

When a board member noted that the Health District would like to be a member of the community committee, Mr. Ayraud noted that the list of participants will be put into the IGA when it is developed, although it is possible that the IGA could be amended in the future. Another question was whether the committee would be a working group. The Governance Council would invite input on how best to use the funds, and the voting members would review and approve abatement projects for local services. The subject matter expert committee would function separately and have input on priorities, but would not have voting authority; some of the members may have a conflict of interest. The board asked about timing; they would like to have the releases signed in February if possible. They requested a more comprehensive list of those who would be released before February 7, in order to make a decision at the February 7 Board meeting.

## **PRESENTATIONS**

### ***COVID and the Health District – Dr. James Stewart, Medical Director and Carol Plock, ED***

As most know now, the omicron variant is highly contagious. Symptoms are generally less severe with a reduced risk of hospitalization, ICU admission, mechanical ventilation and death. However, the sheer numbers are causing a huge strain across the country and locally. Larimer County’s test positivity rate is currently at 28.4% (reflected in high case counts – a 7 day case rate/100k of 1,287). Hospitalizations have not risen in the same proportion to case counts, though the ICU is at 108% of capacity. Vaccinations (both initial and boosters) limit susceptibility. If current trends hold, the omicron variant may have peaked; the state wastewater surveillance graph for Fort Collins shows numbers going down.

Health District vaccine clinics have administered 3,414 doses to 2,214 individuals, with about 10% of those doses going to people experiencing homelessness. A new nurse for the Health District starts next week and a temporary nurse case manager for the IRQ has been hired.

Ms. Plock provided additional information, commenting ‘how things can change rapidly in hospitalizations.’ She noted that in a meeting last week with local health care providers, UCH reported local hospitalization rates above 100%, with 23 of the 24 cases occurring in the preceding 24 hours. They reminded participations that while the hope is that we heading into an Omicron downturn locally, hospitalizations are not likely to peak and go down until the middle of February.

COVID Impact to the Health District: In noting how quickly things can change with COVID, Ms. Plock shared that the last time we met on Dec. 13, the focus on the Delta variant, and there had been a weeks’ decline from orange status down to yellow. That was short-lived, and by Christmas Eve, the trend was back to orange, and starting the steep climb of cases that have been about 5x or more of what we were experiencing just prior to Christmas. From the first case detected in the US on Dec. 1, Omicron flew so fast that about a week ago, just 1 ½ months later, 1 in 10 people in CO were infected, with a peak in 7 day case rates/100k in Larimer Co. at over 1,500. Leaders from health care, schools, and human services report experiencing worse difficulties than ever being able to continue to provide services, since so many people are out either because of having COVID or taking care of a family member.

The Health District has been experiencing the same thing – many of our workers and their families being hit with COVID, including some pretty serious cases. Estimates are that between 15 and 20% of uor staff have been directly impacted, and programs are making constant adjustments to keep services going.

The Myrtle IRQ, serving those experiencing homelessness as well as those in community corrections, was once again opened in the midst of this surge - to its first guest on December 31, and things have been very busy ever since. Two additional staff have been added to the team (the county is funding the project). In the last 26 days, the IRQ has served 44 guests ranging in age from 8 months to 72 years. It was a challenge opening so quickly with the need so high. The IRQ team is identifying best practices and connecting people to resources in the community – case managers, therapists, doctors, and for one guest, housing through the VA.

***2022 Board of Directors Election Timeline and Overview –Chris Sheafor, Elections Official***

Election Day is May 3, 2022 with a total of four seats open: three with three-year terms, and one with a one-year term. A call for nominations will be published on Thursday, January 27. Applications will be available at the Health District or on the website. February 25, 5:00 pm, is the deadline for nominations, with the exception of write-in candidate self-nomination forms that have until February 28, 5:00 pm.

If the number of applications does not exceed the open seats, the election would be canceled on March 1 – however, this is not expected. A candidate must specify on the application whether they are seeking: a 3-year term or 1-year term. They cannot apply for both. The first week of April, ballots will be mailed to voters previously requesting to be on the permanent absentee list. In Compass, via US mail, or downloaded from the Health District website, applications for absentee ballots are available now. The last day to request absentee ballots is April 26.

The election will run from 7:00 am – 7:00 pm on May 3 at two locations: the Health District offices at 120 Bristlecone and Spirit of Joy Lutheran Church at 4501 S. Lemay. All absentee ballots must be received by 7:00 pm on May 3. Results will be tallied at the close of the election and results will be given to the Board members later in the evening (typically, 9 – 10 pm).

## ***OTHER UPDATES & REPORTS***

### ***Executive Director Updates and Quarterly Report – Carol Plock***

Programs continue to tackle the intense needs of the community. As noted in the quarterly report, most of our programs were experiencing increased demands in 2021 (over 2020), and the demands continue into 2022. There has never been a more important time to work on community change efforts, and MJ Jorgensen and Lin Wilder have been busy on Community Impact projects that have the potential to make very significant long-term changes in behavioral health for our community. The projects range from providing input from the MHSU Alliance to the city and county regarding the use of ARPA and other federal funds; to working on the re-assessment of BH needs leading to a new community behavioral health plan; to detailed work on mapping the competency and restoration challenges; to working on a new initiative for a center of excellence pipeline for behavioral health workforce.

A new policy coordinator, who has extensive, pertinent experience, starts in February. Lisa Ward is coming to us from Denver Health, where she worked as a Government Relations Specialist working on legislative priorities. She also has the unique perspective of having been on the front lines as an EMT.

In answer to a question from the board about IRQ staffing, it is being funded by other partners, currently the County, but potentially also a grant for an additional nurse case manager. It was also noted that when we did an announcement about closing last week due to weather, it was only in English, and a request to do announcements in Spanish as well.

### ***Liaison to PVHS/UCHealth North Report – Celeste Kling***

Overall, financials are strong. Occupancy rate continues to be high as Delta variant patients remain hospitalized. UCHealth has a huge current focus on caring for their employees, who have been through so much in the last couple of years. Hospitals are experiencing increased workplace disturbances and violence among clients and staff. Staff are worn out. A group of 15 health care workers from the National Guard noted that they loved their PVH experience; perhaps some will come back to join the team. Telemedicine continues at the rate of 30% plus. A decision made by recommending committee focuses on moving Mountain Crest's inpatient mental health services to PVH; it would be a two-year transition. The mental health outpatient facility may be on the same campus, or across the street.

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

Christina Taylor said that she was unable to find information on our website about how best to vote, and requested that the voting process be easier to access, and offered in Spanish as well as English.

### **CONSENT AGENDA**

The November 9 and December 13 meeting minutes were removed from the consent agenda.

- Resolution 2022-01: Establish Meeting Dates
- Resolution 2022-02: Public Posting of Meeting Notice
- October and November 2021 Financials
- Board Policy Update Amendments
  - 99-01 Pol: Contract Signature Policy
  - 99-7 Pol: Establishing and Communicating a Position on Policy Issues

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

### **ANNOUNCEMENTS**

- February 7, 8:00 am – 5:00 pm, Board of Directors Special Meeting
- February 21, 8:00 am – 5:00 pm, Board of Directors Special Meeting
- February 22, 4:00 pm – Board of Directors Regular Meeting

**ADJOURN & EXECUTIVE SESSION**

A motion was made to adjourn the Regular Meeting and go into Executive Session.

**MOTION: To adjourn the Regular Meeting and retire to Executive Session for the purpose of determining positions relative to matters that may be subject to negotiations, develop a strategy for negotiations, and/or instruct negotiators, pursuant to C.R.S. §24-6-402(4)(e), regarding the appointment of a new Executive Director. At the close of the Executive Session, the board meeting will adjourn and the board will take no further action.**

*Moved/Seconded/Carried Unanimously*

The Regular Board Meeting was adjourned at 5:03 pm, as the Board retired to Executive Session.

Respectfully submitted:

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Anita Benavidez, Assistant to the Board of Directors

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Michael D. Liggett, Esq., Board President

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Molly Gutilla, MS DrPH, Board Vice President

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Celeste Kling, J.D., Liaison to UCH-North and PVHS Board

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Joseph Prows, MD MPH, Board Treasurer

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Johanna Ulloa Giron, Psy.M., MSW, Board Secretary