

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**REGULAR MEETING**  
**January 26, 2021**

**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  
Chris Sheafor, Support Services Director  
Brian Ferrans, CIT Director  
James Stewart, Medical Director  
Lorraine Haywood, Finance Director  
Laura Mai, Asst. Finance Director  
Dana Turner, Dental Director  
Richard Cox, Communications Director  
Brian Ferrans, CIT Director  
Kristen Cochran-Ward, MH/SU Director

**Staff Present:**

Lin Wilder, Special Projects Director  
Sue Hewitt, Evaluation Coordinator  
Suman Mathur, Evaluator & Data Analyst  
Julie Kenney, Administrative Assistant  
Jessica Shannon, Resource Dev. Coordinator  
Anita Benavidez, Executive Assistant

**Public Present:**

Beth DeHaven  
Lindsey Wyatt  
Libby Sparks

**CALL TO ORDER; APPROVAL OF AGENDA**

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

The agenda is amended to remove the November 10 and December 11 Board Meeting Minutes from the Consent Agenda.

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

**PUBLIC COMMENT**

None

**PRESENTATIONS & DISCUSSION**

**COVID-19**

*Current Status*

Dr. James Stewart provided an epidemiology update as well as answers to questions about the new COVID vaccines. The US overview shows cases are rising in 2 states, staying the same in 5 states, and falling in 49 states, as of today. He also shared key metrics, from the COVID tracking project, on tests, cases, hospitalizations, and death. Updated as of today, hospitalizations and deaths are trending

down in Colorado. This follows the worst surge that Colorado has experienced, which started around Halloween, peaked in November/December, and have been coming down since. Indigenous, LatinX, and African Americans are contracting and dying from the disease at a greater rate than the white population. The Larimer County dashboard indicates that the County is trending with the rest of the state. The Dial Level sits at orange (high risk), while the test positivity rate has trended down since November. ICU and hospital beds are still available, if we see another surge. There is still a significant high risk to older people; those 65+ are seeing the highest rate of deaths, with 94% of deaths in Larimer County in that age group.

### ***The COVID Vaccinations – James Stewart, MD***

Dr. Stewart shared information on the ‘biggest vaccination campaign in history,’ with 68M doses given in 56 countries (as of today), 24M shots in the US, 340K doses in Colorado (about 53% of the state supply), and 5.3% of the population in Larimer County. The CDPHE website identifies vaccination locations, which currently include UHealth, Banner, Estes Park Hospital, and Associates in Family Medicine.

In a rough estimate of County vaccination, if about 30% of adults are not ready to receive the vaccine, there are about 180,000 adults left to vaccinate. One of the high priority populations is adults 70+. In Larimer County, 30% of those 70+ years have received their first dose, with the state goal to reach 70% by the end of February. 94% of those in Long Term Care Facilities have received at least their first dose.

Common questions from the community are “why should I get vaccinated?” and “are the vaccines safe?” In general, the reasons to promote widespread community vaccination are to protect yourself and your family, help stop spread in the community, return to “normal” society, and set the example for others.

There is exciting new technology that has allowed the more rapid development of vaccines, which are required to get us to herd immunity so that we can get out of this situation. In general, those who can, should get vaccinated (some should have conversations with their provider). Determining safety is the priority of vaccine trials, and results in COVID-19 vaccine trials of both Pfizer and Moderna vaccines with 30-50,000 participants (far more than prior trials) have demonstrated both effectiveness and safety. Both vaccines were approved by independent advisory committees for the FDA and CDC and no steps in determining safety were skipped. The diversity of trial participants was representative of the population breakdown. Both vaccines have 94-95% efficacy in preventing infection and about a 98% efficacy in preventing severe COVID-19.

Factors that contributed to the speedy development of these vaccines include the massive global effort with nearly unlimited resources, large volunteer pools, and prior work on vaccines for SARS (2003) and MERS (2012). The mRNA (messenger RNA) approach, the method through which the Pfizer and Moderna vaccines work, has been effectively used for cancer and HIV treatment for the last 10 years. Both vaccines require a second dose 3-4 weeks after the first. Full protection occurs 1 – 2 weeks after the second dose. The longevity of protection is still unknown, although natural immunity following infection lasts for months. Some people will experience side effects from the vaccine (fatigue and headache are most common), which generally dissipate in 24-48 hours. Accurate information on the vaccines can be found on the CDC website. Vaccines are the safest, most effective way to control the COVID-19 pandemic.

A board question was when vaccine rollouts might occur for special populations, for example teachers. The state has been reassuring education and teachers that they will be prioritized in one of the next

vaccine phases, but we don't have a timeline yet. One recent study indicated that, in a rural Wisconsin school district, children in schools were complying with wearing masks and were not found to be a major factor in community spread. Larimer County Department of Public Health is working with schools on vaccination planning.

Another question related to what the 95% efficacy rate indicates. Data shows that the mRNA vaccines provide 94-95% protection against **any** COVID infection, so anyone getting the vaccination is 94-95% less likely to become infected than those who have not received the vaccine. However, that means that 5% still could become infected.

### **Update: COVID and the Health District**

#### ***Isolation/Recovery, and Quarantine (IRQ) Site***

Ms. Plock provided an update on the IRQ site, which was moved to a hotel in Loveland in response to the huge spike in homeless cases in early to mid-December. The Myrtle site wasn't large enough and the configuration (infected and quarantined, different genders) has an impact on the number who can be served. The Loveland IRQ site experienced some days with 25 people or more, and others with just a handful. A continuing challenge is providing isolation and recovery to those who are discharged from hospitals, and who have substance use issues needing detox. Staff has been working directly with the hospitals and with Dr. Lesley Brooks at SummitStone and NoCo Health Alliance to on communication, protocols, medications, and consultation for those experiencing addiction. Health District staff continue to be incredibly dedicated – working odd and long hours. The Loveland site closes on February 12, and the IRQ will be moved back to the Myrtle site. Ms. Plock is relieved to report that all of the Health District staff supporting the IRQ have received the first dose of the vaccine. The Myrtle site is planned to be retained throughout the year until herd immunity is effective, with a lease through June and month-to-month rental after that.

#### ***Health District and COVID Vaccinations***

In the later part of December, the Health District received a request from the State to become a vaccine provider. There have been a multitude of steps in preparation, including obtaining the necessary refrigeration and other equipment for handling of the vaccine. With an updated refrigerator/freezer delivered last Friday, the Health District was finally able to apply yesterday and has already received approval. There is a very dedicated team of people figuring out what a clinic would look like at our site and/or a larger community clinic. We anticipate maybe being able to begin providing vaccinations the week after next. Staff is working with both Salud and SummitStone, as well as recruiting volunteers (largely retired MDs). Staff training is underway. Salud anticipates receiving larger amounts of vaccine making it possible for them to do larger clinics, and our staff may assist in those. Flexibility continues to be the philosophy needed in order to prepare for and participate in vaccine distribution..

#### ***Other***

A little over 50% of the staff has been invited to get vaccinated from three difference access points, all with small windows of opportunity. Priorities have been those staff supporting the IRQ, Integrated Care (within primary care clinics) and Dental staff, as well as those who will be vaccinating or vaccination clinic staff. The next priority are public facing services best done in person, which includes some of the Mental Health Connections/CAYAC providers. The rest of staff will need to wait until the proper priority phases come around. Dr. Prows noted that, at some point, Associates in Family Medicine will be receiving much larger shipments of the vaccine, and there may be opportunities for working together on staffing larger clinics.

## **BOARD ACTION**

**Amendments to Personnel Policies** – Carol Plock, Lorraine Haywood, Lin Wilder

### ***Paid Time Off: Changes Required by New State Law: Ratification***

Ms. Plock explained that Health District leadership has reviewed Paid Time Off policies related to the new Colorado Healthy Families and Workplaces Act (HFWA). The HFWA requires that our organization provide paid sick leave. The Health District already provides flexible paid time off for benefitted employees in an amount that exceeds the requirement, but it will need to be tracked differently. Although the HD does not currently differentiate between vacation and sick time, employees will now be required to code sick time off differently, using the state definition of sick leave as a guide. Those who are not in benefitted positions (those who work under 20 hours/week, or are in PRN or temporary status) will now accumulate paid sick leave. Paid sick leave for non-benefitted employees will accrue at the rate of 1 hour for every 30 hours worked. The Act also added a requirement of 80 hours additional paid time off for qualifying public health emergencies. The changes had to be implemented on January 1, so Board President Mike Liggett, gave approval, which now requires board ratification.

**MOTION: To ratify the Amendments to Section 400, Leave Policies, of the Employee Handbook, to reflect the paid leave policy changes as required by the HFWA, outlined in the memo and policy changes included in the packet).**

*Moved/Seconded/Carried Unanimously*

### ***Consideration of Increases in Paid Time Off***

Carol Plock stated that Health District leadership has reviewed current PTO policies (for benefitted employees), including a comparison with peer organizations. Currently employees earn PTO at the rate of 1 day/month in the first year; 1.5 days/month in the second year; and 2 days/month at the third year and beyond. This review brought some things to light: (1) a new employee has to wait to accrue time off, which may lead to an inclination to come to work sick; (2) in the first year of service, PTO is below the levels of most of our peer organizations; (3) our employees do benefit from a significant increase in accrual of time off at the beginning of year two, and at the start of year three, and (4) in Year 20, annual accruals earned by Health District employees falls well below peer organizations. Lin Wilder reviewed data on the percent of employees in various categories and estimated productivity and financial impact, which were minimal.

Staff recommendation is to provide two additional days of PTO at the beginning of employment; and also to allocate two extra days, one time only, for current employees who have worked less than one year. In addition, staff recommend that those employees who have reached at least 15 years' service would begin accruing an additional 2 days of PTO accumulation per year. Board questions included where the funds would come from, and whether a cap on total PTO accumulation needed to be added. Funds to cover the financial burden are minimal, and will come from unspent personnel costs in the first year, and be included in ongoing budgets in future years. The current cap on accumulation of PTO is 200 hours (accumulated time after that goes into an emergency paid time off bank, to be used only in emergencies), and that limit would not change.

**MOTION: To modify current PTO policies to: 1) provide two additional days of PTO at the beginning of employment; 2) one time only, allocate two extra days in 2021 for current employees who have worked less than one year; and 3) those who have reached at least 15 years' service will begin accruing an additional 2 days of PTO per year, starting in 2021.**

*Moved/Seconded/Carried Unanimously*

## **PRESENTATION, DISCUSSION, POSSIBLE BOARD ACTION**

### **Policy Update**

#### ***State Legislation***

With a short, 3 day initial legislative session opening due to high levels of COVID, legislators passed just required bills, which included fixing some language on bills from 2020, and updates for different types of providers to be vaccinators for COVID-19, etc. They hope to reconvene the session February 16, and a full 120-day session is expected. The Budget will be the key priority for the session, including supplemental requests, the Long Bill (the budget) – which addresses the general fund (the part of the budget over which the legislature has complete control; it is less than ½ of the state’s budget), the general fund reserve (which the legislature is required to set aside; it is built up during good years, and spent down during bad), the marijuana tax cash fund, and the budget stabilization factor.

The reserve is intended to be at 7.25% of discretionary expenses but was reduced to 3.07% and again to 2.86% of current budget. Legislators have access to the Marijuana Tax Cash Fund; there are guidelines on how funds should be spent, but they have some discretion. The Budget Stabilization Factor (also known as the negative factor) will impact school districts, likely driving a state school fund shortfall. Under Amendment 23, the state has to increase state school funding by the rate of inflation and enrollment but the Budget Stabilization Factor cuts those dollars by a percentage. Some of the funding cuts initially made in the 2020 fiscal year may be returned, although legislators may also want new programs rather than a simple return of funding to programs that were cut. Ms. Williams anticipates a very active session, with about 300 bills likely to be introduced on Day 1.

#### ***Federal Policy***

Biden’s American Rescue Plan includes a large list of items, totaling \$1.9T. Some key parts: A national vaccination program; funds 100,000 public health workers, reinstates and expands emergency sick leave and EFMLA to 15 weeks as well as reimbursement to local governments for costs of leave; raising the minimum wage to \$15/hr.; extending the foreclosure and eviction moratorium to end of 2021; extension of the 15% SNAP benefit increase; child care stabilization fund; \$1400 stimulus checks; tax credits to help cover cost of child care; subsidizing COBRA until September; an expansion and increased value of the Premium Tax Credit; and expanded access to behavioral health services through SAMHSA. The Biden administration actions include regulation rollbacks, new regulations, and executive orders (including things that will impact the ACA and health insurance).

The Board agreed to add a May 11 Special Board Meeting in the event that the Colorado session does run the full 120-days.

## **BRIEF UPDATES & REPORTS**

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

Ms. Plock provided some quick snapshots: Life is changing every minute with vaccinations; purchase of the Mulberry building closed earlier this month, and Chris Sheafor has been very busy creating new leases with tenants, working on initial repairs, etc; vaccination preparation has taken considerable effort (the front desk staff at the 120 building will be very involved). Open enrollment ended December 15. Staff assisted fewer people than expected as Medicaid rolls keep climbing in Larimer County. The team had to deal with state technical challenges that created glitches in the open enrollment process.

Given the mix of employee vaccination status, leadership has started thinking about the processes for staff to return to the offices. Initial focus is on Connections and CAYAC – to reinstate their in-person sessions. There are currently no plans to open all of the Health District offices.

Information from two conferences held today: From the Northeast Colorado Economic Forecast. A commercial real estate expert believes that most people will return to “in office” work because it’s more efficient and most people prefer it. From a bank expert who does economic forecasting: The CARES ACT and PPP was rolled out very quickly, which was an incredible feat – the largest program in history - that gave a lifeline to businesses and prevented huge numbers of bankruptcies. Although national retail sales are up, consumer confidence is low while business confidence is high, related in part to the very low interest rates. Officials have seen a spike in Colorado unemployment claims in the past couple of weeks – fraudulent claims may be a part of that. The forecast for Colorado job gains is 40K vs. the loss of 140K jobs last year. It will likely go into 2022 before all jobs are back on par. Home prices in Fort Collins have shown a growth of 3.5%. Growth in the national debt will need to be addressed within a couple of years. National assistance for local governments is particularly important as local and state governments suffer bigger losses due to tax revenue reduction and the additional COVID-related expenses.

In the opening day of the Health Action Virtual Conference, the key topics were: Health Care affordability: It’s important to fix problems with the ACA, lower health care costs, and make COBRA insurance more affordable. Legislators gave a firsthand description of how terrifying it was to be in the Capitol on January 6.

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

Director Naqvi announced that he and his family will be moving to Switzerland for a new opportunity. He will need to resign in early March and is happy to lend whatever support is needed for the transition. The February 9 agenda will include an item to discuss the process and regulations for replacing a Board member. It was also noted that the Board will have to identify a new representative to the UCH Hospital Board.

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

None

#### **CONSENT AGENDA**

- Adoption of Resolution 2021-01: Establish Meeting Days, Times, and Locations AND Resolution 2021-02: Public Posting of Meeting Notices
- Approval of the October 2020 Financials

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

#### **ANNOUNCEMENTS**

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

#### **ADJOURN**

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

The meeting was adjourned at 5:47 p.m.