Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS BUDGET HEARING AND MEETING

Health District of Northern Larimer County
120 Bristlecone Drive
Fort Collins, CO

Conference Room

Tuesday, November 14, 2017
4:00 p.m.

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
BUDGET HEARING AND MEETING
November 14, 2017
4:00 p.m.
Health District Conference Room
120 Bristlecone Drive

AGENDA

4:00 p.m. **BOARD REFRESHMENTS**

4:05 p.m. **CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA** .....Tracy Nelson

4:10 p.m. **PUBLIC COMMENT (Issues other than the budget)**
Note: If you choose to comment, please follow the "Guidelines for Public Comment" provided on the back of the agenda.

4:15 p.m. **BUDGET PRESENTATION AND PUBLIC HEARING**
- Health District Direction and 2018 Budget Presentation ..... Carol Plock, Lorraine Haywood
  - Public Hearing: Public Comment ..... Tracy Nelson
  - Board Discussion and Questions ..... Tracy Nelson

5:00 p.m. **UPDATES & REPORTS**
- Program Updates
  - Policy: Policy Coordinator; Tax Reform ..... Karen Spink, Carol Plock
  - Larimer Health Connect: Open Enrollment 5 ..... Karen Spink
- Executive Director Updates ..... Carol Plock
  - APHA Tidbits
- UCHealth-North (PVHS) Liaison Report ..... Tess Heffernan
- Board Participation in Funding ..... Jessica Shannon

5:50 p.m. **CONSENT AGENDA**
- Approval of the October 24, 2017 Board Meeting Minutes
- Approval of the September 2017 Financial Statements

5:55 p.m. **ANNOUNCEMENTS**
- **THURSDAY**, December 14, 4:00 pm – Board of Directors Regular Meeting

6:00 p.m. **ADJOURN**

■ 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

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. 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.** Time limits for comment may be adjusted by the Chair at the beginning of public comment.

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Health District

OF NORTHERN LARIMER COUNTY

Budget Documents

For:

January 1 – December 31, 2018

1st Draft Submitted to Board of Directors: October 13, 2017

DRAFT

Health District
OF NORTHERN LARIMER COUNTY

Budget for 2018
BUDGET MESSAGE

The Health District of Northern Larimer County in 2018 will continue to provide health services that fulfill its mission "to enhance the health of our community." It will provide health services from eight sites in Fort Collins - three owned facilities and two leased Health District spaces, as well as shared space with three other facilities where Health District staff work collaboratively with staff from other organizations, including SummitStone Health Partners, Salud Family Health Centers, and the Family Medicine Center. For the fifth open enrollment period for health insurance through the Connect for Health Colorado Marketplace, there will also be periodic health coverage assistance services provided in outreach sites in Loveland and Fort Collins.

The Health District's goal for 2018 and beyond is to focus on programs and services that will have the greatest impact on improving health. In 2017, the Health District Board of Directors reviewed multiple factors that contribute most heavily to ill health and premature death among district residents during its triennial community health assessment process. Utilizing information from the Health District's 2016 Community Health Survey, vital statistics, and other sources, the factors were examined from a variety of perspectives. For key factors, the Board reviewed the relative burden on health; trends over time; gaps between our community's health indicators and the national Healthy People 2020 goals and other benchmarks; the level of need and demand in the community; evaluations of current services; and the potential and availability of effective and cost-effective interventions.

As a result of the 2017 review, the Health District has set several priorities based on their potential to have significant impact on the health of the community. For the next few years, the key focus areas include goals to: 1) Maintain and boost the number of people who have health insurance; help community members understand their health insurance options and what might work best for them; and help the community address provider capacity issues; 2) Provide dental care for those with low incomes; expand community knowledge of dental resources for those with low incomes; and 3) Improve the ability of the community to effectively address mental illness, substance use disorders, and pain management. Other priorities will continue to be to help people: identify and control risky blood pressure and cholesterol levels, complete advance care directives in order that health care providers will understand their preferences at end of life, and quit tobacco. A special effort will include an updated approach to providing robust information on available health services.

The specific services to be provided by the Health District in 2018 will include those listed below.

Access to Health Care

The Health District will continue to promote access to health care for those with low incomes by directly providing the following services either solely or in partnership with other organizations and providers: family dental services; prescription assistance (at a reduced level due to the increased levels of health insurance coverage); psychiatric medication evaluations and consults; mental health and substance abuse assessments and treatment, particularly at two primary care "safety net clinics" that serve residents who cannot afford the full cost of health care; assistance for those who suffer from co-occurring mental illness and substance use disorders; a program that connects consumers to therapists

and psychiatrists offering mental health care at reduced rates; and a similar program that connects consumers to dental care for reduced rates. Each program offers discounted care or sliding fee scales to help make health care affordable for all.

For those who have disabilities so severe that they must receive their dental care under general anesthesia (and who qualify for a relevant state Medicaid waiver), the Health District and a partnership of a variety of public and private partners will continue to offer limited care locally.

For residents of all incomes who are in need of affordable health insurance, the Health District (through its Larimer Health Connect program) will offer health coverage assistance services to help residents understand their options for obtaining and keeping health insurance, and to help them apply for coverage and assistance when appropriate.

For residents of all incomes in need of finding mental health and/or substance use services, or of understanding mental illness or substance use disorders, the Mental Health/Substance Use Connections program will offer assistance and enhanced information and referrals by phone, Internet or in person. In 2016, the Connections service was expanded in order to place additional focus on early identification and intervention for children and youth ages 0-24 who are potentially impacted by mental illness or substance use disorders, working closely with their families, schools, and primary care providers to connect them to appropriate assessments and, when indicated, treatment. The program, which includes psychiatric and psychological assessments when needed, is called CAYAC (Children, Adolescents, and Young Adults Connections). Similarly, the Dental Connections program will assist residents of all incomes in finding appropriate dental care services for their needs.

The Health District will continue to organize and participate in community-based planning aimed at restructuring local mental health and substance use disorder services through its Healthy Mind Matters project, and to raise community awareness and action around mental illness and substance use disorders. In 2016, a specific community plan was developed for the expansion of critical behavioral health services that are currently lacking in our community. In 2018, a revised plan will be completed and shared with the community. Work will continue on developing more effective approaches for those who suffer from serious complex health and mental illness conditions, on helping our community advance in utilizing the most effective interventions for those with substance use disorders through behavioral health provider training and community awareness development, and on working with local partners to develop improved approaches to pain management.

Health Promotion

The Health District will provide the following general preventive care and treatment services: community screenings for high blood pressure, cholesterol, and glucose (as an indicator of diabetes); and evidence-based services to help people quit using tobacco.

Aging

Recognizing that the United States faces unprecedented growth in the number and proportion of older adults - with anticipated significant impacts on health and health care - the Health District will work with other community partners to better understand the projected local impact, and to plan for changing health needs (in areas where adequate planning has not already been accomplished).

As part of this focus, the special project entitled Larimer Advance Care Planning, will continue to assist adults in developing advance care directives that will help assure that their preferences are honored should they experience a serious health condition.

Assessment
As noted above, the Health District is committed to making informed decisions based on the most current and relevant information and will continue to gather and share such information with the community. The triennial overall community health assessment was performed in 2016/2017, and the results will be used for making decisions about health care services for the next few years, as well as made available to and shared with the community.

System-wide Improvements
The Health District continues to support system-wide changes that will significantly enhance the ability of local consumers and providers to improve the community's health status. In collaboration with partner agencies, it will improve and continue to operate the Healthinfosource.com website that provides local health resource information to consumers. The Health District is also involved in monitoring changes in health care brought about by health care reform and other factors, and will continue to assist the community in adapting to changes. In 2018, the district continues to host a Regional Health Connector, which is a project of the Colorado State Innovation Model (SIM), to assist health providers in coordinating communications and services to enhance integrated care. The Health District also works with multiple partners in disaster preparedness planning and response.

Other
Due to the growth of programs and services, the Health District has exceeded its available space. In 2018, work will begin on the development of an appropriate site and building for a variety of services, with a planned move in 2019.

In addition to providing health services, the Health District continues to have responsibility in two other areas: to fulfill its legal obligations as a Special District and as the owner of Poudre Valley Health System's (PVHS) portion of the University of Colorado Health (UCH) System's real estate and other assets. Revenue from lease payments from PVHS/UCH (the operators of the hospital and related health services) covers administrative expenses, and helps to provide local health services.

Revenues for providing health services are generated through property and special ownership taxes, fees, third party payers, lease payments, interest, contracts, and grants.

Budget
The attached Budget for the Health District of Northern Larimer County includes a three-year and one-year budget listing all proposed expenditures for administration, operations, maintenance, capital projects; anticipated revenues for the budget year; and estimated beginning and ending fund balances. Attached are explanatory schedules, which give more detail on both revenues and expenditures.

The financial statements and records of the Health District of Northern Larimer County are prepared using the accrual basis of accounting. This budget has been prepared using the modified accrual basis of accounting.

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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

Budget

For:

January 1 – December 31, 2018

Health District of Northern Larimer County
2018 Budget

Revenues:		
Property & Specific Ownership Taxes		$ 7,768,575
Lease Revenue		1,083,133
Investment Income		80,000
Operating Revenue (fee income)		1,177,960
Partnership Revenue		44,498
Grant Revenue		1,695,319
Miscellaneous Income		20,255
Total Revenues		$ 11,869,740
Beginning Balance		$ 8,457,964
Total Available Resources		$ 20,327,704
Expenditures:		
Operating Expenditures		
Board Expenditures		$ 45,918
Election Expenditures		18,000
Administration		836,824
Program Operations:		
Mental Health/Substance Issues Services		3,236,508
- Community Impact/Healthy Mind Matters	$ 640,409	
- Connections: Mental Health/Substance Issues Services	1,524,303	
- Integrated Care (MHSA/PC)	1,071,796	
Dental Services		3,805,527
Health Promotion		818,255
Assessment/Research/Evaluation		201,320
Health Care Access		1,107,605
HealthInfoSource		80,845
Resource Development		159,688
Special Projects - Reserves/Partnership		1,872,722
Special Projects - Operations		239,000
Grant Expenditures		1,695,319
Total Operating Expenditures		$ 14,117,531
Non-Operating Expenses		
Capital Expenditures		3,141,397
Contingency		98,066
Total Non-Operating Expenditures		$ 3,239,463
Total Expenditures		17,356,994
Reserves		
Emergency		520,710
Capital Replacement (by policy)		1,150,000
Capital Replacement (flexible)		1,300,000
Total Reserves		$ 2,970,710
Total Expenditures & Reserves		20,327,704

Health District of Northern Larimer County

Three Year Budget Summary 2018

	Prior Year 2016 Actual *		Current Year 2017 Budget		2018 Proposed Budget	
Revenues:						
Property & Specific Ownership Taxes	$ 6,629,464		$ 6,805,966		$ 7,768,575	
Lease Revenue	1,020,957		1,051,585		1,083,133	
Investment Income	48,738		25,000		80,000	
Operating Revenue (fee income)	1,167,416		1,275,151		1,177,960	
Partnership Revenue	157,298		80,895		44,498	
Grant Revenue	421,523		1,518,073		1,695,319	
Miscellaneous Income	26,867		20,650		20,255	
Total Revenues	$ 9,472,263		$ 10,777,319		$ 11,869,740	
Beginning Balance	$ 5,924,660		$ 7,079,192		$ 8,457,964	
Total Available Resources	$ 15,396,923		$ 17,856,511		$ 20,327,704	
Expenditures:						
Operating Expenditures						
Board Expenditures	$ 29,072		$ 47,469		$ 45,918	
Election Expenditures	11,900		15,000		18,000	
Administration	531,117		599,004		836,824	
Program Operations:						
Mental Health/Substance Issues Services			3,071,492			3,236,508
- Community Impact/Healthy Mind Matters	497,235	$ 637,571		$ 640,409		
- Connections: Mental Health/Substance Issues Services	967,132	1,408,512		1,524,303		
- Integrated Care (MHSA/PC)	860,592	1,025,409		1,071,796		
Dental Services			3,646,081			3,805,527
- Dental Clinic	3,035,186	3,646,081		3,805,527		
- Dental Connections	126,520	-		-		
Health Promotion	691,014		779,155		818,255	
Assessment/Research/Evaluation	178,287		194,467		201,320	
Health Care Access	825,006		1,002,748		1,107,605	
HealthInfoSource	69,438		79,438		80,845	
Resource Development	93,629		137,459		159,688	
Special Projects - Reserves/Partnership	682,290		1,732,354		1,872,722	
Special Projects - Operations	-		239,000		239,000	
Grant Expenditures	443,697		1,518,073		1,695,319	
Total Operating Expenditures	$ 9,042,115		$ 12,882,739		$ 14,117,531	
Non-Operating Expenditures						
Capital	$ 89,297		$ 177,787		$ 3,141,397	
Contingency	-		1,897,252		98,066	
Total Non-Operating Expenditures	$ 89,297		$ 2,075,039		$ 3,239,463	
Total Expenditures	$ 9,131,412		$ 14,957,778		$ 17,356,994	
Reserves						
Emergency & General	$ 273,942		$ 448,733		$ 520,710	
Capital Replacement (by policy)	1,150,000		1,150,000		1,150,000	
Capital Replacement (flexible)	1,250,000		1,300,000		1,300,000	
Total Reserves	$ 2,673,942		$ 2,898,733		$ 2,970,710	
Total Expenditures & Reserves	$ 11,805,354		$ 17,856,511		$ 20,327,704	

**Based on year-end audited financial statements*

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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

Explanatory Schedules

For:

January 1 – December 31, 2018

Health District of Northern Larimer County
Annual Reserve & Expenditure Summary
2018

Summary of Revenues Used for Operating Expenditures
(Non-GAAP)

	Sources of Revenue			
	Property & Specific Ownership Taxes		$	7,768,575
	Lease Revenue			1,083,133
	Fee for Service Income			1,177,960
	Grant Revenue			1,695,319
	Anticipated grant revenue	$ 1,195,319		
	Potential grant revenue	500,000		
	Partnership Revenue			44,498
	Investment Income			80,000
	Miscellaneous Income			20,255
	Total Revenues		$	11,869,740
A	Operating Expenditures			
	Board Expenditures		$	45,918
	Election Expenditures			18,000
	Administration			810,044
	Program Operations			9,016,961
	Special Projects - Operations			239,000
	Special Projects - Partnerships			44,498
	Grant Expenditures			1,695,319
	Total Operating Expenditures		$	11,869,740
B	Expenditures From Reserves		$	2,247,791
	Special Projects	$ 1,828,224		
	Operations	$ 419,567		
C	**Total Expenditures (A + B)**		$	14,117,531
D	Capital Expenditures (Reserve)			3,141,397
E	**Total Reserve Expenditures (B + D)**		$	5,389,188

Health District of Northern Larimer County

2018 Capital Expenditures

Building		$	3,020,000
New Building	3000000		
Exterior Signs - Bristlecone campus	20,000		
Equipment/Software			111,397
Contingency			10,000
TOTAL		$	3,141,397

2018 Non-Capital Improvements from Reserves

Technology	$	112,720
Office Furniture/Equipment		72,343
Building Improvements		175,000
Software		47,770
Contingency		10,000
TOTAL	$	417,833

Health District of Northern Larimer County
2018 Program Revenues & Expenditures

	50 Admin.	51 Board/ Election	53 Connections: MH/SI	56 Dental	58 MH/SA/PC	59 Health Promo	61 Community Impact	62 Prog. Eval.	65 Health Care Access	67 HIS	72 Res Dev	Total	Reserve Wages	2018 Grand Total
Revenues:														
Fee for Service	$ -	$ -	$ 24,960	$ 204,658	$ -	$ 4,988	$ -	$ -	$ -	$ -	-	$ 234,606		$ 234,606
3rd Party Payments	-	-	-	899,604	35,000	8,750	-	-	-	-	-	$ 943,354		$ 943,354
Sponsorships/Fundraising											-	$ -		$ -
Misc Income	9,500		-	10,430	-	325						$ 20,255		$ 20,255
TOTAL REVENUE	$ 9,500	$ -	$ 24,960	$ 1,114,692	$ 35,000	$ 14,063	$ -	$ -	$ -	$ -	$ -	$ 1,198,215	$ -	$ 1,198,215
Expenditures:														
Salaries & Wages	$ 411,920	$ 8,000	$ 997,489	$ 2,311,468	$ 760,023	$ 490,334	$ 445,647	$ 143,284	$ 698,069	$ 44,727	$ 106,051	$ 6,417,012	$ 22,640	$ 6,439,651
Benefits & Taxes	103,938	635	251,838	629,214	183,312	133,308	115,275	33,735	188,054	14,090	28,271	$ 1,681,670	$ 6,577	$ 1,688,247
Recruitment/Infection Control	6,216	-	4,000	4,000	3,000	7,500	3,000	600	3,000	-	1,550	$ 32,866		$ 32,866
Temporary Help	236	-	572	4,000	392	330	1,020	70	-	-	68	$ 6,688		$ 6,688
Interns & Residents	-	-	2,000	-	1,000	-	2,000	100	2,000	-	-	$ 7,100		$ 7,100
Consultants & Contracted Dr.s	57,150	5,000	42,639	12,701	4,911	4,933	4,315	740	11,246	195	334	$ 144,164		$ 144,164
Mileage	2,200	200	1,200	1,350	2,000	1,450	1,250	400	9,682	50	550	$ 20,332		$ 20,332
Staff Training	2,406	-	5,835	15,902	5,999	3,365	2,751	711	6,200	408	876	$ 44,452		$ 44,452
Conferences/Retreats/Fundraising	16,131	15,500	12,671	22,669	12,629	6,808	5,814	2,908	13,668	215	5,795	$ 114,809		$ 114,809
Membership/Dues/Licenses	9,782	1,000	4,446	17,088	8,090	1,258	380	660	980	-	500	$ 44,184		$ 44,184
Publications/Subscriptions	1,459	275	7,850	400	600	302	200	1,500	3,497	-	1,000	$ 17,083		$ 17,083
Meetings	900	6,700	11,000	1,200	800	2,280	1,450	600	3,000	196	500	$ 28,626		$ 28,626
Wellness/Recognition	1,156		2,804	7,641	1,921	1,617	1,322	342	2,258	6	336	$ 19,403		$ 19,403
Volunteer Recognition	35	700	1,586	1,934	59	424	340	10	69	500	10	$ 5,669		$ 5,669
Rent & Lease Payments	649	-	24,870	4,288	1,078	907	742	192	1,267	110	188	$ 34,291		$ 34,291
Utilities	3,440	-	1,093	25,214	6,036	5,266	4,771	1,129	-	616	797	$ 48,363		$ 48,363
Custodial Services	3,130	-	2,100	22,946	5,493	4,792	4,342	1,028	-	561	726	$ 45,118		$ 45,118
Insurance	2,991	7,008	12,169	27,743	10,135	4,335	3,366	1,084	5,833	506	849	$ 76,018		$ 76,018
Office Supplies	4,100	750	5,000	5,500	1,400	2,767	2,000	450	3,000	750	320	$ 26,037		$ 26,037
Office Equipment	-	-	-	-	-	160	-	-	-	-	-	$ 160		$ 160
Office Furniture	-	-	-	-	-	-	-	-	-	-	-	$ -		$ -
Computer Equipment	-	-	-	-	-	-	-	-	-	-	-	$ -		$ -
Computer Software	-	-	-	-	-	-	-	-	-	-	-	$ -		$ -
Telephone, E-mail & Internet	2,863	-	10,329	21,573	5,017	5,233	3,949	937	824	762	669	$ 52,157		$ 52,157
Postage	1,000	50	1,000	5,100	100	601	300	95	10,200	25	400	$ 18,871		$ 18,871
Printing/Copying/Binding	3,100	100	3,600	1,700	600	1,585	600	450	7,500	155	375	$ 19,765		$ 19,765
Community Education	7,630	-	38,728	45,225	8,694	56,474	6,293	2,368	17,043	12,784	2,344	$ 197,583		$ 197,583
Repair & Maintenance	5,988	-	14,520	40,180	9,950	9,872	6,846	1,769	11,695	1,014	1,738	$ 103,572		$ 103,572
Medical Supplies	-	-	-	153,000	-	16,517	-	-	-	-	-	$ 169,517		$ 169,517
Medical Equipment	-	-	-	-	-	-	-	-	-	-	-	$ -		$ -
Medicines & Vaccines	-	-	-	-	-	-	-	-	-	-	-	$ -		$ -
Prescriptions	-	-	-	-	5,000	25,000	-	-	40,000	-	-	$ 70,000		$ 70,000
Lab & X-ray Fees	-	-	-	200,000	-	-	-	-	-	-	-	$ 200,000		$ 200,000
Client Assistance	-	-	12,500	12,500	500	3,840	1,000	-	3,500	-	-	$ 33,840		$ 33,840
Follow-up Care	-	-	-	8,000	-	-	-	-	-	-	-	$ 8,000		$ 8,000
Bad Debt			2,000	20,000	-	300				-	-	$ 22,300		$ 22,300
Fees & Exp.	6,250	-	-	1,650	-		-	-	-	-	-	$ 7,900		$ 7,900
Treasurer Fees	155,372											$ 155,372		$ 155,372
Reserve Expenditures **	26,780		50,465	181,340	33,056	26,696	21,435	6,159	65,019	3,176	5,442	$ 419,567		$ 419,567
Election Expenses	-	18,000	-	-	-	-	-	-	-	-	-	$ 18,000		$ 18,000
	$ 836,824	$ 63,918	$ 1,524,303	$ 3,805,527	$ 1,071,796	$ 818,255	$ 640,409	$ 201,320	$ 1,107,605	$ 80,845	$ 159,688	$ 10,310,490	$ 29,217	$ 10,339,707
Net Expenditure	$ 827,324	$ 63,918	$ 1,499,343	$ 2,690,835	$ 1,036,796	$ 804,192	$ 640,409	$ 201,320	$ 1,107,605	$ 80,845	$ 159,688	$ 9,112,275	$ 29,217	$ 9,141,492

**To be spent from reserves

FTE by Program
2018

Program/Department	Authorized Regular Positions 2017 Authorized	2018 Budget	2018 Change
Administration	4.570	5.420	0.850
Mental Health Connections	13.042	13.142	0.100
Dental	35.766	35.816	0.050
Mental Health/Substance Abuse/Primary Care	8.856	9.006	0.150
Health Promotion	7.228	7.578	0.350
Community Impact	6.196	6.196	-
Program Evaluation	1.601	1.601	-
Dental Connections	-	-	-
LHC/Special Projects/Policy	9.660	10.585	0.925
HealthInfoSource	0.918	0.918	-
Resource Development	1.373	1.573	0.200
	89.210	91.835	2.625

Health District of Northern Larimer County
2018

Special Projects - Reserves

	HD	Partnerships	Total
MHSA Connections: CAYAC	$ 92,165	$ -	$ 92,165
MH SUD Strategy and Implementation Manager	$ 92,850	$ -	$ 92,850
MHSA Expansion of Critical Behavioral Health Services	$ 30,000	$ -	$ 30,000
MHSA SUD Transformation Project	$ 50,000	$ -	$ 50,000
Bridge position for Summitstone	$ 30,000	$ -	$ 30,000
Community Mental Health/SA (Discretionary)	$ 100,000	$ -	$ 100,000
Community Mental Health/SA Partnership	$ 65,000	$ 44,498	$ 109,498
MHSA Pay for Success/Frequent Utilizer Approach	$ 25,000	$ -	$ 25,000
MHSA Crisis Intervention Training, Law Enforcement	$ 12,000	$ -	$ 12,000
CIT: CDDT: .2 FTE Nurse	$ 27,000	$ -	$ 27,000
Dental Client Assistance	$ 15,000	$ -	$ 15,000
Oral Surgeon/Endo	$ 20,000	$ -	$ 20,000
OAP Dental Client Assistance (Restricted)	$ 19,718	$ -	$ 19,718
Dentist loan repayment	$ 10,000	$ -	$ 10,000
Targeted Program Outreach	$ 24,000	$ -	$ 24,000
Larimer Health Connect	$ 192,678	$ -	$ 192,678
Connect for Health Colorado Indirects	$ 25,870	$ -	$ 25,870
CDDT/ACT Facility Repairs/Contingency	$ 10,000	$ -	$ 10,000
Regional Health Connector Match	$ 4,000	$ -	$ 4,000
Pain Management Project	$ 70,000	$ -	$ 70,000
Advanced Care Planning Project	$ 115,578	$ -	$ 115,578
Community Health Survey	$ 7,000	$ -	$ 7,000
Reserve Wages	$ 29,217	$ -	$ 29,217
Special Projects Coordination Staff	$ 116,000	$ -	$ 116,000
Population Health Analyst	$ 16,000	$ -	$ 16,000
Specialized program training/health care reform training	$ 82,860	$ -	$ 82,860
Rebuild of HealthInfoSource website (incl staffing)	$ 128,879	$ -	$ 128,879
Aging and Health Care Initiative	$ 70,000	$ -	$ 70,000
Health Information Sharing & Health Reform Changes	$ 20,000	$ -	$ 20,000
Implementation of Community/New Projects Process & Plans	$ 40,000	$ -	$ 40,000
HPSA	$ 7,000	$ -	$ 7,000
RIHEL - Leadership Institute (2 attendees)	$ 9,000	$ -	$ 9,000
Emergency Preparedness	$ 10,000	$ -	$ 10,000
Intermediate Medical Leave	$ 25,000	$ -	$ 25,000
Preventive Medicine Resident	$ 26,000	$ -	$ 26,000
Video Outreach	$ 12,000	$ -	$ 12,000
New high level staff recruitment costs	$ 10,000	$ -	$ 10,000
Camp Bristlecone Revamp	$ 10,000	$ -	$ 10,000
Great Plains Consultant	$ 4,000	$ -	$ 4,000
Wellness Program	$ 6,000	$ -	$ 6,000
Meaningful Use Consultant	$ 3,500	$ -	$ 3,500
General Indirects	$ 59,180	$ -	$ 59,180
Communications/Marketing Consultant & Plan Implementation	$ 40,000	$ -	$ 40,000
HR Consultant	$ 8,000	$ -	$ 8,000
Regional Health Connector Continuation	$ 15,729	$ -	$ 15,729
Evaluation Services for Grants	$ 42,000	$ -	$ 42,000
Total	$ 1,828,224	$ - $ 44,498	$ 1,872,722

Grants

	Grants	Total
FC HSP (DC)	$ 21,000	$ 21,000
FC HSP (DC) NEW	$ 18,500	$ 18,500
Woodwood Governor	$ 10,000	$ 10,000
DC Fundraising	$ 4,290	$ 4,290
Dental Client Assistance - Children	$ 7,739	$ 7,739
Dental Client Assistance - Adults	$ 21,957	$ 21,957
Project Smile	$ 6,180	$ 6,180
Lion's Club	$ 2,000	$ 2,000
Community Foundation (SDP)	$ 9,624	$ 9,624
Colorado Dental Association	$ 5,000	$ 5,000
Colorado Health Foundation (LHC)	$ 4,673	$ 4,673
Colorado Health Foundation (LHC)	$ 44,614	$ 44,614
Connect for Health NEW	$ 44,800	$ 44,800
Connect for Health (LHC)	$ 77,651	$ 77,651
Larimer Advance Care Planning	$ 4,473	$ 4,473
Larimer Advance Care Planning	$ 43,811	$ 43,811
Larimer Advanced Care Planning New	$ 85,000	$ 85,000
ACMHC Extension	$ 4,820	$ 4,820
CDPHE(CAYAC) YR 2	$ 104,207	$ 104,207
CDPHE (CAYAC) NEW	$ 70,743	$ 70,743
Denver Foundation (CAYAC) YR 2	$ 116,646	$ 116,646
Denver Foundation (CAYAC) YR 3	$ 161,858	$ 161,858
SUD Transformation Project	$ 122,500	$ 122,500
Regional Health Connector Period 2	$ 96,983	$ 96,983
Meaningful Use	$ 106,250	$ 106,250
Potential Grants	$ 500,000	$ 500,000
Total	$ 1,695,319	$ 1,695,319

Special Projects - Operations

	Health District	Grants	Partnerships	Total
Special Projects Contingency	$ 239,000			$ 239,000
Total	$ 239,000		$ -	$ 239,000

*Bold indicates expenditures requiring Board approval of special projects proposals

Health District

OF NORTHERN LARIMER COUNTY

2018 PROPOSED BUDGET PUBLIC HEARING

NOVEMBER 14, 2017

HEALTH DISTRICT'S MISSION

. . . to enhance the health of our community

Health District

OF NORTHERN LARIMER COUNTY

Overview of Services

SERVICES ~ REGULAR (Operational)

Accessing Health Care

- **Larimer Health Connect**

  Helping residents understand and apply for health insurance

- **Prescription Assistance**

- **Medicaid Accountable Care Collaboration**

  Facilitation for care coordination

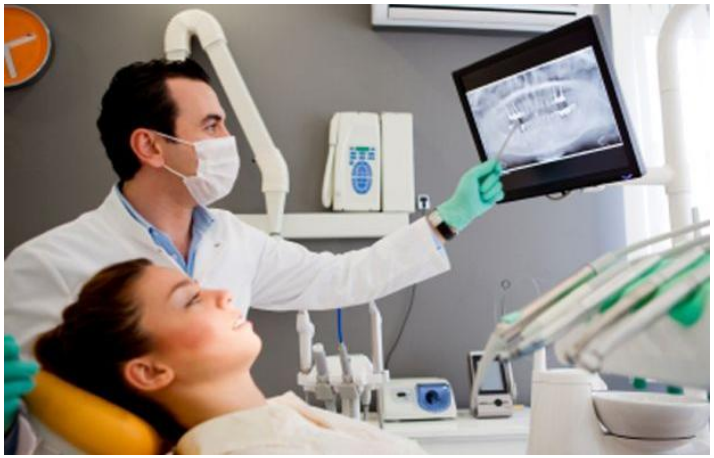
  Involvement in statewide changes

  2018: RAE's: Integration of Primary Care and BH

2018 Proposed Budget

SERVICES ~ REGULAR (Operational)

Dental Care



- **Family Dental Clinic**
- **Dental Connections**
  - Regular Dental Care
    - Community volunteer dentists
  - Care Under Anesthesia
  - Dental Information & Referral
- **Meaningful Use (EDR)**

SERVICES ~ REGULAR (Operational)

Mental Health / Substance Use Issues

- **MH/SA Connections**

  Helping people find behavioral health services that meet their needs

- **Integration of MH/SA Care into Primary Care**

  FMC, Salud

  Psychiatric – Counselors - MAT

- **Community Dual Disorders Tx**

  Psychiatric Care, building

SERVICES ~ REGULAR (Operational)

Mental Health / Substance Use Issues

Healthy Mind Matters: Helping Services Evolve

- **MH/SU Alliance**
  - What Will It Take? Solutions for Mental Health Services Gaps in Larimer County

    (fka Expansion of Critical BH Services)
  - Substance Use Disorders Transformation: Providers (SS, CJ) and Community Perceptions

- **CIT: Pain Management (time limited)**

SERVICES ~

Regular (Operational) AND
Time-Limited (Reserves)

Mental Health / Substance Use Issues

- **CAYAC**

  Children, Adolescents, Young Adults Connections

  Early ID, Early Intervention

  Partnership w/PSD, SummitStone

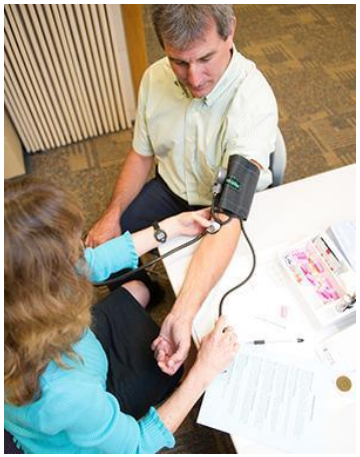
- **Frequent Utilizers** (Pending)

  Complex Needs

  Pay for Success

SERVICES ~ REGULAR (Operational)

Health Promotion & Preventive Services



- **Tobacco Cessation**
- **Screenings: Hypertension, Cholesterol, Glucose**
- **Healthinfosource.com web site**

SERVICES ~ REGULAR (Operational)

Other

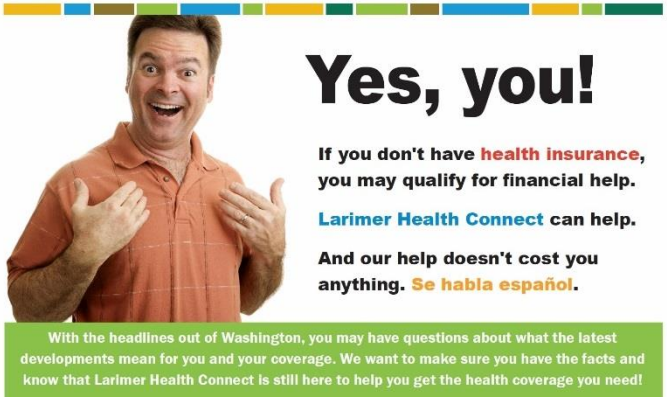
- **Communications**
- **Policy**
- **Resource Development**
- **Assessment / Research / Evaluation**

A Report:
Larimer County
Community Dual Disorder Treatment Program
Program Evaluation of First Four Years

SERVICES ~ TIME LIMITED (Reserve & Grants)

Big Projects

- CAYAC
- Larimer Health Connect
- Advance Care Planning
- SUD Transformation
- Building for LHC, Connections, CAYAC, ACP



SERVICES ~ TIME LIMITED (Reserve & Grants)

Direct Services

- **Dental Care**

  Specialty Care
  Client Assistance

- **Connections: bridge position for SummitStone liaison (PT)**

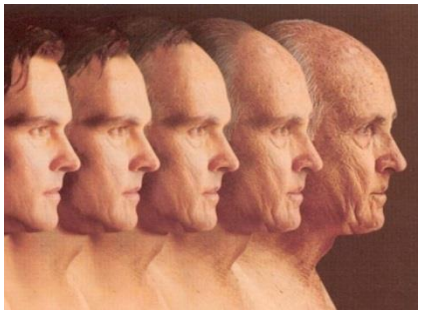
- **CDDT Nurse (PT)**

SUMMITSTONE HEALTH PARTNERS
CELEBRATING 60 YEARS!

SERVICES ~ TIME LIMITED (Reserve & Grants)

Community Planning & Change, Training

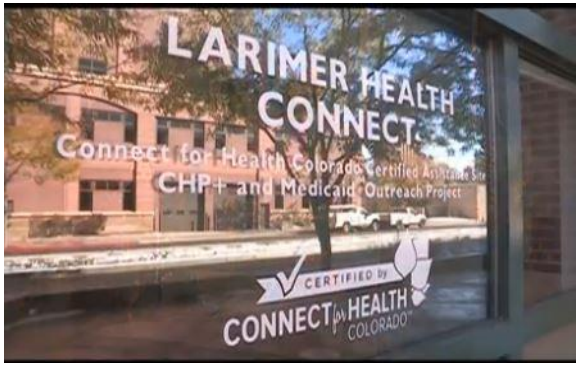
- **Community MH/SA**
  eg. Pain Management
  Frequent Utilizers
- **Health info sharing, HC Reform, Capacity**
- **Aging and Health Care**
- **Population Health Analyst (MACC)**
- **Community & Staff Specialized Training**
  eg. MH/SA: LE MH First Aid, SUD Treatment Best Practices



SERVICES ~ TIME LIMITED
(Reserve & Grants)

Other

- Regional Health Coordinator Match
- Communications Consultant/Plan
- Emergency Preparedness
- Coordination for Special Projects
- Healthinfosource.com Rebuild
- Grant-funded evaluations



SERVICES ~ TIME LIMITED
Reserve & Grants)

As Needed

- New Health District Projects Implementation
- Dentist Loan Repayment
- Preventive Medicine Resident
- CDDT/ACT Facility Repairs Contingency
- Specific grant matches
- High-level staff recruitment

Health District

OF NORTHERN LARIMER COUNTY

PROPOSED BUDGET

TIMELINE & DEADLINES

- **October 13, 2017** – Proposed budget submitted to Board of Directors
- October 15, 2017 – Deadline for Budget Officer to submit proposed budget to governing body
- **November 14, 2017** – Budget Hearing
- December 10, 2017 – Final assessed valuation due from County
- **December 14, 2017** – Board of Directors meet to adopt Budget and appropriate money
- December 15, 2017 – Deadline for Board of Directors to adopt 2018 Budget and appropriate money
- December 15, 2017 – Deadline for Certification of Mill Levy to County Commissioners

SOURCES OF REVENUE

	2018	2017
Property & Ownership Tax	$7,768,575	$6,805,966
Lease Revenue	1,083,133	1,051,585
Fee Income	1,177,960	1,275,151
Investment Income	80,000	25,000
Grant Revenue	1,695,319	1,518,073
Partnership Revenue	44,498	80,895
Miscellaneous Income	20,255	20,650
TOTAL	$11,869,740	$10,777,319

CERTIFICATION OF TAX LEVIES

	2018	2017
Gross assessment	$7,546,213	$6,731,293
Less: Tax Increment Financing	(357,637)	(281,328)
Net revenue to District	$7,188,575	$6,449,965

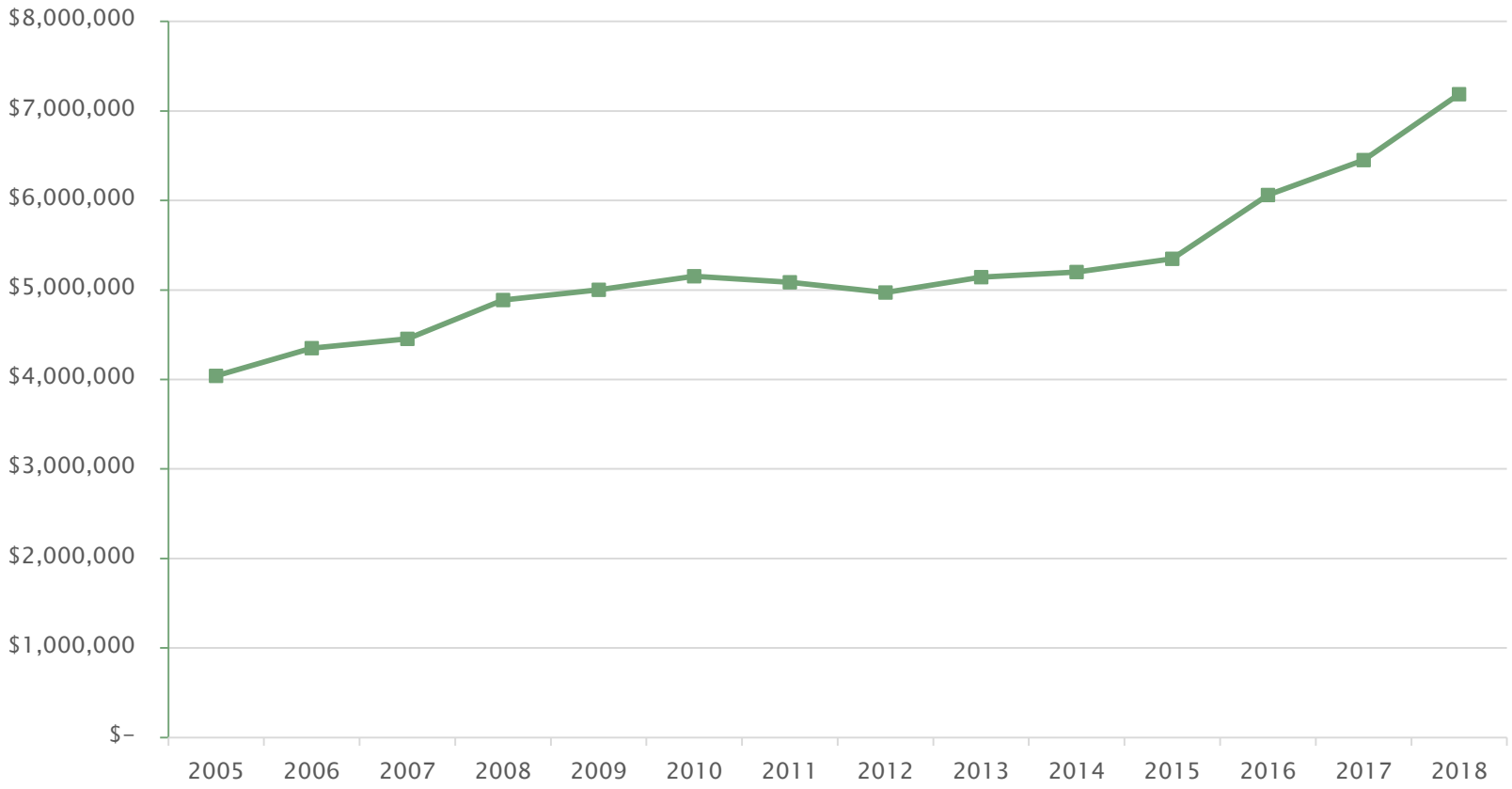
TAX REVENUE: Property & Ownership

	2018	2017
Property Tax	$7,188,575	6,449,965
Specific Ownership Tax	580,000	485,000
Less: County collection Fees	(155,372)	(138,699)
Net revenue to District	$7,613,204	$6,796,266

MILL LEVY

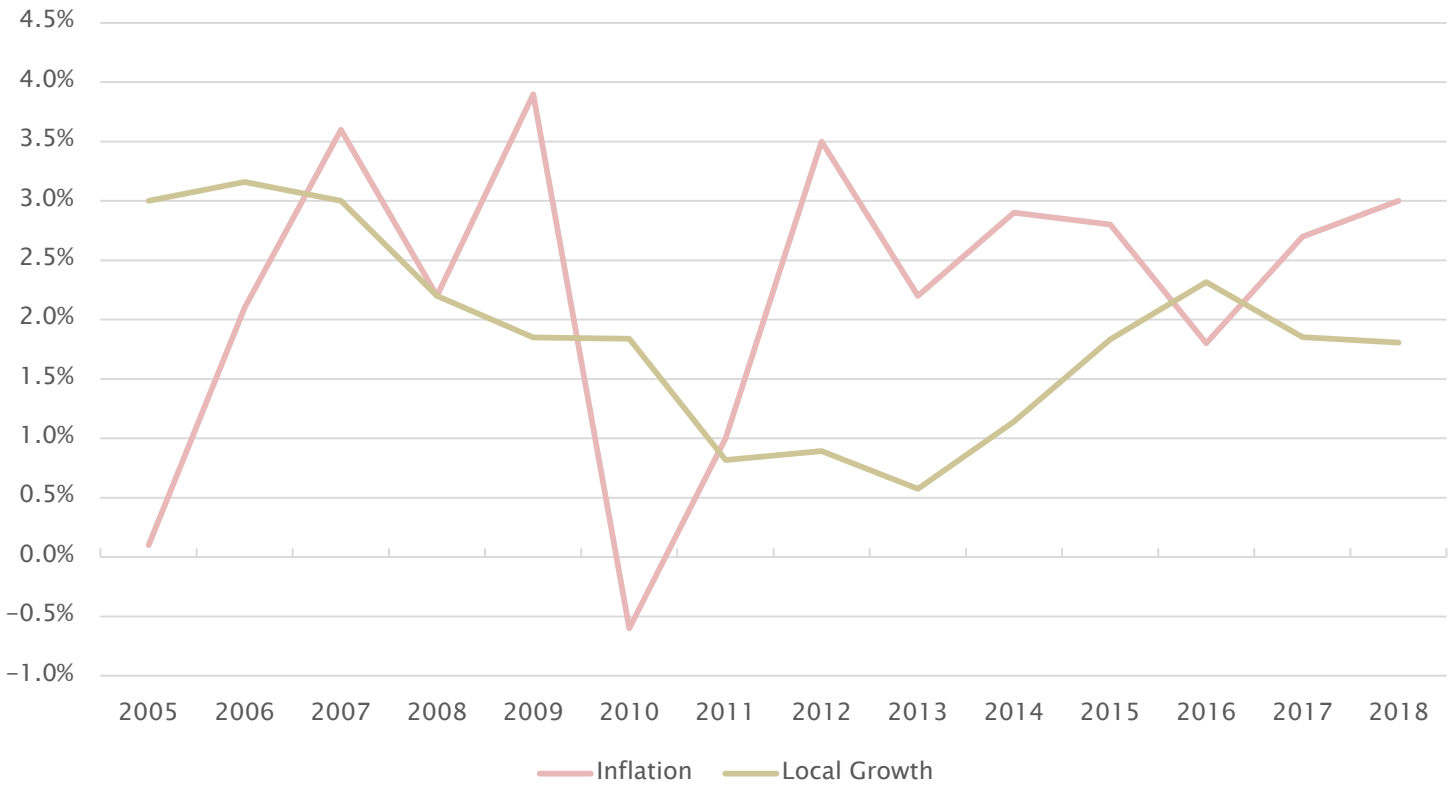
- 1995 – 2.304
- 1996 thru 1999 - 2.197
- 2000 thru 2009 - 2.167
- 2010 thru 2018 - 2.167

PROPERTY TAX REVENUES



*Amounts for 1995-2016 based on actual revenue – 2017 based on anticipated revenue – 2018 based on budgeted revenue

INFLATION (CPI) & LOCAL GROWTH



KEY CHANGES in Revenue

Increases in:

Property Taxes

Specific Ownership Taxes

Investment Income

Decrease in:

Fee Income

KEY CHANGES in Expenditures

Catch-up and new needs (Solidly out of recession and into growth)

- **Employee Salaries**

  Pay for Performance Pool (4.0%)

- **Staffing levels** **(+2.625 FTE net overall)**

  e.g. Psychologist, CAYAC, .6 FTE (placeholder)

  HR Projects Coordinator. .5 FTE

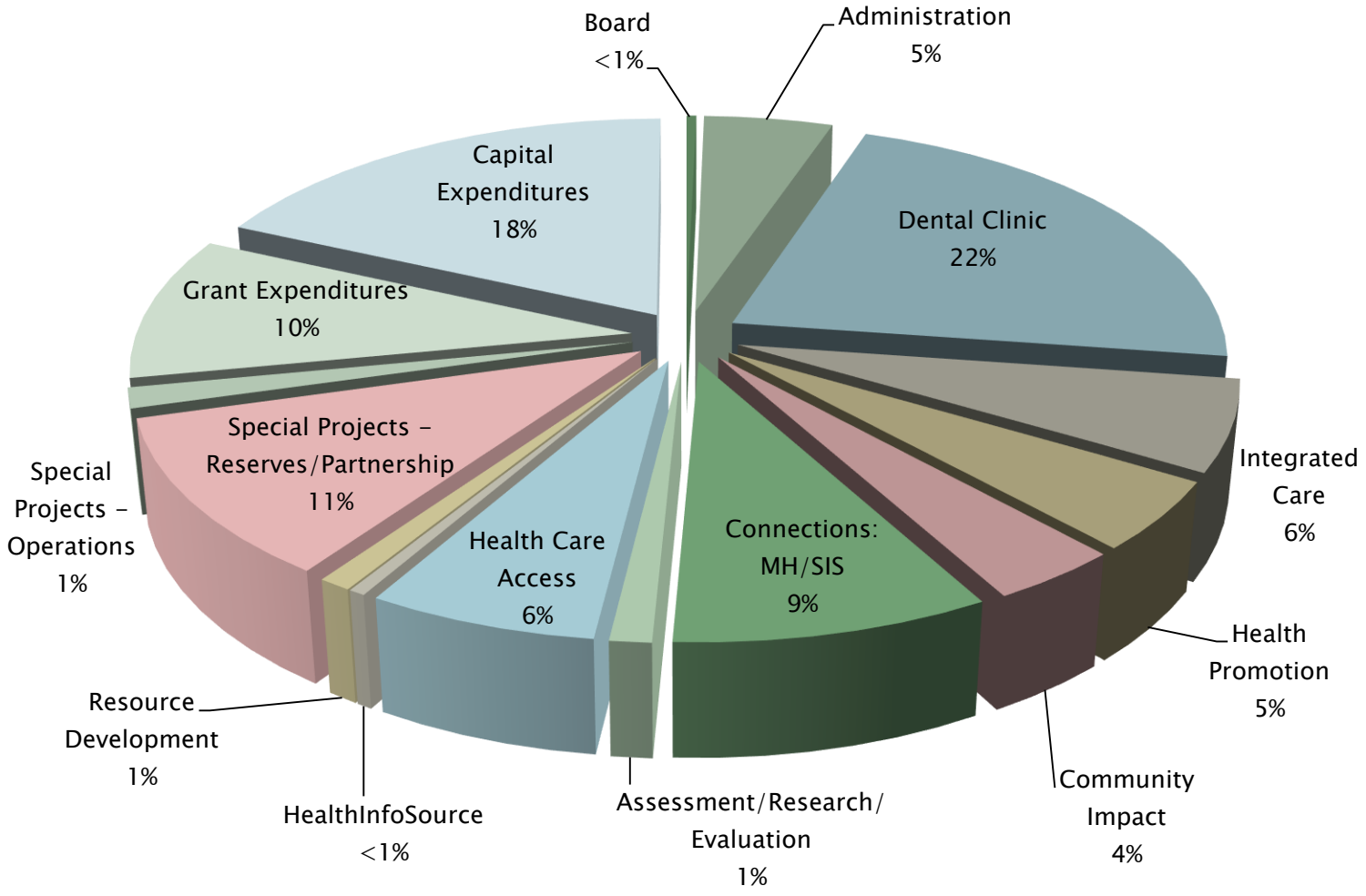
  Communications staff, .3 FTE

  Dental Services Guide, .4 FTE

Health insurance increase **(5.55%)**

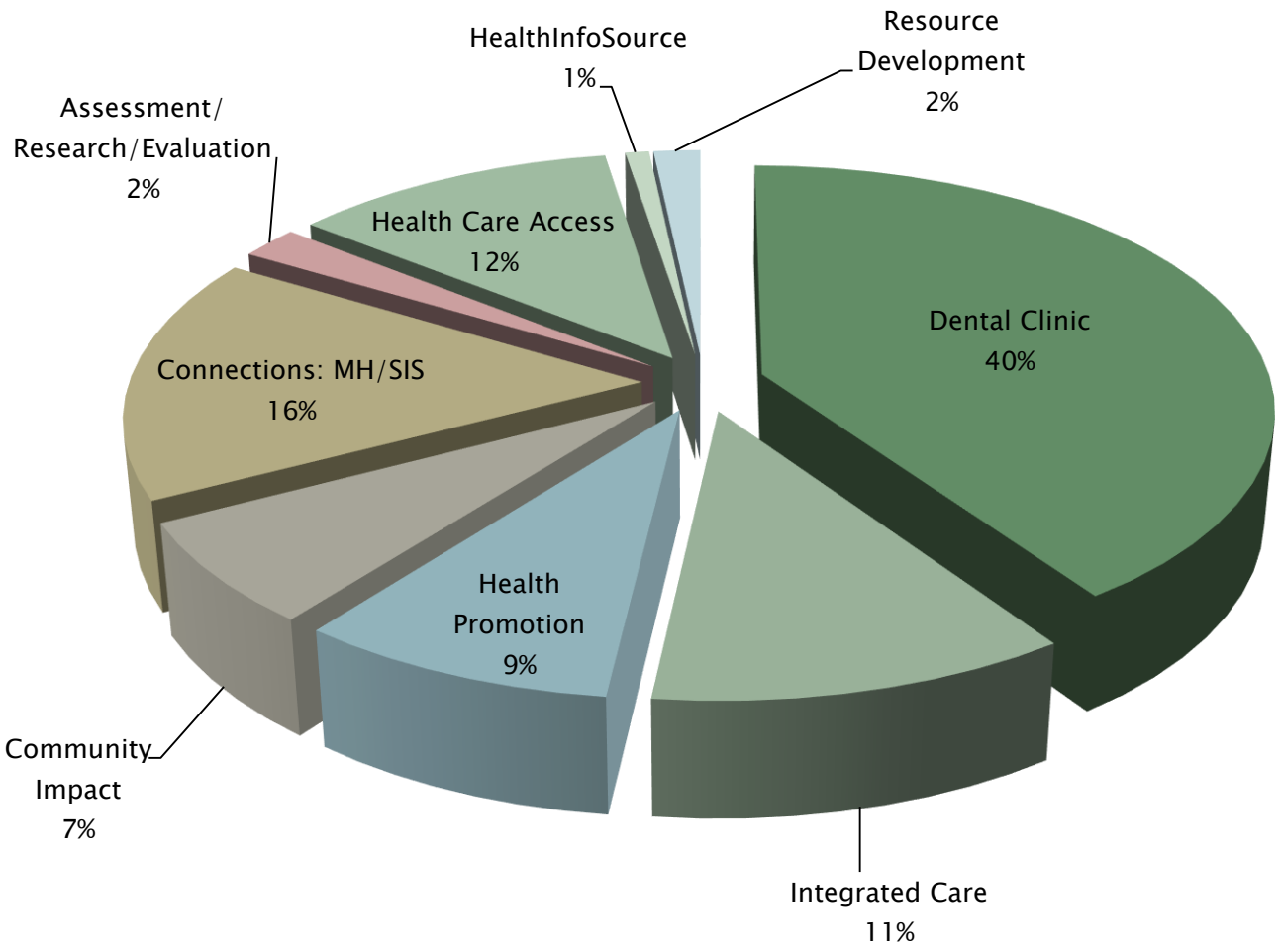
Capital Replacement **(carpets, both buildings);** **New Bldg Ops**

TOTAL EXPENDITURES



2018 Proposed Budget

PROGRAM EXPENDITURES



2018 Proposed Budget

QUESTIONS?

Health District
OF NORTHERN LARIMER COUNTY

MEMO

TO: Health District Board of Directors
FROM: Jessica Shannon, Resource Development Coordinator
DATE: November 6, 2017
RE: 2017 Contributions Board Giving

Why Board Giving is Important:

Your service as a member of the Health District's Board of Directors is vital to our success. We truly appreciate your commitment and your dedication.

Considering the Health District's unique mission, funding structure and the governance role you hold with being a publically-elected board member, traditional emphasis on financial board contributions is not as significant within the Health District as with other nonprofits in our community.

However, board giving plays a significant role in foundation funding. Many funder grant applications include a question on the percent of board members who give financially. Grant-making entities are increasingly weighing board giving when considering funding a proposal and some even require that 100% support the organization financially to be eligible for funding.

If you have not yet made a contribution in 2017, making a contribution before the end of the year will increase our eligibility for funding opportunities in 2018. Additionally, demonstrating 100% board giving sends a powerful message to funders.

Action Requested:

Please consider giving a gift, ***in any amount that is meaningful to you***, before December 31, 2017. You can designate your gift to your favorite Health District program or make an unrestricted donation to benefit the area of greatest need.

Programs that could benefit from your contributions include:

- Dental Connections
- Larimer Advance Care Planning Team
- Prescription Assistance
- CAYAC Team

How to Make a Gift:

To make a gift, you can leave a check with Jessica Shannon, mail in a check at your convenience or make a gift online with your credit card via PayPal by visiting http://www.healthdistrict.org/how-you-can-help.

To restrict your gift to a particular program, list the program on the memo section of your check or include the program name in the "add special instructions to the seller" section on the PayPal form.

Thank you for your contributions to the Health District and for helping our funding efforts in 2018.

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS MEETING
October 24, 2017

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., President
Tracy L. Nelson, Ph.D., Vice President
Deirdre Sullivan, Secretary
Faraz Naqvi, M.D., Treasurer
Tess Heffernan, Liaison to UCHealth-North/PVHS Board

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Board & ED
Sarah Tilleman, Dental Services Director
Lin Wilder, Community Impact Director

Others Present:
Kiley Floren, Community Impact
Jess Fear, Community Impact
Brian Ferrans, Community Impact
Laura Mai, Finance
Dan Sapienza, Special Projects
Suman Mather, Evaluation

Katie O'Donnell, Larimer County Health Dept.
Molly Gutilla, Citizen/CSU Public Health
Christy Bush, Citizen

CALL TO ORDER; APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:02 p.m. No changes were made to the meeting agenda.

MOTION: To approve the agenda as presented.
Motion/Seconded/Carried Unanimously

PUBLIC COMMENT
None.

PRESENTATIONS
Select Projects on Improving Community Response to Substance Use Disorders
Naloxone Project
Ms. Kiley Floren, Project Implementation Coordinator for the Community Impact Team, briefed the Board on the Naloxone Distribution and Education Project, a focus of the Mental Health and Substance Use Alliance and a collaborative effort with the North Colorado Health Alliance. Drug overdoses are now the leading cause of death among people under 50. In Larimer County, law enforcement had over 600 calls related to opioid use or overdoses last year. In 2015, Colorado's

legislature passed Bill 2015-053 which allows a physician or other prescriber to write a standing order for naloxone (a life-saving prescription drug that can immediately reverse an overdose), to be dispensed by pharmacies, harm reduction organizations, law enforcement, or others. In reviewing existing efforts to position naloxone throughout the county, while some progress had been made, there were several gaps in recommended practice.

In July 2017, the members of the Mental Health and Substance Use Alliance of Larimer County were presented with information on the gaps in naloxone distribution and activities and subsequently approved a project to fill these gaps. The purpose of the project is to use a collective impact model to unify, support and increase local efforts to make naloxone available to those in Larimer and Weld Counties who may be in a position to reverse an opioid overdose.

Health District staff will be providing technical assistance to this project by focusing on the areas prioritized by the Alliance (jails, the public, and harm reduction and residential and outpatient treatment facilities), as well as providing overall coordination and support for the project. The project is partnering and coordinating with the North Colorado Health Alliance, which will be responsible for implementation strategies in Weld County.

Board members asked questions about the cost of naloxone (Narcan, which is the most popular brand and the easiest to administer – training takes about 3 minutes - costs about $75 a dose with insurance; about $135 without insurance; $1 for someone on Medicaid); and why the Sheriff's Department wasn't mentioned; (on the Sheriff's Department, all first responders are carrying naloxone, but they are only allowed to use naloxone on themselves in case of accidental exposure, and not on the public. The Champions Group of the naloxone project is working to meet with Sheriff representatives to discuss this project with them).

Substance Use Disorder Transformation Project

Ms. Lin Wilder, Community Impact Director, reviewed with the Board key approaches that the Mental Health and Substance Use Alliance is taking to improve our community's effectiveness with substance use disorders in our community. Substance use disorders are pervasive and affect people from all walks of life and ages. Unfortunately, most people living with substance use disorders in Larimer County are going untreated or undertreated due to: 1) lack of understanding/inaccurate perceptions of these disorders (i.e., addictions are a result of choice or lack of willpower rather than a chronic disorder affecting the brain.) and 2) due to the lack of various services not currently available in our community.

To address this, the Alliance has prioritized projects to transform both perceptions and treatment of SUDs in Larimer County by 1) helping the community at large understand addictions differently, as treatable chronic health conditions, and 2) facilitating utilization of best practices by our health, medical and behavioral health treatment professionals. To accomplish this, the Alliance is implementing several strategies:

- **Strategy 1: change perceptions of addiction and substance use** - perceptions of both the public and professionals (utilizing an "Everybody knows Somebody"-type public awareness campaign and trainings)
- **Strategy 2: Implement and ensure use of best practices**. A two-year "Transforming Perceptions and Treatment of SUDs in Larimer County" grant from the Colorado Health Foundation will help fund Phase 1, which will focus on working with the largest treatment providers, SummitStone Health Partners, and the criminal justice system.

Strategy 2 will include: taking research to practice, identifying internal and external change leaders, assessing knowledge, skills, and attitudes and behaviors, offering training and technical assistance, and ongoing process improvement. Learnings from Phase 1 will inform plans to take this out to other organizations in the future.

- **Strategy 3: Fill gaps in treatment services to create more complete continuum of care**. The work being done to update the plan to Expand Critical Behavioral Health Services is a start, and this process will focus even more closely on substance use disorder treatment needs to identify gaps in services work to develop strategies to fill them.

DISCUSSION AND ACTIONS

Brief Introduction to the 2018 Budget

Ms. Plock provided a brief introduction to the proposed 2018 budget which was delivered to the board members on October 13. On the revenue side, both property and specific ownership taxes are anticipated to increase by about 12%, or about $800,000. A key adjustment for the 2018 budget is to lower anticipated dental revenues to better reflect current realities. On the expenditure side, the first focus was to address the programmatic and other priorities of the Board, which named Larimer Health Connect, Dental Services, and Connections/CAYAC as top priorities. In order to create permanent space for LHC, Connections (which is losing its space on Oak St.), and CAYAC (and possibly Advance Care Planning), this budget proposes a potential expenditure out of revenues of up to $3 million for a building, and reserves ongoing operational costs for the future. Ms. Plock stressed that there is still considerable analysis to be done before a final decision is made.

Set Budget Hearing Date

A motion was proposed to set the date for the budget hearing for November 14 at 4:00 pm.

MOTION: To set the Budget Hearing meeting for November 14, 2017
Motion/Seconded/Carried Unanimously

Budget Process

Ms. Sullivan noted that she appreciated the work session, giving the board more dedicated time to discuss the budget. She brought up the possibility of posting the budget on the website. The state requires that the Health District post a Budget Hearing Notice in the local newspaper as well as post a notice at the usual meeting posting locations, but special districts can do more if they choose. In a brief discussion, the Board requested that staff post the budget on the website, with a feedback form for the public to submit comments (staff to compile and send to board); put display ads in the local newspaper announcing where people can go to see the budget, the hearing, and how to comment; and come up with a more comprehensive plan for next year's process for the board to discuss in the future. One comment was that we may want to consider having the hearing at a larger location; another was to include a Compass article. The Board also asked that all parts of the board packet be posted on the website when board agendas are posted.

Policy

Ms. Karen Spink, Assistant Director, provided an update on various National Health Policy issues and proposals.

2018 Federal Budget – In order to re-establish a reconciliation process that would allow a budget to be passed on simple majority (51 votes in the senate), they need a House/Senate budget resolution. The House passed their version of a budget earlier this month and the Senate released its version on Friday. On Sunday, the House tentatively agreed to take up the budget the Senate passed last week (rather than try to reconcile differences through a conference committee) to save several weeks of legislative work. The Senate's proposal calls for $473 billion in cuts from Medicare and $1 trillion from Medicaid over the next 10 years, which are part of $5 trillion in cuts mentioned overall. Staff in federal departments are working on figuring out how that would occur. Tax reform can't begin until after they pass a budget, and there is talk about having it done before the end of the year.

Executive Order to Increase Competition and Choice – President Trump recently issued an executive order that would, in part, expand access to association health plans; expand access to short-term health plans; and expand use of health reimbursement accounts. A primary concern is that this may cause a diversion of healthier people to cheaper policies outside of the exchange, meaning that those who are left in the exchange would tend to be sicker and more costly, which would significantly increase rates and premium costs. Concerns about association health plans is they would be allowed to include plans that do not include the ACA required standards for essential services, coverage, etc. Though the Executive Order has been signed, they are now in the rule-making process, which will include a public comment period. Changes could start impacting people during 2018.

Termination of Cost Sharing Reduction Payments – The President also announced that he was ordering the termination of cost sharing reduction payments, which ends payments to reimburse insurers for ACA-required discounts in health costs for those whose incomes are between about 138-250% FPL. There is no impact to the individual, who would still receive the financial assistance, but the burden on insurance companies are anticipated to increase average premiums by as much as 33%. A silver lining for some people who qualify for cost sharing reductions is that the Advance Premium Tax Credit would increase, many will see little to no increase, or even decreases, in their premium payments. Unfortunately, those people who do not receive assistance, those at 400% of FPL and above, would bear the brunt of premium increases.

Alexander-Murray Market Stabilization Package – The Package is a bipartisan proposal that would: restore cost sharing reductions (for remainder of 2017, 2018, and 2019), broaden availability of catastrophic health plans (opens it up to everyone), make it easier for states to receive a waiver, restore funding for outreach and education (appropriate some funding back to Health and Human Services), and allow sale of products across state lines. While the proposal does have good bipartisan support, it is currently stalled.

Medicare X – Medicare X is a brand new proposal – a "public option" – being brought forward by Senators Michael Bennet and Tim Kaine. The proposal would allow all Americans to buy a public health insurance plan, pay doctors the same prices that Medicare currently does, and allow patients to be seen at the offices and hospitals that Medicare has in network. This proposal, in part, was developed to offer a life-line to rural areas. In Colorado we have 14 counties with access to only one carrier. The proposal would roll-out this option in 2020 only in counties with one or zero health plans selling in the Marketplace, then to the rest of the country in 2023 and allow small businesses to enroll in 2024. This proposal is different than single-payer in that it is an additional option, not the only option and is an effort to try to stabilize the marketplace.

CHIP Reauthorization – There are currently two proposals to reauthorize CHIP, one in the House and the other in the Senate. Both have been approved by their respective committees. A lot of work still needs to be done, particularly in addressing disagreements on funding mechanisms. The program is currently funded through January 31. If Congress does not act, a "Notice of Action" letter will be sent to families in late December informing them that CHIP is no longer available. Those who are eligible will be notified of Health First Colorado (Medicaid) or of financial assistance through the Marketplace, if they are eligible for it. Parents who must switch to plans in the Marketplace may have significantly higher costs than through CHIP, and many may not be eligible for Marketplace assistance due to their eligibility to participate in employer plans (the 'family glitch').

The board indicated their support for the key concepts in the market stabilization package and the Medicare X plan, and asked for staff to bring back more information and suggestions on possible positions when timely and appropriate. They also suggested more outreach on the CHP+ program, including potentially a Soapbox. Staff will communicate with federal policy leaders and key state stakeholders the impact not reauthorizing CHIP would have on families.

UPDATES & REPORTS

2017 1st and 2nd Quarter Program Reports and Executive Director Updates

Discussion on the quarterly reports will be delayed to the next meeting. Ms. Plock noted that staff continue to be busy trying to understand the national policy changes, which also change daily; the process of filling the Policy Coordinator position is well underway. In other challenges, staff have been busy finalizing the budget for the board's review, working to increase dental service capacity and outreach, keeping up with demand for CAYAC and Connections services, and it is important to note that demand for tobacco treatment services increased in the second quarter.

Other Updates

Medicaid Accountable Care: New Approach

Pertaining to the Medicaid Accountable Care Collaborative (MACC) and the transition from Regional Care Collaborative Organizations (RCCOs) to Regional Accountable Entities (RAEs), Karen announced that Rocky Mountain Health Plan won its bid for Region 1, meaning that our community will continue working with them. What will be different, however, will be the management structure of how RAEs operate. As a RCCO, RMHP made the decisions, worked with the communities and carried things forward. In the new system, while the RAE was awarded to RMHP, it will have a joint governance process that will include both the FQHCs and the community mental health centers in the region, which may bring changes to how things work locally, but it currently looks like the Health District will still be involved in continuing to facilitate our local MACC group. Theoretically, the transition from RCCOs to RAEs occurs July 2018.

Health Insurance Open Enrollment 5 Starting Soon

Larimer Health Connect is completely staffed with 8.2 FTEs (plus the two program supervisors who will be dividing their time between direct service and program management), including four Spanish-speaking guides. Despite a shorter enrollment period this year, the program was able to increase the number of appointments available, compared to previous years, and will be open during the day Monday through Fridays, with some evenings and Saturday appointments

available, as well as having the capability to handle some walk-ins. What health plans will be available and what they include will not be known until just before the start of enrollment, which means staff will be scrambling a bit during the first week to learn the plans.

UCHealth-North/PVHS Board Liaison Report
Ms. Heffernan did not have any updates at this time. Ms. Plock mentioned that she received a note from Mr. Unger about possible topics for the Joint Board Meeting, including two "deep dives", one on UCHealth's response to the opioid crisis and the other a legislative update. The Board chose the opioid crisis update as their preferred topic.

PUBLIC COMMENT (2nd opportunity)
None.

CONSENT AGENDA

- Approval of August 2017 Financial Statements

MOTION: To approve the Consent Agenda as presented.
Motion/Seconded/Carried Unanimously

ACTION ITEM

- Approval of the June 27, 2017 Board Meeting Minutes

MOTION: To approve the June 27, 2017 Board Meeting Minutes as presented.
Motion/Seconded/Carried (Nelson and Sullivan abstained)

- Approval of the September 26, 2017 Board Meeting Minutes

MOTION: To approve the September 26, 2017 Board Meeting Minutes as presented.
Motion/Seconded/Carried (Naqvi abstained)

ANNOUNCEMENTS

- November 14, 4:00 pm – Board of Directors Regular Board Meeting and Budget Hearing

RECESS
The Board recessed at 5:23 p.m. to have dinner and participate in a Work Session meeting to review and discuss the proposed 2018 budget.

The Work Session meeting concluded and the regular board meeting was reconvened at 6:31 p.m.

ADJOURN

MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 6:33 p.m.

Respectfully submitted:

Nancy Stirling, Assistant to the Board of Directors

Michael Liggett, President

Tracy Nelson, Vice President

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCHealth-North (PVHS) Board Liaison

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
WORK SESSION MEETING
October 24, 2017
Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., President
Tracy L. Nelson, Ph.D., Vice President
Deirdre Sullivan, Secretary
Faraz Naqvi, M.D., Treasurer
Tess Heffernan, Liaison to UCHealth-North/PVHS Board

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Nancy Stirling, Assistant to Board & ED
Sarah Tilleman, Dental Services Director
Lin Wilder, Community Impact Director

Others Present:
Dan Sapienza, Special Projects
Suman Mather, Evaluation
Laura Mai, Finance
Jessica Shannon, Resource Development

Molly Gutilla, Public

CALL TO ORDER; APPROVAL OF AGENDA

President Michael Liggett called the work session meeting to order at 5:43 p.m.

MOTION: To approve the agenda as presented.
Motion/Seconded/Carried Unanimously

DISCUSSION AND REVIEW

Proposed 2018 Budget

Ms. Plock pointed out that the anticipated revenues for 2018 are a very unusual situation: there have only been 3 times in the Health District's post-1994 history when we received over 10% increase in property tax revenue over the prior year; and next year, there is an estimated 11.5% increase in property tax revenue. Adding to it Specific Ownership tax and subtracting tax increment financing and county collection fees, the Health District is estimated to receive about $817,000 more in tax revenue than this year. After an adjustment to dental revenue and interest, and subtracting already Board approved allocations (pay for performance, future pay for performance) and allocating operating costs for a future building, there is approximately $325,000 remaining in available funds.

The following are highlights of changes and recommendations proposed in the draft 2018 budget:

- **Key Consideration for Retention of High Priority Programs: Space**
  The biggest overarching need the Health District will be facing in the next 6 to 20 months is space. Both of the Bristlecone buildings have just reached full capacity, and Connections will need to move out of the Oak St. building in mid-2018. In order to create a permanent space for high priority programs Larimer Health Connect, CAYAC (Child, Adolescent, and Young Adult Connections), and Connections, and possibly to offer Advance Care Planning some space, this budget includes the possibility of securing (either building or renovating) a new building.

  In order of sequence, the budget would allow: 1) rental space from May 2018 to May 2019 for Connections, Advance Care Planning, and possibly a few extra office spaces for other program overflow; 2) The purchase of space of our own to be ready by May 2019. The amounts of $3 million from reserves for the building and $60,000 from the operational budget for ongoing operational expenses are included. A complete analysis would need to be completed before moving forward with the land/building purchase, but inclusion in the budget makes it possible if determined to be the best option.

  The Board expressed their support of the idea to purchase real property to build a permanent structure for our services. The goal would be to find property that is centrally located in Fort Collins, is welcoming, has good parking, and is easily accessible via various forms of transportation. The challenge will be that the market is extraordinarily tight right now. The Board mentioned the possibility for future consideration of leasing out unused space in the new building to other groups who provide services that align with our services.

- **Key Programmatic Changes** – Top consideration for programmatic changes being requested by program directors, or for moving positions currently in reserves into operational budgets, was given towards top priority programs: Larimer Health Connect, Dental Care, and Mental Health Connections/CAYAC. Ms. Plock reviewed the proposed key programmatic changes for various programs. Small amounts of additional FTE changes were also proposed for administration, Resource Development, Policy, Evaluation, and Communications.

In Board discussion, the following issues were raised:

- Is there an increase in funding for the Tobacco Treatment program? Although there is funding set aside in reserves for a targeted PR campaign for the Tobacco program, in reality expenditures would stay flat unless demand increases, since one of the Tobacco specialists has reduced her FTE by .2 unless and until demand increases. Since this is one of the most effective health interventions available, there are still around 8,000 smokers in the community who intend to quit, close relationships with medical providers for referrals is a recommended practice, and the reduction in utilization was a recent phenomenon, staff felt it was important to try additional outreach efforts in 2018.
- Would all of the money for the building actually be spent in 2018? The total funding necessary in 2018 will be developed in the planning process, but it is important to reserve the full amount. If they are not all spent in 2018, they can be re-allocated in 2019.
- Why is there a considerable increase in Administration expenses? It is a moved, rather than an increased, expense. The auditors recommended that we allocate County tax collection fees out of Admin revenue, rather than our prior practice of adjusting revenues.

- How is grant revenue determined? As part of the budget, we must include all the grants we know we will get, and estimate any potential grants. We generally don't receive as much as estimated, but if we were to receive more than was appropriated in the budget, we would be required to go through a special process to change the budget.
- Might it be possible to fund the Dental Connections position so that we would not need to apply to the City's CDBG process? A Board member had received input from a citizen wondering whether the Health District should compete with other agencies with more limited resources. Currently, the position is funded by some operational, some reserves, and some from a City grant. The City grant evolved from the time when the Health District board required partner funding in order to create Dental Connections, and originated with the Women's Center. The partnership with the City is helpful when applying for other grant funding, but other options could be considered. The board postponed discussion on the issue of competition, noting there are varying perspectives.
- There was a question on the cost of the Healthinfosource rebuild. Noting that the Board had already discussed at length the need for the rebuild, board members reminded each other that they would have the chance to review a detailed plan before any funds are committed to implementation of this project. In a previous meeting, the board approved the first stage of the project, which includes working with a consultant to create a set of options for board review and decision.

The budget hearing will be held at the Board's next meeting on November 14; board members are encouraged to convey any budget questions to Ms. Plock as early as possible, since the final budget approval takes place at the December 14 meeting.

The work session meeting was adjourned at 6:33 p.m. and the regular board meeting was reconvened.

Respectfully submitted:

Nancy Stirling, Assistant to the Board of Directors

Michael Liggett, President

Tracy Nelson, Vice President

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCHealth-North (PVHS) Board Liaison

HEALTH DISTRICT
of Northern Larimer County
September 2017
Summary Financial Narrative

Revenues

The Health District is 1.5% ahead of year-to-date tax revenue projections. Interest income is 210% ahead of year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings increased slightly from the previous month from 1.11% to 1.17% (based on the weighted average of all investments). Fee for service revenue from clients is 30.1% behind year-to-date projections and revenue from third party reimbursements is 29.6% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 1.9% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 14.9% behind year-to-date projections. Program variances are as follows: Administration 5.8%; Board 37.5%; Connections: Mental Health/Substance Issues Services 23.3%; Dental Services 12.8%; Integrated Care 10.3%; Health Promotion 13.6%; Community Impact 12.8%; Program Assessment and Evaluation 4.8%; Health Care Access 12.5%; HealthInfoSource 6.9%; and Resource Development (operational) 12.5%.

Capital Outlay

Capital expenditures are 54.6% behind year-to-date projections due to the timing of some capital expenditures.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 9/30/2017

ASSETS

Current Assets:	
Cash & Investments	$9,153,468.66
Accounts Receivable	146,429.46
Property Taxes Receivable	87,939.57
Specific Ownership Taxes Receivable	59,378.95
Prepaid Expenses and Deposits	36,658.94
Total Current Assets	9,483,875.58
Other Assets:	
Direct Financing Lease	4,047,875.00
Total Other Assets	4,047,875.00
Property and Equipment	
Land	544,720.02
Building and Leasehold Improvements	4,476,258.73
Equipment	1,160,439.47
Accumulated Depreciation	(2,397,422.72)
Total Property and Equipment	3,783,995.50
Total Assets	$17,315,746.08

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 9/30/2017

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	$658,430.54
Deposits	1,000.00
Deferred Revenue	987,123.33
Total Current Liabilities	1,646,553.87
Long-term Liabilities:	
Compensated Absences Payable	19,000.00
Total Long-term Liabilities	19,000.00
Deferred Inflows of Resources	
Deferred Property Tax Revenue	65,028.93
Total Deferred Inflows of Resources	65,028.93
Total Liabilities & Deferred Inflows of Resource	1,730,582.80
EQUITY	
Retained Earnings	13,743,662.51
Net Income	1,841,500.77
Total Equity	15,585,163.28
Total Liabilities & Equity	$17,315,746.08

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF REVENUES AND EXPENSES

For 1/1/2017 To 9/30/2017

	Current Month	Year to Date
Revenue:		
Property Taxes	$22,910.64	$6,384,936.07
Specific Ownership Taxes	59,378.15	461,032.28
Lease Revenue	88,491.25	786,111.61
Interest Income	8,153.93	58,053.95
Sales Revenue	41.78	260.67
Fee For Services Income	40,913.77	180,000.33
Third Party Reimbursements	37,317.08	512,017.12
Grant Revenue	59,219.91	526,642.75
Partnerships	9,567.05	122,462.37
Miscellaneous Income	882.70	17,022.07
Gain on Investment	0.00	1,371.48
Total Revenue	326,876.26	9,049,910.70
Expenses:		
Operating Expenses		
Administration	$45,626.21	$547,673.43
Board Expenses	845.61	24,390.14
Connections: MentalHealth/Substance Issues Svcs	100,510.03	809,437.48
Dental Services	262,415.76	2,380,583.43
Integrated Care (MHSA/PC)	75,015.76	688,859.34
Health Promotion	58,255.77	504,268.35
Community Impact	45,345.41	352,677.13
Program Assessment & Evaluation	14,354.68	139,036.59
Health Care Access	68,137.33	656,973.85
HealthInfoSource	5,411.12	55,253.52
Resource Development	9,839.01	90,084.39
Special Projects	50,446.02	438,342.99
Grant Projects	65,917.67	520,829.29
Total Operating Expenses	802,120.38	7,208,409.93
Depreciation and Amortization		
Total Depreciation and Amortization	0.00	0.00
Total Expenses	802,120.38	7,208,409.93
Net Income	($475,244.12)	$1,841,500.77

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 9/30/2017

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Annual Funds Remaining
Revenue:								
Property Taxes	$18,137	$22,911	$4,774	$6,404,055	$6,384,936	($19,119)	$6,449,965	$65,029
Specific Ownership Taxes	32,364	59,378	27,014	353,994	461,032	107,038	485,000	23,968
Lease Revenue	88,491	88,491	0	786,112	786,112	0	1,051,585	265,473
Interest Income	2,083	8,154	6,071	18,747	58,054	39,307	25,000	(33,054)
Sales Revenue	60	42	(18)	540	261	(279)	720	459
Fee For Services Income	20,984	40,914	19,930	257,633	180,001	(77,632)	328,994	148,993
Third Party Reimbursements	74,033	37,317	(36,716)	726,883	512,017	(214,866)	946,157	434,140
Grant Revenue	97,693	59,220	(38,473)	1,074,993	526,643	(548,350)	1,368,073	841,430
Partnership Revenue	4,397	9,567	5,170	39,572	122,462	82,890	80,895	(41,567)
Miscellaneous Income	1,661	883	(778)	14,946	17,022	2,076	19,930	2,908
Gain on Investment	0	0	0	0	1,371	1,371	0	(1,371)
Total Revenue	$339,903	$326,877	($13,026)	$9,677,475	$9,049,911	($627,564)	$10,756,319	$1,706,408
Expenditures:								
Operating Expenditures								
Administration	48,244	45,626	2,618	581,694	547,674	34,020	726,978	179,304
Board Expenses	2,819	846	1,973	39,011	24,390	14,621	47,469	23,079
Election Expenses	0	0	0	0	0	0	15,000	15,000
Connections: Mental Health/Substance Issues Sv	115,994	100,510	15,484	1,054,834	809,438	245,396	1,405,588	596,150
Dental Services	301,100	262,416	38,684	2,730,328	2,380,584	349,744	3,638,063	1,257,479
Integrated Care (MHSA/PC)	84,499	75,016	9,483	767,625	688,860	78,765	1,023,424	334,564
Health Promotion	63,913	58,255	5,658	583,612	504,269	79,343	777,535	273,266
Community Impact	58,339	45,346	12,993	483,172	352,677	130,495	636,182	283,505
Program Assessment & Evaluation	16,353	14,354	1,999	146,014	139,036	6,978	194,108	55,072
Health Care Access	82,612	68,138	14,474	751,041	656,974	94,067	1,000,582	343,608
HealthInfoSource	6,256	5,412	844	59,378	55,253	4,125	79,232	23,979
Resource Development	11,320	9,839	1,481	102,948	90,084	12,864	137,151	47,067
Contingency (Operations)	5,000	0	5,000	45,000	0	45,000	60,000	60,000
Special Projects	140,378	50,446	89,932	1,280,984	438,343	842,641	1,732,353	1,294,010
Grant Projects	110,235	65,918	44,317	1,191,868	520,829	671,039	1,518,073	997,244
Total Operating Expenditures	1,047,062	802,122	244,940	9,817,509	7,208,411	2,609,098	12,991,738	5,783,327
Net Income	($707,159)	($475,245)	$231,914	($140,034)	$1,841,500	$1,981,534	($2,235,419)	($4,076,919)

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 9/30/2017

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Annual Funds Remaining
Non-Operating Expenditures								
Building	40,000	0	40,000	80,000	0	80,000	82,000	82,000
Construction in Progress	0	0	0	0	55,143	(55,143)	0	(55,143)
Capital Equipment	0	0	0	10,000	0	10,000	10,000	10,000
General Office Equipment	0	0	0	28,200	0	28,200	32,300	32,300
Medical & Dental Equipment	0	0	0	26,815	13,111	13,704	33,637	20,526
Computer Equipment	0	0	0	8,500	6,972	1,528	8,500	1,528
Computer Software	0	0	0	14,050	0	14,050	21,350	21,350
Equipment for Building	0	0	0	10,000	5,414	4,586	10,000	4,586
Total Non-Operating Expenditures	40,000	0	40,000	177,565	80,640	96,925	197,787	117,147

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 9/30/2017

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
Administration								
Revenue:								
Miscellaneous Income	$792	$0	($792)	$7,125	$14,519	$7,394	$9,500	($5,019)
Total Revenue	$792	$0	($792)	$7,125	$14,519	$7,394	$9,500	($5,019)
Expenditures:								
Salaries and Benefits	37,301	38,395	(1,094)	335,709	331,113	4,596	447,612	116,499
Supplies and Purchased Services	10,943	7,231	3,712	245,985	216,561	29,424	279,366	62,805
Total Expenditures	$48,244	$45,626	$2,618	$581,694	$547,674	$34,020	$726,978	$179,304
Board of Directors								
Expenditures:								
Salaries and Benefits	$0	$0	$0	$8,636	$6,602	$2,034	$8,636	$2,034
Supplies and Purchased Services	2,819	846	1,973	30,375	17,789	12,586	38,833	21,044
Election Expenses	0	0	0	0	0	0	15,000	15,000
Total Expenditures	$2,819	$846	$1,973	$39,011	$24,391	$14,620	$62,469	$38,078
Community Impact								
Revenue:								
Total Revenue	$0	$0	$0	$0	$0	$0	$0	$0
Expenditures:								
Salaries and Benefits	$46,830	$39,727	$7,103	$412,671	$319,071	$93,600	$543,961	$224,890
Supplies and Purchased Services	11,509	5,619	5,890	70,502	33,607	36,895	92,221	58,614
Total Expenditures	$58,339	$45,346	$12,993	$483,173	$352,678	$130,495	$636,182	$283,504

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 9/30/2017

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
Program Assessment & Evaluation								
Revenue:								
Total Revenue	$0	$0	$0	$0	$0	$0	$0	$0
Expenditures:								
Salaries and Benefits	$14,262	$12,709	$1,553	$128,359	$126,734	$1,625	$171,146	$44,412
Supplies and Purchased Services	2,091	1,646	445	17,655	12,303	5,352	22,962	10,659
Total Expenditures	$16,353	$14,355	$1,998	$146,014	$139,037	$6,977	$194,108	$55,071
Connections: Mental Health/Substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	$83	$756	($673)	$750	$966	($216)	$1,000	$34
Total Revenue	$83	$756	($673)	$750	$966	($216)	$1,000	$34
Expenditures:								
Salaries and Beneftis	$96,947	$71,956	$24,991	$752,527	$603,029	$149,498	$1,043,369	$440,340
Supplies and Purchased Services	19,047	28,555	(9,508)	302,307	206,409	95,898	362,219	155,810
Total Expenditures	$115,994	$100,511	$15,483	$1,054,834	$809,438	$245,396	$1,405,588	$596,150
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	$91,490	$77,247	($14,243)	$952,774	$661,765	($291,009)	$1,232,831	$571,066
Total Revenue	$91,490	$77,247	($14,243)	$952,774	$661,765	($291,009)	$1,232,831	$571,066
Expenditures:								
Salaries and Benefits	$233,008	$213,640	$19,368	$2,097,070	$1,989,690	$107,380	$2,796,093	$806,403
Supplies and Purchased Services	68,092	48,776	19,316	633,258	390,894	242,364	841,970	451,076
Total Expenditures	$301,100	$262,416	$38,684	$2,730,328	$2,380,584	$349,744	$3,638,063	$1,257,479

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 9/30/2017

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
Integrated Care (MHSA/PC)								
Revenue:								
Fees, Reimbursements & Other Income	$3,250	$539	($2,711)	$29,250	$25,464	($3,786)	$39,000	$13,536
Total Revenue	$3,250	$539	($2,711)	$29,250	$25,464	($3,786)	$39,000	$13,536
Expenditures:								
Salaries and Benefits	$75,288	$70,890	$4,398	$677,589	$641,203	$36,386	$903,452	$262,249
Supplies and Purchased Services	9,211	4,126	5,085	90,036	47,657	42,379	119,972	72,315
Total Expenditures	$84,499	$75,016	$9,483	$767,625	$688,860	$78,765	$1,023,424	$334,564
Health Promotion								
Revenue:								
Fees, Reimbursements & Other Income	$1,039	$537	($502)	$9,353	$6,196	($3,157)	$12,470	$6,274
Total Revenue	$1,039	$537	($502)	$9,353	$6,196	($3,157)	$12,470	$6,274
Expenditures:								
Salaries and Benefits	$48,223	$45,689	$2,534	$434,009	$416,401	$17,608	$578,679	$162,278
Supplies and Purchased Services	15,690	12,566	3,124	149,602	87,867	61,735	198,856	110,989
Total Expenditures	$63,913	$58,255	$5,658	$583,611	$504,268	$79,343	$777,535	$273,267

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 9/30/2017

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
Health Care Access								
Revenue:								
Fees, Reimbursements & Other Income	$83	$77	($6)	$750	$389	($361)	$1,000	$611
Total Revenue	$83	$77	($6)	$750	$389	($361)	$1,000	$611
Expenditures:								
Salaries and Benefits	$65,995	$62,058	$3,937	$593,959	$574,074	$19,885	$791,945	$217,871
Supplies and Purchased Services	16,617	6,080	10,537	157,082	82,900	74,182	208,637	125,737
Total Expenditures	$82,612	$68,138	$14,474	$751,041	$656,974	$94,067	$1,000,582	$343,608
Health Info Source								
Revenue:								
Total Revenue	$0	$0	$0	$0	$0	$0	$0	$0
Expenditures:								
Salaries and Benefits	$4,706	$4,599	$107	$42,356	$42,219	$137	$56,475	$14,256
Supplies and Purchased Services	1,550	813	737	17,022	13,034	3,988	22,757	9,723
Total Expenditures	$6,256	$5,412	$844	$59,378	$55,253	$4,125	$79,232	$23,979
Resource Development								
Revenue:								
Total Revenue	$0	$0	$0	$0	$0	$0	$0	$0
Expenditures:								
Salaries and Benefits	$9,346	$9,116	$230	$84,112	$82,838	$1,274	$112,149	$29,311
Supplies and Purchased Services	1,975	723	1,252	18,837	7,246	11,591	25,002	17,756
Total Expenditures	$11,321	$9,839	$1,482	$102,949	$90,084	$12,865	$137,151	$47,067

Health District of Northern Larimer County

Investment Schedule
September 2017

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	$ 1,322	0.016%	0.98%	N/A
Local Government Investment Pool	COLOTRUST	$ 6,722,890	81.439%	1.25%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	$ 8,822	0.107%	1.25%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	$ 17,897	0.217%	1.25%	N/A
Flex Savings Account	First National Bank	$ 163,419	1.980%	0.10%	N/A
Certificate of Deposit - #714626	Advantage Bank	$ 134,236	1.626%	0.80%	6/27/2018
Certificate of Deposit - #742487	Advantage Bank	$ 107,230	1.299%	1.09%	3/2/2018
Certificate of Deposit - #35083766	First National Bank	$ 110,129	1.334%	0.95%	9/6/2017
Certificate of Deposit - #40010527	Points West	$ 110,984	1.344%	0.80%	6/4/2018
Certificate of Deposit - #40010448	Points West	$ 150,247	1.820%	0.80%	4/2/2018
Certificate of Deposit - #23002918	Adams State Bank	$ 227,971	2.762%	0.75%	10/7/2017
Certificate of Deposit - #824149	Cache Bank & Trust	$ 250,000	3.028%	0.80%	12/27/2018
Certificate of Deposit - #1100000578	Farmers Bank	$ 250,000	3.028%	1.20%	6/27/2018
Total/Weighted Average		$ 8,255,147	100.000%	1.17%	

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.

Health District
OF NORTHERN LARIMER COUNTY

QUARTERLY SERVICE REPORT
FOR THE QUARTER ENDING
MARCH 2017

DENTAL SERVICES

I. DENTAL CLINIC

The Family Dental Clinic returned to full staffing levels in all positions in the first quarter of 2017, with the addition of Shelly Schomaker as our new .75 FTE hygienist, who brings 20+ years of dental hygiene experience to the Health District. The first quarter was also dominated by a busy and robust schedule that was filled with Poudre School District student oral health screenings in partnership with the Early Childhood Program (i.e., Headstart) and Project Smile. Providers spent over 118 hours at screenings, serving nearly 1,130 children (including 499 students in the Early Childhood Program and an additional 630 students with Project Smile).

In the first quarter 2017, the Family Dental Clinic was over-target for the number of clients served and for the number of dental visits, and slightly under-target in regards to RVUs. The staff provided care to 2,148 clients, 1,008 (88%) above the target of 1,140. This seasonally high level in the number of clients served is a direct result of the continuing partnerships with Project Smile and the Headstart program, as referenced above. In terms of productivity, the clinic was only slightly below the quarterly target for RVU production. Staff produced 11,922 RVUs during the quarter compared to a target of 12,375 (453, or 4% less than anticipated), and experienced 3,438 dental visits compared to a target of 3,042 (396 more visits, or 13% more than anticipated). In total, 3.8% of the providers' FTE in the first quarter was shifted from clinic hours to school screening hours, which correlates very closely to the 4% variance in the RVU targets for the first quarter. While school screenings increase the number of people seen, they have a notable impact on RVU production since screenings yield traditionally low RVU reimbursement (~1 RVU per student screened) in comparison to the services the providers are delivering in a clinic setting.

Services paid for by funds provided through the Colorado Dental Health Care Program for Low-Income Seniors (i.e., Senior Dental Program) were suspended at the Health District and most other Senior Dental Program sites throughout the state in January 2017 due to the program's funding being exhausted by the overwhelming level of need for financial assistance for seniors in our community. All affected seniors were notified by letter that while the Senior Dental Program funds may be exhausted, the Health District would continue to treat them at their sliding fee scale rates. The next grant cycle begins on July 1, 2017 and we are cautiously optimistic that the Family Dental Clinic will be the recipient of additional Senior Dental Program funding.

> ***Case Examples from Dentists:*** I have been seeing "Joe" (name changed) at our office for about 3 months. He is in his early 30's and works the night shift at a local retail store. He is in recovery from addiction and is trying to make positive changes in his life. He makes too much money to qualify for Medicaid and has no dental insurance. His treatment plan was extensive, especially for his young age – including removing all of his upper teeth due to advanced dental disease. Joe is very appreciative he found us, otherwise he was not sure how he could afford the dental work he needed. In a few more months, he will be finished with treatment, will have a brand new smile, and can be confident in moving forward.
>
> I had the opportunity to treat a teenage girl recently who presented to our clinic after having her braces removed. She reported that her whole mouth was very sensitive and she was self-conscious about the dark areas on her front teeth. The exam revealed that she had 16 teeth with decay. It took multiple appointments and much TLC due to her anxiety of dental treatment, but we were able to bring her mouth back to a healthy, comfortable and beautiful state. It was fun to get to know her better over the course of several appointments. Thankfully, she has become very motivated to take care of her teeth so she can keep her beautiful smile through her childhood and adult years…and so she doesn't have to go through the process of getting so many cavities restored again!

II. DENTAL CONNECTIONS

Effective with the 2017 budget year, Dental Connections integrated into the Dental Services program to present a unified approach to dental guide services at the Health District. Our Dental Connections staffmember continues to dedicate a portion of her time to the program, but also rounds out the eligibility team for the Family Dental Clinic. She continues to help people

who contact Dental Connections identify which programs they may qualify for in order to receive assistance with their oral health care needs.

During the first quarter 2017, staff carried over three cases that remained in process from 2016, and placed 11 new clients with Dental Care Access ("DCA") volunteer providers, which is 10 clients (48%) less than anticipated. While placements with DCA providers were below target, the overall value of procedures completed remained meaningful. Volunteer providers completed *20 appointments resulting in 40 completed dental procedures* for individuals who would not otherwise have been able to afford dental care. The estimated market value of these services is *$13,707*.

During first quarter, program staff took 196 total resources and referral calls, 109 of which were unduplicated individuals.

General Anesthesia Program (GAP)

Six patients participating in the Dental Care Under General Anesthesia Program (GAP) received care at the Harmony Surgery Center in the first quarter, 2 clients below the quarterly target of 8 (25% below the target) patients. Last minute cancellations that occurred within days of each of the monthly surgery days caused the shortage in the first quarter. Coordinating scheduling and paperwork between support agencies, caregivers and primary care providers for a substitute client was attempted but not possible. Staff met with her contact at Mosaic (the support agency referring the most clients to GAP) to get a better handle on scheduling, and stress the critical need for more timely cancellations. For first quarter 2017, a total of 50 procedures were completed, for an estimated $5,555 billed by participating dentists to Health First Colorado (Colorado's Medicaid Program).

> ***Case Example****:* Staff met "Connor" (not his real name) standing at the front desk of the Family Dental Clinic in tears. He'd come for treatment of a painful back molar. Instead, as sometimes happens, complexities with his tooth required the Family Dental Clinic dentist to refer Connor to an endodontic specialist in Fort Collins. Connor had placed a few calls, and found he would need to pay $1,100 at time of service for a root canal if he wanted to save his tooth. Connor recently aged off his parent's health and dental insurance plans, and he does not have access to any sort of affordable dental insurance, including Medicaid. Sometimes even the Health First Colorado dental benefit is not a dental cure-all for those looking for affordable dental care. As it turns out, even if Connor had been able to enroll in Health First Colorado (Colorado's Medicaid program), there is only one endodontist in Northern Colorado who accepts Medicaid and this doctor limits the number of clients seen each month, and the procedure Connor needed may not be a covered benefit under Medicaid. For Connor, the Dental Connections program proved to be the answer. He was able to get his root canal completed in a timely manner with a volunteer DCA endodontic specialist at a price that even a young man with limited income could afford.

HEALTH CARE ACCESS

I. LARIMER HEALTH CONNECT

During the first quarter of 2017, staff provided assistance to 753 households through 1,309 encounters (in-person or intensive phone follow up) (320% above target of 312; exceeding the annual target of 1250) resulting in at least 473 people enrolled in coverage (288 Medicaid/CHP+, 185 Marketplace plans). We discovered that the annual target was set low, likely because of uncertainty of funding at the time they were set. The official open enrollment period ended January 31. While there were some minor challenges with the system and long delays in escalations with the customer service center, overall, the process was much smoother for customers and staff alike during this 4th Open Enrollment.

> ***Case Examples:*** A woman came in to enroll in coverage before the end of the Open Enrollment Period in January. She was able to enroll in a plan, however it would not start until March. In February, she went to the emergency room as she felt sick. While there, they performed numerous tests and her blood tests came back abnormal. Her kidneys were failing and had to undergo dialysis. While doing dialysis, she was diagnosed with cancer and was told she needed to start treatment with chemotherapy. Because this all occurred during the month before her coverage began, she incurred more than $70,000 of medical expenses.
>
> A friend suggested she go back to Larimer Health Connect to discuss the situation. The client came in at the very end of February and met with a Health Coverage Guide. The client indicated that she was going to need to file for bankruptcy due to the high medical expenses. Because of her new situation, the staff suggested that they look into the Working Adults with Disabilities program, which could possibly be back dated up to 90 days. After filling out the application, the client was informed that she was eligible for WAwD program, and was able to have it backdated to February 1. She now has assistance to pay for the bills she incurred in February and can focus on getting herself better. She was incredibly relieved to receive this news.

II. PRESCRIPTION ASSISTANCE

Staff provided prescription assistance services to 73 clients (very close to the target of 75), through 101 client service contacts during the1st quarter. The program was just slightly over target for the number of prescription units (voucher, MPAP, RxO) initiated, at 344 compared to the target of 338. While vouchers and MPAPs were slightly below target, the number of Rx Outreach units were 30% above target.

Staff is working with a local pharmacy to explore a different structure for our voucher program as the cost to the client and to the Health District has significantly increased, making the voucher program less effective a mechanism for being able to provide clients with lower cost prescriptions than it used to be. Often, the client is able to get a better price as a self-pay customer (though still unaffordable to the client) than the Health District is offered through our contracts with pharmacies. If successful, we will explore if this structure can work with other local and chain pharmacies.

> ***Case Example:*** A woman in her early 40's who is on Social Security Disability and Medicare called to inquire about assistance for her prescriptions. Her monthly medication costs for four major conditions were over $150 and she could not afford all of her medications any longer. The client was not enrolled in a Part D plan and indicated that she believed she was not eligible for Part D. Staff assessed her income eligibility and found that not only was she eligible for Part D, she was also eligible for Extra Help for Part D. Staff helped her complete and submit the paperwork over the phone as the client was not mobile. Approval for Extra Help can take 2-3 weeks, but the client needed immediate assistance with her prescriptions. Staff helped her enroll in an MPAP program to get a three month supply of her asthma medication that would ship direct to her home. Staff also located a pharmacy discount card for her other three medications that would bring her cost down to about $60. She was pleased with this cost reduction while we awaited a decision on her Extra Help application.
>
> Within 2 weeks, she did get the Extra Help award letter from SSA and our staffmember was able to assist her with reviewing the Part D plans and was able to find one that worked well for the client. With the Extra Help, her Part D monthly premium is $16 and her monthly expense at the pharmacy is close to $15. She was extremely grateful for what we were able to accomplish for her. She had no idea that a program such as this existed in Fort Collins. A huge difference was made in someone's life just by helping her access benefits that she knew nothing about prior to making the call to Prescription Assistance.

COMMUNITY IMPACT

I. MENTAL HEALTH AND SUBSTANCE USE ALLIANCE

Developing Critical Behavioral Health Services & Transforming Perceptions and Treatment of Substance Use Disorders in Larimer County

Staff have begun the process of discussing with prior partners the potential next steps for updating the Critical Behavioral Health Services plan first completed in late 2015. Staff also continue to learn about "Implementation Science" and "Research to Practice" models and make contact with experts in the field to inform a future "Community Transformation Project" to improve approaches to Substance Use Disorder treatment in our community.

Frequent Utilizer Project

As a culmination of the work staff have done with the Policy Innovation Lab at the University of Utah, technical assistance advisors visited the community and presented findings of the cost and feasibility projections for several potential interventions to the MHSU Alliance Steering Committee and Advisory Group members. Support for the recommended next step, applying for a Data Pilot Grant, was received.

Early Identification and Early Intervention (EIEI)

CIT staff led consultant and workgroup efforts of the Early Childhood Council's Leap Coalition (supporting socioemotional development of children ages 0-5). This work includes adding to the findings of a previous environmental scan by engaging practices in discussion of the needs, interests and challenges of providing integrated primary care and behavioral health care for 0-5 year olds and developing recommendations, a potential work plan, and identified funding needs to address those areas.

Community Dual Disorders Treatment (CDDT)/Assertive Community Treatment (ACT) "Co-Occurring Track"

The one year "bridge position" care coordinator hired by the Health District reverted back to SummitStone employment as of January 1, 2017. A .2 nurse position is being retained as a Health District contribution to the Co-Occurring track of the Assertive Community Treatment (ACT) Team.

COMMUNITY IMPACT TEAM (CIT)

Regional Health Connector (RHC) Program
The RHC met with community partners, primary care and others and submitted all grant deliverables on time, including the Priority Alignment Tool which summarizes the RHC's work to review existing community initiatives, priorities and data in order to inform the selection of specific project areas later in the grant.

Healthinfosource Redevelopment
A workgroup met monthly to drive the development of a plan for the redevelopment of this website resource.

General
Kiley Floren was hired to fill the Project Implementation Coordinator in late March. Hiring activities continue to find a suitable Behavioral Health Strategy and Implementation Manager.

II. MENTAL HEALTH/SUBSTANCE USE CONNECTIONS

Mental Health Connections Adult Team and CAYAC Team started 2017 busier than the previous year. Client contacts, medication services and unduplicated clients served continue to be well above the quarterly targets. The number of unduplicated individuals receiving services in the 1st quarter of 2017 was 902; 34% higher than the target. The total number of contacts with clients, 1,859, exceeded the target by 49% and the total number of services provided, 3,538, exceeded the target by 57%. Care coordination services continue to be the highest level of service provided with 1,169 services provided, although that is slightly down from the last quarter of 2016 (-13%). The majority of care coordination services provided continue to be related to referrals from Associates in Family Medicine (AFM). Pro Bono and associated low-cost psychiatry referrals continue to remain under target. However, medication coordination services (including both the Medication Clinic and CAYAC psychiatric services) are also above target by 19%.

The Child, Adolescent and Young Adult Connections (CAYAC) team continues to grow and increase services available to families in the community. A total of 299 unduplicated clients ages 2 - 24 were served by the CAYAC team this quarter, compared to 235 clients during the last quarter of 2016, and 199% over the target of 100. CAYAC staff provided 1,711 services (242% over the target of 500) including medication services, psychological testing, brief counseling services, and community care coordination in the first quarter of 2017, 642 services above the last quarter of 2016. CAYAC also had a 65% increase in client contacts, at 927 (271% over target of 677). The team continues to provide outreach and marketing to area medical practices regarding services and referral service process agreements, and continues to expand the number of Poudre School District schools on the CAYAC designated school referral list. CAYAC psychiatric service providers conducted 69 initial psychiatric assessments and 103 follow up medication monitoring appointments.

In addition to direct client care, Connections hosted a quarterly Therapist Network and Training (TNT) event and had over 60 participants. Two Youth Mental Health First Aid and three Mental Health First Aid classes were held during the 1st quarter for a total of 114 participants trained. Connections also provided other education and outreach to 6 community agencies and received training from five organizations about available services for our Connections clients.

> ***Case Examples:*** **CAYAC Team**: A client's mother was referred to CAYAC by a community agency after calling frantically to several providers trying to secure medication management services for her daughter. The teenage client had just relocated to Fort Collins after having lived out of state for a period of time. When the client's mother called CAYAC, she had a laundry list of diagnoses, no primary care services, no therapy provider, health insurance that would run out in two weeks and psychiatric medications that would run out in less than a month. In the initial phone contact, the client's mother was connected to Larimer Health Connect to secure health insurance, primary care clinics to establish medical care and was scheduled for an intake with CAYAC to meet her complex mental health needs. The client and her mother met with a CAYAC mental health specialist and were promptly scheduled to meet with our psychiatry team. From there, her needs were managed by the entire CAYAC team: her previous out of state assessments were reviewed with the family by our psychologist, the CAYAC school liaison assessed and communicated needs to her new high school in PSD, our program nurse managed prior authorizations so that the client's family could access medications, and our psychiatry team managed the client's medications as her symptoms and needs evolved.
>
> While the client has benefited from medication management, her story also highlights some of the difficulties that our CAYAC families face. This client's family struggles, symptoms, and impaired functioning significantly impacted her ability to follow through with treatment recommendations. The CAYAC team has been working with the client and her family for several months and while she is significantly more stable than when she arrived at CAYAC, she still has not established primary care or ongoing mental health services, and has needed follow-up after missed

appointments. CAYAC will continue to work with the family and assist them in overcoming barriers and securing a long term service provider.

Adult Team: A young man in his twenties presented to Connections seeking resources for medication and care coordination (including brief therapy) until he could be seen for therapy at SummitStone Health Partners. The client had Medicaid insurance and presented with recent symptoms of anxiety as well as long-standing depression. He reported passive suicidal ideation with no plan or intent to act on thoughts. The Connections clinician worked with the client to create a plan for safety and the client was encouraged to access services at SummitStone's Crisis Services if needed. Connections staff encouraged the client to walk into SummitStone Health Partners to complete an intake and schedule for therapy, and saw the client for brief therapy (2 sessions) until an appointment was scheduled at SummitStone. Connections staff also contacted Salud and scheduled an emergency appointment for the client to begin medication management until the client could see his therapist at SummitStone and then schedule a psychiatric medication evaluation at SummitStone, and scheduled an appointment at Connections for PMC (Psychiatric Medication Clinic), as a back-up plan in case the prescriber at Salud would not initiate medication. The client was successful in getting his medication stabilized and has begun his treatment process at SummitStone.

INTEGRATION OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES INTO PRIMARY CARE

In the first quarter of 2017, Behavioral Health Providers (BHPs) provided 1,052 case management, therapy and behavioral health contacts to 553 unduplicated patients between the two primary care clinics. The number of direct contacts is lower than the quarterly target of 1,375 by 317, or 23%. The Integrated Care psychiatrist, in addition to serving as the consulting and teaching psychiatrist for all the physicians in both practices, provided 131 psychiatric contacts and services to 131 unduplicated patients at both clinics. In addition, the psychiatrist provided 21 psychiatric services to 9 unduplicated patients through the Community Dual Diagnosis Team (CDDT) program. The overall number of psychiatric services provided is 152. The overall number of unduplicated patients who received psychiatric services for the quarter is 140, which is higher than the target of 125 by 15, or 12%. Also, the IC psychiatrist provided 32 educational sessions and 42 curbside consultations for residents at FMC during their psychiatric rotation clinics. During the first quarter, BHPs co-facilitated 9 shared medical appointments (SMAs) at Salud (SMA's include prenatal, diabetes and pain clinics). Also, BHP staff participated in the 15 pain clinics and 6 Medication Assisted Addiction Treatment (MAAT) clinics that were offered at FMC.

Case Examples: The MAAT clinic at FMC continues to take new patients and is up to around 37 patients. There are now two ongoing therapy groups and individual therapy weekly to manage the patients' addiction issues. Inductions are provided both in home and in clinic. The MAAT Team is developing a system to provide quick access to care to ensure patient access when they are ready for help. Additional physicians at FMC are being encouraged to obtain their DEA waiver enabling them to prescribe buprenorphine. BHPs are establishing a curriculum so the medical residents may rotate through the MAAT clinic. FMC BHPs have started consulting with other local MAAT clinics to provide peer consultation and staff case management needs.

BHPs at FMC continue to provide psychosocial evaluations to determine whether children need formal ADHD testing. These evaluations occur in conjunction with a medical resident on their pediatric rotation. If the psychosocial evaluation indicates a need for Attention Deficit/Hyperactivity Disorder (ADHD) testing, measures and instructions are provided to the family and a follow up appointment is scheduled to discuss results. Again this follow up appointment is with a resident on their pediatric rotation. The medical residents describe enjoying these evaluations. They often report appreciating the skills they learn to critically evaluate treatment options for ADHD in children. BHPs have a goal of expanding this service to include adult psychosocial evaluations for ADHD as well.

HEALTH PROMOTION

Tobacco Treatment

While there continues to be interest in the program, with 188 counseling sessions provided to in this quarter, we are below targets by around a third, and have lower numbers compared to this time period last year. We had 30 new clients compared to 48 in 2016 (target 44, -32%), 25 new enrollments, compared to 41 in 2016 (target 35, -29%), and 188 sessions vs 297 in 2016 (target 295, -37%). As in fall 2016, the two offered community groups did not fill. We did have two special population groups at New Belgium and Redtail Ponds, with eight participants.

The team continued to focus on increasing referral and community awareness of the program. Tobacco intervention information was presented at Mental Health Connections, Family Clinic of Fort Collins and interns with the Family Medicine Center (FMC). In addition, the Medical Director presented to the North Fort Collins Business Association (NFCBA), and a tobacco treatment specialist (TTS) presented at a Therapist Networking & Training (TNT) meeting. Posters with program information were created and distributed to Family Medicine Center, Associates in Family Medicine and UC Internal Medicine. A TTS met with the executive director of the Northern Colorado Medical Society to discuss marketing opportunities to physicians. The team is also working with the Medical Center of the Rockies to set up a presentation on the fax referral process.

As the team moves forward with the redesign of program marketing pieces, Laurie Steele, a former Health District board member and executive with Burns Marketing, reviewed current materials and offered valuable suggestions. A collaborative effort with the communications and evaluation teams resulted in a prospective client focus group held at Redtail Ponds, which is anticipated to lead to new approaches for outreach.

The Tobacco team continues to meet with Larimer County Public Health and further develop the partnership on prevention and community cessation projects. Jane Gerberding, Regional Health Connector, informed our team that one of the top priorities for healthcare providers is tobacco cessation. The team is providing Jane information on the Step Free from Tobacco program and updates on outreach efforts.

The tobacco service line for at risk youth at Connections is in place. The TTS at Connections now has intake materials and was trained on database procedures and nicotine replacement protocol. In addition, working with our communications department, marketing materials were developed specific to this service.

> ***Case Example:*** A client referred from his primary care provider with multiple mental health diagnoses and, recently, emphysema, reported smoking one pack per day since age his early teens. He started drinking when he was five years old with his dad, who has been incarcerated most of his life. The client has been sober for six years and decided to try our program. "Everyone at church was giving me crap to quit smoking." He was very worried about cravings because he has "a bad temper that goes from 1 to 10 with nothing in between," so special attention was paid to that issue. Over the course of treatment he quit smoking. His face lost its ashy gray tone and he felt like he was breathing better within a few weeks. He was proud of himself since for him quitting smoking was harder than quitting drinking. He was pleasantly surprised to have money left over at the end of the month and is saving his newly acquired disposable income for a special trip.

Blood Pressure and Cholesterol Screening (Cardiovascular Risk Factor Screening)

Twenty cholesterol and three BP-only clinics were held in the first quarter of 2017, providing 366 cholesterol and 397 blood pressure screenings, 33% and 27% above annual 2017 targets respectively. We did experience lower counts in screenings this period than last year, attributable to our largest worksite client experiencing a significant decrease in participation due to a change in employee benefits that eliminated their financial incentive for health screenings.

The planning for the FMC-Health District CVD Risk Reduction Pilot that began in summer of 2016 continued and in February of 2017, the nursing staff launched the first activities of the pilot. Its goal is to lower CVD risk by offering health coaching aimed at improving blood pressure control and fostering healthy lifestyle behaviors for FMC Pain Clinic patients who have increased CVD risk. Our nurses gave presentations on heart health and improving blood pressure to five groups of Pain Clinic patients at FMC. Participant enrollment began in March and individual sessions will begin at FMC in April.

The nurses will each dedicate 8-10 hours per week to pilot activities, thus decreasing the available nurse time for clinics, therefore the Blood Pressure and Cholesterol Screening service plan targets were reduced. To continue to serve the needs of the Health District residents, all current worksite clients will be given the opportunity to host screenings in 2017 and community clinics will be offered throughout the year, including free community-based screenings offered in February (Heart Month) and September (Cholesterol Education Month). Additionally, the Health District staff along with Vida Sana and Housing Catalyst partners established a plan to continue to serve their clients with blood pressure and cholesterol clinics in 2017.

> ***Case Example:*** A male client in his mid-thirties participated in a screening at his worksite. His blood pressure reading was moderately elevated. We had a conversation about what blood pressure is and the health effects of high blood pressure that occur over time. The client self-reported that he is probably drinking too much alcohol and not really paying much attention to his health. He is a musician who has been on the road a lot and recognizes that this lifestyle can pose challenges to making healthy decisions. He agreed to telephone follow up and returned the nurse's phone call with a voicemail. He reported that after his screening, he saw his doctor and had a "great appointment with him". This client is now exercising regularly and has already seen a drop in his blood pressure. He thanked us for providing the screening at his worksite and for "giving me a kick in the pants".

OTHER SERVICES

I. POLICY

The 2017 Colorado Legislative session began on January 11 amid a great deal of uncertainty on federal changes in health reform. In January, Health District staff monitored introduced legislation at the state level and drafted detailed documents on the potential impacts of a discussed repeal of the Affordable Care Act. Staff members in DC to attend the Academy Health National Health Policy Conference met with Senator Cory Gardner and his staff to express concerns and to share information. This information was later also shared directly with Senator Bennet's staff and Representative Polis. At the state level, more than 500 bills were introduced during this time. The most important of these, as prioritized by the policy strategy team, were shared with the Health District Board of Directors at four board meetings. Policy staff communicated board positions on state legislation to legislators and other stakeholders. During March, staff worked extensively to understand the American Health Care Act, another proposed repeal and replacement for the ACA, which ultimately was not voted on in the first quarter.

II. ASSESSMENT, RESEARCH, AND PROGRAM EVALUATION

These are some of the important activities accomplished by the Assessment, Research and Program Evaluation Team (RE-Team) during the first quarter of 2017.

- Following the resignation of a staff member in late December 2016, the RE-Team hired and on-boarded a new Evaluation Assistant.
- The Team collaborated with the Resource Development Team and personnel from LCDHE to submit a host site proposal for a 2017-2019 CDC Public Health Associate (PHAP). The Evaluation and Data Specialist continued to mentor, train and supervise the 2015-2017 PHAP and the 2016-2018 PHAP.
- The New Year marked us moving from the data collection phase to the data analysis phase of the 2016 Triennial Community Health Survey. Team members met frequently with our survey vendor to advise on data cleaning and coding issues, and prepared for the arrival of the datasets late in the first quarter of 2017. Upon arrival of datasets, the Team began preparing the banner books and other products for internal as well as external audiences.
- The Team used qualitative analysis tools to analyze the data collected during the nine 2016 Community Discussion Forums. We also planned and implemented a 10th successful forum in February for local leaders in mental health and substance use service provision.
- The Team once again managed the process of drafting 2016 End of Year Program Evaluation Reports and 2017 Evaluation Plans for 18 different programs, projects or initiatives of the Health District. The Team also worked on preparing primary and secondary data products for the Board's 2017 Board Retreat Notebook.
- The Evaluation Coordinator served in a preceptor role for a group of 8 CSU MSW candidates to help them fulfill requirements for their research and evaluation coursework. The student cohort conducted a thorough review of the peer-reviewed literature on Advance Care Planning and planned a study of client experience with the Health District's ACP Program to be conducted in the second quarter.
- RE-Team members led a focus group at the Red Tail Ponds supportive housing complex to help the Communications Team design new messages and marketing materials for the tobacco treatment service.

III. SPECIAL PROJECTS

Advanced Care Planning Project

The Advance Care Planning Team made significant strides forward in the first quarter of 2017. Results for the key objectives for the quarter:

Strategic Report Targets	Annual Target	2017 YTD Actual	*% of* Annual *Target Reached in 1st Quarter*
# of People Educated and Engaged	1500	943*	*63%*
# of Advanced Care Directives in Place	750	244**	*33%*
# of Medical Personnel who Attended Training/Outreach events	150	198	*132%*
# of Facilitators who Attended Training	75	26	*35%*
# of ACP & Partners Presentations	35	38	*109%*
# of One-on-One Client Sessions	500	273	*55%*

**812 engaged by ACP Team, 108 engaged jointly with Aspen Club, 23 engaged by Aspen Club for a total of 943*

***150 completed with ACP Team, 79 completed jointly with Aspen Club, and 15 completed by Aspen Club for a total of 244*

An estimated 93% of those who participated in presentations or training events were over 50 years of age and/or at elevated medical risk. With partners, we made significant progress in training medical staff in Respecting Choices (6 events training staff from 3 different partners) and in developing a community-wide outreach plan for Estes Park which will involve champions from all three Estes Park medical facilities and several other community providers (EP public library, Good Samaritan, Rural Estes Alliance for Community Health).

Community outreach during the quarter included six CSU-related events (to staff, in classrooms, and at faculty symposium) and presentations/champion development at three different churches.

A vacant position was filled and the ACP Team is now fully staffed with 1 FTE Support Specialist and 2.5 FTE (three individuals) who are ACP Guides. Two masters-level interns from CSU's School of Social Work also joined the team for the spring semester and have been instrumental in community outreach and working with clients one-on-one.

IV. RESOURCE DEVELOPMENT

During the first quarter of 2017, Resource Development continued to work closely with program managers and key staff on numerous Health District funding priorities, submitting 8 proposals/funding applications and completing 4 critical reports for funders. Proposals included renewal funding opportunities for long-standing programs with historical funders but also included opportunities for new funding.

Submitted Proposals

Funder	Amount	Project	Status
Colorado Health Foundation	$79,522	Larimer Health Connect	Pending approval in late spring
Connect for Health Colorado	$175,177	Larimer Health Connect	Pending approval in late spring
Centers for Disease Control	$0	For placement of Public Health Associate for 2017-2019	Pending approval in July (Collaborative proposal with Larimer County Department of Health and Environment)
City of Fort Collins – CDBG Commission	$36,500	Dental Connections Program	Pending approval in May
Telligen Foundation	$25,000	Advance Care Planning	Pending approval
Colorado Dental Association	$5,000	Dental Connections	Pending approval
Colorado Department of Public Health	$198,045	CAYAC Year 2 funding renewal	Pending approval

In addition to completing funding applications and reports, a substantial amount of time was spent researching new funding opportunities to determine fit with current Health District priorities. Resource Development also collaborated with the Health District's Research and Evaluation Team for both the Resource Development and CAYAC annual evaluations.

A total of $2,200 was received in community donations during the first quarter of 2017. Additionally, two funding requests were submitted, one to the Larimer County Dental Society requesting funds to support Dental Connections and the other to the Fort Collins Lions Club requesting funds for Prescription Assistance.

V. COMMUNICATIONS / HEALTHINFOSOURCE

Advertising placements for the quarter:

- Cholesterol & Blood Pressure Testing – Coloradoan, Recreator, Rocky Mountain Parent, Facebook, NoCo News, KUNC.org, Ride Magazine, BizWest Book of Lists
- Step Free from Tobacco –Coloradoan, North Forty News, BizWest Book of Lists
- Connections –Recreator, Rocky Mountain Parent, Facebook, KUNC.org, Rejuvenate
- Larimer Health Connect – Recreator, Rocky Mountain Parent, Coloradoan, NoCo News, KUNC.org.

Marketing activities for the quarter:

- Coordinated design, printing, and mailing of a four-page direct-mail piece for Larimer Health Connect that was sent to 67,000 households in select Larimer County ZIP Codes in January.
- Developed marketing materials (poster and card) and online registration system for new teen tobacco service
- Finalized and introduced new logo for Connections.
- Created and printed revised Connections brochure, as well as new brochure for CAYAC service.
- Promoted Connections Parent Education Speaker series via press release and social media.

- Initiated new program underwriting initiative on The Colorado Sound (music companion station to KUNC).
- Launched Health District LinkedIn page.
- In conjunction with Evaluation team, focus-group tested existing messaging for quit tobacco program.
- Created new advertising campaign for the Family Dental Clinic and conducted message-testing with target audience.
- Published and mailed Compass to approximately 86,000 households in January; the editorial advisory committee also was convened.
- Hosted three Community at Work shows concerning Larimer Health Connect, Step Free from Tobacco and the Vida Sana program. (Quarter included three reruns due to staff illness, station move and guest cancellation.)

HealthInfoSource

Colorado-based use of HealthInfoSource (excluding Health District staff use):

- Users: 3,811 (an 18% increase from fourth quarter 2016)
- Sessions: 4,717 (a 14% increase from fourth quarter 2016)
- Page Views: 15,968 (a 2% decrease from fourth quarter 2016)

Five most popular topics for the quarter: "Health Statistics," "Colorado Indigent Care Program (CICP)," "Health Insurance – What If I Don't Have It," "Supplemental Nutritional Assistance Program (SNAP), formerly the Food Stamp Program," "Aging (Seniors' Health)"

Database Record Numbers (at end of first quarter):

- MHSA: 325 organizations; 435 programs; 457 providers
- Non-MHSA: 609 organizations; 675 programs; 1,344 providers
- Total: 934 organizations; 1,110 programs; 1,801 providers

Other numbers:

- 426 records updated, including additions and deletions.
- 155 classes/events added
- 10 news stories posted this quarter, including Larimer Health Connect Deadlines, Cholesterol Testing in February, 9Health Fairs, Mental Health First Aid Training, and others.

VI. SUPPORT SERVICES

- During the first quarter of 2017, conducted seven job searches with 876 applicants screened and 63 interviewed. Three of the positions have been filled.
- The Health District added two Masters of Social Work interns working with the Advanced Care Planning program. Each will provide 240 hours of service during their semester-long internship.
- Completed renovation of the break rooms in the 202 and 120 Bristlecone buildings, including new cabinets, countertops, a table and chairs. Removed the pop dispensing machine in the 202 building.
- Completed the process of analyzing annual reviews for all employees and allocating pay for performance for 2017.
- Closed the 2016 fiscal year with all necessary financial reporting and prepared for the annual audit.
- Twenty-five new employees attended the four session Camp Bristlecone program which provides training in group process, customer service, interpersonal interaction and good communication.
- Installed a security camera system covering the exterior perimeters and interior lobbies at the 120 and 202 Bristlecone buildings.
- Created a database for tracking the release of client records, and developed a routine for importing Excel files into the client database.
- Added network capacity to the 202 Building to double the number of network ports in Finance Department offices.
- Organized an employee food drive for the Poudre School District McBackpack Program which collected over $400 in cash, and enough food to fill our Health District van.
- Purchased and deployed six new printers for the Dental and Finance programs.
- Installed four bike lockers at the 120 Building and three bike lockers at the 202 Building.
- Started a Financial Wellbeing Series, as part of the wellness programs offered at the Health District, with training on "Stretching Your Paycheck."
- Completed 50 out of 58 facility and equipment work orders submitted in the first quarter, for an 86 percent completion rate.
- Supported and registered clients for 12 after-hours tobacco treatment classes this quarter.

OTHER EXECUTIVE DIRECTOR AND MISCELLANEOUS ACTIVITY

Internal/Board

The first quarter of 2017 brought significant uncertainty about the future of health care reform and the key elements within the Affordable Care Act, including Medicaid, financial assistance on the exchanges, and consumer protections such as the ten essential health benefits and protections for those with pre-existing conditions. Considerable Executive Director and staff time was spent in tracking the potential movement in order to both comment and be able to be nimble enough to adjust to changes. In January, a document sharing our community's data and concerns about health insurance was created by the ED and the Policy Committee, and shared in person with Senator Gardner, the health care staff for Senator Bennet, and Representative Polis. The first GOP proposal, the American Health Care Act, came out March 6; staff developed comments on the proposal; it was pulled on March 24 due to lack of votes for passage.

The first quarter is also a busy time of employee performance reviews and pay for performance decisions, which were successfully completed and pay increases determined. The ED participated in internal meetings to plan the next version of healthinfosource.com, continue CAYAC development and policies, consider preliminary Community Health Survey information, participate in the last triennial community assessment focus group, interview candidates for the Mental Health & Substance Disorder Project Implementation Coordinator, learn about the needs assessment being performed by the Regional Health Coordinator, hear the Community Impact Team's Pay for Success findings and recommendations, begin to develop a plan for our role in updating the Recommendations for Critical Behavioral Health Services, etc. In late February and early March, the ED took about a two-week leave due to both the illness and death of her Mother, and her own illness.

Community/State/Education

Community work continued as the Executive and Assistant Director continued work with the Medicaid Accountable Care Collaborative, and in particular helped draft comments on the ACC 2.0 RFP draft for submission from the local MACC team to HCPF. The Health District also submitted a letter regarding ACC 2.0 to our local member of the JBC. The ED began working with the newly formed TIF (tax increment financing) IGA Core Group on developing an intergovernmental agreement that can be used to guide future TIF development. Regular meetings continued with the CEOs of Salud, UCHealth North, and SummitStone.

At the state level, work continued on the Medicaid Program Advisory Committee (PIAC), and the ED was asked to participate in a short-term ad hoc subgroup of the Cost Commission on Health Care, the Markets Advisory Committee, which was considering several proposals for containing health insurance costs without lowering quality or availability of care for a report due to the legislature later in the year. The subgroup met four times and will present its recommendations when it completes its work in a couple of months.

Education opportunities for the Executive Director were particularly important this quarter, and she attended the National Health Policy Conference, the Health Action Conference, and the Northern Colorado Economic Forecast.

Health District
OF NORTHERN LARIMER COUNTY

STRATEGIC PLAN REPORT

from 1/1/2017 to 3/31/2017

PROGRAM	Current Actual	Current Target	Current Variance	*Current Target %*	YTD Actual	YTD Target	YTD Variance	*YTD Target %*	Annual Target
ADVANCED CARE PLANNING									
Educate and Engage People - Events and Sessions	943	375	568	*151%*	943	375	568	*151%*	1500
Advanced Care Directives in Place - Events and Clients	244	188	56	*30%*	244	188	56	*30%*	750
Medical Personnel Training and Outreach - Attendance	198	38	160	*421%*	198	38	160	*421%*	150
Facilitator Training - Attendance	26	19	7	*37%*	26	19	7	*37%*	75
ACP & Partners Presentations	38	9	29	*322%*	38	9	29	*322%*	35
Unduplicated Clients assisted by Staff	275	125	150	*120%*	275	125	150	*120%*	500
DENTAL									
Dental Clinic									
Total Relative Value Units (RVU)	11922	12375	-453	*-4%*	11922	12375	-453	*-4%*	49500
Total Dental Visits (Screenings: 1,131 + Clinic: 2,307)	3438	3042	396	*13%*	3438	3042	396	*13%*	12170
Unduplicated Clients (Screenings: 1129 + Clinic: 1,019)	2148	1140	1008	*88%*	2148	1140	1008	*88%*	4560
Dental Connections									
# of Clients placed with Dental Care Access Providers	11	21	-10	*-48%*	11	21	-10	*-48%*	84
# of Patients receiving Care Under Anesthesia	6	8	-2	*-25%*	6	8	-2	*-25%*	30
HEALTH PROMOTION									
Cardiovascular/Cholesterol Screening									
# of Clinics Held	18	15	3	*20%*	18	15	3	*20%*	60
# of Blood Pressures Administered (HB only)	397	312	85	*27%*	397	312	85	*27%*	1250
# of Cholesterols Administered	366	275	91	*33%*	366	275	91	*33%*	1100
Tobacco Treatment (Individual Counseling)									
Total # of Counseling Sessions	188	295	-107	*-36%*	188	295	-107	*-36%*	1180
# of New Clients	30	44	-14	*-32%*	30	44	-14	*-32%*	175
New Client Enrollments	25	35	-10	*-29%*	25	35	-10	*-29%*	140
INTEGRATED CARE									
Unduplicated Psychiatric Patients	140	125	15	*12%*	140	125	15	*12%*	500
Behavioral Health Specialist Contacts/Visits	1052	1375	-323	*-23%*	1052	1375	-323	*-23%*	5500

Health District
OF NORTHERN LARIMER COUNTY

STRATEGIC PLAN REPORT

from 1/1/2017 to 3/31/2017

PROGRAM	Current Actual	Current Target	Current Variance	*Current Target %*	YTD Actual	YTD Target	YTD Variance	*YTD Target %*	Annual Target
LARIMER HEALTH CONNECT									
Total Intensive In-Person/Phone/Email Encounters	1309	312	997	*320%*	1309	312	997	*320%*	1250
Prescription Assistance									
Voucher Units Issued and Completed (not voided)	53	62	-9	*-15%*	53	62	-9	*-15%*	250
MPAP Units Initiated	177	188	-11	*-6%*	177	188	-11	*-6%*	750
Rx Outreach Units Initiated	114	88	26	*30%*	114	88	26	*30%*	350
Total Units Initiated (Voucher, MPAP, RxO)	344	338	6	*2%*	344	338	6	*2%*	1350
Unduplicated Clients YTD	73	75	-2	*-3%*	73	75	-2	*-3%*	300
MENTAL HEALTH CONNECTIONS									
Unduplicated Clients Served	902	675	227	*34%*	902	675	227	*34%*	2700
Client Contacts	1859	1250	609	*49%*	1859	1250	609	*49%*	5000
Services	3538	2250	1288	*57%*	3538	2250	1288	*57%*	9000
Care Coordination Services	1169	200	969	*485%*	1169	200	969	*485%*	800
Unduplicated Clients (Care Coordination)	337	125	212	*170%*	337	125	212	*170%*	500
Medication Coordination Services (Connections Only)	65	200	-135	*-68%*	65	200	-135	*-68%*	800
Unduplicated Clients (Med. Coord) (Connections Only)	36	75	-39	*-52%*	36	75	-39	*-52%*	300
Pro Bono Therapy Referrals	13	20	-7	*-35%*	13	20	-7	*-35%*	80
Pro Bono Psych Referrals	1	5	-4	*-80%*	1	5	-4	*-80%*	20
# of Psych Appointments for Short Term Med Eval	0	12	-12	*-100%*	0	12	-12	*-100%*	50
CAYAC									
Unduplicated Clients Served	299	100	199	*199%*	200	100	100	*100%*	400
Services Provided	1711	500	1211	*242%*	1712	500	1212	*242%*	2000
Client Contacts	927	250	677	*271%*	927	250	677	*271%*	1000

Health District
OF NORTHERN LARIMER COUNTY

Demographic Report from 1/1/2017 to 3/31/2017

	M.H. Connections		Prescription Assistance		Dental		Cholesterol Screenings		Integrated Care		LHC (CHP+)		Tobacco		HP Combined		District Totals	
	Total	YTD	Total	YTD	Total*	YTD	Total	YTD	Total	YTD	Total	YTD	Total	YTD	Total	YTD	Total*	YTD
Clients Service Contacts	1861	1861	101	101	3438	3438	397	397	1204	1204	1309	1309	190	190	587	587	8500	8500
Individuals Served	1007	1007	73	73	2148	2148	386	386	661	661	753	753	62	62	448	448	3991	3991

Current Demographics Based on Indivuduals Served (Head of Household for LHC Encounters)
*Dental Individuals Served includes "screening" clients, but "screening" clients are excluded from Demographics

Gender	Total	%Total	Total	%Total	Total*	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total*	%Total
Male	323	32 %	28	38 %	389	39 %	155	40 %	219	33 %	270	36 %	31	50 %	186	42 %	1443	36 %
Female	574	57 %	42	58 %	598	60 %	222	58 %	410	62 %	466	62 %	24	39 %	246	55 %	2358	59 %
Other	5	0 %	0	0 %	2	0 %	0	0 %	1	0 %	0	0 %	1	2 %	1	0 %	7	0 %
Gender Not Available	105	10 %	3	4 %	11	1 %	9	2 %	31	5 %	12	2 %	6	10 %	15	3 %	178	4 %
Age																		
0-17	243	24 %	3	4 %	99	10 %	1	0 %	59	9 %	0	0 %	0	0 %	1	0 %	405	10 %
18-34	241	24 %	8	11 %	173	17 %	79	20 %	256	39 %	238	32 %	16	26 %	95	21 %	1018	26 %
35-64	228	23 %	45	62 %	447	45 %	155	40 %	305	46 %	479	64 %	40	65 %	195	44 %	1722	43 %
65+	54	5 %	14	19 %	281	28 %	151	39 %	41	6 %	25	3 %	6	10 %	157	35 %	591	15 %
Age Not Avaliable	240	24 %	3	4 %	0	0 %	0	0 %	0	0 %	6	1 %	0	0 %	0	0 %	249	6 %
Racial/Ethnic Background																		
White/Caucasian	284	28 %	49	67 %	675	68 %	326	84 %	447	68 %	554	74 %	54	87 %	380	85 %	2412	61 %
Hispanic/Latino	37	4 %	11	15 %	183	18 %	11	3 %	73	11 %	91	12 %	3	5 %	14	3 %	422	11 %
Black/African American	5	0 %	1	1 %	17	2 %	4	1 %	12	2 %	21	3 %	0	0 %	4	1 %	59	1 %
American Indian / Eskimo /	5	0 %	0	0 %	7	1 %	0	0 %	8	1 %	5	1 %	0	0 %	0	0 %	28	1 %
Asian/Pacific Isle	7	1 %	5	7 %	35	4 %	27	7 %	12	2 %	40	5 %	2	3 %	29	6 %	133	3 %
Other	1	0 %	0	0 %	3	0 %	0	0 %	0	0 %	22	3 %	0	0 %	0	0 %	26	1 %
Ethnicity Not Available	668	66 %	7	10 %	80	8 %	18	5 %	109	16 %	15	2 %	3	5 %	21	5 %	906	23 %
Primary Language																		
English	793	79 %	59	81 %	746	75 %	151	39 %	533	81 %	686	91 %	59	95 %	210	47 %	3051	77 %
Spanish	7	1 %	1	1 %	50	5 %	0	0 %	30	5 %	33	4 %	0	0 %	0	0 %	128	3 %
Bilingual(Spanish/English)	11	1 %	2	3 %	75	8 %	1	0 %	7	1 %	n/a	n/a	0	0 %	1	0 %	100	3 %
Other	1	0 %	4	5 %	47	5 %	3	1 %	4	1 %	17	2 %	1	2 %	4	1 %	82	2 %
Language Not Available	195	19 %	7	10 %	82	8 %	231	60 %	87	13 %	12	2 %	2	3 %	233	52 %	625	16 %

Health District
OF NORTHERN LARIMER COUNTY

Demographic Report from 1/1/2017 to 3/31/2017

	M.H. Connections		Prescription Assistance		Dental		Cholesterol Screenings		Integrated Care		LHC (CHP+)		Tobacco		HP Combined		District Totals	
	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total
Income Category																		
0-100% Poverty	60	6 %	30	41 %	567	57 %	19	5 %	191	29 %			31	50 %	50	11 %	918	28 %
101-133% Poverty	21	2 %	8	11 %	221	22 %	6	2 %	35	5 %			5	8 %	11	2 %	310	10 %
134-185% Poverty	22	2 %	20	27 %	184	18 %	10	3 %	21	3 %			8	13 %	18	4 %	275	8 %
>185% Poverty	22	2 %	8	11 %	18	2 %	34	9 %	9	1 %			17	27 %	51	11 %	122	4 %
Income Not Available	882	88 %	7	10 %	10	1 %	317	82 %	405	61 %			1	2 %	318	71 %	1613	50 %
Medical Insurance Coverage	*(Insurance not mutually exclusive)*																	
Medicare	91	9 %	24	33 %	336	27 %	26	7 %	83	13 %			9	15 %	35	8 %	590	16 %
Medicaid	287	29 %	17	23 %	638	51 %	15	4 %	488	74 %			29	47 %	44	10 %	1493	39 %
CHP +	11	1 %	0	0 %	8	1 %	0	0 %	6	1 %			0	0 %	0	0 %	25	1 %
Commercial	482	48 %	7	10 %	48	4 %	25	6 %	24	4 %			16	26 %	41	9 %	607	16 %
Other (CAP,CICP,CWCCI,	4	0 %	18	25 %	68	5 %	1	0 %	3	0 %			5	8 %	6	1 %	172	5 %
None	70	7 %	20	27 %	92	7 %	10	3 %	77	12 %			8	13 %	18	4 %	284	7 %
Insurance Not Available	150	15 %	4	5 %	56	4 %	323	84 %	84	13 %			10	16 %	333	74 %	634	17 %
Geographic Location																		
Fort Collins	667	66 %	63	86 %	887	89 %	320	83 %	508	77 %	484	65 %	53	85 %	373	83 %	3024	76 %
LaPorte	10	1 %	0	0 %	20	2 %	2	1 %	12	2 %	4	1 %	0	0 %	2	0 %	51	1 %
Wellington	26	3 %	5	7 %	47	5 %	5	1 %	28	4 %	22	3 %	5	8 %	10	2 %	138	3 %
Red Feather/Livermore	2	0 %	0	0 %	13	1 %	1	0 %	7	1 %	6	1 %	1	2 %	2	0 %	29	1 %
Other	180	18 %	3	4 %	28	3 %	58	15 %	106	16 %	59	8 %	2	3 %	60	13 %	589	15 %
City Not Available	122	12 %	2	3 %	5	1 %	0	0 %	0	0 %	25	3 %	1	2 %	1	0 %	155	4 %
Loveland (LHC Only)											148	20 %			*(locations include LHC clients)*			

Health District
OF NORTHERN LARIMER COUNTY

QUARTERLY SERVICE REPORT
FOR THE QUARTER ENDING
JUNE 2017

DENTAL SERVICES

I. DENTAL CLINIC

The second quarter included several important annual trainings and meetings, including the annual OSHA seminar for all dental program staff and the American Association of Public Health Dentistry conference. The dental staff continued with its annual participation in the Project Homeless Connect event, where 30+ adults currently experiencing homelessness received dental screenings and more information on how to become a patient at the Family Dental Clinic, and participants shared their opinions on potential outreach concepts.

In the second quarter of 2017, the Family Dental Clinic was under target for the number of clients served, the number of dental visits, and in RVUs produced overall. The staff provided care to 1,023 clients, 117 (-10%) below the target of 1,140. The lower utilization may be in part a result of the seasonal pattern seen among Medicaid clients who delay treatment in the second quarter of the year because their $1,000 dental benefits are set to renew each year on July 1st. The clinic was below the quarterly target for RVU production, with 8,923 RVUs during the quarter compared to a target of 12,375 (3,452, or 28% less than anticipated), and experienced 2,351 dental visits compared to a target of 3,042 (691 less visits, or 23% less than anticipated). The clinic experienced notable excess capacity, and efforts to develop a robust outreach program to encourage people into the clinic were ramped up, with the completion of a plan; most of the activities of the outreach program will launch in the third quarter.

The Family Dental Clinic was awarded $141,534 to continue as a Colorado Dental Health Care Program for Low-Income Seniors (i.e., Senior Dental Program) grantee from July 1, 2017 – June 30, 2018. Additionally, the Family Dental Clinic was awarded $4,331 from the state for the July 1, 2017 – June 30, 2018 grant period, bringing the total grant award for that period to $145,865. The clinic looks forward to being able to serve senior clients under the Senior Dental Program again starting on July 1st.

Case Examples from Dentists:

> One of my patients whom I haven't seen in several years just came in for a checkup. Her husband had a recent injury and so she has been busier than ever taking care of their five young children as well as shouldering a lot of additional family responsibilities as he recovers. Life hit her hard for a few years and her dental work took a back seat as she focused on making sure her family was taken care of. This included getting her kids in for their dental work. She felt very happy to be back in our chair and getting going again on her dental treatment. She needs quite a bit of treatment, but is genuinely excited to get things underway. These sorts of patients make working here a great experience. We have a lot of patients who have stresses in life that most of us don't, including financial hardships, working multiple jobs to make ends meet, medical problems and legal issues. I like being able to be a part of a team who can provide affordable health care to patients like this.
>
> I recently saw a new patient in our office who emigrated two years ago from Asia and is working at a local business that does not offer dental insurance. He has not been able to see a dentist since moving here due to the high cost of care at a private office. We performed an exam and he was so happy he was going to be able to afford the treatment he needs. Upon leaving he said he was so lucky to have found our dental clinic – and apparently it was through our Compass newsletter! Great to know our community can easily connect to our services.

II. DENTAL CONNECTIONS

During the second quarter 2017, staff placed 19 clients with Dental Care Access ("DCA") volunteer providers, 2 clients below the quarterly target of 21 (10% below target). Volunteer providers completed *25 appointments resulting in 44 completed dental procedures* for individuals who would not otherwise have been able to afford dental care. The estimated market value of these services is $10,038.

During the second quarter, program staff took 163 total resources and referral calls, 91 of which were from unduplicated individuals.

General Anesthesia Program (GAP)

Seven patients participating in the Dental Care Under General Anesthesia Program (GAP) received care at the Harmony Surgery Center in the second quarter, 1 below the quarterly target of 8 (12.5% below the target). In April, a client's work was cancelled the day before surgery because of abnormal results from her blood tests. In May, the client's caregiver allowed the client to eat before her surgery and we were forced to reschedule the patient to August. Because of the complexities and pre-surgery logistics related to scheduling GAP surgery dates, it is not logistically possible to schedule patients on short notice.

In the second quarter 2017, a total of 60 procedures were completed for an estimated *$7,022 billed to Health First Colorado* (Colorado's Medicaid Program) by the participating dentists.

Case Example:

> It is always interesting to learn how our clients hear about the Dental Connections program. The most satisfying calls come from clients who've been referred directly by one of our volunteer dental providers. Lydia (not her real name), a senior on a fixed income, learned this first hand. Without knowing about Dental Connections, she made an appointment to see one of the community dentists who happens to volunteers in Dental Connections. In that appointment, she learned that she needed fillings and at least one crown. Knowing she could not afford this treatment, the provider referred her to Dental Connections. Lydia qualified for the program, and essentially kept her existing appointments with the provider. She received the same treatment, from the same provider she'd initially seen, at a fraction of the cost. This is an example of Dental Connections working the way it was envisioned: as a community resource where individual dentists refer clients to a central program that would screen clients and administer a low cost dental program. The fact providers knowingly divert potential revenue from their practice is a reminder of their valuable generosity.

HEALTH CARE ACCESS

I. LARIMER HEALTH CONNECT

During the second quarter of 2017, staff provided assistance to 538 households through 839 encounters (in-person or intensive phone follow up) (169% above target of 312) resulting in at least 251 people enrolled in coverage (191 Medicaid/CHP+, 60 Marketplace plans).

Staff faced challenges with responding to the concerns of clients about the future of their coverage during this uncertain time, with much discussion but no current decisions at the federal level regarding health care reform repeal proposals. Messaging is focused on reminding clients that nothing has changed currently, the importance of having health insurance, and encouraging them to utilize their current coverage to maintain their health and take advantage of the preventive health services available to them. Staff focused on planning for Open Enrollment 5, which originally was going to be 6 weeks compared to 3 months in prior years, but the Colorado Division of Insurance approved a special enrollment period tacked on to the new open enrollment period to effectively extend open enrollment by 4 weeks. The open enrollment period is now set for November 1, 2017 through January 12, 2018. With increased funding secured for the next year and a new staffing plan proposed, the program will be able to have more appointments available during the upcoming 10 week open enrollment period than we were able to provide last year over the 12 week open enrollment period. Staff are planning for a large marketing/outreach push and will be hiring additional staff next quarter as they gear up for open enrollment.

Client Stories:

> A man in his mid-40s came in to report changes to his income as he will be receiving monthly inheritance payments that will put him over eligibility for Health First Colorado (HFCO - Colorado's Medicaid program). He has been unemployed for a while but is looking forward to going back to school for additional training so that he can enter the work force again. His biggest concern with losing HFCO was access to mental health services as this was covered under Medicaid and the sessions have led to his ability to think about work and school again. He was relieved to see that the Marketplace plans offered through Connect for Health Colorado also covered mental health services, that he qualified for a small tax credit to help with the premiums, and that he will not have a gap in coverage. The client is very concerned about what might happen to his coverage if the ACA is repealed.
>
> A woman in her mid-30s came in seeking health coverage after her anticipated termination from Health First Colorado due to increased hours at work (and without an offer of employer-sponsored coverage). Even at full-time hours she qualified for considerable premium assistance and cost-sharing reductions, rendering her eligible for a silver plan with optimal out-of-pocket caps. She was anxious about losing her HFCO as she manages chronic physical and mental

diseases with medications and regular outpatient office visits. She was pleased to find that all of her medications fell within the formulary of a health plan that included her physical and mental health providers, with a premium of $85/mo, a $300 deductible and a $700 out-of-pocket maximum.

II. PRESCRIPTION ASSISTANCE

Staff provided prescription assistance services to 58 clients (23% below the target of 75), through 84 client service contacts during the 2nd quarter. While under the target for the number of unduplicated clients, the level of assistance needed per client was high as the program was over targets for Vouchers and RX Outreach. A total of 80 voucher units were issued and completed (29% over the target of 62), and 96 RX Outreach Units were initiated (9% over the target of 88). The program was just slightly under the quarterly target for MPAP units initiated (180 initiated which is 4% under the target of 188).

Client Stories:

A woman in her mid-50's with multiple chronic conditions recently lost her job and her insurance coverage. Unemployment benefits along with a small alimony payment rendered her ineligible for Medicaid and unable to afford coverage through the exchange. She is being prescribed approximately twelve medications and her insulin costs alone are approximately $2,000/mo. Staff helped her with vouchers for her immediate need, including the expense of the mail order pharmacy for diabetic supplies and two other medications. Staff was also able to help the client quickly apply for and gain access to a manufacturer's assistance program that will cover the cost of her insulin and inhalers.

A woman in her late 60's recently fell into the Medicare Part D coverage gap. She suffers from a number of chronic ailments and is currently being prescribed 15 medications. Once in the Part D coverage gap, the once manageable co-pay for two of her medications shot up from $35/mo each to just under $160/mo and $250/mo. She and her husband have limited income from Social Security benefits and she could not afford the cost of the medications, but could not go without the medications without dire consequences to her health. For each of her two most expensive medications, the manufacturer offers an assistance program that is available to Medicare beneficiaries. She was approved for the two assistance programs and free medication will be shipped to her home through 2017. The first order arrived 1 day before she ran out of the more expensive one.

COMMUNITY IMPACT

I. MENTAL HEALTH AND SUBSTANCE USE ALLIANCE OF LARIMER COUNTY (MHSU ALLIANCE)

Developing Critical Behavioral Health Services &
Transforming Perceptions and Treatment of Substance Use Disorders in Larimer County
Planning and organizing began for the update of the February 2016 document "Recommendations for the Development of Critical Behavioral Health Services in Larimer County" including engaging with consultants, identifying membership for reconvening of the Guidance Team for plan development, engaging the Alliance in discussion of next steps, and hiring a .25 FTE subject matter expert in substance use disorder treatment to assist with this process and others. A grant proposal was submitted to the Colorado Health Foundation's Advancing Behavioral Health fund to support working with SummitStone Health Partners and the Larimer County Criminal Justice System to transform perceptions and treatment of substance use disorders within those systems.

Frequent Utilizer Project
A proposal was submitted to the University of Utah's Sorensen Impact Center for a data grant that would enable further development of the feasibility model for a potential pay for success project by securing data sharing agreements and developing a platform for gathering and analysis of the data. Late in the quarter we learned that we were accepted for beginning work on this grant when the current cohort finishes their work, the timeline for which is difficult to estimate.

Early Identification and Early Intervention (EIEI)
Our work with a consultant developing the Integrated Care priorities of the Early Childhood Council's Leap Coalition (supporting socio-emotional development of children ages 0-5) culminated in May with the presentation of findings from provider interviews and workgroup determination of three priority areas, and the development of a work plan. Health District staff will take the lead in ensuring that progress is made in areas that overlap with CAYAC goals and activities and Regional Health Connector (RHC) projects.

COMMUNITY IMPACT TEAM (CIT)

Regional Health Connector (RHC) Program

The RHC's work during second quarter focused on continued relationship development and gathering of information that resulted in completion of the RHC Roadmap (identification of three RHC projects for the remainder of the RHC contract) which was completed near the end of the quarter. Projects selected include:

1) providing easy tools and processes for primary care providers and community tobacco cessation programs regarding tobacco, vaping and marijuana use;
2) connecting PCPs to community behavioral health resources and improving the bilateral communication loop between PCPs and behavioral health providers; and
3) building PCP skills in identifying substance use disorders and referring to available resources using the Connections Program.

Healthinfosource Redevelopment

Development of a scope of work for the next phase of HIS redevelopment began during the second quarter, including meetings with potential vendors for the strategic planning and design process, and the development of a job description for the project manager.

General

Ann Noonan was hired for a .25 FTE position of Behavioral Health Strategy and Implementation Organizer. She brings very significant subject matter expertise around substance use disorder best practice treatment and programming. Hiring activities continue to find a full time Behavioral Health Strategy and Implementation Manager.

II. MENTAL HEALTH/SUBSTANCE USE CONNECTIONS

Mental Health Connections' Adult and CAYAC teams continue to be busier than the previous year. Client contacts, care coordination and unduplicated clients served continue to be well above the quarterly targets. The number of unduplicated individuals receiving services in the second quarter of 2017 was 884; 31% higher than the target. The total number of contacts with clients exceeded the target by 44% and the total number of services provided exceeded the target by 67%. Care coordination services continue to be the highest level of service provided with 1,220 services provided, and is slightly up from the first quarter of 2017 (6%). The majority of care coordination services provided continue to be related to referrals from Associates in Family Medicine (AFM). Pro Bono and associated low-cost psychiatry referrals continue to remain under target. However, medication coordination services (including both the Medication Clinic and CAYAC psychiatric services) are also slightly below target. This is directly related to a decrease in psychiatric services provided by CAYAC to children and adolescents over the summer months, which was expected due to summer vacation and the fact that the school liaison does not work during the summer.

The Child, Adolescent and Young Adult Connections (CAYAC) team continues to grow and increase services available to families in the community. A total of 342 unduplicated clients ages 2 - 24 were served by the CAYAC team this quarter, compared to 299 clients during the last quarter, and 242% over the target of 100. CAYAC staff provided 1,981 services including medication services, psychological testing, brief counseling services, and community care coordination, 270 services above the last quarter, and 296% above target of 500. The team continues to provide outreach and marketing to area medical practices regarding services and referral service process agreements. CAYAC psychiatric service providers conducted 52 initial psychiatric assessments and 92 follow up medication monitoring appointments; reflecting a slight decrease in medication appointments attributed to the month of May and June when services provided to children and adolescents typically go down.

In addition to direct client care, Connections hosted a quarterly Therapist Network and Training (TNT) event which had 36 participants. Two Mental Health First Aid classes were held during the second quarter for a total of 38 participants trained. Connections also provided other education and outreach to 4 community agencies and received training from 3 organizations about available services for our Connections clients. During the second quarter, Connections coordinated with the ImagineZero Group to agree to utilize funding available to train Connections staff members as trainers for Question, Persuade, Refer (QPR) during the third quarter of 2017 so that we can begin to offer these trainings along with Mental Health First Aid.

Case Examples:

Adult Team: A male in his late 30's contacted Connections in an emotional and distressed state. He was calling from work at the urging of his coworkers who were worried about him. The client explained that he had been experiencing high levels of anxiety coupled with a lack of sleep, which resulted in him passing out briefly while at work. The client reported that his ex-wife and teenage daughter were alleging something that he declared was absolutely false, and that they were planning to take him to court, and that he was very concerned about potential legal ramifications. He also reported feeling hurt that his wife and daughter would make such accusations. The client expressed suicidal ideation, but denied any plan or intent. The clinician provided emotional support to him and then began creating a safety plan. The client already had a community therapist, however that therapist was on vacation at the time. The Connections specialist urged the client to contact his therapist nonetheless to get something set up soon. Additionally, he was given

information on the Crisis Stabilization Clinic and it was also recommended that the client reach out to friends for support. Finally, staff discussed a plan with the client for the rest of the day. He was going to leave work to go home and take a nap given his recent insomnia and lack of sleep. It was also recommended that the client contact his PCP to discuss the option of potential sleep aids to help him get some much needed rest.

The clinician followed up with the client the following day and the client said that he reached his therapist and had an appointment scheduled for next week. He also reported feeling a little bit better and was grateful for the follow up call. When the Connections specialist followed up with client an additional time the following week, he was in a much better state after having connected both with his PCP and his therapist, and he again expressed a great deal of gratitude for the follow-up call and support.

CAYAC Team: A 16 year-old female was referred to CAYAC by Poudre School District for concerns regarding past trauma, a recent hospitalization, and for clarification of mental health treatment options. The family was able to connect with a Psychiatrist and a Therapist in the community, however there were significant delays for an intake with each provider. The CAYAC Mental Health Specialist contacted the family to schedule an intake at CAYAC. The client was present at the intake with the parents. Following the intake, the client's case was staffed by CAYAC's multi-disciplinary team and it was determined that the client could benefit from receiving brief therapy services and an evaluation by a CAYAC Psychiatrist due to her acute needs and to ensure safety until community options were available.

The client and her family discussed the recommended plan for care with staff, and the client agreed to meet with the CAYAC Mental Health Specialist for brief therapy. The client was seen for 3 sessions of brief therapy and also had an evaluation by a nurse practitioner. The client has since initiated community therapy and has psychiatric follow-up scheduled to bridge the gap until the client's ongoing care at a local facility. The client is expected to transition out of the CAYAC program to continue her journey of long-term recovering with a community provider in the near future.

INTEGRATION OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES INTO PRIMARY CARE

In the first quarter of 2017, Behavioral Health Providers (BHPs) provided 1,093 case management, therapy and behavioral health contacts to 546 unduplicated patients between the two primary care clinics. The number of direct contacts is lower than the quarterly target of 1,375 by 282 (-20%). This was due in part to the matriculation of our student intern at Salud mid-April and a BHP position that was unfilled for several months. Also, administrative work at Salud has been growing with the implementation of further documentation to meet Medicaid billing requirements.

The Integrated Care psychiatrist provided 136 psychiatric contacts and services to 134 unduplicated patients at both clinics. In addition, he provided 28 psychiatric services to 10 unduplicated patients through the Community Dual Diagnosis Team (CDDT) program. The overall number of psychiatric services provided was 164. The overall number of unduplicated patients who received psychiatric services for the quarter was 144, which is higher than the target of 125 by 19 (+15%). The psychiatrist also provided 38 educational sessions and 45 curbside consultations for residents at FMC during their psychiatric rotation clinics. During the second quarter, BHPs co-facilitated 10 shared medical appointments (SMAs) at Salud (SMAs include Centering Pregnancy, diabetes and pain clinics) and 18 pain clinics and 7 Medication Assisted Treatment clinics at FMC.

Case Example:

A woman in her thirties recently presented to one of our partner clinics requesting enrollment in the Medicine Assisted Addiction Treatment (MAAT) program on the basis of opiate addiction. She had recently been fired from her job after she was caught stealing money from a co-worker in order to purchase opiates. As a result of her use, she not only lost her job but also became the subject of an open Child Protection case after her former employer reported her over concerns that her child may be unsafe while the patient was using. The patient was seen for a Suboxone induction the same day she presented to the clinic, and was stabilized on a dose that managed both withdrawal symptoms and cravings. Since her induction, she has actively participated in both individual and group therapy with our BHP, created a relapse prevention plan, found a new full-time job, and worked cooperatively with primary care and MAAT staff to address the concerns of Child Protective Services. While it's difficult to predict long-term success, the accessibility of the MAAT program, and the associated behavioral health services our program provides, has allowed the patient to make progress towards a more stable and functional way of life.

HEALTH PROMOTION

Tobacco Treatment

Tobacco utilization rebounded in the second quarter to come much closer to targets, exceeding them in two measures. New client intake/orientations and new client enrollments exceeded targets in the second quarter, reversing a slow start in the first quarter. Total number of sessions also increased from first quarter, but remained below targets. The Tobacco Treatment Specialists (TTSs) saw 47 new clients (target 44, +7%), enrolled 39 of them (target 35, +11%), and delivered 263 sessions (target 295, -11%).

Referrals from healthcare providers have been the program's single biggest source of client enrollments, cited by over half of clients as the means through which they learned about the program. However, referral rates dropped significantly beginning late in 2016, particularly from the two safety net clinics—both to 50% of previous years' referral rates. One possible explanation is a new "one-button" Quitline referral function that was recently added to the Electronic Health Record systems of many UCHealth affiliated practices and FQHCs, including these two clinics, making it simpler to refer to the QuitLine. We are investigating reasons for decreased referrals from our established practices and possible strategies to address them.

Two new 6-session tobacco treatment groups were started in the second quarter, one on-site and one at Oakbrook I, a low-income housing site. The first of two planned focus groups with adults who smoke was conducted at Redtail Ponds supportive housing center and facilitated by Evaluation staff with Communications staff present. A second focus group was scheduled at FMC for July. What we learn from focus groups will be used to update marketing materials and strategies.

One of the program's objectives is to set up a formal referral process for patients discharged from the hospital. Staff met with nursing directors at PVH and MCR to initiate discussions. They noted that smoking cessation was a quality improvement priority for the cardiopulmonary department. A fax referral system to our program was set up with "one-button" functionality, which they plan to implement this fall. Trainings by our TTSs were scheduled at both facilities for July and we are working on a means to provide NRT at discharge. Staff also presented to clinicians at an oral surgery practice and another private dental practice.

Case Example:

> A client who has been deaf and mute since birth and has been a smoker since she was 12 years old was referred to the program by her primary care provider. She reported that she has asthma and her breathing has been increasingly more laborious. She shared "breathing better and having more energy to play with my grandchildren are my reasons for wanting to quit." Her husband, also deaf and mute, was very supportive and attended most of the sessions with her. They both live on a limited income and they both want to use the money spent on cigarettes to "buy better food and pay our bills." She attended the initial consult in early March and completed six subsequent individual sessions and one follow up. We utilized a sign language interpreter for all the sessions. The sign language interpreter was scheduled one to two weeks in advance to ensure availability. The client was provided psychoeducation, support and a combination of long and short acting nicotine replacement medications. She had quit tobacco by the second of six sessions and was still quit at her last regular session at the end of June. This week, her counselor received a phone call from her (via a sign language interpreter). The client shared that she had relapsed and was smoking again. She asked to re-engage in the program and made an appointment for next week. This client's relapse illustrates the reality of addiction, which is a chronic, relapsing condition, and she will be welcomed back.

Blood Pressure and Cholesterol Screening (Cardiovascular Risk Factor Screening)

Eighteen cholesterol (+3) and three BP-only clinics were held in the second quarter of 2017, 3 more than target (20% over target), providing 220 cholesterol (-20% of target) and 252 blood pressure screenings (-19% of target). Five of the screenings were at worksites. Although the second quarter numbers are below target, the year to date targets are all exceeded. The first and third quarters traditionally have significantly higher numbers because of free testing in February (AHA Heart Month) and September (National Cholesterol Education Month).

The FMC-Health District CVD Risk Reduction Pilot began enrolling patients from the chronic pain cohort in March and individual sessions started in April. The pain cohort was selected as an initial target because hypertension is more prevalent among those with chronic pain and the patients could be readily accessed owing to their attendance at monthly groups. Among the 46 eligible patients contacted and invited by our nurses to participate, five were enrolled and completed all scheduled sessions. Several issues have been challenging, including barriers experienced by patients such as transportation and already demanding schedules. Other issues are related to integrating into the FMC Pain Clinic team, especially with regard to communication and access to information. With the support of the Lifestyle Management Counselor, the nurses are pursuing new avenues to widen the net of potential patients to include the entire FMC patient population.

Other program activities include planning for September (Cholesterol Education Month), the patient education materials improvement project and continuing to serve existing worksite screening clients and the low socioeconomic populations of the Spanish-speaking community through the partnership with Vida Sana, as well as the clients of the Housing Catalyst.

Case Example:

A Latino woman came to a cholesterol screening for Vida Sana clients in April. Her cholesterol and blood glucose were within normal limits, but her blood pressure was high. Through an interpreter, she reported high stress and the possible diagnosis of diabetes (she was unsure about this) and agreed to come meet with the nurse at the Health District office to check out a home blood pressure cuff and learn how to correctly monitor her BP. At the initial follow-up appointment, while an interpreter was present, the client's functional English abilities did allow for subsequent one-on-one interactions between her and the nurse. A connection developed. She returned to the office for a 2-week follow-up discussion of her BP record, which showed frequent high readings, so the nurse provided information about the effects of untreated high blood pressure, the benefits and options for treatment and encouraged her to make an appointment with her PCP to address the issue. She expressed reluctance to spend the co-pay or to go on meds and the nurse suggested she continue monitoring and return after two-three more weeks.

Her BP continued to be high and at this time, she disclosed numerous, significant life stressors. She also disclosed that she had tried to make an appointment with her PCP but because she was turning 65, she needed to change providers and medical practices and was not able to make an appointment. The nurse provided emotional support and they discussed provider options and next steps to establish care with a new provider and get treatment for her high blood pressure. She called to make an appointment but was told she could not be seen until November. She has rescheduled to meet with our nurse to make a phone call together to explain the need for her to be seen for her blood pressure, prior to the "establish care" appointment on the books four months down the road.

OTHER SERVICES

I. POLICY

The 2017 Colorado Legislative session continued into the second quarter amid continuing uncertainty at the federal level. Policy staff continued to advocate for Health District priorities at the state level and during the quarter, the Board of Directors took positions on five additional pieces of legislation, including high priority bills around substance use treatment and prevention. A great deal of the General Assembly's work during this time was around the state budget and SB17-267, the Rural Sustainability Act that included a large reform of the Hospital Provider Fee, a proposal similar to one supported by the Health District for several years. A large amount of policy staff's work was geared toward monitoring and analyzing the various federal health reform repeal efforts as well as the administrative actions being taken that impact Colorado's insurance markets. During the quarter, staff drafted and sent numerous communications to federal legislators and their staff in response to the Health District Board's positions on the federal legislation.

II. ASSESSMENT, RESEARCH, AND PROGRAM EVALUATION

These are some of the important activities accomplished by the Assessment, Research and Program Evaluation Team (RE-Team) during the second quarter of 2017.

- The Research and Evaluation Team held a day-long "triennial data use" retreat on April 24, in Red Feather Lakes, meeting with the Executive Director, the Assistant Director plus the Community Impact and Communications Directors. This retreat helped us zero in on our key findings, prioritize additional research needs, and focus the communications plan for our triennial community health assessment.
- The Team prepared the contents of the Board's Triennial Retreat Notebook. This included 12 separate products reporting on the results from the 2016 Community Health Survey, a report and matrix summarizing the 2016 Community Discussion Forums, a local Health Burden study and five products that compiled data from a broad array of other sources. (e.g. Substance Use, Aging, Larimer County statistics and rankings, etc.)
- The Board's retreat notebook also contained annual program evaluation reports for twenty programs, projects or departments. The Team facilitates a shared process with directors and coordinators to complete these reports of the past year, as well as evaluation plans for the current years.
- In addition to products prepared for the Board, the Team worked on our broader data dissemination plan for the 2016 Triennial Community Health Survey. We worked on the tabular banner data books, fact sheets, presentations, and began receiving and filling specific data requests for internal as well as external audiences.

- RE-Team members led a focus group at the Family Medicine Center to help the Communications Team design new messages and marketing materials for the tobacco treatment service.
- Team members submitted three abstracts for the October 2017 Public Health in the Rockies conference. All three were accepted for oral presentations. Two will highlight the usefulness of local triennial community health assessments and one will cover the results of our evaluation of the Mental Health First Aid trainings in Larimer County.

The Evaluation and Data Specialist and Evaluation Assistant held key informant interviews with members of the Poudre School District's mental health teams to help understand the impact that the CAYAC program is having/will have on school-aged children with emerging behavioral health issues.

III. SPECIAL PROJECTS

Advanced Care Planning Project
The Advance Care Planning Team and community partners made significant progress in the second quarter of 2017, exceeding all targets for the quarter. Highlights include 849 directives completed and in play (352% over current target of 188), 59 individuals trained as facilitators to help patients complete the MOST form (211% over current target of 19), and 883 client sessions completed (606% over current target of 125). The program also exceeded the annual targets in all areas. Highlights of the most significant year to date benchmarks include 2,838 people educated & engaged (278% over the annual goal of 1,500), and 1,093 directives completed and in place (191% over the annual goal of 750). An estimated 89% of those we assisted in completing and sharing directives were over 50 years of age and/or at elevated medical risk.

Two critical initiatives contributed to the accomplishments for the quarter:

The ACP Team, UCHealth staff, Aspen Club members, and other community volunteers collaborated to complete and share 561 advance care directives during a UCHealth employee initiative in April and May. An additional 143 directives were completed at the Aspen Club offices during the quarter, many as a result of our joint outreach efforts.

The ACP Team collaborated with Columbine Health Systems, Associates in Family Medicine, UCHealth, Banner Health, and other community volunteers to complete a clinical training to improve the use of the MOST form in Larimer County. Fifty-nine professionals attended the half-day training, and post-session evaluation comments were very positive. An example of the immediate impact of the MOST training:

> Since the MOST form training that happened at the end of June, we have already seen positive changes in patient care and collaboration in our community. The emergency room medical director, who was on the panel at this training, called last week and made a referral to the palliative care team, who was also on the panel. The referral was for a very sick patient that had arrived in the emergency room. Conversations and care led to a hospice referral and a timely honoring of this patient's wishes. And this week, the palliative care team received another referral from the emergency room. This patient had experienced many recent emergency room admissions. The Palliative Care Nurse Practitioner (who was on the panel) reached out to the community physician (who was on the panel) and discussed the goals of care and plan for this patient. This patient (who normally would have been admitted to the hospital) did not require hospitalization. Instead, a hospice referral was able to be completed in the emergency department and the patient returned to the community under hospice care. Both providers said "it was precisely because they had met each other at the panel and now knew each other that they reached out to discuss the plan of care." They also said that it was "direct evidence of the benefit of our collaboration on the MOST training panel." (submitted by Peggy Budai NP, July, 2017)

Aging and Health Care Capacity Assessment
Research, organizing, and planning efforts continue in the effort to assess our community's future needs and capacity for the aging population in Larimer County. A literature review is under way, and a report is being developed to detail the current demographics and key facts, summarize interviews with stakeholders, and describe likely needs and gaps in in our local health care.

Medicaid Accountable Care Collaborative
Staff planned the agendas for and facilitated 2 meetings of the Medicaid Accountable Care Collaborative Oversight Committee during the 2nd quarter. Staff was monitoring the developments of the new RFP for ACC Phase 2, which was finally released in May. Larimer County remained in Region 1. Rocky Mountain Health Plans is planning to submit a proposal as the Regional Accountability Entity for Region 1 (and may be submitting proposals for other regions as well). Several internal meetings were held to help guide the work of the Population Health Analyst to bring forward data reports for the Oversight Committee and partner practices to use for decision making. Available data was limited as new claims data was not being released due to the transition of the statewide data analytics provider, which moved from 3M to Truven. In late June, the Population Health Analyst notified leadership of his intent to resign. A process to assess the future viability of the

role of the Population Health Analyst will be implemented in the future to determine if and when the participating practices would want the position to be re-filled.

IV. RESOURCE DEVELOPMENT

During the second quarter of 2017, Resource Development continued to work closely with program managers and key staff on numerous Health District funding priorities, submitting 3 new proposals/funding applications, coordinating budget and contract logistics for awarded proposals/contract renewals and producing deliverables for various grant initiatives.

- A proposal was submitted to the University of Utah's Sorensen Impact Center to conduct a Data Pilot project to help advance the Health District's Pay for Success Project. The request was approved and work is expected to begin in the fourth quarter of 2017 with the Sorensen Impact Center providing a data diagnosis and technical assistance to develop data access agreements, software tools or cleaning and merging data and legal and regulatory analyses to provide guidance on data concerns as well as a thorough analyses of frequent utilizers to determine next steps of a Pay for Success Project.
- A proposal was submitted and awarded from the Community Foundation of Northern Colorado in the amount of $10,000 to support client assistance for senior dental services.
- A proposal was submitted and awarded in the amount of $5,000 from the Colorado Dental Association Foundation to support Dental Connections and client assistance.
- The Health District was awarded $174,888.37 from Connect for Health Colorado to continue Larimer Health Connect services.
- The Health District was awarded $79,522 from the Colorado Health Foundation to continue support of Larimer Health Connect and implement a new health literacy curriculum.
- The Health District was awarded $19,459 from the City of Fort Collins' CDBG Commission to support Dental Connections.
- The Health District was awarded $2,000 from the Fort Collins Lions Club to support the prescription assistance program.

In addition to completing funding applications, a substantial amount of time was spent on assuring completion of funder reports, coordinating contracts, and researching new funding opportunities that fit with current Health District priorities. Key prospects were identified to solicit to continue advance care planning services.

A total of $2,754 was received in community donations during the second quarter of 2017.

V. COMMUNICATIONS / HEALTHINFOSOURCE

Advertising placements for the quarter:

- Cholesterol & Blood Pressure Testing – Coloradoan, Rocky Mountain Parent
- Step Free from Tobacco – Coloradoan, Scene magazine, Recreator, Facebook
- Connections –Rocky Mountain Parent, Facebook, Rejuvenate
- HealthInfoSource – Recreator, Fort Collins Neighbors

Marketing activities for the quarter:

- Assisted in dissemination of ACA-related Community Health Survey results, including through local news media and social media. Resulting news coverage included stories from the Coloradoan and 9News.
- Continued development of marketing campaign for the Family Dental Clinic, including print and digital ads, interior Transfort bus placards, posters, and Cinemark theater ads, as well as outreach materials to be mailed to local Medicaid members with the assistance of Larimer County Human Services.
- Created branded photo booth for use by Larimer Health Connect staff at outdoor outreach events.
- Helped organize and participate in quit-tobacco program marketing focus group with current tobacco users at Red Tail Ponds residential facility.
- Promoted Connections' Youth Mental Health First Aid training press release and social media.
- Secured deal to reprint edited Compass articles (with attribution) in Fort Collins Neighbors magazines.
- Published and mailed Compass to approximately 86,000 households in June and convened the editorial advisory committee; work commenced on the 2016 annual report and Summer Compass.
- Attended the Government and Social Media conference in April.
- Attended Denver Digital Summit conference in June.
- Represented the Health District at 9Health Fair.

- Hosted six Community at Work shows on health-care policy (Dan Sapienza); Health District's CDC Public Health Associates (Katherine Chu and Brian Lathrop); Connections teen tobacco cessation program (Megan Winick and Christa Timmerman); CSU STOVES study (Jennifer Peel); and Larimer County Wellness Court (Judge Julie Fields).

HEALTHINFOSOURCE

Colorado-based use of HealthInfoSource (excluding Health District staff use):

- Users: 3,358 (a 12% decrease from first quarter 2017)
- Sessions: 4,297 (a 9% decrease from first quarter 2017)
- Page Views: 17,502 (a 10% increase from first quarter 2017)

Five most popular topics for the quarter:
"Health Insurance – What If I Don't Have It," "Health Statistics," "Colorado Indigent Care Program (CICP)," "Supplemental Nutritional Assistance Program (SNAP), formerly the Food Stamp Program," "Mental Health – Choosing a Therapist)"

Database Record Numbers (at end of first quarter):

- MHSA: 327 organizations; 434 programs; 459 providers
- Non-MHSA: 613 organizations; 679 programs; 1,357 providers
- Total: 940 organizations; 1,113 programs; 1,816 providers

Other numbers:

- Updated 348 records (including additions and deletions
- Added 162 classes

Other numbers:

- 10 news stories posted this quarter including West Nile, Community Health Survey Findings, Bike Month, Mental Health First Aid, 9Health Fairs, Prescription Drug Take-Back Day, and others.

VI. SUPPORT SERVICES

- During the second quarter of 2017, conducted eight job searches with 633 applicants screened and 30 interviewed. Three of the positions have been filled.
- Four students were placed at Advance Care Planning, Mental Health Connections, and Integrated Care. The interns volunteered 16 to 20 hours a week for a total of 360 hours this quarter. The students came from the MSW program at CSU and the Counseling program at Adams State.
- Replaced damaged concrete at the front of the 120 Bristlecone building to minimize tripping hazards.
- Purchased and installed environmental monitoring equipment in the server room which will alert staff to fluctuations in electrical service and HVAC system temperature.
- Received a clean, unqualified audit report for the 2016 Fiscal Year.
- Designed, prepared specifications and bid the replacement of the roof at the 120 Bristlecone building.
- Sixty-seven percent of employees are participating in the Virgin Pulse wellness program. The team-based format has created a fun atmosphere around getting activity and learning about nutrition, stress management, and sleep. The June report shows that the teams have walked 3,464 miles with a daily step average of 11,628.
- Removed and replaced four dead trees on the east side of the 202 Bristlecone building.
- As part of Employee Appreciation Day, employees are invited to write a note of appreciation to their supervisor or coworker. The response was amazing with 520 appreciation notes written recognizing a coworker or supervisor. In addition to that program we have a Caught You Caring program where employees and clients can recognize an employee for excellent customer service. This quarter 245 notes were written.
- Completed 42 out of 51 facility and equipment work orders submitted in the second quarter, for an 82 percent completion rate.

OTHER EXECUTIVE DIRECTOR AND MISCELLANEOUS ACTIVITY

Internal/Board

In the second quarter, national GOP attempts to repeal and replace the Affordable Care Act continued, and significant ED and staff time was again devoted to understanding the proposals and their impact on our community, and developing a local response. On April 26, a revised version of the American Health Care Act (AHCA) was proposed, but as things evolve over time, the Senate declined to take it up. The Policy Coordinator, in conjunction with the Policy Committee, created a document emphasizing the impact on the proposals being discussed in mid-May, and comments are sent to Senator Gardner. On June 22, a new proposal, the BCRA (Better Care Reconciliation Act) is released, and leaders announce their intent to take a vote before the July 4 holiday, but on 6/27 the vote is delayed.

In this quarter, results from the triennial Community Health Survey (CHS) began to come in, and the ED was involved in close review of the results and participation in a staff retreat to summarize the findings and identify areas where deeper analysis is indicated. Significant time was spent in preparation for the Board's triennial retreat; in particular, the ED reviewed the End of Year and other notebook background information prepared by the Evaluation team, and met with the Board Chair and facilitator to plan the retreat. An intensive Board retreat is held over two days in early June. In the second half of June, due to striking findings from the CHS regarding the community's increases in insurance coverage, and subsequent financial impacts, the ED compiled and sent a summary of the findings to 150 community leaders, and the Communications Director sent a press release. Channel 9 News interviewed the ED for a news story on the findings.

In other internal work, the ED was involved in meetings regarding organization's audit; the future of the Advance Care Planning Project; a site visit from Larimer Health Connect potential funder, the Colorado Health Foundation; meetings to plan the process, funding, and approach (including reconstituted Guidance Team) for updating the Recommendations for Critical Behavioral Health Services; a potential grant opportunity to advance the MHSU Alliance's priority of community transformation of substance use disorder treatment; a special effort to increase outreach for our Dental Clinic; interviews and negotiations for the MHSUD Manager; the revised Travel Policy; the potential for receiving Medicaid funding from integrated services provided at Salud; healthinfosource.com redesign; and the Aging project. The ED met with the program officer assigned to our region from the Colorado Health Foundation to discuss community realities. A successful Employee Appreciation Day was held in April.

Community/State/Education

In community efforts, the Assistant Director and Medical Director took the lead on the RFP and selection process for an outside evaluation of the MACC project, and staff work on attempting to make progress on population health data analysis for the MACC practices. The ED made a presentation during a legislative forum held April 22 regarding the impact of national efforts to repeal and replace the ACA locally, and was invited to speak at the Sharing the Care meeting which includes all area staff and volunteers involved in advance care planning.

Meetings were held with the CEO of Weld Co. Health Dept. and the Northern CO Health Alliance, United Way, Salud, SummitStone (in particular to discuss their move from Oak St., and the subsequent loss of a Connections location), and the VP of Program Development for the jail's medical provider. The ED attended the Board of County Commissioner's proclamation of Mental Health Awareness Month to show solidarity between key organizations and the Commissioners regarding the need for additional services. Work continued with the MHSU Alliance, and a regional workgroup on addressing the Opioid began regular meetings. While CIT Mental Health Matters staff provide assistance to that Project, the ED attended strategic planning meetings. In continuing education, the ED attended the National Council on Behavioral Health's annual national conference.

Health District
OF NORTHERN LARIMER COUNTY

Strategic Plan Report

from 4/1/2017 to 6/30/2017

* Non targeted Service

PROGRAM	Current Actual	Current Target	Current Variance	Current Target %	YTD Actual	YTD Target	YTD Variance	YTD Target %	Annual Target
ADVANCED CARE PLANNING									
Educate and Engage people - Events and Sessions	1893	375	1518	405%	2838	750	2088	278%	1500
Advanced Care Directives in Place - Events and Clients	849	188	661	352%	1093	375	718	191%	750
Medical Personnel Training and Outreach - Attendance	78	38	40	105%	276	75	201	268%	150
Facilitator Training - Attendance	59	19	40	211%	85	38	47	124%	75
ACP & Partners Presentations	38	9	29	322%	76	18	58	322%	35
Unduplicated Clients assisted by Staff	883	125	758	606%	1151	250	901	360%	500
DENTAL									
Dental Clinic									
Total Relative Value Units (RVU)	8923	12375	-3452	-28%	20845	24750	-3905	-16%	49500
Total Dental Visits (Screenings: 47 + Clinic: 2304)	2351	3042	-691	-23%	5789	6085	-296	-5%	12170
Unduplicated Clients (Screenings: 47 + Clinic: 976)	1023	1140	-117	-10%	2789	2280	509	22%	4560
Dental Connections									
# of clients placed with Dental Care Access Providers	19	21	-2	-10%	30	42	-12	-29%	84
# of patients receiving care under anesthesia	7	8	-1	-13%	13	15	-2	-13%	30
HEALTH PROMOTION									
Cardiovascular/Cholesterol Screening									
# of Clinics Held	18	15	3	20%	36	30	6	20%	60
# of Blood Pressures Administered (HB Only)	252	312	-60	-19%	649	625	24	4%	1250
# of Cholesterols Administered	220	275	-55	-20%	586	550	36	7%	1100
Tobacco Treatment (Individual Counseling)									
Total # of Counseling Sessions	263	295	-32	-11%	451	590	-139	-24%	1180
# of New Clients	47	44	3	7%	77	88	-11	-13%	175
New Client Enrollments	39	35	4	11%	64	70	-6	-9%	140
INTEGRATED CARE									
Unduplicated Psychiatric Patients	144	125	19	15%	239	250	-11	-4%	500
Behavioral Health Specialist Contacts/Visits	1093	1375	-282	-20%	2122	2750	-628	-23%	5500

Health District
OF NORTHERN LARIMER COUNTY

Strategic Plan Report

from 4/1/2017 to 6/30/2017

* Non targeted Service

PROGRAM	Current Actual	Current Target	Current Variance	Current Target %	YTD Actual	YTD Target	YTD Variance	YTD Target %	Annual Target
LARIMER HEALTH CONNECT									
Total intensive in person/phone/email encounters	839	312	527	169%	2148	625	1523	244%	1250
Prescription Assistance									
Voucher Units issued and completed (not voided)	80	62	18	29%	133	125	8	6%	250
MPAP Units Initiated	180	188	-8	-4%	357	375	-18	-5%	750
RX Outreach Units Initiated	96	88	8	9%	210	175	35	20%	350
Total Units (Voucher, MPAP, RXO) Initiated	356	338	18	5%	700	675	25	4%	1350
Undupicated Clients YTD	58	75	-17	-23%	110	150	-40	-27%	300
MENTAL HEALTH CONNECTIONS									
Unduplicated Clients Served	884	675	209	31%	1583	1350	233	17%	2700
Client Contacts	1804	1250	554	44%	3663	2500	1163	47%	5000
Services	3750	2250	1500	67%	7288	4500	2788	62%	9000
Care Coordination Services	1220	200	1020	510%	2390	400	1990	498%	800
Unduplicated Clients (Care Coordination)	334	125	209	167%	640	250	390	156%	500
Medication Coordination Services (Connections Only)	37	200	-163	-82%	101	400	-299	-75%	800
Unduplicated Clients (Connections Only)	17	75	-58	-77%	50	150	-100	-67%	300
Pro Bono Therapy Referrals	8	20	-12	-60%	21	40	-19	-48%	80
Pro Bono Psych Referrals	0	5	-5	-100%	1	10	-9	-90%	20
# of Psych Appointments for Short Term Med Eval	0	12	-12	-100%	0	25	-25	-100%	50
CAYAC									
Unduplicated Clients Served	342	100	242	242%	501	200	301	151%	400
Services Provided	1981	500	1481	296%	3692	1000	2692	269%	2000
Client Contacts	1016	250	766	306%	1943	500	1443	289%	1000

Health District
OF NORTHERN LARIMER COUNTY

Demographic Report from 4/1/2017 to 6/30/2017

	M.H.		Prescription		Dental		Cholesterol		Integrated Care		LHC (CHP+)		Tobacco		HP Combined		District Totals	
	Total	YTD	Total	YTD	Total*	YTD	Total	YTD	Total	YTD	Total	YTD	Total	YTD	Total	YTD	Total*	YTD
Clients Service Contacts	1807	3668	84	185	2351	5789	252	649	1197	2401	839	2148	264	454	516	1103	6794	15294
Individuals Served	1021	1802	58	110	1023	2789	242	619	623	1068	538	1122	81	120	323	738	3586	6411

Current Demographics Based on Indivuduals Served (Head of Household for LHC Encounters)

*Dental Individuals Served includes "screening" clients, but "screening" clients are excluded from Demographics

	M.H.		Prescription		Dental		Cholesterol		Integrated Care		LHC (CHP+)		Tobacco		HP Combined		District Totals	
	Total	%Total	Total	%Total	Total*	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total*	%Total
Gender																		
Male	371	36%	26	45%	389	40%	96	40%	213	34%	181	34%	33	41%	129	40%	1325	37%
Female	559	55%	29	50%	563	58%	144	60%	372	60%	351	65%	47	58%	191	59%	2105	59%
Other	6	1%	0	0%	3	0%	0	0%	0	0%	0	0%	0	0%	0	0%	9	0%
Gender Not Available	85	8%	3	5%	11	1%	2	1%	38	6%	3	1%	1	1%	3	1%	144	4%
Age																		
0-17	297	29%	1	2%	90	9%	0	0%	29	5%	2	0%	0	0%	0	0%	418	12%
18-34	240	24%	11	19%	167	17%	63	26%	245	39%	169	31%	21	26%	84	26%	920	26%
35-64	224	22%	32	55%	472	49%	128	53%	308	49%	345	64%	50	62%	178	55%	1584	44%
65+	62	6%	12	21%	237	25%	51	21%	38	6%	14	3%	10	12%	61	19%	453	13%
Age Not Avaliable	198	19%	2	3%	0	0%	0	0%	2	0%	5	1%	0	0%	0	0%	207	6%
Racial/Ethnic Background																		
White/Caucasian	285	28%	37	64%	656	68%	184	76%	411	66%	407	76%	71	88%	255	79%	2089	58%
Hispanic/Latino	41	4%	15	26%	174	18%	24	10%	59	9%	70	13%	4	5%	28	9%	408	11%
Black/African American	8	1%	0	0%	21	2%	2	1%	12	2%	9	2%	2	2%	4	1%	54	2%
American Indian / Eskimo / Aluet	5	0%	0	0%	12	1%	1	0%	12	2%	3	1%	1	1%	2	1%	32	1%
Asian/Pacific Isle	7	1%	2	3%	33	3%	11	5%	4	1%	26	5%	2	2%	13	4%	84	2%
Other	1	0%	0	0%	7	1%	0	0%	1	0%	14	3%	0	0%	0	0%	24	1%
Ethnicity Not Available	674	66%	4	7%	63	7%	20	8%	124	20%	6	1%	1	1%	21	7%	892	25%
Primary Language																		
English	831	81%	52	90%	738	76%	82	34%	481	77%	492	91%	76	94%	158	49%	2793	78%
Spanish	12	1%	3	5%	51	5%	7	3%	29	5%	24	4%	0	0%	7	2%	133	4%
Bilingual(Spanish/English)	13	1%	0	0%	64	7%	5	2%	11	2%	n/a	n/a	2	2%	7	2%	103	3%
Other	1	0%	2	3%	46	5%	1	0%	8	1%	15	3%	1	1%	2	1%	74	2%
Language Not Available	164	16%	1	2%	67	7%	147	61%	94	15%	4	1%	2	2%	149	46%	480	13%

Health District
OF NORTHERN LARIMER COUNTY

Demographic Report from 4/1/2017 to 6/30/2017

	M.H.		Prescription		Dental		Cholesterol		Integrated Care		LHC (CHP+)		Tobacco		HP Combined		District Totals	
	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total	Total	%Total
Income Category																		
0-100% Poverty	65	6%	24	41%	559	58%	14	6%	204	33%			38	47%	52	16%	917	30%
101-133% Poverty	20	2%	5	9%	200	21%	4	2%	25	4%			14	17%	18	6%	288	9%
134-185% Poverty	15	1%	22	38%	166	17%	8	3%	23	4%			13	16%	21	7%	263	9%
>185% Poverty	15	1%	4	7%	30	3%	13	5%	8	1%			16	20%	29	9%	101	3%
Income Not Available	906	89%	3	5%	11	1%	202	83%	363	58%			0	0%	202	63%	1478	49%
Medical Insurance Coverage	*(Insurance not mutually exclusive)*																	
Medicare	98	10%	20	34%	316	26%	11	5%	70	11%			15	19%	26	8%	562	15%
Medicaid	284	28%	15	26%	630	51%	11	5%	460	74%			41	51%	52	16%	1455	40%
CHP +	16	2%	0	0%	3	0%	0	0%	4	1%			0	0%	0	0%	25	1%
Commercial	508	50%	3	5%	50	4%	20	8%	23	4%			20	25%	40	12%	627	17%
Other (CAP,CICP,CWCCI,	7	1%	14	24%	79	6%	7	3%	7	1%			8	10%	15	5%	223	6%
None	67	7%	27	47%	94	8%	8	3%	80	13%			10	12%	18	6%	297	8%
Insurance Not Available	130	13%	1	2%	60	5%	191	79%	65	10%			9	11%	200	62%	465	13%
Geographic Location																		
Fort Collins	691	68%	48	83%	857	89%	187	77%	480	77%	349	65%	70	86%	257	80%	2731	76%
LaPorte	15	1%	0	0%	19	2%	2	1%	11	2%	7	1%	2	2%	4	1%	58	2%
Wellington	25	2%	3	5%	42	4%	9	4%	28	4%	21	4%	2	2%	11	3%	134	4%
Red Feather/Livermore	5	0%	0	0%	15	2%	0	0%	4	1%	6	1%	2	2%	2	1%	33	1%
Other	198	19%	5	9%	31	3%	42	17%	99	16%	47	9%	4	5%	46	14%	518	14%
City Not Available	87	9%	2	3%	2	0%	2	1%	1	0%	13	2%	1	1%	3	1%	109	3%
Loveland (LHC Only)											92	17%			*(locations include LHC clients)*			