

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**REGULAR MEETING**  
**May 25, 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 & Liaison to UCH-North/PVH  
Molly Gutilla, MS DrPH, Board Vice President  
Johanna Ulloa Giron, Psy.M., MSW

**Staff Present:**

Carol Plock, Executive Director  
Chris Sheafor, Support Services Director  
James Stewart, Medical Director  
Karen Spink, Assistant Director  
Richard Cox, Communications Director  
Kristen Cochran-Ward, MH/SU Director  
Lorraine Haywood, Finance Director  
Brian Ferrans, CIT Director  
Lin Wilder, Special Projects Director

**Staff Present:**

Dana Turner, Dental Services Director  
Jessica Shannon, Res. Development Coord.  
Suman Mathur, Evaluator/Data Analyst  
Alyson Williams, Policy Coordinator  
Laura Mai, Assistant Finance Director  
Ida Cossitt-Glesner, Public Policy Specialist  
Anita Benavidez, Executive Assistant

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

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

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

**PUBLIC COMMENT**

None

**DISCUSSION & ACTIONS**

***Policy***

Policy Coordinator Alyson Williams updated the Board on this year's legislative session: 18 days remaining with 102 days in session; 661 bills introduced; 105 bills killed/lost; and 183 signed and the Board has taken a position on 26 issues.

***State Legislative Proposals***

**HB21-1276: Prevention of Substance Use Disorders**

The bill addresses a variety of policy issues related to the general topic of substance use disorder (SUD) prevention including: requiring coverage of nonpharmacological alternatives to opioids; continuing opioid prescribing limitation indefinitely; continuing indefinitely the requirement that providers query the Prescription Drug Monitoring Program (PDMP) before a second fill of an opioid; the Office of Behavioral Health (OBH), within the Department of Human Services (DHS), is to convene a collaborative

concerning evidence-based prevention practices, and more. The bill was amended on Saturday, regarding the definition of atypical opioid, and expanding exceptions for limits on benzodiazepines.

A Board member noted a preference to break the bill into separate bills, since the topics are so diverse, and the issue of coverage for nonpharmacological alternatives to opioids is broad and may have financial implications. Ms. Williams noted that one of the barriers to recovery from addiction is that the complementary modalities are not covered for chronic pain. General consensus was that the good outweighs the bad in this bill. The Board would like to see coverage for complementary/alternative treatments separated out of this bill but support the bill regardless.

**MOTION: To support HB21-1276: Prevention of Substance Use Disorders  
Moved/Seconded/Carried Unanimously**

#### **HB21-1299: Office of Gun Violence Prevention**

This bill creates the Office of Gun Violence Prevention within the Department of Public Health and Environment (CDPHE). It requires the Office to launch and conduct public awareness relating to gun violence prevention. The bill allows the Office to establish and administer a grant program to support community-based organizations who use evidence-based strategies to interrupt cycles of gun violence, trauma, and retaliation. The Office is also required to create and maintain a gun violence research bank. Ms. Williams noted that it now includes best practices for safely storing guns, as well as how to report a stolen gun.

**MOTION: To support HB21-1299 Office of Gun Violence Prevention  
Moved/Seconded/Carried Unanimously**

#### **SB21-256: Local Regulation of Firearms**

This bill permits local governments to prohibit the sale, purchase, transfer, or possession of a firearm, ammunition, or firearm component or accessory that is not less restrictive than state laws. It also allows a local government, including a special district, to enact an ordinance, resolution, rule, or other regulation that prohibits a permittee from carrying a concealed handgun in a building or specific area with the local government's or governing board's jurisdiction. For a special district, this would be in a building or specific area under the direct control or management of the district.

**MOTION: To strongly support SB21-256: Local Regulation of Firearms  
Moved/Seconded/Carried Unanimously**

#### **HB21-1317: Regulating Marijuana Concentrates**

There is a very recently introduced bill regarding marijuana. Although staff have not had time to prepare an analysis of the situation, they wanted to bring it to the attention of the board. Due to the tight timelines, there is no staff recommendation on this bill at this time. The bill would require the Colorado School of Public Health to do a systematic review of the scientific research related to the physical and mental health effects of high-potency THC marijuana and concentrates. It creates a scientific review council to review the report and make recommendations to the general assembly. Based on the research and findings, the Colorado School of Public Health shall produce a public education campaign for the general public, to be approved by the council, regarding the effect of high-potency THC marijuana on the developing brain and mental health.

Current law requires a doctor to conduct a full assessment of the patient's medical history when making a medical marijuana recommendation. The bill requires that assessment to include the patient's mental health history. When a practitioner makes a medical marijuana authorization, the practitioner must certify that authorization to the CDPHE. Individuals ages 18-20 would not be eligible for medical marijuana unless two doctors from separate practices certify the need

The bill also requires Continuing Education credits on this topic at the rate of five hours every two years or eight hours every three years. The dosing limit for concentrates will decrease to 8 grams daily. It also

modifies the tracking system. If passed, this would be the biggest change to legal marijuana in the past five years, and there is strong bi-partisan support for this bill. The current lack of screening for THC is limiting available data. The potency of some of these concentrates can be as much as 20 times higher than the casual consumption of THC. The board determined that they do not have enough information to take a position.

**MOTION: To take no position on HB21-1317: Regulating Marijuana Concentrates  
Moved/Seconded/Carried Unanimously**

Ms. Williams informed the Board that her last day at the Health District is Friday, June 4. The Board conveyed deepest gratitude for Alyson's excellent work. Ida Cossitt-Glesner will be wrapping up the session.

## **PRESENTATIONS**

### ***COVID Status Update – Dr. James Stewart***

Dr. Stewart expressed his vaccine optimism, since for once, case counts, hospitalization, and death trends across the country are mostly down. We are still seeing a good amount of spread amongst those who are unvaccinated. Over the past month, Colorado has been one of the states with higher case rates, but there has been a notable downturn in the last couple of weeks. Larimer County is seeing the same downward trajectory, with Larimer County's 7-day case rate moving into the blue level (57/100K) on the County's case rate chart.

In the US, the MMWR reports that as of April 30, approximately 101M people are fully vaccinated, many from the oldest/sickest populations. At that time, there were 10,262 vaccine breakthrough infections reported, with 27% of those asymptomatic and 10% hospitalized. Data from the UK and Israel indicate that as vaccination levels went up, case rates went sharply down. Larimer County is not there yet, although about 53% of our population has had at least the first dose and we are at just under the May 26 goal of 65% (at 62.3%) of those ages 16 and above who have had at least one dose. In Colorado, the 14 day case rate for those fully vaccinated per 100k was 29.6, whereas the same case rate for those who are unvaccinated is 413.8.

The question is what the future will hold. Experts are seeing longer lasting immunity, with immunity still robust six months later. Vaccines appear to be so far largely effective against variants, but to keep it that way, the world needs to achieve global containment, since there is a chance that a variant could develop that vaccines can't contain. There is wide disparity in vaccinations globally – worldwide only 10% have received at least their first dose.

COVID has also had a direct impact on health in ways closely related to Health District priorities. There have been record overdose deaths in 2020; a national mental health crisis has been reported; hypertension and other cardiovascular risk factors have worsened; nearly half of US adults have reported delaying dental care, and food and job insecurity is on the rise. These impacts will be felt far into the future.

### ***Isolation/Recovery & Quarantine (IRQ) for PEH Update – Brian Ferrans***

Brian Ferrans, Health District Community Impact Team Director reported on the Health District's COVID-19 work related to those that are experiencing homelessness. The simple question "How can you shelter at home if you don't have a home" led the Health District to provide screening, hygiene, and isolation measures in the community-wide shelter at Northside Aztlan Community Center (NACC), then later in various different locations, mostly at the two houses at the Myrtle Site.

Staff from eight different programs willingly stepped into a high risk environment working with a

population with complex needs, and some stayed the course for 14 months. These individuals have served people experiencing homelessness (PEH), fire evacuees, community corrections/work release clients; and individuals entering residential SUD treatment. A total of 212 individuals were served.

With a huge spike in guests in December, the IRQ was moved from Myrtle to a hotel in Loveland. Staff managed crisis de-escalation and medical emergencies; untreated/mismanaged mental health and addiction conditions; and worked closely with the hospitals and emergency departments. Over the past 14 months, staff has provided services at four different locations.

The result is stronger partnerships with community providers; filling a MAJOR gap in the community for a population that needed it most; and recognition by state and other programs as leaders in the COVID-19 response for PEH. Staff effectively built a brand new program from nothing and sustained it for 15 months. Staff was faced with constant challenges, as they screened and tested hundreds of individuals, and arranged for transportation, security, cleaning, and a multitude of other challenges. The IRQ, with low census and another alternative available, will be closing at the end of the month.

Many of the staff involved in the IRQ are now working to provide vaccinations. Brian expressed his appreciation to Carol Plock and the Board of supporting this endeavor so faithfully. Ms. Plock made special note of the extreme dedication from staff members, and in particular, Brian Ferrans, James Stewart, MJ Jorgensen, and Julie Abramoff. All took a deep dive to support this effort. The Board expressed their accolades and commendations for the team. The staff's rapid and flexible response to needs as they arose was phenomenal. A Board member noted that it is important to consider what we might have learned, at a systems-level, about providing support to this population; that can be discussed at a future meeting. They also noted the importance of letting the public know what the Health District was able to accomplish this year, through social media, and in both English and Spanish.

#### ***Brief Update on Vaccinations – Suman Mathur***

Staff expressed their relief in the Health District's new reality – flush with vaccine and closing the IRQ. A total of 2,000 doses have been administered so far, with about 1,500 of those in April; 500 in May. The team is starting to consider what it would look like to stay engaged in the vaccination effort. They have plans for a few more mobile clinics in the month of June and a big push for Health District client outreach is underway. There is a lot of Moderna at the moment, and Moderna will likely put in a EUA request to be able to use their vaccine for youth. The Health District focus has been largely directed to those populations not covered by mainstream efforts. Staff continues to work on filling the gaps.

Compassionate care has resulted in new clients at the Health District. Staff hopes to work with the health department to understand the pockets that are now vaccinated and those that aren't. They will likely continue administering vaccinations for a few more months.

### **OTHER REPORTS & DISCUSSION**

#### ***Back to Office Planning: In Person Board Meetings- Carol Plock***

Ms. Plock reported that while the dental clinic staff have been in the office for most of this period, plans are being made for the remainder of the staff. Connections will start phasing in during June. Integrated Care at the Family Medicine Center has been mostly in-person much of the time; Salud has been more hybrid. Leadership is now focusing on the return plan for the 120 building; during June, there will be several office moves, so most people will be moving back in July. The development of updated policies and procedures regarding masks, screening, cleaning, etc. is underway. At this point it looks like the July 27 Board meeting can likely be in-person at the 120 Bristlecone Drive location in the downstairs conference rooms.

## ***Board Communication and Access to Documents***

### **Board Email and Open Meeting Law HB21-1025 – Carol Plock**

With HB21-1025, there is a bit more leeway in what Board members can share without it being considered a meeting. Board members can share articles, scheduling, and availability, may send emails for the sole purpose of forwarding an email (with some scrutiny of information), and may send an email posing a question for later discussion by the public body. Board members may NOT engage in a discussion, so members are reminded not to send a ‘reply to all’ message or start a discussion. The discussions and business of the board is still to be done in open, public meetings.

### **Electronic platform for Board materials and policies – Karen Spink & Lin Wilder**

Karen Spink reviewed potential tools for organizing Board content. The goal is to develop a site where board members would have quick, easy access to documents such as agendas, minutes, policies, articles, etc. Upon review of existing tools (i.e., MyCommittee and BoardSync), staff determined that utilizing some parts of SharePoint would be the simplest, least expensive, and work well for the Board. Staff has already begun work to deploy SharePoint internally. Because we are a public entity, board members cannot do work on the system. It has security built into it and the program can be customized for specific needs. There are existing templates for Board portals. The Health District has already purchased SharePoint and staff is being trained. Upgrades to the server are in process. Cost is tiered based on storage amount. The timeline is not yet defined.

## **OTHER UPDATES & REPORTS**

### ***Executive Director Updates – Carol Plock***

Ms. Plock informed the Board that the COVID “appreciation” time off has been grant; with all staff receiving two extra days off, and some staff receiving 3-7 days off based on the impact COVID had on an individual’s work tasks and schedules.

The Health District has partnered with Homeward Alliance for a significant grant to help with the costs, current and future, of continuing to provide housing for people experiencing homelessness (PEH) who need shelter due to COVID. Part of that grant will help cover IRQ expenses. The State also has some funds for special districts left from the original stimulus bill, which we may be eligible to claim, and they are beginning to announce the next round of stimulus funding, with particular focus on projects that are one-time infrastructure needs.

Street Dog Coalition, focused on medical exams and basic screening for mental health concerns for those experiencing homelessness, has requested to rent the Health District health van. They will be serving three or four different communities with some outside of Larimer County. Staff is working on scheduling the Board retreat, and the June 22 meeting is being rescheduled to June 17 so that all board members can attend. At the next Board meeting: there will be a brief business meeting, and a longer work session around equity, to follow up from the presentation from Natalie Burke, and including a review of the Equity, Diversity, and Inclusion team’s plan.

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

The UCHealth North Board met last week. They estimate that about 97% of those being hospitalized for COVID have declined a vaccination, while 97% of providers have been vaccinated. The big building project at PVHS will start in the fall; the linear accelerator is going online and the cath lab is open. They are not quite up to capacity, due to COVID, and in revenues, but they are doing better than 2020, while not at the 2019 level. Outpatient numbers are way up as orthopedic surgeries shifted to the outpatient platform. Occupancy at Mountain Crest cannot yet be dual occupancy. A key challenge is the need for a national search for critical care nurses. They remain worried about the public option and the potential cost to big hospitals.

### **CONSENT AGENDA**

- Approval of Minutes for the April 13, 2021 Special Board Meeting and the April 27, 2021 Regular Board Meeting
- March 2021 Financials

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

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

None

### **ANNOUNCEMENTS**

- June 17 or 22, 4:00 pm – Board of Directors Regular Meeting
- July 27, 4:00 pm – Board of Directors Regular Meeting
- August 24, 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 pursuant to §24-6-402(4)(f) of the C.R.S.**  
*Moved/Seconded/Carried Unanimously*

The Board retired to Executive Session at 5:52 p.m.

The Board came out of Executive Session at 6:12 pm. No decisions were made.

### **ADJOURN**

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

The meeting was adjourned at 6:13 p.m.