Final Report:
Health District of Northern Larimer County
November 19, 2025

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Introduction

The Health District of Northern Larimer County (Health District), a special district in Northern Larimer County, engaged OPEN MINDS through a proposal process to conduct a comprehensive and inclusive analysis of clinical and legal risk (historical and current).

The Health District is a tax-supported special district offering behavioral health services for children, adolescents, and adults.

Current services include assessment brief intervention therapy, psychological testing, medication management, psychiatric consultation, and care coordination.

Board Role Discussion

Purpose of Governance Board

- Provides strategic direction and ensures mission alignment.
- Acts as fiduciary steward of financial and organizational integrity.
- Oversees compliance with legal, ethical, and regulatory standards.
- Supports executive leadership through guidance, evaluation, and accountability.

Core Responsibilities

Strategic Planning: Approves vision, mission, and long-term goals.

Financial Oversight: Adopts annual budget, reviews audits and sustainability plans.

Executive Oversight: Hires, supports, and evaluates the CEO/Executive Director.

Policy Development: Establishes governance policies.

Risk Management: Monitors organizational risks and mitigation strategies.

Board Responsibilities

Audit Report Findings

Executive Summary

Overview

This assessment was focused on the behavioral health services provided by the Health District.

- The team from *OPEN MINDS* comprised four senior clinicians with experience in managing or leading clinical programs. Bios for the *OPEN MINDS* team are in Appendix 1.

The team relied on three information sources to reach its recommendations:

- Onsite review of over 200 charts from current and past client encounters.
- Review of Health District policies and documentation to compare program compliance with national norms and practices
- Interviews with internal and external stakeholders.

Summary

- **Chart Reviews**: The newer charts that were documented in the recently implemented EHR were markedly more compliant with the review standards than the older records in the Health District's database system.
- **Summary from Review of Policies**: The review of available policies found that most of the processes outlined were in line with national norms and expectations. Most important policies needed:
  - Clinical Supervision Processes
  - Clinical Documentation Standards
- **Interviews**: Internal and external interviews indicate that the Health District is viewed as addressing important gaps in access to behavioral health care and providing meaningful value to the community.

Recommendations

- Undertake efforts to systematically evaluate access and utilization data to enable the Health District to demonstrate the need for creation of new, or expansion of existing, services.
  - Continue to provide assessment and referral services through Connections (Adults) and CAYAC (Child, Adolescent, and Young Adult Connections), while also working to optimize these efforts through the introduction of standardized assessment and outcomes measurement.
  - Implement a standard of charting for all contacts that are provided by the Health District that meets the national standards.
  - Move all service documentation into the recently implemented EHR.
  - Create a policy on clinical documentation, clinical supervision, and signatures on the HIPAA disclosures.

Risks Reviewed

Clinical

Clinical

- After completion of the chart reviews, there was one area of risk identified:
  - Documentation of clinical supervision needs to be improved.
- While clinical supervision is available for Health District staff, clear and consistent documentation about the availability of supervision and access to supervision should be included in policies and procedures.
- It is best practice for all persons who are providing direct services to have access to senior or peer clinicians for the purpose of case review, case consultation, or second opinion.
  - To assure the highest level of quality, all services should comply with Health District standards for quality, data collection, and documentation.

Legal/Financial/Operations

Legal

- There are two areas of possible legal risk, both related to signatures within the chart:
  - The first is related to co-signatures of the Health District staff on various consent documents. While the consent to share information was present in all charts reviewed, it was not always co-signed by the Health District staff member.
  - In addition, documentation of the mandatory HIPAA release, which must be included in general consent to treat documentation, was often not co-signed by the Health District staff member.
- Best practice is that all releases should be co-signed and dated by a staff member.

Financial & Operational

- None of the charts reviewed were billed to an external payer. Therefore, there were no findings of financial risk.
- The operational risk was found to be minimal and is primarily related to documentation of communication and documentation of the specific service that was provided.
  - The service consent forms need to describe that the use of the data collected and need to be co-signed by staff.
  - The note related to the service should state the specific service (e.g., in person session, telephone contact, etc.)

System Overview

Strengths

Strengths

- The services provided by the Health District address a common gap in behavioral health care by offering quick access to resource information, referral, assessment, and linkage to crisis intervention.
- The services meet a need that is worsened by longer waiting lists and by higher fees of other providers in the area.
  - It is important to note that there is no waiting list for behavioral health services at the Health District.
- Documentation review of descriptive notes indicated both compassion for clients and commitment to follow up/continuity of care.

Vulnerabilities

Vulnerabilities

- Documentation standards for direct client services should be outlined in clinical policies.
  - For the most part, charts reviewed that were created prior to the implementation of the EHR do not meet the documentation requirements for billable services.
  - The information missing from clinical service policy & procedures are:
    - Documentation of and standards of clinical supervision
    - Follow-up for critical incidents
    - Suicide and homicide-risk screening
    - Clinical documentation standards, including compliance with policies

Clinical Services Quality

Clinical Services/Access

- Nationally waiting lists and the inability to bill for triage and referral services have resulted in significant access barriers for people who need behavioral health services. The ability of the Health District to serve these persons without considering their ability to pay provides tremendous value for the community.
- The *OPEN MINDS* team was impressed by the commitment to quality and care that was evident in the notes that were reviewed.
- While the chart review found that only 8% of all charts were 100% compliant with the review instrument, that percentage dramatically increased for records created in the EHR.
- Therefore, in addition to creation of clinical documentation standards, we recommend that documentation for all client contacts and services be transitioned to the EHR.

Recommendations for Service Delivery

- It is recommended that the Health District undertake efforts to establish data collection systems that will enable examination of demand, access, and utilization data to complement stakeholder insights with objective evidence and a more comprehensive understanding of community needs.
- This evaluation should include a determination of potential to add specific billable services to the offerings.
- The goal of the evaluation is to determine the best mechanisms to:
  - Maximize the value of open access to the community.
  - Optimize data collection and data analysis related to demand for services, outcomes, and quality.
  - Assure the current level of quality and compassion is retained.

Clinical Operations Recommendations

- Establish a Clinical Quality Committee that is chartered to review samples of clinical records, recommend training and education, and to assure that clinical supervision is available to all staff who are having interactions with clients.
- Create a written process for front end triage to assure standardized data collection, use of standardized tools, and to assure that people are referred to most appropriate level of care.
- Establish guidance to ensure that staff with advanced credentials can apply their specialized skills in ways that maximize their impact, while staff without advanced credentials focus on delivering supportive services to maximize cost-effective care.

Operations Analyses

Operations Action Items

- We recommend creation of a policy on Clinical Supervision that ensures both access to case consultation as well as routine supervision.
  - While clinical supervision is available for Health District direct care staff, clear and consistent documentation about that supervision should be in place.
- We recommend a Clinical Quality Committee that performs random quality reviews of all charts and notes to assure that these are meeting the standards for the organization.

Final Recommendations

Service Delivery

- As noted earlier, the Health District will be analyzing demand and community need data to determine the optimal mix of billable to non-billable services.
  - Assess and determine the appropriate proportion of revenue-generating services (from Medicaid and other payers) ensuring that Health District resources can continue to support uninsured or underinsured individuals and non-billable services.
- The value of the Health District model of open access to services was evidenced by both interviews as well as from chart review. Continue to provide the services of care coordination and referral that are currently in place.
- Implement service targets based on national standards that consider the credentials of the staff, the direct clinical service time, and the indirect clinical service time.

Sample: Policy for Documentation

- Create a Clinical Documentation Policy that directs all documentation to the EHR
- An example of the content of the policy is:
  - Service documentation includes, but is not limited to:
    - Name of client
    - DOB of client
    - Signed and co-signed consents to treat
    - Signed and co-signed consents for data exchange
    - Clinical assessment of why the services are needed and the expected outcome once the services are complete.
    - A treatment plan that outlines the reasons for care and the expected outcomes of care
    - Type of service delivered
    - Start and end time for each service
    - Specific problems addressed during the service and tied back to the treatment plan items.
    - Signature of the provider, including dates, qualifications, degree, title of staff, etc.

Roadmap

Roadmap Phase One: By End of 2025

- Convene Clinical Quality Committee to have them recommend and initiate efforts to draft:
  - Clinical supervision policy
  - Documentation standards policy
  - Outcomes and data collection policy including the payer standards
- Create training plan for staff to transition away from current system and onto the EHR

Throughout 2026

- In conjunction with recommendations from the Clinical Quality Committee:
  - Implement staff signatures and dates on admission and consent forms
  - Deploy a communication plan for development of productivity standards that are informed by direct and indirect time and effort.
- Analyze demand and community need data to determine if there are benefits in adding billable services to the Health District offerings.
- Confirm and refine the existing data collection processes for clinical note standards, quality programming, outcomes measurement and compliance.
  - Develop models to use those data to support evaluation of mission and services.
- Test the technology solutions for data transmission and data sharing.
- Move services documentation to the EHR

2026 and Beyond

- All clinical staff are using the EHR
- Data collection set-up is complete to assure that outcomes reports and recommendations on service delivery models can begin to be reported
- If billable service expansion was determined to be the correct course of action, then all components to assure compliance with payer requirements are fully tested and in place.

Appendices

1. Bios of Senior *OPEN MINDS* Team

Michael Allen
Executive Vice President
OPEN MINDS

Areas Of Expertise

- Strategic planning and organizational development
- Clinical quality and performance management
- Transformational leadership and team building
- Service line development, expansion, and optimization

Professional Highlights

- Chief Executive Officer, SummitStone Health Partners
- Vice President of Managed Care & Operations, AspenPointe/Diversus Health
- Director of Clinical Operations, Connect Care
- Director of Child Welfare Services, Signal Behavioral Health Network

Michael Allen brings over 30 years of experience in the non-profit behavioral healthcare industry to the *OPEN MINDS* team. He currently serves as an Executive Vice President in our consulting practice, where he provides executive oversight and leadership to provider and payer client engagements for *OPEN MINDS*.

Mr. Allen was most recently the **Chief Executive Officer of SummitStone Health Partners**, the largest non-profit behavioral health service provider in Larimer County, CO. In this role Mr. Allen was responsible for the planning, deployment, communication and accomplishment of SummitStone Health Partners' overarching corporate strategy. He managed a budget of $80Million and was responsible for more than 750 full time employees and over 12,000 clients annually.

Prior to SummitStone Health Partners, Mr. Allen served as the **Vice President of Managed Care & Operations at AspenPointe (now Diversus Health).** At AspenPointe he developed and managed a system of accountability for monitoring and evaluating provider performance in seven Colorado counties. He was also responsible for the quality management oversight of all business lines, as well as managing a substance abuse treatment contract with the Colorado Division of Behavioral Health and a child welfare services agreement with El Paso County Department of Human Services.

Previously, Mr. Allen was **the Director of Clinical Care for Connect Care**, (rebranded as AspenPointe in 2010). In this position Mr. Allen provided supervision to the clinical staff, as well as developing clinical guidelines and services. He was also the project director for the 4th Judicial District Family Reunification Grant and he oversaw care coordination and voucher management functions for Colorado Access to Recovery Grant.

Before Connect Care, Mr. Allen was **the Director of Child Welfare Services for Signal Behavioral Health Network**, a non-profit that has been managing and expanding substance use prevention, treatment and recovery services in northeast Colorado for over 25 years. Mr. Allen managed a network of Substance Use Disorder treatment providers, programs and services across 35 Colorado counties.

Mr. Allen earned a Bachelor of Arts in Design/Psychology from Brigham Young University, a Masters in Social Work from Case Western Reserve University, and a Masters in Business Administration from Colorado State University. He is a Licensed Social Worker and a Certified Addictions Specialist in Colorado.

Kimberly Bond

Executive Vice President
OPEN MINDS

Areas Of Expertise

- Organizational strategy and leadership
- Program development and optimization
- Change management and team building
- Clinical team process improvement

Professional Highlights

- President & Chief Executive Officer, Mental Health Systems, Inc
- Executive Vice President, Center Point, Inc.
- Program Coordinator III & Clinical Manager, Adult Services, Ozark Guidance Center
- Program Coordinator II & Clinical Manager – Recovery Services, Ozark Guidance Center

Kimberly Bond, MS, LMFT, brings over 30 years of experience providing behavioral health treatment in the public and community settings to the *OPEN MINDS* team. She currently serves as the **Executive Vice President, Payer/Provider Market**. In this role, Ms. Bond provides executive oversight and leadership to all Provider and Payer client engagements for *OPEN MINDS*.

Prior to joining *OPEN MINDS*, Ms. Bond served concurrently as a **Program Coordinator III and Clinical Manager of Adult Services** and a **Program Coordinator II and Clinical Manager of Recovery Services for the Ozark Guidance Center.** In these roles, Ms. Bond was responsible for the administrative and clinical oversight of the adult outpatient and adult intensive mental health services on the Springdale Campus as well as the adult recovery/co-occurring services, including domestic violence and anger management treatment.

Before joining the Ozark Guidance Center, Ms. Bond served as the **Executive Vice President of Center Point**, Inc., a large substance abuse provider agency in California. In this role, Ms. Bond was responsible for the clinical and administrative supervision of all community-based programs, as well as the women's and children's residential programs. In addition, Ms. Bond also managed budgets, interacted with funding agencies, and built positive relationships with all stakeholders. Ms. Bond was also in charge of proposal and grant writing, staff management, training, facilities licensing, and certification renewals. Additionally, she prepared and submitted monthly, quarterly, semi-annual, and annual reports to various funders.

Previously, Ms. Bond served as the **President and CEO of Mental Health Systems, Inc**. Ms. Bond was very instrumental in growing the agency from $12M in annual revenue to over $100M and becoming one of the largest providers of behavioral health services in California. In this role, Bond was responsible for the strategic, clinical, financial, and administrative health of the agency, including direct supervision of Senior Executive Staff. In addition, Ms. Bond ensured contract compliance of the agency's 125 different contracts across federal and state agencies and eight counties.

Ms. Bond received her Bachelor's Degree in Psychology, with Honors, and her Master's in Counseling Education from San Diego State University. She has formerly been licensed as a Marriage and Family Therapist in both California and Arkansas.

Stuart Buttlaire, Ph.D.
Vice President
OPEN MINDS

Areas Of Expertise

- Integrated behavioral health system design
- Strategic planning for mental health and substance use delivery systems
- Behavioral health financing and policy reform and state and federal legislative and regulatory strategy
- Measurement-based care and clinical performance management
- Behavioral health policy authorship and thought leadership

Professional Highlights

- Regional Director of Behavioral Health and Addiction Medicine, Kaiser Permanente
- Board President, Institute for Behavioral Health Improvement
- Board Member, NAMI California
- Advisor on Medicaid and Medicare behavioral health programs

Stuart Buttlaire brings over 35 years of executive, clinical, and policy experience to *OPEN MINDS*. Dr. Buttlaire has experience in both the public and private sectors of healthcare providing leadership and direction in healthcare delivery. His career has focused on advancing integrated behavioral health and addiction medicine through strategic innovation, system redesign, quality improvement, and sustainable policy reform.

Previously, Dr. Buttlaire was the **Regional Director of Behavioral Health and Addiction Medicine for Kaiser Permanente**. In this role, Dr. oversaw a $200 million portfolio serving 4.6 million members across 23 emergency departments and 33 medical centers. He led development and operations across inpatient, ambulatory, emergency, call center, and contracted community services, supporting more than 2,500 mental health and substance use disorder providers. His leadership resulted in significant system transformation grounded in person-centered, measurement-based, and integrated care models. Dr. Buttlaire was also **the lead Mental Health Representative for State Program Initiatives,** including Medicaid (Medi-Cal) and Medicare**.** He pioneered the design and implementation of two psychiatric inpatient units, including a nationally recognized medical/psychiatric unit for individuals with complex co-morbidities. Additional innovations include integrated urgent services for youth and adults, intensive outpatient programs, multi-family group treatments for severe psychiatric conditions, and a mobile app for eating disorders that earned Kaiser's Innovation Award.

Dr. Buttlaire is a widely respected advisor on behavioral health policy, legislation, and regulatory strategy. He has worked closely with state and federal agencies on issues of parity enforcement, financing reform, Medicaid redesign, and systems integration. He currently serves as Board President of the Institute for Behavioral Health Improvement, is a Board Member of NAMI California, and sits on the California Hospital Association Behavioral Health Advisory Board. He previously chaired the Behavioral Health Section of the American Hospital Association and was appointed to the AHA Regional Policy Board for the Western U.S.

As a frequent speaker and author, Dr. Buttlaire has published articles and research papers on behavioral health integration, suicide prevention, financing, and policy reform. His work continues to shape strategic direction for public and private behavioral health systems across the country.

Dr. Buttlaire holds a Ph.D. in Clinical Psychology from the California Institute of Integral Studies, an MBA with a concentration in Health Care Management and Finance from UC Irvine's Paul Merage School of Business, a Master's in Counseling Psychology from Humboldt State, and a B.A. in Psychology and Political Science from the University of Colorado.

Sharon Hicks
Senior Associate
OPEN MINDS

Areas Of Expertise

Financial management of health and human service organizations – both service provider systems and health plans

Health information management and management of electronic medical recordkeeping systems

Technology selection and implementation

System integration including computerizing clinical workflows

Professional Highlights

Chief Operating Officer, Community Care Behavioral Health

President, Askesis Development Group, Inc.

Vice President, Technology Strategy, UPMC Insurance Services Division

President, U Squared Interactive

Sharon Hicks, MBA, MSW, has more than 35years of experience in the health and human service field. She has extensive expertise and a wide range of experience in health plan management, clinical operations management, and technology. A recognized thought leader among her peers, Ms. Hicks is a regular keynote speaker at industry conferences and association meetings, as well as an author of hundreds of articles and resources for professionals in both clinical and executive roles.

Prior to joining *OPEN MINDS*, Ms. Hicks spent two decades in several executive positions within the University of Pittsburgh Medical Center (UPMC) system. She served as the **Chief Operating Officer for Community Care Behavioral Health,** UPMC's managed behavioral health organization responsible for $800 million in annual revenue. At Community Care, Ms. Hicks was responsible for all aspects of the organization's operations, including fiscal, information systems, the claims processing department, and the design of clinical systems. She also managed the day-to-day operations of human resources, facilities, purchasing, and security.

Ms. Hicks also served in a variety of tech leadership roles for UPMC. In 2002, she was appointed as the **Vice President of Technology Strategy for the UPMC Insurance Services Division** before becoming the **Chief Executive Officer of Askesis Development Group**, a leading provider of electronic health record software for behavioral health and social service organizations. In this role, Ms. Hicks was responsible for the growth and profitability of the company and the direction of software development. In addition, Ms. Hicks was the **President of U Squared Interactive**, a UPMC-owned organization with the exclusive United States rights to Beating The Blues – the renowned computerized cognitive behavioral therapy solution for treating anxiety and depression.

Ms. Hicks started her impressive career as a psychiatric social worker and an **Assistant Director of Social Work**. Prior to her promotions, Ms. Hicks served as a **Clinical Administrator for both Ambulatory Services and Emergency and Intake Services at the UPMC Western Psychiatric Institute and Clinic.** In this role, Ms. Hicks managed the behavioral health division, the budgets for all departments, and implemented new software replacing paper billing for clinical services.

Ms. Hicks received both her Masters of Business Administration and Masters of Social Work degrees from the University of Pittsburgh in Pittsburgh, Pennsylvania. Before pursuing her graduate education, Ms. Hicks received her Bachelor's Degree in Psychology from Point Park College, Pittsburgh, PA.

2. Summary of Interviews

Interview Questions

NOTE for Interviewers: Make sure that we clarify that when we reference the Health District, we are focused only on behavioral health services, Connections, & CAYAC.

Introduction: Thank you for agreeing to meet with me. I work with a consulting company that specializes in behavioral health and human services which has been contracted the Health District of Northern Larimer County to complete a review of current practices and policies. We will use the information that we find during these interviews as part of a consolidated report that we will create, however, we will not identify any specific person or any comment made by a specific person in that report. We will keep all comments de-identified.

For all Interviews:

1. Describe the mission of the Health District?
2. What is your current understanding of the Health District services?
3. Describe what value the Health District offers?
4. How does the Health District help to address health disparities?
5. How does the Health District help address the gaps in care for the population served?
6. What should leadership at the Health District do to further support the mission?
7. How do you think the Health District is perceived by the community and other stakeholders?
8. How do you see the Health District's role and services evolving in the next 5–10 years (e.g., billing insurance, expanding services, offering more services, etc.)?
9. If resources weren't a limiting factor, what one innovative service or initiative would you prioritize to significantly boost the Health District's community impact?
10. Is there anything that I have not asked that you want to discuss or mention?

For Interviews with Clinical and Internal Staff-Add the following:

1. Can you identify any specific practices from other organizations that you believe the Health District could effectively adopt to enhance service quality or staff retention?
2. What program models or treatment models have been implemented, and what is your opinion about what should be retained, what should be eliminated?
3. Are there services that are no longer being offered that you think should be come back?
4. In your experience, has leadership kept you apprised about the changes made, including EHR implementation, new productivity and billing expectations, etc.? Do you understand why the changes were implemented and necessary?
5. How did you experience the most recent change management processes? What advice would you give Health District leadership regarding managing future changes?
6. What models of care do you use most?
7. What is your treatment philosophy? How does this align (or not) with the treatment philosophy of the Health District?

Internal

- Interviewees discussed direct services, administrative transparency, community impact, management, and morale.
- Overall, the interviews reinforced that there is a strong belief in the Health District's mission to fill community health gaps, especially for vulnerable populations.
- Staff expressed appreciation for the Health District's mission, valuable services and for the opportunity to provide these services for stakeholders.
- Staff wanted to see expansion of availability of services that are limited in the geographic area including child psychiatry and psychological testing.

External

- Stakeholder interviews highlighted that the Health District's behavioral health programs remain valued as part of a critical safety net for underinsured and uninsured residents.
- Partners emphasized the dedication of frontline staff and strong collaborations with schools.
- Priorities include, improving care coordination, and building on the District's strong resources to innovate in suicide prevention, youth mental health, and underserved populations.
- There were comments about the expansion of the role of the Health District in terms of both suicide prevention programs and as conveners and supporters of community-based initiatives.
- External stakeholders expressed that it would be beneficial to develop metrics for monitoring the activities of staff productivity around clinical and other services would be helpful for determining if additional resources are needed.

3. Chart Review Instrument

Principles Guiding the Review of Charts

- Charting best practices are based on two principles.
  - First, the chart must tell the story of a person's journey through the intervention.
  - Second, is the clinical note must be based on national coding standards for diagnosing and for specific procedures that are covered.
- Documentation of the medical necessity to demonstrate why the person needs service is a key part of the charting requirement.
- The Health District is responsible to for vetting and assuring that the clinician providing services under their auspices is qualified provide that service.
  - Assuring that staff who provide direct service are qualified based on Colorado rules.
  - Assuring that services are governed by a set of quality standards that are monitored and audited.
  - Assuring the clinical notes tell the story of treatment, including why it is needed, how it is addressed, the effect of the intervention or treatment, and the disposition of the total case.

Item Number	Description	P=Present A=Absent N/A=Not Applicable for that chart	Comments
1	Consent to treat is signed and dated?		
2	Emergency contact is captured?		
3	All entries are signed and dated?		
4	The credentials of the person writing the note is included?		
5	Signed HIPAA/Notice of Privacy?		
6	Releases of information are signed?		
7	Present complaint/reason for the service (or request for service) is documented?		
8	Plan of care is present?		
9	Notes document what happened in the contact?		
10	Notes document the plan of care for the service?		
11	Notes document coordination for follow-up care?/Recommendations?		
12	Notes would satisfy an insurance payer to be part of a billed service?		
13	Initial assessment is present and complete (if applicable)?		
14	Diagnosis (if applicable) is present and appropriate?		
15	Coordination with other providers is documented (if applicable)?		

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