



BOARD OF DIRECTORS MEETING

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

**October 24, 2019
4:00 p.m.**



BOARD OF DIRECTORS MEETING

October 24, 2019

4:00 pm

Health District, 1st Floor Conference Room

AGENDA

- 4:00 p.m. BOARD REFRESHMENTS**
- 4:05 p.m. CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA**Michael Liggett
- 4:10 p.m. PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda
- 4:15 p.m. PRESENTATION**
- Quit Tobacco Program: New Approaches to a Persistent Problem..... James Stewart
- 4:30 p.m. DISCUSSION & ACTIONS**
- 2020 Draft Budget: Key FactorsCarol Plock/Lorraine Haywood
 - Process for Board Self-Evaluation and Policy Review (Mini-Retreat) Molly Gutilla, Carol Plock
- 5:00 p.m. UPDATES & REPORTS**
- Executive Director Updates Carol Plock
 - UHealth-North/PVHS Board Liaison ReportFaraz Naqvi
- 5:15 p.m. PUBLIC COMMENT (2nd opportunity)**
See note above
- 5:20 p.m. CONSENT AGENDA**
- Approval of August 2019 Financial Statements
 - Approval of the August 27 and September 24, 2019 Board Meeting Minutes
- 5:25 p.m. ANNOUNCEMENTS**
- November 12, 4:00 pm – Budget Hearing & Board of Directors Regular Meeting
 - December 12, 4:00 pm – Board of Directors Regular Meeting
- 5:30 p.m. EXECUTIVE SESSION**
- §24-6-402(4)(f), C.R.S., Personnel matters, Executive Director
- 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.**

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Budget Documents

For:

January 1 – December 31, 2020

1st Draft Submitted to Board of Directors: October 15, 2019

DRAFT

Health District

OF NORTHERN LARIMER COUNTY

Budget for 2020 BUDGET MESSAGE

The Health District of Northern Larimer County in 2020 will continue to provide health services that fulfill its mission "to enhance the health of our community." It will provide health services from seven sites in Fort Collins - three owned facilities and two leased Health District spaces, as well as shared space with two other facilities where Health District staff work collaboratively with staff from other organizations, including Salud Family Health Centers and the Family Medicine Center. For the seventh 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 2020 and beyond is to focus on health 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. The 2020 triennial health assessment is underway and will provide valuable information for the future.

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 2020, 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 – including providing certain behavioral health services and connecting community members to other services. Other priorities will continue to be to help people: identify and control risky blood pressure and cholesterol levels, quit tobacco, and complete advance care directives in order that health care providers will understand their preferences at end of life.

The specific services to be provided by the Health District in 2020 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; psychiatric medication evaluations and consults; mental health and substance use assessments and treatment, particularly at two primary care "safety net clinics" that serve residents with public insurance or who cannot afford the full cost of health care and at CAYAC (Child, Adolescent, Young Adult Connections); assistance for those who suffer from co-occurring

mental illness and substance use disorders; and a program that connects consumers to therapists and psychiatrists offering mental health care at reduced rates. Each program offers discounted care or sliding fee scales to help make health care more affordable.

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. Connections provides services for adults, and also focuses on youth through the CAYAC program, which places 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. CAYAC assessment services include child and adolescent psychiatry and psychological testing, when indicated, which assists in determination of referrals to the most appropriate interventions.

The Health District will continue to organize and participate in community-based planning aimed at restructuring local mental health and substance use disorder services, and to raise community awareness and action around mental illness and substance use disorders. In 2018, community voters approved a tax initiative to expand critical behavioral health services, and efforts will continue, along with the County and other partners, to implement the expansion plan. Work will also 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 training for behavioral health provider and criminal justice and human services professionals, as well as 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), followed by intensive nurse counseling for those at high risk; 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 Health District will continue a limited Larimer Advance Care Planning

project, which will assist adults in developing advance care directives that will help assure that their preferences are honored should they experience a serious health condition. The program will work closely with medical organizations and professionals to help them create sustainable advance directive approaches within their organizations, and to be sure staff are trained on the topic; staff also work with employers on employee campaigns to help employees complete their advance care planning.

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 next triennial overall community health assessment will occur in the last part of 2019, and the results will be used starting in 2020 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 work to maximize the impact of the state's Medicaid Accountable Care approach on the health of community residents and the delivery of cost-effective services. 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. The Health District works with multiple partners in disaster preparedness planning and response.

Other

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, 2020

Health District of Northern Larimer County
2020 Budget

Revenues:	
Property & Specific Ownership Taxes	\$ 8,911,947
Lease Revenue	1,149,096
Investment Income	180,000
Operating Revenue (fee income)	1,205,166
Grant and Partnership Revenue	1,232,678
Miscellaneous Income	21,006
Total Revenues	<u>\$ 12,699,892</u>
Beginning Balance	\$ 7,402,147
Total Available Resources	<u><u>\$ 20,102,040</u></u>
 Expenditures:	
Operating Expenditures	
Board Expenditures	\$ 48,623
Election Expenditures	25,000
Administration	935,654
Program Operations:	
<i>Mental Health/Substance Issues Services</i>	3,977,765
- Community Impact	\$ 741,631
- Connections: Mental Health/Substance Issues Services	1,994,301
- Integrated Care (MHSA/PC)	1,241,833
Dental Services	4,088,178
Health Promotion	881,684
Assessment/Research/Evaluation	237,240
Health Care Access	1,198,333
HealthInfoSource	117,360
Resource Development	185,962
Grants, Partnerships and Special Projects	3,553,231
Total Operating Expenditures	<u>\$ 15,249,030</u>
Non-Operating Expenses	
Capital Expenditures	394,055
Contingency	912,294
Total Non-Operating Expenditures	<u>\$ 1,306,349</u>
Total Expenditures	<u><u>16,555,379</u></u>
 Reserves	
Emergency	496,661
Capital Replacement (by policy)	1,150,000
Capital Replacement (flexible)	1,900,000
Total Reserves	<u>\$ 3,546,661</u>
Total Expenditures & Reserves	<u><u>20,102,040</u></u>

Health District of Northern Larimer County
Three Year Budget Summary 2020

	Prior Year 2018 Actual *	Current Year 2019 Budget	2020 Proposed Budget
Revenues:			
Property & Specific Ownership Taxes	\$ 7,827,327	\$ 7,887,486	\$ 8,911,947
Lease Revenue	1,083,135	1,115,627	1,149,096
Investment Income	164,678	140,000	180,000
Operating Revenue (fee income)	1,133,519	1,037,995	1,205,166
Grant and Partnership Revenue	947,040	1,365,007	1,232,678
Miscellaneous Income	35,004	21,100	21,006
Total Revenues	\$ 11,190,703	\$ 11,567,215	\$ 12,699,892
Beginning Balance	\$ 6,343,442	\$ 7,464,936	\$ 7,402,147
Total Available Resources	\$ 17,534,145	\$ 19,032,150	\$ 20,102,040
Expenditures:			
Operating Expenditures			
Board Expenditures	\$ 29,515	\$ 43,920	\$ 48,623
Election Expenditures	297	18,000	25,000
Administration	781,674	858,400	935,654
Program Operations:			
<i>Mental Health/Substance Issues Services</i>		3,395,826	3,977,765
- Community Impact	599,305	\$ 637,766	\$ 741,631
- Connections: Mental Health/Substance Issues Services	1,351,460	1,650,745	1,994,301
- Integrated Care (MHSA/PC)	995,836	1,107,315	1,241,833
Dental Services	3,491,207	3,809,046	4,088,178
Health Promotion	739,561	820,874	881,684
Assessment/Research/Evaluation	198,061	213,652	237,240
Health Care Access	985,568	1,074,616	1,198,333
HealthInfoSource	73,455	109,263	117,360
Resource Development	153,425	174,236	185,962
Grants, Partnerships and Special Projects	1,596,562	3,502,622	3,553,231
Total Operating Expenditures	\$ 10,995,926	\$ 14,020,455	\$ 15,249,030
Non-Operating Expenditures			
Capital	\$ 32,030	\$ 99,725	\$ 394,055
Contingency	-	2,076,083	912,294
Total Non-Operating Expenditures	\$ 32,030	\$ 2,175,808	\$ 1,306,349
Total Expenditures	\$ 11,027,956	\$ 16,196,263	\$ 16,555,379
Reserves			
Emergency & General	\$ 536,180	\$ 485,888	\$ 496,661
Capital Replacement (by policy)	1,150,000	1,150,000	1,150,000
Capital Replacement (flexible)	200,000	1,200,000	1,900,000
Total Reserves	\$ 1,886,180	\$ 2,835,888	\$ 3,546,661
Total Expenditures & Reserves	\$ 12,914,136	\$ 19,032,150	\$ 20,102,040

*Based on year-end audited financial statements

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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

Explanatory Schedules

For:

January 1 – December 31, 2020

**Health District of Northern Larimer County
Annual Operating and Reserve Expenditure Summary
2020**

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

Sources of Revenue

Property & Specific Ownership Taxes	\$	8,911,947
Lease Revenue		1,149,096
Fee for Service Income		1,205,166
Grant Revenue		1,201,408
Anticipated grant revenue	\$	701,408
Potential grant revenue		500,000
Partnership Revenue		31,270
Investment Income		180,000
Miscellaneous Income		21,006
Total Revenues	\$	<u>12,699,892</u>

A Operating Expenditures

Board Expenditures	\$	48,623
Election Expenditures		25,000
Administration		917,000
Program Operations		10,284,593
Special Projects - Operations		192,000
Special Projects - Partnerships		31,270
Grant Expenditures		1,201,408
Total Operating Expenditures	\$	<u>12,699,893</u>

B	Expenditures From Reserves	\$	2,549,137
	Special Projects	\$	2,128,553
	Operations	\$	420,584
C	Total Expenditures (A + B)	\$	<u>15,249,030</u>
D	Capital Expenditures (Reserve)		394,055
E	Total Reserve Expenditures (B + D)	\$	<u>2,943,192</u>

Health District of Northern Larimer County

2020 Capital Expenditures

Exterior Signs at Bristlecone campus	28,000
Roof replacement - 202 Bldg	140,000
New rooftop HVAC Units - 120 Bldg	24,000
Equipment/Software	182,055
Contingency	20,000
TOTAL	<u>\$ 394,055</u>

2020 Non-Capital Improvements from Reserves

Technology	\$ 106,820
Office Furniture/Equipment	62,204
Building Improvements	83,900
Software	147,660
Contingency	20,000
TOTAL	<u>\$ 420,584</u>

**FTE by Program
2020**

Program/Department	Authorized Regular Positions		
	2019 Authorized	2020 Budget	2020 Change
Administration	5.058	5.351	0.293
Mental Health Connections	14.145	17.135	2.991
Dental	35.801	36.619	0.818
Mental Health/Substance Abuse/Primary Care	9.174	10.159	0.986
Health Promotion	7.563	7.991	0.428
Community Impact	6.061	6.600	0.539
Program Evaluation	1.686	1.850	0.164
Health Care Access/Policy	10.955	11.513	0.558
HealthInfoSource	0.963	1.330	0.367
Resource Development	1.638	1.702	0.064
	93.043	100.250	7.207

Health District of Northern Larimer County
2020

Special Projects - Reserves

	HD	Partnerships	Total
MHSU Connections: CAYAC	\$ 120,696		\$ 120,696
Adjust Psychiatrist 1 FTE to current rate	\$ 28,500		\$ 28,500
BHP CAYAC Team SUD	\$ 77,670		\$ 77,670
Regional Health Connector CAYAC	\$ 23,646		\$ 23,646
MHSU Crisis Intervention Training, Law Enforcement	\$ 3,000		\$ 3,000
MH SUD Strategy and Implementation Manager	\$ 52,000		\$ 52,000
MHSU Expansion of Critical Behavioral Health Services	\$ 15,000		\$ 15,000
MHSU SUD Transformation Project	\$ 30,000		\$ 30,000
Community Mental Health/SA (Discretionary)	\$ 70,000		\$ 70,000
Community Mental Health/SA Partnership - HD	\$ 65,000		\$ 65,000
SUD Public Awareness Campaign	\$ 40,000		\$ 40,000
Community Mental Health/SA Partnership - Partners		\$ 31,270	\$ 31,270
MHSU Pay for Success/Frequent Utilizer Approach	\$ 35,000		\$ 35,000
Mental Health Special Legal Consultation	\$ 3,500		\$ 3,500
Pain Management Project	\$ 80,000		\$ 80,000
Oral Surgeon/Endo	\$ 15,000		\$ 15,000
OAP Dental Client Assistance (Restricted)	\$ 18,847		\$ 18,847
Dentist loan repayment	\$ 10,000		\$ 10,000
Meaningful Use (future Dental MU expenses)	\$ 122,000		\$ 122,000
Wheelchair Accessible Dental Chair	\$ 40,000		\$ 40,000
Targeted Program Outreach	\$ 29,000		\$ 29,000
Larimer Health Connect	\$ 160,369		\$ 160,369
Health Equity Initiative	\$ 12,000		\$ 12,000
HCA Project Implementation Coordinator	\$ 79,195		\$ 79,195
Connect for Health Colorado Indirects	\$ 20,000		\$ 20,000
CDDT/ACT Facility Repairs/Contingency	\$ 10,000		\$ 10,000
Advance Care Planning Project	\$ 52,775		\$ 52,775
Aging and Health Care Initiative	\$ 50,000		\$ 50,000
HPSA	\$ 7,000		\$ 7,000
Camp Bristlecone Revamp	\$ 10,000		\$ 10,000
Great Plains Consultant - HR Module	\$ 4,000		\$ 4,000
HR Consultant	\$ 8,000		\$ 8,000
Contracts/Compliance Consultant	\$ 22,000		\$ 22,000
Community Health Survey	\$ 33,725		\$ 33,725
Transition Management	\$ 117,320		\$ 117,320
Specialized program training/health care reform training	\$ 121,995		\$ 121,995
HIS Redesign and Implementation	\$ 139,800		\$ 139,800
Health Information Sharing & Health Reform Changes	\$ 20,000		\$ 20,000
Implementation of Community/New Projects Process & Plans	\$ 40,000		\$ 40,000
RIHEL - Leadership Institute (2 attendees)	\$ 11,000		\$ 11,000
Emergency Preparedness	\$ 10,000		\$ 10,000
Intermediate Medical Leave	\$ 25,000		\$ 25,000
Video Outreach	\$ 12,000		\$ 12,000
New high level staff recruitment costs	\$ 20,000		\$ 20,000
Wellness Program	\$ 6,000		\$ 6,000
General Indirects	\$ 50,450		\$ 50,450
Public Awareness & Name Changes	\$ 80,000		\$ 80,000
Health District websites redevelopment	\$ 40,000		\$ 40,000
Census 2020 Outreach	\$ 10,000		\$ 10,000
New Community Health Data Project	\$ 50,000		\$ 50,000
Evaluation Services for Grants/Projects	\$ 27,065		\$ 27,065
Total	\$ 2,128,553	\$ 31,270	\$ 2,159,823

Grants

	Grants	Total
DC Fundraising (OOD)	\$ 12,675	\$ 12,675
Dental Client Assistance - Children	\$ 7,597	\$ 7,597
Dental Client Assistance - Adults	\$ 26,511	\$ 26,511
Project Smile	\$ 6,677	\$ 6,677
Lion's Club Diabetes Program	\$ 2,372	\$ 2,372
Community Foundation (Senior Dental)	\$ 11,087	\$ 11,087
Colorado Health Foundation (LHC)	\$ 8,784	\$ 8,784
Connect for Health (LHC)	\$ 6,004	\$ 6,004
Connect for Health Colorado FY 20	\$ 80,617	\$ 80,617
Connect for Health (new)	\$ 72,385	\$ 72,385
ACP Partner/Fundraising	\$ 7,989	\$ 7,989
ACMHC Extension	\$ 678	\$ 678
Denver Foundation (CAYAC)	\$ 16,700	\$ 16,700
CHF - SUD Transformation Project	\$ 18,591	\$ 18,591
RWJF Culture of Health Leaders - Health Equity	\$ 31,741	\$ 31,741
Meaningful Use	\$ 34,000	\$ 34,000
Denver Foundation MAT	\$ 216,252	\$ 216,252
Connect for Health Colorado	\$ 84,901	\$ 84,901
Next 50	\$ 40,028	\$ 40,028
City of Fort Collins (CAYAC)	\$ 5,818	\$ 5,818
Larimer County for MHSA Alliance	\$ 10,000	\$ 10,000
Potential Grants	\$ 500,000	\$ 500,000
Total	\$ 1,201,408	\$ 1,201,408

Special Projects - Operations

	Health District	Grants	Partnerships	Total
Special Projects Contingency	\$ 192,000			\$ 192,000
Total	\$ 192,000	\$ -	\$ -	\$ 192,000

*Bold indicates expenditures requiring Board approval of special projects proposals

HEALTH DISTRICT
of Northern Larimer County
August 2019
Summary Financial Narrative

Revenues

The Health District is 0.1% behind year-to-date tax revenue projections. Interest income is 36.4% ahead of year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings decreased slightly from 2.20% to 2.18% (based on the weighted average of all investments). Fee for service revenue from clients is 4.5% behind year-to-date projections and revenue from third party reimbursements is 17.7% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 0.8% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 15.5% behind year-to-date projections. Program variances are as follows: Administration 10.2%; Board 33.8%; Connections: Mental Health/Substance Issues Services 21.0%; Dental Services 17.1%; MH/SUD/Primary Care 9.7%; Health Promotion 15.5%; Community Impact 8.4%; Program Assessment and Evaluation 8.1%; Health Care Access 15.3%; HealthInfoSource 33.4%; and Resource Development 10.0%.

Capital Outlay

Capital expenditures are 23.4% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 8/31/2019

ASSETS

Current Assets:

Cash & Investments	\$10,541,432.91
Accounts Receivable	46,022.73
Property Taxes Receivable	77,291.34
Specific Ownership Taxes Receivable	115,090.22
Prepaid Expenses and Deposits	53,427.98
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Total Current Assets	10,833,265.18
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Property and Equipment	
Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,183,014.39
Accumulated Depreciation	(2,784,208.18)
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Total Property and Equipment	7,412,516.96
	<hr/>
Total Assets	<u><u>\$18,245,782.14</u></u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 8/31/2019

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	\$677,237.01
Deposits	1,000.00
Deferred Revenue	1,238,042.36
	<hr/>
Total Current Liabilities	1,916,279.37
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Long-term Liabilities:	
Compensated Absences Payable	12,215.00
	<hr/>
Total Long-term Liabilities	12,215.00
	<hr/>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	80,217.18
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Total Deferred Inflows of Resources	80,217.18
	<hr/>
Total Liabilities & Deferred Inflows of Resource	2,008,711.55
	<hr/>
EQUITY	
Retained Earnings	13,693,892.72
Net Income	2,543,177.87
	<hr/>
Total Equity	16,237,070.59
	<hr/>
Total Liabilities & Equity	\$18,245,782.14
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Unaudited - For Management Use Only

STATEMENT OF REVENUES AND EXPENSES

For 1/1/2019 To 8/31/2019

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	\$53,103.78	\$7,157,268.82
Specific Ownership Taxes	59,059.80	431,306.31
Lease Revenue	93,880.37	740,107.44
Interest Income	18,637.24	127,334.33
Sales Revenue	14.86	286.33
Fee For Services Income	17,324.50	137,869.04
Third Party Reimbursements	46,744.16	450,821.05
Grant Revenue	30,174.70	531,396.50
Special Projects Revenue	35,160.98	98,040.98
Miscellaneous Income	660.29	16,651.76
Gain/(Loss) on Disposal of Assets	0.00	34.50
Gain/(Loss) on Investments	300.50	439.24
	<hr/>	<hr/>
Total Revenue	355,061.18	9,691,556.30
	<hr/>	<hr/>
Expenses:		
Operating Expenses		
Administration	\$51,291.05	\$568,642.55
Board Expenses	1,102.15	18,424.77
Connections: MentalHealth/Substance Issues Svcs	102,931.84	907,492.21
Dental Services	250,250.58	2,126,553.98
MH/SUD/Primary Care	79,809.77	671,750.20
Health Promotion	58,335.93	465,326.09
Community Impact	51,804.81	392,739.04
Program Assessment & Evaluation	15,707.83	131,299.98
Health Care Access	71,981.77	611,533.55
HealthInfoSource	5,479.79	50,061.79
Resource Development	12,989.46	104,231.60
Special Projects	100,423.97	567,343.93
Grant Projects	38,472.23	415,746.80
	<hr/>	<hr/>
Total Operating Expenses	840,581.18	7,031,146.49
	<hr/>	<hr/>
Depreciation and Amortization		
Depreciation Expense	14,576.63	117,231.94
	<hr/>	<hr/>
Total Depreciation and Amortization	14,576.63	117,231.94
	<hr/>	<hr/>
Total Expenses	855,157.81	7,148,378.43
	<hr/>	<hr/>
Net Income	(\$500,096.63)	\$2,543,177.87
	<hr/> <hr/>	<hr/> <hr/>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 8/31/2019

	Current Month		Year to Date		Year to Date Variance	Annual		Annual Funds Remaining
	Budget	Actual	Budget	Actual		Budget		
Revenue:								
Property Taxes	\$38,457	\$53,104	\$7,162,490	\$7,157,269	(\$ 5,221)	\$7,237,486	\$80,217	
Specific Ownership Taxes	62,019	59,060	433,566	431,306	(2,260)	650,000	218,694	
Lease Revenue	93,880	93,880	740,105	740,105	0	1,115,627	375,522	
Interest Income	11,667	18,637	93,333	127,334	34,001	140,000	12,666	
Sales Revenue	50	15	400	286	(114)	600	314	
Fee For Services Income	18,039	17,325	144,309	137,869	(6,440)	216,467	78,598	
Third Party Reimbursements	68,459	46,745	547,674	450,821	(96,853)	821,528	370,707	
Special Revenue	33,746	30,175	558,028	531,397	(26,631)	1,303,259	771,862	
Special Projects/Partnership Revenue	2,079	35,011	15,563	93,891	78,328	63,878	(30,013)	
Miscellaneous Income	1,705	660	13,660	16,652	2,992	20,500	3,848	
Gain/(Loss) on Disposal of Assets	0	0	0	35	35	0	(35)	
Gain/(Loss) on Investments	0	301	0	439	439	0	(439)	
Total Revenue	\$330,101	\$354,913	\$9,709,128	\$9,687,404	(\$21,724)	\$11,569,345	\$1,881,941	
Expenditures:								
Operating Expenditures								
Administration	56,267	51,291	632,993	568,643	64,350	858,400	289,757	
Board Expenses	7,153	1,102	27,828	18,425	9,403	43,920	25,495	
Connections: Mental Health/Substance Issues Sv	122,531	102,932	1,149,138	907,492	241,646	1,650,745	743,253	
Dental Services	307,095	250,250	2,565,837	2,126,554	439,283	3,809,046	1,682,492	
MH/SUD/Primary Care	89,942	79,810	743,559	671,751	71,808	1,107,315	435,564	
Health Promotion	66,103	58,336	550,645	465,326	85,319	820,874	355,548	
Community Impact	52,784	51,805	428,738	392,739	35,999	637,766	245,027	
Program Assessment & Evaluation	17,399	15,708	142,798	131,300	11,498	213,652	82,352	
Health Care Access	88,916	71,982	722,049	611,534	110,515	1,074,616	463,082	
HealthInfoSource	8,415	5,480	75,168	50,062	25,106	109,263	59,201	
Resource Development	13,995	12,989	115,860	104,231	11,629	174,236	70,005	
Contingency (Operations)	0	0	0	0	0	60,000	60,000	
Special Projects	149,488	100,424	1,228,359	567,344	661,015	2,139,363	1,572,019	
Grant Projects	30,871	38,472	493,654	415,747	77,907	1,303,259	887,512	
Total Operating Expenditures	1,010,959	840,581	8,876,626	7,031,148	1,845,478	14,002,455	6,971,307	
Net Income	(\$680,858)	(\$485,668)	\$832,502	\$2,656,256	\$1,823,754	(\$2,433,110)	(\$5,089,366)	

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 1/1/2019 To 8/31/2019

	<u>Current Month</u>	<u>Current Month</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Annual Budget</u>	<u>Annual Funds</u>
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Variance</u>		<u>Remaining</u>
Non-Operating Expenditures									
Building	-	-	-	-	-	-	-	24,000	24,000
Capital Equipment	-	-	-	10,000	-	10,000	-	20,000	20,000
General Office Equipment	-	-	-	-	-	-	-	20,000	20,000
Medical & Dental Equipment	6,000	-	6,000	25,815	20,237	5,578	-	28,425	8,188
Computer Software	-	7,184	(7,184)	-	7,184	(7,184)	-	7,300	116
Furniture	-	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	-	-	-	-	-
Total Non-Operating Expenditures	\$ 6,000	\$ 7,184	\$ (1,184)	\$ 35,815	\$ 27,421	\$ 8,394	\$ 8,394	\$ 99,725	\$ 72,304

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 8/31/2019

	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
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$875	\$0	(\$875)	\$7,000	\$12,745	\$5,745	\$10,500	(\$2,245)
Total Revenue	\$875	\$0	(\$875)	\$7,000	\$12,745	\$5,745	\$10,500	(\$2,245)
Expenditures:								
Salaries and Benefits	44,699	42,970	1,729	357,595	327,103	30,492	536,392	209,289
Supplies and Purchased Services	11,568	8,322	3,246	275,398	241,540	33,858	322,008	80,468
Total Expenditures	\$56,267	\$51,292	\$4,975	\$632,993	\$568,643	\$64,350	\$858,400	\$289,757
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	\$0	\$0	\$0	\$8,635	\$7,466	\$1,169	\$8,635	\$1,169
Supplies and Purchased Services	7,153	1,102	6,051	19,193	10,959	8,234	35,285	24,326
Total Expenditures	\$7,153	\$1,102	\$6,051	\$27,828	\$18,425	\$9,403	\$43,920	\$25,495
<u>Community Impact</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$46,272	\$46,360	(\$88)	\$373,173	\$357,793	\$15,380	\$558,259	\$200,466
Supplies and Purchased Services	6,513	5,445	1,068	55,565	34,947	20,618	79,507	44,560
Total Expenditures	\$52,785	\$51,805	\$980	\$428,738	\$392,740	\$35,998	\$637,766	\$245,026

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 8/31/2019

<u>Program Assessment & Evaluation</u>	<u>Current Month</u>	<u>Current Month</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Annual</u>	<u>Remaining</u>
<u>Revenue:</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Funds</u>
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Expenditures:</u>								
Salaries and Benefits	\$15,493	\$14,890	\$603	\$124,445	\$120,202	\$4,243	\$186,418	\$66,216
Supplies and Purchased Services	1,906	818	1,088	18,353	11,098	7,255	27,234	16,136
Total Expenditures	\$17,399	\$15,708	\$1,691	\$142,798	\$131,300	\$11,498	\$213,652	\$82,352
<u>Connections: Mental Health/Substance Issue</u>								
<u>Revenue:</u>								
Fees, Reimbursements & Other Income	\$1,720	\$2,654	\$934	\$13,760	\$21,563	\$7,803	\$20,640	(\$923)
Total Revenue	\$1,720	\$2,654	\$934	\$13,760	\$21,563	\$7,803	\$20,640	(\$923)
<u>Expenditures:</u>								
Salaries and Benefits	\$75,112	\$81,433	(\$6,321)	\$791,847	\$642,666	\$149,181	\$1,092,288	\$449,622
Supplies and Purchased Services	47,419	21,499	25,920	357,291	264,826	92,465	558,457	293,631
Total Expenditures	\$122,531	\$102,932	\$19,599	\$1,149,138	\$907,492	\$241,646	\$1,650,745	\$743,253
<u>Dental Services</u>								
<u>Revenue:</u>								
Fees, Reimbursements & Other Income	\$81,597	\$61,545	(\$20,052)	\$652,796	\$554,620	(\$98,176)	\$979,216	\$424,596
Total Revenue	\$81,597	\$61,545	(\$20,052)	\$652,796	\$554,620	(\$98,176)	\$979,216	\$424,596
<u>Expenditures:</u>								
Salaries and Benefits	\$247,738	\$208,816	\$38,922	\$1,985,907	\$1,728,088	\$257,819	\$2,978,861	\$1,250,773
Supplies and Purchased Services	59,357	41,434	17,923	579,929	398,466	181,463	830,185	431,719
Total Expenditures	\$307,095	\$250,250	\$56,845	\$2,565,836	\$2,126,554	\$439,282	\$3,809,046	\$1,682,492

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 8/31/2019

	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
<u>MH/SUD/Primary Care</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$2,916	\$0	(\$2,916)	\$23,328	\$11,317	(\$12,011)	\$35,000	\$23,683
Total Revenue	\$2,916	\$0	(\$2,916)	\$23,328	\$11,317	(\$12,011)	\$35,000	\$23,683
Expenditures:								
Salaries and Benefits	\$81,792	\$74,797	\$6,995	\$660,338	\$609,195	\$51,143	\$987,507	\$378,312
Supplies and Purchased Services	8,086	5,012	3,074	82,712	62,231	20,481	119,045	56,814
Total Expenditures	\$89,878	\$79,809	\$10,069	\$743,050	\$671,426	\$71,624	\$1,106,552	\$435,126
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$1,145	\$544	(\$601)	\$9,159	\$5,184	(\$3,975)	\$13,739	\$8,555
Total Revenue	\$1,145	\$544	(\$601)	\$9,159	\$5,184	(\$3,975)	\$13,739	\$8,555
Expenditures:								
Salaries and Benefits	\$53,455	\$49,584	\$3,871	\$429,137	\$390,776	\$38,361	\$642,956	\$252,180
Supplies and Purchased Services	12,649	8,753	3,896	121,509	74,550	46,959	177,918	103,368
Total Expenditures	\$66,104	\$58,337	\$7,767	\$550,646	\$465,326	\$85,320	\$820,874	\$355,548

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 8/31/2019

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Health Care Access</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$0	\$0	\$0	\$0	\$199	\$199	\$0	(\$199)
Total Revenue	\$0	\$0	\$0	\$0	\$199	\$199	\$0	(\$199)
Expenditures:								
Salaries and Benefits	\$76,379	\$67,404	\$8,975	\$602,034	\$542,153	\$59,881	\$901,550	\$359,397
Supplies and Purchased Services	12,537	4,578	7,959	120,015	69,380	50,635	173,066	103,686
Total Expenditures	\$88,916	\$71,982	\$16,934	\$722,049	\$611,533	\$110,516	\$1,074,616	\$463,083
<u>Health Info Source</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$5,443	\$4,690	\$753	\$45,043	\$37,672	\$7,371	\$66,814	\$29,142
Supplies and Purchased Services	2,972	790	2,182	30,125	12,390	17,735	42,449	30,059
Total Expenditures	\$8,415	\$5,480	\$2,935	\$75,168	\$50,062	\$25,106	\$109,263	\$59,201
<u>Resource Development</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$12,431	\$12,198	\$233	\$99,447	\$95,830	\$3,617	\$150,720	\$54,890
Supplies and Purchased Services	1,565	791	774	16,414	8,401	8,013	23,516	15,115
Total Expenditures	\$13,996	\$12,989	\$1,007	\$115,861	\$104,231	\$11,630	\$174,236	\$70,005

Health District of Northern Larimer County

Investment Schedule August 2019

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,369	0.014%	2.05%	N/A
Local Government Investment Pool	COLOTRUST	\$ 8,418,747	83.520%	2.33%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	\$ 10,156	0.106%	2.33%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	\$ 26,357	0.276%	2.33%	N/A
Flex Savings Account	First National Bank	\$ 172,657	1.813%	0.90%	N/A
Certificate of Deposit	Advantage Bank	\$ 136,932	1.436%	1.40%	12/27/2019
Certificate of Deposit	Advantage Bank	\$ 110,060	1.154%	1.40%	9/2/2019
Certificate of Deposit	First National Bank	\$ 112,723	1.182%	1.35%	9/6/2019
Certificate of Deposit	Points West	\$ 113,160	1.187%	1.35%	6/4/2020
Certificate of Deposit	Points West	\$ 153,526	1.610%	1.25%	4/2/2020
Certificate of Deposit	Adams State Bank	\$ 232,853	2.442%	1.29%	10/7/2019
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	2.630%	1.40%	1/9/2020
Certificate of Deposit	Farmers Bank	\$ 250,000	2.630%	2.00%	6/27/2020
Total/Weighted Average		\$ 9,988,542	100.000%	2.18%	

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
BOARD OF DIRECTORS
MEETING
August 27, 2019

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Molly Gutilla, MS DrPH, Board Vice President
Celeste Kling, J.D., Board Secretary
Joseph Prows, MD MPH, Board Treasurer
Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board

Staff Present:

Carol Plock, Executive Director
Bruce Cooper, Medical Director
James Stewart, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
Lin Wilder, Community Impact Director
Anita Benavidez, Executive Assistant

Others Present:

Dan Sapienza, public, previous employee
Anne Hudgens, Executive Director, CSU/
MHSU Alliance
Laurie Stolen, Larimer County Behavioral Health
Jared Hall, public

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:02 p.m. Director Liggett noted the revised agenda, which changes the order of topics, and added policies for board consideration.

MOTION: To approve the revised agenda
Motion/Seconded/Carried Unanimously

PUBLIC COMMENT

Laurie Stolen, Behavioral Health Director of Larimer County and member of the Mental Health and Substance Use Alliance and the Health Care Sector Partnership, expressed the need for, and importance of, a comprehensive web based health resource. She reported that the Technical Advisory Committee, which includes 27 local Behavioral Health subject matter experts who advise the County on the utilization of the funding resulting from the recent behavioral health ballot issue, has prioritized the need for system mapping so they can better understand who does what in our community. A local, easily accessible, updated and enhanced HealthInfoSource (HIS) would be invaluable for system mapping and referrals. She noted that increasing service capacities and improving the continuum of care in our community won't do much good if we don't have a way for those in need to find them. She noted that she had tried plugging key terms into Google, but results came up in the millions, whereas a small, local, source of relevant information puts all the information in one place, including useful information like service-type,

specialization, age group served, the fee structure, and hours of availability for patients. Ms. Stolen noted her appreciation for a Health District that is willing to do this, and that recognizes the need for an organization willing to assume ownership, maintenance, and support to stay current, relevant, and useful. It is an invaluable resource for our community.

Ann Hudgens, Executive Director of the CSU HealthNetwork, noted that she has been an active member of the Mental Health Substance Use Alliance for more than 15 years, and is currently the chair. She recalled the half-day retreat that the Alliance held where members of the group were assigned roles (as a person in need of assistance – a person in crisis, a mom who has a son or daughter who has a substance use disorder...etc.) and given the task of trying to navigate finding the services that individual would need. It became very clear that it is really difficult to navigate to effective resources, where they were, whether or not they were taking new clients and more. An outcome of that exercise was to prioritize creation of a better hub that allows people to find what they need. In this era of extensive information, the difficulty of assimilating it is real, and HIS is an important resource for the community, mirroring the work of the Alliance to connect people to the right resources at the right time. This generation navigates their lives through the Internet, and though it takes an investment, that investment can turn the tide for people in need.

Dan Sapienza, who formerly worked at the Health District as Policy Coordinator, attended as a member of the public to express his opposition to HIS. He noted that he also worked as a web developer, and that one platform/approach was to use the Lean Startup approach. He described the approach as one which uses a build, learn, and iterate approach; one builds a product to see if people use it, then pivot as appropriate depending on what you find out. He noted that there have been various board meetings since 2017 that have discussed HIS, originally proposed to launch October 2018. In August 2018, the budget for development was estimated at a maximum \$88,000, but with the first RFP, all bids were over budget. With the new RFP process, the Board approved a budget up to \$115,000, but at the next meeting a potential \$130,000 was indicated. He noted that lean startups are meant to avoid this by starting with a minimum viable product (MVP) – in this case, a central clearinghouse of information that is updated, current, available, to see if people want to use it. He believes that there is already a MVP with the current HIS, and stated his opinion that nobody uses it. His opinion is that the project is spending \$400,000 for a website, and that it is tackling a problem that doesn't exist. The problem, from his perspective, is that there aren't enough mental health professionals.

Jerrod Hall noted that he seconded everything that Dan had said. He is a software engineer and noted that he was there to gain clarity about the project.

PRESENTATION, DISCUSSION AND ACTION

- Health Info Source Redevelopment – General Approval of Vendor Contract – Lin Wilder

Ms. Wilder gave a presentation entitled “Creating a New and Improved HealthInfoSource.Com: What it Is (and can be) and Why It’s Important.” She noted that HIS is far more than just a website; it is a solid foundation for the efficient, effective behavioral health system we are trying to create, and a critical resource for our Connections program and other professionals who connect people to behavioral health services; it is THE foundation upon which Connections is built. The key focus of the updated HIS is on behavioral health information. The goal is to help residents make the best, most informed health care decisions, and to sort out the most important and reliable information amongst voluminous information. The new iteration plans a robust but

simple to navigate, easy to use, neutral, local tool. Resources currently available on the web have many gaps, and do not offer neutral information; providers have to pay to be on the key source of information. The redesigned tool is intended for the use of care coordinators, discharge planners, transition of care coordinators, providers, health and human services organizations, and the public, and will include more detailed information, several new features (including mobile-friendly, mapping, ease in updating, ability to save and share lists, ability for professionals to include and share notes on services, health guides, and more), and far better search and filter capabilities than are currently available. It is being designed as a more efficient way to get people in need connected to the right resource, at the right time.

Consumers consistently report that it is incredibly frustrating to try to figure out where to go for behavioral health care on the web. Searches are often confusing, lead to voluminous information but limited relevant information, and often don't answer their key questions. Insurance provider lists have very limited information about the providers listed. This redeveloped tool is being designed to better meet those needs.

Staff are working hard to gather information from multiple sources to assure that the redesigned system will work well for their needs, and are doing the groundwork to build a system that identifies the right resources for an individual's need.

It will be a comprehensive system with no cost to providers, easy for providers to use and update, as well as a tool for provider-to-provider referrals. The ease of use for providers helps assure quality, updated information. The system allows for specific information that referrers and the public often request, such as providers who prescribe Medication Assisted Treatment for addiction, providers from the LatinX community, provides with specific specialties, etc.

Ms. Wilder noted that in 2015, the Health District installed filters in Google Analytics to more accurately report site usage, eliminating website visits from 'bots', routine maintenance performed by staff, staff usage, and visits from users outside of Colorado. In late 2018, the numbers were again adjusted to eliminate some usage by staff that had not been caught during a Connections staff office move. Although the current HealthInfoSource.com website is using very old technology and has very little advertising, market, or outreach due to the impending redesign, the number of remaining unique users (external to staff) in 2017-2018 averaged about 11,800, and the projected 2019 external utilization is about 8,300 users.

Organizations currently linked to HIS on their website include the Poudre School District, Fort Collins Area Chamber of Commerce, Associates in Family Medicine, Larimer County, and more. Participants in several professional focus groups indicated that for those who used HealthInfoSource, the behavioral health resources were the most helpful part of the site and were often used to find the right providers for their clients' needs. Staff from key partners (like schools and physician's offices) indicated that they use even the existing website daily, but that they would use it far more, and it would be incredibly more valuable, if it were improved.

Consumers participating in focus groups indicate strong interest in comprehensive, local, and routinely updated provider directories, with high interest in behavioral health resources. They requested health guides to help navigate the health care maze, and information on local relevant classes, support groups, and community events. They noted the difficulty in the layperson understanding the differences between various services (such as therapists, psychologists, and

psychiatrists), and asked for information that would help them sort out their needs and the best professionals to help them address those needs, and tools to help them understand what questions they should consider asking.

While it is challenging to project utilization for any website, there are nearly 90,000 behavioral health related web searches annually in Larimer County. If even 15% of those found and used HIS, that would equate to over 13,000 public users each year. In addition, Connections makes approximately 8,000 referrals every year; if half of those were made through HIS, it would be another 4,000. There are an estimated 500-700 other professional users who would find the new tool useful in working with their clients, which would boost utilization even more. And the tool is anticipated to be critically important to the success of the connections and referrals that will be needed back and forth between the new behavioral health facility being planned.

Ms. Wilder noted that there are three budget phases, including the current Development Phase (Sept '19 – May 2020) the Startup Phase (Spring and Summer 2020), and the Maintenance Phase (ongoing). Costs for the project include existing content staffing for content development, project management, the development vendor, website hosting and maintenance, and eventually project coordination. A Project Manager is currently on staff to assist in the first two phases. For the third phase, a very part time coordinator will be hired, and there will be a need for slightly increased FTE for existing content specialist time. The cost for the vendor developing the website increased from an original estimated \$88,000 for reasons that include added features, requirements for added security measures, and bids coming in higher than anticipated; the current estimate is for a maximum of \$130,000.

In summary, Ms. Wilder noted that HIS is critical for our services because: it results in greater efficiencies for our staff at Connections, helps meet the needs of other professionals; gets people to the best place the first time; meets the needs of skyrocketing demand for Behavioral Health information; provides better customer service for clients seeking care from a stressed workforce; helps people understand the new service offerings; strengthens the HD and Connections visibility and brand; and supports more informed healthcare decisions for some of our most vulnerable community members.

Staff from the Health District's Connections Program added information. Kristen Cochran-Ward, the Mental Health Connections Program Manager: noted that between Jan 1 – Aug 27, 2019, her team gave out over 9,000 referrals, and now anticipates 13,000 for the year. They use a variety of sources of information, but the team has made 1500 phone calls to private providers in the community to ascertain their specialty and availability. They do use the current HIS, but in its present form, it is clunky, its layout is outdated, and it is not user friendly. The improved product will significantly decrease the amount of time staff is taking to get the information – creating efficiencies that leave them more available for the work they are meant to do.

Michelle Clark, Behavioral Health Provider Supervisor and Tasha Steinbach, Behavioral Health Provider at Connections, spoke briefly about their perspective on HIS: Ms. Clark has been here for 8 years and has seen first-hand how hard it is for individuals to navigate the behavioral health world. They currently have to use a variety of work-arounds to get people the information they need, and some important information, like comprehensive information on substance use services, are lacking in comprehensiveness and good search capabilities. Ms. Steinbach noted that she regularly works with clients who ask questions about potential therapists, and there is a

clear need for information about all providers (not just those who pay to be on websites). She noted that she regularly needs to search for specific specialties or features, such as an ADA accessible office, or evening/weekend hours. She noted that if you have never had to try to find help, you might not understand how difficult it can be – but they hear it daily from consumers, and that it only takes about 2 phone calls for a client to give up and not pursue seeking needed services. She noted that by the time clients get to us, they typically need help now – and this new, improved tool is really vital to getting them connect to the right help quickly.

Ms. Plock noted that reasonable people sometimes disagree, and can agree to disagree. She reiterated that staff have done a great deal of work over the past two years to understand community need and craft a solution that would meet multiple needs. While our own staff need comprehensive information, other community coordinators and providers also rely on this information – and if it were more useful, with added information and features, it would make a big difference in meeting clients’ and the community’s needs. Since the need for information is greater than Connections staff’s capacity, it’s important to have it available for the whole community at all hours. This is a project that is far more than a website; it is an important tool that connects people to the services that can help them meet critical behavioral health needs.

MOTION: To grant general approval to move forward with a vendor contract for HealthInfoSource.com redevelopment, not to exceed \$130K
Moved and Seconded

Board Discussion: Board Director Prows noted that the concept of this tool is great, but that what needs to make sense to him is the use of the funding, current and future. He is concerned about whether we can develop a useful tool moving forward. In responding to the current expenditures, Ms. Wilder noted that we have an active website with regularly updated information, and the content specialist is actively engaged in gathering and updating information. Current expenditures in the Operational budget (YTD \$29,269) are for salary and benefits for content management, fixed costs, some of Lin’s time, and a small bit of community outreach. Reserve spending includes funding for the Project Manager, and the upcoming development vendor. Ms. Haywood noted that a portion of the budget for HIS is for allocated fixed costs expenses – all programs have allocated expenses that are designated for overhead costs, based on FTE. He noted that he would like to have more information on budget. He also had a concern about the timing, noting that based on the original timeline, the system have been launched by now. Ms. Plock agreed, adding that, as is the right of the board, they have asked additional questions at every stage, which has significantly extended the timeline to resolve those questions. She also noted that the current product is still being used and impacting lives, which requires staffing.

Director Gutilla noted appreciation for the community engagement of stating opinions on this issue, both through emails and presence at the Board meeting. Since the Board wants this to be “Our Health District,” it’s important to welcome community comments. She noted that this project requires a significant expenditure, that community opinions differ, and that it is important to consider its value. She is interested in objective, quantifiable evidence of HIS’s impact, and asked the board to consider whether it wanted to invest in an intervention that is not an evidence-based practice. While there is proof that something like Larimer Health Connect increases access to care, there is no proof that this service can impact community health.

Director Naqvi noted that he is taking a business perspective in terms of resource allocation and return on investment. From his perspective, if we used this amount of funding to hire a physician or counselor to serve people, there would be an impact, but the number of people served would be quite limited. The potential of this service is to connect far more individuals to the care that they need; in his view, HIS has the potential to have a massive impact – if it works, the potential return on investment would be a homerun. He acknowledged that in all projects that are nascent like this, the impact is speculative. But looking at the trends in the growth of our community, the rapid expansion in substance use and mental health needs, and the reality that utilization of the internet as a means to gain information is growing exponentially, he views this as potentially transformational. While it could be fraught with risk, the potential for success is there, and it seems to him that the Health District would want to be in front of that wave. He also noted that a good website requires adequate expenditure; they are not inexpensive.

Director Kling expressed the thought that it doesn't seem fair to measure success based on the old website when we know it isn't working well. Her opinion is that since we have gone out and done focus groups and talked with our partners in the community, and they are asking for the changes that would create something that works well -- if we can avoid redundancy of services and have a website that is neutral and modern to make these connections, we are doing our job. In particular, she noted that if we can use this tool as leverage to free up the time of those people who work to connect people to work with more clients, and get more people to the behavioral health services they need, we can maximize the amount of services in our community. She believes that behavioral health is one of our highest priorities, and that it is worth the risk.

Director Gutilla noted that there are trade-offs, and directed a question to Kristen Cochran-Ward, Connections Manager, "If you were given that funding and could spend it in whatever way you see fit to assist CAYAC and Connections, how would you use it?" After thoughtful consideration, Ms. Cochran-Ward answered that her first emotional/gut response would be to hire more staff, because the demands for our services are high and we don't have enough professionals to serve everyone. However, when she considers the whole big picture, she noted that it's important to look at the efficiencies. The time that staff are spending to gather information that is not readily available wastes a lot of time. The reality is that both are true: Connections needs more staff, and staff have to have access to updated resources and information at their fingertips. We need both – we can't have one without the other and get good results in our program.

Ms. Plock noted that her job in entering the budget process is to look at both of those needs and try to balance them out, since we are aware that both are very important. She shared some insight gained by multiple conversations with community care coordinators: they can't coordinate care well without the right information. While just a few years ago, we had a handful of care coordinators in our community, we now have over 100 care coordinators daily working to identify, and connect people to, services.

Director Gutilla reiterated her concern about choosing a solution that is not an evidence-based solution, and her interest in measuring the impact (not just use). Director Prows noted his concern that the Health District's expertise is not web design, and that if the result is not spectacular, we could face public criticism. Staff noted that the reason for hiring a Project Manager with years in the technical field was to fill in that gap, and that a top priority is to be sure that our vendors are highly qualified. Director Naqvi noted that the project also has the

potential to give a big boost to community support, noting that when the world is changing as quickly as it is, you've got to attempt to stay in front of it and that with the trends now, the effort is absolutely worth the risk.

Director Gutilla acknowledged that there were strong emotions and personal opinions involved in this discussion, and noted that this has nothing to do with personalities or personnel.

Director Liggett stated that, from his perspective, this is a good, forward-looking move for the HD. He values the opinion of the professional staff who have walked us through this to get a competent answer at the best price.

MOTION: To grant general approval to move forward with a vendor contract for HealthInfoSource.com redevelopment, not to exceed \$130K

Moved and /Seconded/Carried 3 – 2

Yay: Directors Naqvi, Kling, Liggett; Nay: Directors Prows, Gutilla

PRESENTATION

• Upcoming Triennial Community Health Assessment – Bruce Cooper

Dr. Cooper noted that staff members are excited about the Triennial Community Health Assessment process, and proceeded with an overview of what's coming. Noting that the Health District regularly creates logic models, he noted that this Assessment process has many stages, and starts with collecting data, and ends with making decisions on interventions expected to improve the health of the community. The information is valuable both internally, and to other organizations in the community. This is the 9th triennial review over 24 years.

Triennial Assessment Components

The components of our triennial assessment include a random-sample community health survey, community discussion groups, utilizing secondary data to further describe our community, a compilation of trends at the local, state and national level, and disease and risk factor burden estimates. The process is to compile and assemble the data, then take the time to study and analyze it. This provides strong, quality CHA data and products which drive improvement in community health status. After review by the Board, the Evaluation Team disseminates the data to the community. The goal is use of the data for good decision making on programs, services, and policies. The process can help transform our community, through providing information insight into emerging issues, and building collaborative approaches to issues.

The random sample survey (12,000 households will be invited to participate) is about ready to launch, after a year of development. Questions are included on topics in the areas of health behaviors, physical health, oral health, mental health, chronic pain, substance use, access to health care, social determinants of health, and policy options. In the area of social determinants of health, questions have been added around housing, access to childcare, substance use questions, and attitudes around mental health and SUD treatment. The Evaluation Team has been working really closely with Weld County who is doing a similar survey process and we have figured out efficiencies that will now allow us to be general

contractors for the survey - managing some of the components, and contracting out others. The survey will be launched in September and fielded through late November – both mailed and online surveys in both English and Spanish in September. Discussion groups will be held in October. Staff compilation and analysis of those, as well as gathering further information and completing the burden of health estimates, will take place in early 2020, and results will come to the Board in advance of the April 2020 Board retreat.

Director Gutilla noted Fort Collin considered a great place to live, but that is not true for everyone. She wondered whether there were methods that would help to reveal the disparities that might exist for marginalized populations, such as LGBTQ, those with low incomes, Latinx, etc. Dr. Cooper responded sometimes information is available, but some populations that we would like to have more information on are under-responders. The strategy last time was to oversample census tracts; this time, we will be adding extra mailings, and double stuffing envelopes Spanish and English surveys. We are also working on getting the word out that it's worthwhile to fill out the survey, and asking local organizations to help spread the word. A website has been developed that explains the survey. Some of the questions in the survey have been changed to specifically address some of those underrepresented populations.

PRESENTATION, DISCUSSION AND ACTIONS

- Key Bills for 2019 Legislative Session – Alyson Williams
- Board Policy Survey Results
- Three policies for consideration: Federal, State, Local

Late breaking issues:

Local – The PSD Health Education Requirement for graduation was abruptly cut off in the 2018 school year, resulting in lower numbers in health education classes. The Partnership for Healthy Youth has been made aware and a group is presenting to the Wellness Advisory Council for Schools, the District Advisory Board, and the Board of Education to request reinstatement of the health education requirements, and possibly include social and emotional learning, into the curriculum. At a minimum, the request is that it should be a prerequisite for any other wellness class offered. The decision to eliminate the requirement was not well known.

Board discussion included the importance of sex education in the schools, and the value of social and emotional learning. The Board asked that the Health District be involved in advocating for reinstatement; Alyson will get in touch with the ad hoc grouping working on the issue.

State – HCPF released their draft application for the 1115 waiver to provide more comprehensive substance use including inpatient residential treatment. The Board gave permission for the Health District to enter comments if they seemed indicated (to be approved by the Board President).

Federal – The federal administration is proposing elimination of broad-based categorical eligibility, which is a process that allows a person who is eligible for TANF to be categorically eligible for SNAP, without a separate asset test. This is important for child nutrition because once families have SNAP, kids receive free school lunch. If this proposed rule goes through, it is estimated that approximately 33K people in Colorado would drop off of SNAP (including 11,000

children). Comments are due on September 23. The Board granted Alyson permission to draft comments in opposition to this rule.

2019 Key Bills:

HB19-1004: Proposal for Affordable Health Coverage Options. HCPF and DOI are developing a proposal, often called the public option, to get a health plan on the market that is more affordable and accessible. They are having stakeholder meetings across the state, but there is not yet any indication of what that plan might look like. They are required to have a draft report ready around September 30, with the final report due on November 15, and implementation in 2021. It's an incredibly complex issue. Questions they are investigating: What would be the ideal solution for consumers? What is affordable? What is the cost of care?

HB19-1033: Local Governments May Regulate Nicotine Products. Towns and counties are already starting to discuss whether to implement this, and how. In Larimer County, Communities that Care is working on draft policies. Potential topics for consideration include: moving the age to purchase tobacco to 21, requiring licensure of tobacco retail shops, taxation, banning flavors, etc.

HB19-1168: State Innovation Waiver Reinsurance Program. The Federal Government has approved the waiver, and insurers are getting their final rates to the DOI, in late Sept/early Oct. They are proposing a 15% drop in rates, but it could be as much as 25%. It affects those who purchase their insurance on the individual market on the Connect for Health Colorado exchange.

HB19-1174: Out-of-Network Health Care Services. Otherwise referred to as "surprise billing," efforts have begun to determine how they will put these caps in place and how the arbitration will work. Rulemaking will be done by DOI; one of the challenges is how to be sure the intent of "holding the consumer harmless" is met.

HB19-1216: Reduce Insulin Prices. The bill that capped the costs to an individual at \$100 per 30-day supply of insulin. Rulemaking just came out on Sunday, identifying the Pharmacy Regulations for the Board of Pharmacy to uphold.

HB19-1237: Licensing Behavioral Health Entities. There is an advisory group pulling together all the disparate regulations on substance use and mental health facility licensing and working to define how it will work under one house.

HB19-1269: Mental Health Parity. Implementation is in progress. Data from insurers is being gathered and full batch of data is anticipated in September. DOI will be searching the data for existing gaps in parity compliance.

SB19-005: Import Prescription Drugs from Canada. The Canadian response has not been positive; they are concerned about their own costs rising and possible shortages of drugs. The Trump administration has said they are in support of this, and are looking at issuing guidance as to how states would apply to the program for Federal approval.

Board Policy survey:

Alyson reviewed the survey responses, noting that the overarching measure of engaging in policy

work is relevancy to the mission and values of the organization.

In general, all board members use the analyses in making decisions, and most felt the policy presentations held an appropriate level of detail, length, and were clear and concise. Regarding the length of analyses, Board members wanted to be sure that in the future, there is a clear summary of the, issues, with longer analyses attached (when time permits). That way, those who want to read the summary only, can do so (whereas it is often important to have more complete information available for legislators and other decision makers).

It was noted that one of the key values of the Health District analyses is that we are one of very few organizations that provide analyses with cover both sides of an issue. Board members noted that they were satisfied with the legislative tracking process. In addressing whether the current process allows for appropriate discussion and questions from the Board, a board comment was that it is sometimes hard to know when to jump in to discuss an issue thoroughly; that is an issue that the Board can take up. In the future, policy staff will be more closely tracking local policy issues. During Alyson's leave, Karen Spink will be on policy point.

UPDATES & REPORTS

Executive Director updates:

In the interest of time, this report was postponed. Director Gutilla noted the importance of developing a relationship with Larimer County Department of Health and Environment Tom Gonzales. Ms. Plock noted that they had been in several meetings together, and that she is in the process of setting up a meeting with him, as well as a meeting between the two Executive Directors and the two Medical Directors of the organizations.

UCHealth-North/PVHS Board Liaison Report – Director Naqvi

Their Board meeting was on August 21, where it was reported that UCHealth experienced their first financial challenge to the system in three years, due to a variety of factors which may include admission rates, payer mix, and a trend toward observation stays in hospitals vs. admissions (observations are paid per hour, while admissions are paid per day). Greeley Hospital is doing very well, though some of the business may be coming from MCR. Trend in outpatient services is growing rapidly.

On the political front, HCPF has been making presentations that don't reflect well on hospitals. The hospitals believe it's important to share information with legislators so that they will understand how many Medicaid patients they serve, and how critical they are to the safety net – which is likely to be an effort this fall. The hospitals are working on understanding the impact of the public option concept, or other options that might be considered for payment systems. They are extremely concerned that current public option proposals under consideration could not only sink hospital margins, but have hospitals go into the red.

PUBLIC COMMENT (2nd opportunity)

Dan Sapienza noted his support for commenting on the SNAP issue (elimination of broad-based categorical eligibility). He noted that although Larimer County is involved in both TANF and SNAP locally, the county determined that they will not make any public comment on the issue, and he noted that there are 1,000 families in Larimer County potentially affected by this issue. On the HIS topic, he thanked the Board for talking about and debating the topic. He noted that

he was somewhat uncomfortable with the process; that the emails that were sent should be in the public record, and that he thought staff reports should be neutral rather than answering the concerns he raised in his email. He reiterated his belief that HIS is a program that is a waste, and that he will continue to watch. It would also be good for the Health District to make some changes to better welcome people.

CONSENT AGENDA

- Approval of August 14 Board Meeting Minutes.
- Approval of June 2019 Financial Statements.

MOTION: To Approve the Consent Agenda as Presented
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- September 24, 4:00 pm, Board of Directors Regular Meeting
- October 16, 4:00 pm, Joint meeting with UCHealth North/PVHS Board
- October 22, 4:00 pm, Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 6:35 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

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

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
MEETING
September 24, 2019

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Molly Gutilla, MS DrPH, Board Vice President
Celeste Kling, J.D., Board Secretary
Joseph Prows, MD MPH, Board Treasurer
Faraz Naqvi, MD, (by phone)

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

Dana Turner, Dental Services Director
Lin Wilder, Community Impact Director
Anita Benavidez, Executive Assistant
MJ Jorgensen, Project Implementation Coordinator
Suman Mathur, Evaluation & Data Analyst

Others Present:

Kevin Unger, UCH

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:07 p.m.

Director Gutilla requested that a short discussion on Board Policies & Procedures be added to the agenda.

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

PUBLIC COMMENT

None

PRESENTATIONS

UCHealth North – Kevin Unger, President and CEO

Dr. Unger did a quick review of their mission, vision, and values, noting that their Vision is now “From health care to health.” The concept is to move from sick care to health care, and the goal is to keep people out of the hospital - creating programs and clinics in different locations than exist today, placing strong focus on primary care, and expanding virtual health.

He shared key accomplishments from the past year, including their 5th Magnet Award – one of

only 17 hospital in the country to gain that achievement. Data from the UCHealth Patient Safety and Quality Metrics Scorecard show that PVH is one of the top performing hospitals in the system, with only one indicator appearing in the “needs attention” category (SSI Colon SIR), and significant improvement in C. Difficile and other indicators. It was noted that they are seeing good increases in their patient satisfaction scores.

In Northern Colorado, growth in their services is constant, which is both the good news and the biggest challenge. The UCHealth Greeley hospital was two-thirds full within a week of opening. UC Medical Group now has over 900 providers and over 2500 staff, and includes 45 specialties and services. PVH will be adding a second cath lab, opening in February 2020. They are also working on a multiyear master plan to renovate PVH, with a focus on making it easier to get to their building and having a consistent look and feel; and a variety of other changes taking place. The Harmony Cancer Center will be expanded, adding a new linear accelerator.

With regard to the new focus on keeping people out of the hospital, new primary care facilities are opening in Timnath, Severance, Johnstown, Berthoud, and Frederick. They are also developing a “Virtual Clinic” through MyHealthConnection, allowing a person to connect with an Emergency Room physician anytime of the day or night; a virtual visit would run about \$45, and the physician can send a script to a pharmacy.

Director Prows asked about behavioral health and care coordination, commenting that primary care clinics struggle with having enough behavioral health care and care coordination for those with complex needs. Dr. Unger noted that UCHealth is planning to spend \$100M in new funding for behavioral health. In addition to inpatient behavioral health care in Denver, part of the funding will be used to embed behavioral health in primary care, including psychiatric care and psychologists. Another part will be to add Telepsychiatry in emergency rooms, although that may occur more in rural areas.

In the category of Innovations, UCHealth will also be moving toward Virtual Intensive Care Unit (vICU) Deterioration monitoring, and monitoring for conditions like sepsis, allowing earlier and more effective interventions.

Director Naqvi noted the shift in outlook toward revenue generation in the outpatient setting vs. inpatient hospital based settings, and the fact that the need for cancer care is growing. Also, with the government switching to hourly payment versus daily payment in many cases, hospitals are faced with coding changes.

CAYAC (Child, Adolescent and Young Adult Connections) – Lin Wilder, Director of the Community Impact Team

Ms. Plock noted that the next two updates are being presented with the recognition that both projects receive a significant amount of funding from grants that will be ending in 2019, and decisions will need to be made in the budget process regarding their future. It is too early in the budgeting process to know what recommendations will be made.

Lin Wilder provided a review of the origins of CAYAC: Between 2012-2015, the MHSU Alliance started discussing the need for better “Early Identification and Early Intervention,” and completed a needs assessment that included hearing from youth, families, and providers; research on best practices; and in-depth studies of service availability and gaps. Their findings became

the blueprint for CAYAC. A few key findings were that 20% of Larimer County youth (ages 13-18) lived with a mental health condition, yet 58% of those didn't receive treatment. Youth with early signs of a mental health disorder often went ten years before receiving treatment. Families of youth with mental health and/or substance use issues often dropped out of care, for many reasons, including limited availability in the areas of psychological testing and youth-specific psychiatric services, and difficulty in navigating the system.

CAYAC was born in 2016 to: (1) Identify needs of youth earlier and get them appropriate care earlier; (2) reduce barriers like affordability; (3) provide more education about these conditions; and (4) improve information sharing between community providers, families, primary care practices, schools, etc., so youth can access the right treatment.

After three years of experience, we can now say that the needs assessment wasn't wrong about the needs: they are considerable, and the demand for CAYAC has grown over these initial years. As the stigma around mental health care drops, we are seeing more people access services (both our services and other providers' care). The downside is that this causes closures to new clients because the providers' schedules are full. A lot of the people we see have complex situations, resulting in the need for intensive, individualized, in-depth services that take a lot of staff time. Our client satisfaction is high, as people find the answers they are looking for at CAYAC. We would like to reach people earlier, since an important key is getting to individuals as signs begin to emerge, but capacity is an issue.

What makes this approach work well is that CAYAC is a multi-disciplinary approach (psychiatrists, psychologist, therapists, care coordinators), including psychological testing when indicated. This more comprehensive assessment provides a better view from which to identify appropriate treatment. We are a short-term solution to help families understand their situation, and get clients to the right long-term solution.

A board question was whether we have been able to quantify the dearth of providers compared to what the HD is seeing in terms of demand. While staff have clear understanding of some of the biggest gaps (for example, providers for children ages 0-5, affordable psychological testing), the extent of the need hasn't been quantified. More specific mapping of the needs will be developed as staff work on a mapping project for the PAC/TAC groups working on behavioral health expansion in Larimer County. Resources from HealthInfoSource and other sources will be used to update with more specificity what services exist, how big the potential need is for services, and identify the gaps in each category. Ms. Wilder noted that the process will also include 'journey maps' to look at the actual consumer experience and what the key barriers to care are.

Another board question was whether there is any information on how CAYAC is serving some of our most marginalized populations. Ms. Wilder noted that we have some information on that, and can look into it; in the future, we may be able to gather more. Staff works closely with other community organizations - particularly primary care providers like Salud and the residency at FMC - to impact a wide range of youth in effective ways.

ACP – Karen Spink, Assistant Director

Ms. Spink provided updates and highlights about the Advance Care Planning Project, after the in-depth presentation to the Board in June. The Health District has applied for a six-month extension in early 2020 from Next Fifty.

ACP is designed to ensure that the care that a person receives at the end of life is aligned with the person's values every step of the way. The best approach is to begin the discussion before dealing with a serious issue. ACP serves people 18 and over – helping them articulate and document their values, quality of life goals, someone who can speak for them, and preferences for end of life care, and helps them communicate their wishes to family and medical teams. Once developed, the plans need to be revisited to ensure they are up to date.

The Health District's ACP services are unique in the community because they offer services that span age groups and health systems. The program works closely with UCHHealth's Aspen Club, which offers some ACP services, but Aspen Club cannot meet the whole need, and their focus is different: they have limited staff time (and offer many other programs), they focus only on 50+, and work within only the UCHHealth System. While they manage what they can, they regularly refer people to us for assistance.

Our ACP program is a multi-faceted program, providing: outreach to the community through presentations; one-on-one assistance to individuals and families; training for staff of long-term care facilities (helping them uncover ways to incorporate ACP better into their normal workflow); assistance to faith communities, helping them create messages to address religious, faith, and cultural issues; employer workplace campaigns; and in-depth training to medical providers on ACP, MOST forms, and how to have the conversation (working to embed this practice into their care settings). The goal is to establish a cultural norm so that these discussions, and documenting decisions, are comfortable and expected.

We are experience strong demand for our services. While there has been much progress, there is still a long way to go. Our project has received national attention several times for our innovative work. We find that so many – families and organizations - are hungry for this knowledge.

A board question was whether we could get UCHHealth involved; the response was that we have worked closely with them on a regular basis since the start of the program. In the past few years, there have been some great inroads, including how accessible ACP information now is on the EPIC electronic health record, once entered. We also work closely with Banner Health, so when our staff enter documents, they are scanned into both health systems, so they are available no matter which system a person enters. Another question was whether we have demographic data on usage of ACP; some is collected on those whom we meet with one on one, although those numbers represent only part of those whom we impact. Another question was who the original funder was, and whether we knew why they were not continuing to fund the program. The first funder was the Colorado Health Foundation, which launched a completely new set of priorities last year and did not continue funding for any of its ACP projects. Our community health survey included a question about ACP in 2016, and will this year too.

Health Equity – Suman Mathur and MJ Jorgensen

Ms. Spink reported that the Health District has launched an internal Health Equity Committee, which includes representatives from different programs and demographic diversity. The project will begin with internal transformation, then turn attention to external/community approaches. MJ Jorgensen and Suman Mathur presented. The Committee adopted the following definition: "Achieving the highest level of health for all people by eliminating the social, environmental, or

economic obstacles to health, equalizing the conditions for health for all groups,” noting that it’s hard to be healthy without access. Gaps in health care exist, and can be greater in special populations. The Health District works with many people with non-dominant social identities, and in our efforts to provide exceptional health services, we can take a better leadership role around this effort in our community.

In understanding health equity, it’s important to acknowledge that people start from different places and they also may face additional barriers as they move through their life. Health is complicated: while risk behaviors, disease/injury, and health care all impact health, so do living conditions and social and institutional inequities. To achieve the best health, it’s important for communities to work on all parts, in partnership with others.

The Health District already does much, and the goal is to identify what still needs to be done, and help knock down the fences/barriers to good health. The Committee has been comprised, adopted a definition of health equity, and has set a vision and mission. We envision three steps: internal transformation, changes in how we work with clients, and external/community work. The Vision is: The organization fosters a welcoming, safe & affirming environment that nurtures respect, health, and support for the employees & clients of the Health District. The Mission is: Enhance the health of our organization and community by integrating health equity at the Health District of Northern Larimer County.

Work is starting with an internal climate survey, to be followed by staff training, and a review of internal policies, procedures, collection of data, etc. The committee has begun with a retreat that included work on implicit bias. Staff are looking at tools other organizations have used, in order to adapt them to our needs. Staff will work to use a health equity lens in analysis of our community health survey, and we are participating with other local organizations in an Equity Compass initiative funded by the Colorado Trust to build capacity around collecting data on equities.

MJ is a finalist for the national Culture of Health Leaders Program, funded by the Robert Wood Johnson Foundation, which is a three-year leadership and development program that chooses only 40 people across the country. Those accepted will be announced in October; if chosen, it would provide a stipend for professional development, as well as funds for a specific community project.

Risk Management and CyberSecurity – Chris Sheafor

Mr. Sheafor announced that the Health District was honored with an award at the annual state SDA Conference – Risk Management Leadership Award. The nomination came from the staff at the Special District Association’s Insurance and Liability Pool as recognition for the work the Health District (and particularly our Risk Manager Lorraine Haywood) has done in the areas of safety, security, and risk management. Recognition came for three things in particular: our use of their training resources, and consultation with their safety expert, and being the first organization to utilize a comprehensive cybersecurity assessment that they offered, accomplished in conjunction with an outside national consultant. The cybersecurity assessment indicated that we are generally up to standard in security, though we have a few key areas to focus on, and in certain areas we are rated as “Best in Class.” A great deal of credit for those ratings is given to our IT Manager, Chris Roth.

Ms. Haywood noted that it is important to be constantly vigilant in cybersecurity; which is requiring changes in how organizations operate. Changes include holding vendors to higher standards, continuous staff training, testing, assuring good real time back-ups, and more. Data breaches and ransomware are happening on a regular basis, as evidenced by a serious issue recently experienced by Estes Park Medical Center. At a recent community Emergency Preparedness meeting, a representative from Homeland Security reported that cyber crimes are currently the fastest growing threat.

Board Policies and Procedures – Director Gutilla

Director Gutilla noted that at the Board retreat, the Board discussed reviewing our Board policies and procedures, and that she had volunteered to take a lead in developing a board self-evaluation process. She requested that board members be sent a copy of all Board policies electronically by October 1. Ms. Plock requested clarification, since it was her understanding that the Board had requested policies 97-2 and 97-3 rather than all of the policies. Director Gutilla requested all the policies; after discussion, the deadline was changed to October 15. A topic related to methods of evaluating board effectiveness will go on the next board agenda.

DISCUSSION AND ACTIONS

Budget Process – Carol Plock

Ms. Plock reported that the valuations estimate at the end of August indicate that next year, we will have an increase of about 13% in tax revenues, which is the second highest increase in the last ten years. She also reviewed the budget process, noting that the Board will receive the draft budget on October 15. During the October board meeting, key elements of the budget will be reviewed, then there will be a Budget Hearing on November 12 (at which time the Board will give input), the final tax valuation will arrive around December 10, and final adoption of the budget must be made by the Board on December 12.

Pay for performance process – Chris Sheafor

Mr. Sheafor presented a brief overview of the pay for performance process, which includes four parts: bi-annual market surveys, budget analysis, employee performance management, and pay increase allocation. The amount allocated for the entire pay for performance pool depends on the amount included in the budget. The pay range for each position comes from market data, linked to our job descriptions. Categories of performance are: (1) developmental, (2) market, and (3) superior performance.

Annually, a specific amount is included in the budget for pay increases. During budget preparation, some salary adjustments are made outside of the pay for performance process, based on the market survey data, when a position moves to a different range. Since property assessments take place every other year, tax revenues increase more in the year just following an assessment. 2020 will be an “up” year for the budget – and often we reserve some funds in an up-year so we have adequate funds for raises in the second year, where taxes tend to stay about the same. This year, we timed the market survey to correspond with “up” years. The process for setting a pay for performance budget starts in September, when the Board approves an amount to be included in the budget. The purpose of the pay increase system is to allow the Health District to compete for quality candidates and to retain quality employees. There are about 120 FTE, including grant-dependent positions.

For 2020, Ms. Plock is recommending a pay for performance pool of 4-5%, with a reservation of 2-3% for 2021; the board approved of those amounts by consensus. The board also needs to “cause to set” the public hearing.

MOTION: To “cause to set” the public hearing for November 12, 2019, during the regular board meeting.
Motion/Seconded/Carried Unanimously

Update on Public Awareness – Carol Plock and Richard Cox

After input regarding concern about using the term “Fort Collins” in our name, since our area is considerably bigger than Fort Collins, and a conversation with Toolbox Creative, it was suggested that the name

Greater Health

Our Community’s Health District

be considered, with special attention to mentioning Fort Collins in descriptions online due to its value in search terms. A trademark search is in process.

Mr. Cox reported that there are multiple steps ahead once the name is confirmed, including creating a new logo and defining the color palette and graphic identity, and determining how to integrate the name and tagline with our services. Once confirmed, everything will need to change: signs, documents, printing, social media, etc. If all goes well, the projected timeline is to release the new look sometime between January and April, which will create a new opportunity for people to get to know us again.

UPDATES & REPORTS

Executive Director updates:

Ms. Plock reported that we are currently in negotiations with both Salud and FMC for reimbursement for part of the cost of providing Integrated Care services; if successful, a conservative estimate will be included in the budget. There is a new federal salary threshold for who qualifies as an “exempt” vs. “non-exempt” employee, which will move five of our part-time employees into a “non-exempt” category. Staff recently had a long meeting on the Pain Management project, and anticipate sharing progress with the board soon. Intense work is being done on the preparation of the budget.

The community discussion groups for the triennial community health assessment are set for the final week of October. Invitations are being sent out for all discussion groups next week; the schedule will be sent to all board members by October 1; board members are invited to participate in one or more if possible. RSVPs are requested.

UCH Updates – Faraz Naqvi

The financial performance of the Northern region has improved, partly due to the stabilization of the new hospital in Greeley. The two biggest drivers of financial performance are admissions and case mix. Outpatient services continue to provide a bigger share of revenue.

At the hospital retreat, there was considerable discussion about the potential need for a shift in perspective from primarily profitability and maximization of revenues, to more consideration of affordability – which requires a different approach.

PUBLIC COMMENT (2nd opportunity)

None.

CONSENT AGENDA

- Approval of July 2019 Financial Statements.

MOTION: To Approve the Consent Agenda as Presented
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- October 16, 4:00 pm, Joint Board Meeting HD/PVHS
- October 24, 4:00 pm, Board of Directors Regular Meeting
- November 12, 4:00 pm, Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 6:10 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

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