CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA
Director Molly Gutilla called the meeting to order at 4:05 p.m.

MOTION: To approve the agenda as Presented
Motion by Celeste Holder Kling / Second by Joseph Prows / Carried Unanimously

PUBLIC COMMENT
None

BUDGET PRESENTATION & PUBLIC HEARING

- Budget Presentation
Karen Spink and Laura Mai will speak to the budget, Karen regarding programmatic and service areas and Laura the numbers. Priorities identified by the Board include access to care and coverage, behavioral health care, and oral health care with an emphasis on health equity. The intent is to pursue strategies that are known to impact population health, such as policy intervention.

Larimer Health Connect (LHC) and Prescription Assistance fall under the category of access to care and coverage. Prescription assistance will fold into LHC. Services for 2023 will remain steady with the past couple of years. Staff is renewal their focus on community outreach and education about all
Health District programs and services available, as well as providing community training on specific topics. Both specialists are now under the same umbrella. This outreach will include fairs and booths at community events.

- Behavioral Health Care incorporates the Connections and CAYAC teams as well as the Community Impact Team. Connections and CAYAC will continue to provide direct community services while partnering with other organizations. Care coordination staffing has been increased to aid in connecting people with the right resources (i.e., lower cost options for prescriptions...), thereby freeing up therapy time for the Behavioral Health Providers. Again community outreach and education is an integral part of this program. A focus continues around integrating MH/SU care into Primary Care, working with two safety net primary care clinics: Salud Family Health Center and Family Medicine Center. These will continue at current levels. Health District staff (a psychiatrist and clinical nurse) provide services in partnership with SummitStone for their Community Dual Disorders Tx program. The HD will receive partial reimbursement for staff time; and we now have a full lease for the facility.

The Community Impact Team maintains the same staffing levels with a planned review of the projects that had previously been identified, working with the MHSU Alliance to determine priorities and strategic planning. The budget will support a facilitator for strategic planning and any new staff required based on new determined priorities.

- Oral Health: Focus for the Family Dental Clinic remains providing affordable, quality dental care with services free or low cost based on a sliding fee scale. Dental receives additional funding from some grants. The team will add a patient care coordinator for 2023. Moving forward, outreach has been expanded to include special populations needing specialty dental care (for example, wheelchair accessible and care under general anesthesia).

- Other Health District programs and services include policy with increased emphasis at the local level (Poudre School District, Larimer County, and City of Fort Collins) and a narrowed focus that ties into HD priorities and operations. Evaluation and Research will be doing a lot of work around disseminating the latest triennial assessment results with community collaboration including public meetings. Internally, the team will focus on improvement of the evaluation process and setting metrics. Health Promotion: The tobacco cessation will be maintaining services for 2023 while undergoing a program review. Staff is currently working with UCHealth on a pilot program for bedside treatment in hospitals, following up with clients within our boundaries once released. Heart Health will phase out in the first six months of 2023 while making certain appropriate connections are made for other resources followed by a review of emerging needs to determine future focus for the nurses. Advance Care Planning will sunset mid-2023 with a plan to educate providers in completion of the advance care directives and efforts to find ways for the work to carry on in the community.

Administrative and Operational Support is the foundation for all of our work, so there will be some investments in this area: (1) enhanced communication (website redevelopment) and targeted outreach. (2) IT will be investing in the cloud to improve access for staff in different ways with technology enhancements for Human Resources and direct services (i.e., an electronic health record) for consistency across-the-board. Human Resources will see an electronic human resources information system for efficiencies in work management. A Health Equity Implementation Manager will be a priority hire at the start of the year with funds for staff training. The HD will continue to support the Medicaid Accountable Care Collaborative facilitating a key leaders’ oversight group. It was noted that we are losing institutional knowledge in this arena. A determination is yet to be made about location of this program within the organization. We will continue to monitor and understand emerging community health needs. Resource Development was moved under Finance where the grants accountant resides. The Compass will drop to three issues per year. Special projects and Time-Limited Initiatives will see two positions currently in operations moving to this arena over
time. Funding is included for consultants for change management, rolling out technology, and leadership development. Funds are also set aside for professional development and training as well as transition management and intensive staff recruitment. The HD has invested in a contracted ombudsman service as a path forward to assist staff with resolution of conflicts or concerns that are generally outside of the typical HR environment. There will be a lot of thought around this before rolling out. There will be an emphasis on getting positions posted as soon as the budget is approved.

- Ms. Mai shared the timeline for the 2023 Budget. The HD will receive the final assessed valuation due from the County by December 10, 2022 and the budget must be adopted by December 13 with monies appropriated. The deadline for Certification of Tax Levies is December 15. Sources of revenue show a slight increase with a slight increase in lease revenue. Property and ownership taxes are down by about $74K. Investment income is starting to increase while grant revenue is a bit lower. Tax Increment Financing increasing by 1.7% over 2022. County Collection fees have gone down slightly while the mill levy remains the same since 2000 at 2.167 mills. Total expenditures by program have not changed significantly from 2022 with an administration increase of 1% (mostly related to how staff is allocated). The largest portion of program expenditures is behavioral health and health promotion may shrink next year.

- Top Ten Priorities: Maintain quality key health services, expanding where the need is critical; a 4% pay increase across-the-board, effective January 1, 2023 with some market and pay equity adjustments; ombudsman service; professional development and training; response to emerging needs; heart health services – look at other opportunities that would require Board approval; technology changes; consultants; the medical director moved to a contract model while maintaining enough in reserves for potential income downturns.

- Public Hearing/Public Comment
MJ Jorgensen advised that they left the Health District and started a new job 35 days ago. They noted that a lot of staff has left the organization leaving a big impact on the remaining staff and the community. They are hopeful that with new leadership and change management support, the culture will recover. Some relationships with community partners were lost through the transition to a new Executive Director. The HD has a unique space/budget with a lot more autonomy to center on health equity. They would like to see the process of recruitment include community input. Many of the HD partners are waiting to see what comes next and are unsure about how to engage with the HD. MJ is interested in understanding how the organizational values will be played out in the coming years. They see change management as a priority.

Andrea Holt introduced herself as a tax payer and program manager for the Integrated Care program. She raised a concern about the lack of an in-house medical director. She feels it is a deep loss and may damage the Health District reputation for some of our partners.

- Board Discussion and Questions
A Board member asked why investment income went up and it is due to interest increases; currently 3% at ColoTrust. There was discussion that the new ED search comes out of reserves, including intensive recruitment and relocation costs. In 2022, fee income dropped about $20K but it is anticipated to recover in 2023 due to a change in Medicaid reimbursement. This is a value difficult to project but staff expects more billing to Medicaid for CAYAC services. Other reserve expenditures include community education around substance use and the SUD Public Awareness Campaign spearheaded by Brian Ferran. It was put on the backburner for this year but staff is working with the MHSU Alliance to determine priorities. A Board member, reflecting on MJ’s discussion emphasized that the Board wants to do what they can to support the staff with all of the transitions. In that effort, an ombudsman will be contracted, as well as an increase in professional development and training. The culture survey that began in October will continue. Another Board member expressed favorable
support for the 4% pay increase across-the-board. Sentiment is that it still isn’t enough but it is a step in the right direction. The Board expressed excitement at the prospect of hiring around equity.

Discussion ensued regarding the medical director. It was noted that portions of the work in that position require an MD. Transitioning to a contract format was a leadership recommendation. Dr. Stewart, the departing Medical Director provided a document that outlines critical areas where an MD is required, and those that would be a nice-to-have (i.e., preventive). It was determined that this is not a full-time position and is proposed at 25% FTE, working 8:00 am – 12:00 pm to start. Concerns were raised about it being a contracted position rather than a HD employee and how it would be structured. Staff noted that the public health arena has experience with contracted positions and they have been told the key is the person – mission driven, understanding, same values as the HD are key factors. Another factor is how effectively the individual is integrated into the leadership team, attending Board meetings, leadership team meetings, and building relationships with staff and leadership. There are physicians that prefer to work on contract. Whether contract or staff may depend on the top candidate. Different position postings are required: an employee has to include the salary range and a contract does not have that requirement. Staff would like to get a feel for what is out there and determine whether they would look at a contract vs. an employee prior to posting. The importance of partnership and communication, internally and externally, cannot be understated.

An inquiry was made regarding our readiness – resources and staffing – to improve external communication and partnerships. The Outreach Team is housed under CIT in close collaboration with the Communications team. Regarding staff and resources, the sentiment is that we can always use more. There are some pockets of funding in reserves but the HD is short several staff. Staff is working to rebuild relationships with our partners. Efforts renew on the rebranding/renaming process as well as a public awareness campaign. The Board expressed their thanks to the staff who scrambled to pull the budget together under difficult times.

**PUBLIC COMMENT (2nd opportunity)**
Erin Hottenstein spoke regarding greater accessibility to the Board meetings and believes going to a hybrid format will help. She asked if the recordings could be posted afterward – it would be useful for those that can’t attend.

Andrea Holt spoke again, thanking the Board for their discussion about the Medical Director. She expressed hope that there would be some serious thought and consideration given to a different way to manage the ED search process. The previous hire damaged morale, partnerships, and more. She would like to see the process involve different layers of the staff including unscripted interaction with the candidates. She would like to see a variety of people involved.

**DISCUSSION & ACTION**

**Construction Contract – Chris Sheafor**
The HD took advantage of property availability in 2021 and purchased the building at 425 W. Mulberry. Tenants include HD programs (Connections and CAYAC) as well as others outside our organization. ADA compliance was a top need. Staff has been coordinating projects like attaching automatic openers on the doors. Making the building restrooms ADA compliant is a bigger project. Efforts include creating a gender neutral restroom and updating plumbing. Staff and tenants have been assured that, at any given time, three restrooms will be available while work is ongoing. We have a fixed maximum price but there may be opportunities to re-use material which could reduce costs. The neutral gender restroom will be on the first floor based on the building code. There is nothing preventing us from designating one of the upstairs restrooms gender neutral once the work is done. Staff is being very careful about supply chain issues to keep the project on schedule and the cost down. If staff purchases the materials, it eliminates the contractor’s mark-up.
Director Kling notified Board members that she is a tenant in the 425 W. Mulberry building but believes there is no conflict of interest. The Board agreed on this matter.

**MOTION:** To authorize Lee Thielen and Molly Gutilla to sign the construction contract on behalf of the Board.

*Motion by Julie Kunce Field / Second by Celeste Holder Kling / Carried Unanimously*

**Resolution 2022-45: Election Resolution, Polling Place**

Chris Sheafor explained that we have two elections in a row in order to move Special District elections from even to odd years. This policy designates the election official, sets the date for election, designates two polling places (here and Spirit of Joy); and allows the election official (Chris Sheafor) to cancel the elections if there are only two candidates.

**MOTION:** To adopt Resolution 2022-45: Election Resolution & Polling Place

*Motion by Celeste Holder Kling / Second by Joseph Prows / Carried Unanimously*

Discussion ensued around the second polling place which has typically been the Spirit of Joy church. During the pandemic, the Drake Centre was utilized as a polling place. There have been, on occasion, three polling places but with little impact to voter turnout. The vast majority of votes come in as absentee ballots, which are automatically mailed to those on the permanent list and to anyone requesting one during the election. Drop off of ballots is at the Health District only. A Board member asked what could be done to create more drop-off points. Some special districts have used the County Election Office. The box out front is secure and attached to the concrete so people could drop off ballots after hours. Staff is always looking at ways to engage the population and increase voter turnout. Mr. Sheafor is investigating other drop box locations but they must aligned with state law.

**2023 Board Meeting Schedule**

The proposed schedule follows the Board’s typical schedule. The second special meetings in February, March, and April have historically been for policy but may be utilized in whatever way the Board chooses. Time of day and location have been discussed. The Board would like to make these meetings more accessible. In that vein, future meetings will be hybrid and will begin at 5:00 pm.

**MOTION:** To approve the proposed 2023 Board Meeting Schedule with the time change to 5:00 pm.

*Motion by Joseph Prows / Second by Celeste Holder Kling / Carried Unanimously*

**Nomination to CO Special Districts Property & Liability Pool**

The Colorado Special Districts Property & Liability Pool require affirmation of the Health District representative to that Pool. The Board agreed to re-appoint Lorraine Haywood.

**MOTION:** To re-appoint Lorraine Haywood as the Health District representative on the Colorado Special Districts Property & Liability Pool

*Motion by Joseph Prows / Second by Celeste Holder Kling / Carried Unanimously*

**UPDATES & REPORTS**

**Executive Director Updates – Karen Spink**

Ms. Spink reported that the 2023 Budget is mostly done as she passes the baton to Lee Thielen, Lorraine Haywood and Laura Mai. Staff is happy to have Lee Thielen on Board and is excited to get her up-to-speed and going. She is already scheduling meetings with staff and community partners. Open enrollment started on November 1 for Larimer Health Connect (LHC) and staff has been super busy – booked out four weeks. Thus far, they have served 143 appointments with 93 being new clients. Ninety individuals have been enrolled into qualified health plans including the new Omni Salud plan (new health
insurance option that provides undocumented Coloradoans the opportunity to shop for health care plans on Connect for Health Colorado), Medicaid, and CHP+. Some programs through Connect for Health Colorado offer zero premiums and zero copays. This option is limited to 10K slots and it will fill up. Outreach is in process and Family Medicine Center is referring those in need to LHC. The office is open on Saturday for walk-in appointments and until 8:00 pm on Tuesdays and Thursdays. The team remains short-staffed. Appointments at the start of the cycle typically take a little longer due to working out technology bugs. Ms. Thielien said she is happy to be here and noted that staff has been patient and welcoming. Top priority is to get positions filled. Ms. Spink will continue four hours per week as a PRN. The Board expressed their gratitude to the LHC team working so hard to make a difference. Most clients have been with the HD since the inception of the program.

CONSENT AGENDA

• September Financials
• Approval of Amendment to Policy 10-01: Financial Accounts Signature Policy
• Approval of Resolutions 2022-46 through 2022-57 updating signature authority

MOTION: To approve the consent agenda as presented
Motion by Celeste Holder Kling / Second by Julie Kunce Field / Carried Unanimously

ANNOUNCEMENTS

• November 16, 4:00 pm – Joint Board Meeting with UCH Health
• December 13, 4:00 pm – Board of Directors Regular Meeting

ADJOURN TO EXECUTIVE SESSION

MOTION: To adjourn to Executive Session for the purposes of discussion of a personnel matter not involving any specific employees who have requested discussion of the matter in open session, any member of this body or any elected official, the appointment of any person to fill an office of this body or of an elected official, or personnel policies that do not require the discussion of matters personal to particular employees, pursuant to C.R.S. § 24-6-402(4)(f), regarding the Executive Director.

Motion by Joseph Prows / Second by Julie Kunce Field / Carried Unanimously

The Regular Board Meeting was adjourned at 5:45 pm.

Executive Session opened at 5:46 pm and closed at 6:23 pm.

ACTION AS A RESULT OF EXECUTIVE SESSION

No action was required.

ADJOURN

MOTION: To adjourn the Regular Meeting

Motion by Ann Yanagi / Second by Julie Kunce Field / Carried Unanimously

The Regular Board Meeting was adjourned at 6:24 pm.
Respectfully submitted:

Anita K. Benavidez
Anita Benavidez, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

Julie Kunce Field, JD, Board Vice President

Celeste Holder Kling, JD, Liaison to UCH-North and PVHS Board

Joseph Prows, MD MPH, Board Treasurer

Ann Yanagi, MD, Board Secretary