



# **BOARD OF DIRECTORS REGULAR MEETING**

**Health District of Northern Larimer County  
120 Bristlecone Drive, Fort Collins  
In-Person**

**Tuesday, April 26, 2022  
4:00 p.m.**



## AGENDA

### BOARD OF DIRECTORS REGULAR MEETING

April 26, 2022

4:00 pm

- 4:00 p.m. Call to Order; Introductions; Approval of Agenda..... Michael Liggett**
- 4:03 p.m. PUBLIC COMMENT**  
Note: If you choose to comment, please follow the "Guidelines for Public Comment" provided on the back of the agenda.
- 4:10 p.m. PRESENTATIONS**
- Financials Review ..... Laura Mai/Lorraine Haywood
- 4:35 p.m. DISCUSSION & ACTIONS**
- Update on Priority Legislation ..... Lisa Ward
    - Overview of New Bill: *HB22-1363: Accountability of Special Districts*
  - Internal Policy 98-2: Service Area/Eligibility Policy..... Karen Spink
- 5:05 p.m. OTHER UPDATES & REPORTS**
- Liaison to PVHS/UCHealth North Report ..... Celeste Kling
  - Executive Director Updates ..... Robert Williams
- 5:35 p.m. PUBLIC COMMENT (2<sup>nd</sup> opportunity) See Note above.**
- 5:40 p.m. CONSENT AGENDA**
- Approval of the March 22, 2022 Regular Meeting Minutes and April 14, 2022 Special Meeting Minutes
- 5:50 p.m. ANNOUNCEMENTS**
- May 24, 4:00 pm – Board of Directors Regular Meeting
  - June 28, 4:00 pm – Board of Directors Regular Meeting
  - July 26, 4:00 pm – Board of Directors Regular Meeting
- 5:55 p.m. ADJOURN**
- 6:00 p.m. FAREWELL TO BOARD PRESIDENT MICHAEL LIGGETT**

## GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. **Public comments or input are taken only during the time on the agenda listed as 'Public Comment.'** 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.**

## ■ 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

TO: Board of Directors  
FROM: Lorraine Haywood  
RE: Governmental Accounting Standards Board (GASB) 87 Lease Accounting Compliance  
DATE: April 26, 2022

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On January 1, 2022, the Health District implemented the lease accounting standards required by GASB 87. According to the GASB website, the aim of GASB 87 is to: "Increase the usefulness of governments' financial statements by requiring reporting of certain lease liabilities that currently are not reported. It will enhance comparability of financial statements among governments by requiring lessees and lessors to report leases under a single model". GASB 87 requires that all leases must be reported as a capital lease or financial lease. The January financials reflect the implementation of GASB 87 for both lease revenues and lease expenses. The changes in the financial statements due to implementation of GASB 87 will be most notable on the Balance Sheet.

Previously, the financial statements (Balance Sheet) would reflect just the annual amount of revenue to be received from leases on the Balance Sheet. Under GASB 87, the entire amount for the term of a lease is shown on the Balance Sheet as an asset under "Other Asset – Lease Receivable" with an offsetting amount as a liability under "Deferred Inflows of Resources – Leases". As lease payments are received, the amounts in these accounts will decrease accordingly.

Changes to the financial statements (Statement of Revenues and Expenses) for lease expenses (e.g. office space the Health District leases) will not significantly change how they are presented. Lease payments are posted monthly as they have been in the past.

**HEALTH DISTRICT**  
**of Northern Larimer County**  
**January 2022**  
**Summary Financial Narrative**

**Revenues**

The Health District is 82.1% ahead of year-to-date tax revenue projections. Interest income is 40.7% behind year-to-date projections. Lease revenue is 270.4% ahead of year-to-date projections due to the implementation of GASB 87. Yield rates on investment earnings increased slightly from 0.15% to 0.19% (based on the weighted average of all investments). Fee for service revenue from clients is 32.6% behind year-to-date projections and revenue from third party reimbursements is 10.4% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 105.5% ahead of year-to-date projections.

**Expenditures**

Operating expenditures (excluding grants and special projects) are 17.7% behind year-to-date projections. Program variances are as follows: Administration 9.6%; Board 81.4%; Connections: Mental Health/Substance Issues Services 18.4%; Dental Services 17.4%; MH/SUD/Primary Care 11.6%; Health Promotion 12.1%; Community Impact 43.4%; Program Assessment and Evaluation (1.5%); Health Care Access 13.7%; Resource Development 10.1% and Mulberry Offices 44.2%.

**Capital Outlay**

No capital expenditures have been made year-to-date.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
BALANCE SHEET  
As of 1/31/2022

ASSETS

Current Assets:	
Cash & Investments	\$5,328,461
Accounts Receivable	100,491
Property Taxes Receivable	8,700,766
Specific Ownership Tax Receivable	56,675
Prepaid Expenses	61,338
Total Current Assets	<u>14,247,730</u>
Other Assets:	
Lease Receivable	<u>59,777,964</u>
Total Other Assets	<u>59,777,964</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,206,405
Equipment	1,240,097
Accumulated Depreciation	<u>(3,172,318)</u>
Total Property and Equipment	<u>9,866,779</u>
Total Assets	<u><u>83,892,473</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	1,055,548
Deposits	8,332
Deferred Revenue	433,342
Total Current Liabilities	<u>1,497,222</u>
Long-term Liabilities:	
Compensated Absences	<u>37,077</u>
Total Long-term Liabilities	<u>37,077</u>
Deferred Inflows of Resources	
Property Taxes	8,353,911
Leases	59,680,754
Total Deferred Inflows of Resources	<u>68,034,665</u>
Total Liabilities & Deferred Inflows of Resources	<u>69,568,965</u>
EQUITY	
Retained Earnings	14,288,299
Net Income	<u>35,209</u>
TOTAL EQUITY	<u>14,323,508</u>
TOTAL LIABILITIES AND EQUITY	<u><u>83,892,473</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
STATEMENT OF REVENUES AND EXPENSES  
As of 1/31/2022

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	346,855	346,855
Specific Ownership Taxes	56,674	56,674
Lease Revenue	506,322	506,322
Interest Income	1,186	1,186
Fee For Service Income	9,376	9,376
Third Party Income	60,112	60,112
Grant Income	40,205	40,205
Special Projects	12	12
Miscellaneous Income	2,388	2,388
Total Revenue	<u>1,023,130</u>	<u>1,023,130</u>
Expenses:		
Operating Expenses		
Administration	60,974	60,974
Board Expenses	604	604
Connections: Mental Health/Substance Issues Svcs	166,099	166,099
Dental Services	267,245	267,245
Integrated Care (MHSA/PC)	93,716	93,716
Health Promotion	62,714	62,714
Community Impact	35,635	35,635
Program Assessment & Evaluation	22,749	22,749
Health Care Access	94,377	94,377
Resource Development	14,593	14,593
Mulberry Offices	7,172	7,172
Contingency -Operational	46	46
Special Projects	61,326	61,326
Grant Projects	80,140	80,140
Total Operating Expenses	<u>967,390</u>	<u>967,390</u>
Depreciation and Amortization		
Depreciation Expense	<u>20,531</u>	<u>20,531</u>
Total Depreciation and Amortization	<u>20,531</u>	<u>20,531</u>
Total Expenses	<u>987,921</u>	<u>987,921</u>
Net Income	<u><u>35,209</u></u>	<u><u>35,209</u></u>



HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Revenues and Expenditures - Budget and Actual  
As of 1/31/2022

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<b>Revenue:</b>								
Property Taxes	\$178,323	\$346,855	(\$168,532)	\$178,323	\$346,855	(\$168,532)	\$8,700,766	\$8,353,911
Specific Ownership Taxes	43,262	56,674	(13,412)	43,262	56,674	(13,412)	625,000	568,326
Lease Revenue	109,304	404,813	(295,509)	109,304	404,813	(295,509)	1,335,549	930,736
Interest Income	2,000	1,186	814	2,000	1,186	814	65,000	63,814
Sales Revenue	25	0	25	25	0	25	300	300
Fee for Services Income	13,918	9,376	4,542	13,918	9,376	4,542	167,021	157,645
Third Party Reimbursements	79,023	70,832	8,191	79,023	70,832	8,191	948,273	877,441
Grant Revenue	46,762	40,205	6,557	46,762	40,205	6,557	1,246,441	1,206,236
Partnership Revenue	0	12	(12)	0	12	(12)	0	(12)
Miscellaneous Income	1,892	2,388	(496)	1,892	2,388	(496)	22,704	20,316
<b>Total Revenue</b>	<b>\$474,508</b>	<b>\$932,341</b>	<b>(\$457,833)</b>	<b>\$474,508</b>	<b>\$932,341</b>	<b>(\$457,833)</b>	<b>\$13,111,054</b>	<b>\$12,178,713</b>
<b>Expenditures:</b>								
Operating Expenditures								
Administration	\$67,422	\$60,974	\$6,447	\$67,422	\$60,974	\$6,447	\$952,280	\$891,306
Board Expenses	3,242	604	2,638	3,242	604	2,638	79,118	78,514
Connections: Mental Health/Substance Issues Svcs	203,676	166,099	37,577	203,676	166,099	37,577	2,339,007	2,172,908
Dental Services	323,441	267,245	56,196	323,441	267,245	56,196	3,894,293	3,627,048
Integrated Care (MH/SUD/PC)	105,957	93,716	12,241	105,957	93,716	12,241	1,275,292	1,181,576
Health Promotion	71,336	62,714	8,622	71,336	62,714	8,622	854,448	791,734
Community Impact	62,955	35,635	27,320	62,955	35,635	27,320	757,422	721,787
Program Assessment & Evaluation	22,417	22,749	(333)	22,417	22,749	(333)	269,530	246,781
Health Care Access	109,346	94,377	14,969	109,346	94,377	14,969	1,312,744	1,218,367
Resource Development	16,236	14,593	1,643	16,236	14,593	1,643	195,262	180,669
Mulberry Office	12,858	7,172	5,686	12,858	7,172	5,686	178,020	170,848
Contingency (Operations)	5,000	46	4,954	5,000	46	4,954	60,000	59,954
Special Projects	147,940	61,326	86,614	147,940	61,326	86,614	3,078,726	3,017,400
Grant Projects	113,296	80,140	33,157	113,296	80,140	33,157	1,246,441	1,166,302
<b>Total Operating Expenditures</b>	<b>\$1,265,121</b>	<b>\$967,390</b>	<b>\$297,731</b>	<b>\$1,265,121</b>	<b>\$967,390</b>	<b>\$297,731</b>	<b>\$16,492,583</b>	<b>\$15,525,193</b>
<b>Net Income</b>	<b>(\$790,613)</b>	<b>(\$35,049)</b>	<b>(\$755,564)</b>	<b>(\$790,613)</b>	<b>(\$35,049)</b>	<b>(\$755,564)</b>	<b>(\$3,381,529)</b>	<b>(\$3,346,481)</b>

**HEALTH DISTRICT OF NORTHERN LARIMER COUNTY**

**STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL**

For 1/1/2022 to 1/31/2022

	<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 Budget</u>	<u>Annual Funds</u> <u>Remaining</u>
Non-Operating Expenditures								
Building	15,000	-	15,000	15,000	-	15,000	1,064,500	1,064,500
Construction in Progress		255		-		-	-	-
Capital Equipment	-	-	-	-	-	-	50,000	50,000
General Office Equipment	-	-	-	-	-	-	10,000	10,000
Medical & Dental Equipment	-	-	-	-	-	-	34,487	34,487
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	-	-	132,000	132,000
Total Non-Operating Expenditures	<u>\$ 15,000</u>	<u>\$ 255</u>	<u>\$ 15,000</u>	<u>\$ 45,000</u>	<u>\$ -</u>	<u>\$ 45,000</u>	<u>\$ 1,290,987</u>	<u>\$ 1,290,987</u>

**HEALTH DISTRICT OF NORTHERN LARIMER COUNTY**  
**Statement of Program Revenues and Expenditures - Budget and Actual**  
**As of 1/31/2022**

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<b><u>Administration</u></b>								
Revenue:								
Miscellaneous Income	\$875	\$1,709	(\$834)	\$875	\$1,709	(\$834)	\$10,500	\$8,791
Total Revenue	875	1,709	(834)	875	1,709	(834)	10,500	8,791
Expenditures:								
Salaries and Benefits	48,877	42,759	6,118	48,877	42,759	6,118	586,579	543,820
Supplies and Purchased Services	18,545	18,215	330	18,545	18,215	330	365,701	347,486
Total Expenditures	67,422	60,974	6,447	67,422	60,974	6,447	952,280	891,306
<b><u>Board of Directors</u></b>								
Expenditures:								
Salaries and Benefits	0	0	0	0	0	0	8,612	8,612
Supplies and Purchased Services	3,142	604	2,538	3,142	604	2,538	38,506	37,902
Election Expenses	100	0	100	100	0	100	32,000	32,000
Total Expenditures	3,242	604	2,638	3,242	604	2,638	79,118	78,514
<b><u>Connections: Mental Health/substance Issue</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	3,083	2,176	907	3,083	2,176	907	37,000	34,824
Total Revenue	3,083	2,176	907	3,083	2,176	907	37,000	34,824
Expenditures:								
Salaries and Benefits	163,516	144,051	19,465	163,516	144,051	19,465	1,962,180	1,818,129
Supplies and Purchased Services	40,160	22,048	18,113	40,160	22,048	18,113	376,827	354,779
Total Expenditures	203,676	166,099	37,577	203,676	166,099	37,577	2,339,007	2,172,908
<b><u>Dental Services</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	61,678	60,576	1,102	61,678	60,576	1,102	740,136	679,560
Total Revenue	61,678	60,576	1,102	61,678	60,576	1,102	740,136	679,560
Expenditures:								
Salaries and Benefits	261,203	203,873	57,330	261,203	203,873	57,330	3,134,417	2,930,544
Supplies and Purchased Services	62,238	63,372	(1,134)	62,238	63,372	(1,134)	759,876	696,504
Total Expenditures	323,441	267,245	56,196	323,441	267,245	56,196	3,894,293	3,627,048

**HEALTH DISTRICT OF NORTHERN LARIMER COUNTY**  
**Statement of Program Revenues and Expenditures - Budget and Actual**  
**As of 1/31/2022**

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<b><u>Integrated Care (MHSA/PC)</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	19,285	7,416	11,869	19,285	7,416	11,869	231,419	224,003
Total Revenue	19,285	7,416	11,869	19,285	7,416	11,869	231,419	224,003
Expenditures:								
Salaries and Benefits	94,490	80,623	13,867	94,490	80,623	13,867	1,133,873	1,053,250
Supplies and Purchased Services	11,467	13,094	(1,627)	11,467	13,094	(1,627)	141,419	128,325
Total Expenditures	105,957	93,716	12,241	105,957	93,716	12,241	1,275,292	1,181,576
<b><u>Community Impact</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	54,921	29,878	25,043	54,921	29,878	25,043	659,073	629,195
Supplies and Purchased Services	8,034	5,756	2,278	8,034	5,756	2,278	98,349	92,593
Total Expenditures	62,955	35,635	27,320	62,955	35,635	27,320	757,422	721,787
<b><u>Program Assessment &amp; Evaluation</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	19,478	18,575	903	19,478	18,575	903	233,728	215,153
Supplies and Purchased Services	2,939	4,174	(1,235)	2,939	4,174	(1,235)	35,802	31,628
Total Expenditures	22,417	22,749	(333)	22,417	22,749	(333)	269,530	246,781
<b><u>Health Promotion</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	231	0	231	231	0	231	2,770	2,770
Total Revenue	231	0	231	231	0	231	2,770	2,770
Expenditures:								
Salaries and Benefits	56,939	48,916	8,023	56,939	48,916	8,023	683,257	634,341
Supplies and Purchased Services	14,397	13,799	598	14,397	13,799	598	171,191	157,392
Total Expenditures	71,336	62,714	8,622	71,336	62,714	8,622	854,448	791,734

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
Statement of Program Revenues and Expenditures - Budget and Actual  
As of 1/31/2022

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<b><u>Health Care Access</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	89,739	67,921	21,818	89,739	67,921	21,818	1,076,843	1,008,922
Supplies and Purchased Services	19,607	26,456	(6,849)	19,607	26,456	(6,849)	235,901	209,445
Total Expenditures	109,346	94,377	14,969	109,346	94,377	14,969	1,312,744	1,218,367
<b><u>Resource Development</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	14,120	13,227	893	14,120	13,227	893	169,435	156,208
Supplies and Purchased Services	2,116	1,366	750	2,116	1,366	750	25,827	24,461
Total Expenditures	16,236	14,593	1,643	16,236	14,593	1,643	195,262	180,669
<b><u>Mulberry Offices</u></b>								
Revenue:								
Fees, Reimbursements & Other Income	9,706	10,720	(1,014)	9,706	10,720	(1,014)	116,473	105,753
Total Revenue	9,706	10,720	(1,014)	9,706	10,720	(1,014)	116,473	105,753
Expenditures:								
Salaries and Benefits	2,893	2,811	82	2,893	2,811	82	34,694	31,883
Supplies and Purchased Services	9,965	4,361	5,604	9,965	4,361	5,604	143,326	138,965
Total Revenue	12,858	7,172	5,686	12,858	7,172	5,686	178,020	170,848

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY  
STATEMENT OF REVENUES AND EXPENSES  
As of 1/31/2022

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	346,855	346,855
Specific Ownership Taxes	56,674	56,674
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Special Projects	12	12
Miscellaneous Income	2,388	2,388
Total Revenue	<u>1,023,130</u>	<u>1,023,130</u>
Expenses:		
Operating Expenses		
Administration	60,974	60,974
Board Expenses	604	604
Connections: Mental Health/Substance Issues Svcs	166,099	166,099
Dental Services	267,245	267,245
Integrated Care (MHSA/PC)	93,716	93,716
Health Promotion	62,714	62,714
Community Impact	35,635	35,635
Program Assessment & Evaluation	22,749	22,749
Health Care Access	94,377	94,377
Resource Development	14,593	14,593
Mulberry Offices	7,172	7,172
Contingency -Operational	46	46
Special Projects	61,326	61,326
Grant Projects	80,140	80,140
Total Operating Expenses	<u>967,390</u>	<u>967,390</u>
Depreciation and Amortization		
Depreciation Expense	20,531	20,531
Total Depreciation and Amortization	<u>20,531</u>	<u>20,531</u>
Total Expenses	<u>987,921</u>	<u>987,921</u>
Net Income	<u><u>35,209</u></u>	<u><u>35,209</u></u>

## Health District of Northern Larimer County

### Investment Schedule January 2022

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,383	0.029%	0.03%	N/A
Local Government Investment Pool	COLOTRUST	\$ 3,272,835	68.368%	0.07%	N/A
Flex Savings Account	First National Bank	\$ 238,527	4.983%	0.05%	N/A
Certificate of Deposit	Advantage Bank	\$ 142,400	2.975%	0.40%	12/27/2023
Certificate of Deposit	Advantage Bank	\$ 115,088	2.404%	0.25%	9/2/2022
Certificate of Deposit	Points West	\$ 115,931	2.422%	0.28%	6/12/2023
Certificate of Deposit	Points West	\$ 157,714	3.295%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	\$ 242,143	5.058%	0.35%	10/7/2023
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	5.222%	0.50%	1/9/2023
Certificate of Deposit	Farmers Bank	\$ 251,093	5.245%	0.65%	6/27/2022
Total/Weighted Average		<u>\$ 4,787,114</u>	<u>100.000%</u>	<u>0.19%</u>	

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.

## MEMO

**TO:** Health District Board of Directors  
**FROM:** Karen Spink, Assistant Director of the Health District  
**DATE:** April 20, 2022  
**RE:** Amendments to Policy 98-2 Service Area/Eligibility

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Please find attached proposed amendments to Board Policy 98-02 Service Area/Eligibility. Senate Bill 21-199 repealed provisions of the 2006 laws, allowing people to apply for certain state and local public benefits and licenses without providing proof of lawful presence in the U.S. beginning July 1, 2022. While the board may want to explore other changes to this policy in the future, our immediate need to align with the new law and to remove unnecessary barriers to accessing our services includes striking the language in Policy 98-2 which has been repealed.

A small amendment was made to clarify the intent of section 4. Our goal with section 4 is to help all individuals accessing our services connect to health coverage options that will help them to access services across the community, refer to other agencies where more appropriate, and to maximize revenue opportunities for our service delivery.

While the changes to this policy will not go into effect until July 1, 2022, work is underway to review individual program policies, eligibility guidelines and intake forms and make the necessary changes to align with the new law. Plans are also being made to train staff so that any barriers related to the previous law are removed by July 1, 2022.





## 98-2 Pol: Service Area/Eligibility Policy

Approved November 12, 1998

~~Revised October 2, 2006~~ Amended ~~Month~~ April 26, 2022 and effective as of July 1, 2022 ~~DD~~,  
2022

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**Purpose of Policy:** To establish Health District service area boundaries and client eligibility for Health District services.

### Policy:

1. The services of the Health District will be provided within district boundaries to residents of the Health District with the exception of occasional promotional or educational services.
- ~~2.~~ ~~Residents of the Health District eighteen years of age or older requesting services must provide proof that they are lawfully present in the United States in accordance with the requirements of House Bill 06S-1023 (enacted August 1, 2006) as amended from time to time. Exceptions may be granted in accordance with the provisions of the law or as required by Federal law.~~
- ~~3.~~ ~~2.~~ Clients from outside the Health District may be eligible for full cost services on a space-available basis. They are not eligible for sliding scale fees.
- ~~4.~~ ~~3.~~ Sliding scale fees will be established for residents with inadequate insurance/low income who may otherwise be unable to access services offered by the Health District, if they meet eligibility criteria approved by the Executive Director.
- ~~5.~~ ~~4.~~ As much as possible, low-income clients will be referred to available low-income health care insurance programs and services to determine eligibility for coverage prior to being served by the Health District.
- ~~6.~~ ~~5.~~ Should the Board find the interests of the Health District would be served by providing certain services outside of District boundaries (or to individuals who live outside boundaries), the Board may consider developing such services if non-Health District funds are secured to fully cover the direct and indirect costs of providing the service.

ATTESTED, on the 12<sup>th</sup> day of November, A.D., 1998

REVISED, on the 22<sup>nd</sup> day of February, A.D., 2000

AMENDED, on the 24<sup>th</sup> day of June, A.D., 2003

AMENDED, on this 2<sup>nd</sup> day of October, A.D., 2006

~~AMENDED, on this DD26th day of MonthApril, A.D., 2022~~

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Attest~~ed~~ by:

Michael D. Liggett, Esq. President

Molly Gutilla, MS, DrPH, Vice President

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Celeste Kling, JD, Liaison to PVHS Board

Joseph Prows, MD, Treasurer

Johanna Ulloa Giron, PsyM, MSW, Secretary

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**QUARTERLY SERVICE REPORT  
FOR THE QUARTER ENDING  
DECEMBER 2021**

**DENTAL SERVICES**

**I. DENTAL CLINIC**

In the fourth quarter, The Family Dental Clinic continued to experience unexpected Covid-19–related absences. The open Hygienist position and open Dental Assistant positions remained unfilled as recruiting proved challenging. The clinic was fortunate to recruit a new bilingual front desk person, helping fill in an important gap in staffing. The unexpected absences coupled with planned holiday time off, continued to create some staffing challenges and cross-training remained a focus. While the fourth quarter remained busy, and demand for services were steady, strict safety pandemic precautions continued and capacity remained impacted.

With all of the challenges related to the pandemic and staffing, the dental clinic RVU's in the 4<sup>th</sup> quarter were only 14% less than in the same quarter of 2019, and 30% above 2020. As well, following an extremely difficult budget projection environment, the clinic for the first time ever ended the year above budgeted RVU and revenue projections.

Other activities of note included retraining efforts at the dental front desk to provide a better in-depth understanding of treatment, scheduling, and benefit utilization, and creating a new dental Care Coordinator model for 2022 implementation. The Dental Director spent time conducting a basic HIPAA training for all Health District Staff, and evaluated and mapped out future HIPAA trainings available on the new Relias Learning Management System. The first HIPAA module was rolled out for mandatory all staff completion by the end of the year to remain in compliance.

***Case Example:***

A Front Desk team member spoke to a patient about her upcoming appointment over the phone and reminded her that this was the appointment she would finally receive her denture. The patient was so happy, she laughed with delight. As she was leaving the office on the day of her appointment, she smiled and expressed how happy she was to get teeth. She started to stumble with her words, her eyes filled with tears, and she exclaimed “my husband is going to love it!” She thanked us for doing a great job, and when she exited the building she pulled down her mask and flashed our Front Desk team member a big smile with her new teeth. The next day when she came in for a scheduled adjustment, she said her teeth were so comfortable she could now dive into food and start eating!

**HEALTH CARE ACCESS**

**I. LARIMER HEALTH CONNECT**

**Key Activities:**

Open enrollment began November 1<sup>st</sup> with minor challenges with the Connect for Health Website, but less than previous years. Staff offered both in-person and virtual assistance during this quarter. Remote assistance has been very successful and will continue to remain an option for our customers moving forward. Marketing and outreach activities included newsletters to customers and partners, direct mailers, participation in community events, enrollment events held at our Mason office as well as rural areas including Estes Park and Red Feather Lakes, community partner meetings and virtual Health Insurance Literacy classes. We were also active in social media, the KRFC radio show and a variety of paid advertising options including billboards, bus stops, and others. Connect for Health CO requested staff to present on outreach best practices for Immigrant and rural populations at the annual CoverCo training for navigators held in October. The American Rescue Plan Act continued to provide additional savings to customers already on the Marketplace and removed the 400% FPL cap for customers to qualify for financial assistance. ARP savings will continue into 2022. During Quarter 4, there was a significant increase in encounters and unduplicated customers served overall in 2021.

Staff continues to help customers that are in crisis with their prescription costs. Some manufacturers have made it easier to qualify for medications and lowered co-pays and insurance companies have adjusted medication parameters to meet specific COVID-19 needs. Customer demand for prescription assistance continues to remain lower than in years past, however it is

a critical need for those who do not have other means of being able to afford the cost of their prescriptions. With the Medicaid lock-in, many people who previously struggled with the costs of their prescriptions now have access to very low cost (\$1-\$2) prescription coverage. We are expecting to see demand for services increase once the PHE has ended as well as the expansion of services to undocumented individuals in the summer of 2022.

#### **Case Example – Impact on Lives**

*Health Coverage Case Example:* A customer had been without health insurance for a few years because he didn't think it was necessary. He is currently experiencing heart failure and is in the Intensive Care Unit, needing transfer to a more specialized hospital. The patient gave his mother permission to apply for benefits on his behalf and after a few challenges, an application was completed and he was approved for coverage in real-time. They are very thankful for the assistance and more importantly, the fact that he is covered and will not have to go bankrupt now to cover the medical expenses.

## **II. PRESCRIPTION ASSISTANCE**

#### ***Case Example - Impact on Lives:***

A patient in her mid-60s needed an expensive medication for her chronic health condition that her Part D plan would not cover. With insurance, the medication would have cost \$400 because she had not met her plan's deductible. She could not afford the cost and had already gone without her medication for months. Staff assisted the client with completing an application for the manufacturer's assistance program. After some challenges and troubleshooting with the application, the client was approved and received a three month supply at no cost and will continue to receive free assistance for a year. The patient was absolutely ecstatic with gratitude for our assistance.

## **COMMUNITY IMPACT**

## **I. MENTAL HEALTH AND SUBSTANCE USE ALLIANCE**

### **Solutions to Behavioral Health Service Gaps in Larimer County**

Work continued with Larimer County Behavioral Health representatives to outline a potential second phase (Solutions 2.0) to the original Solutions study published in 2018, adding to the earlier assessment of system-level behavioral healthcare gaps and needs.

### **Competency Restoration Gaps and Solutions Mapping**

In Q4, staff continued pursuing community stakeholder interviews to support the mapping of current processes involved in the Larimer County 3A Competency Docket. Staff also researched national best practices to fold into efforts happening locally. Staff completed 15 stakeholder interviews and updated the draft of the process map following each interview to capture details discovered during the interview. Staff have begun developing recommendations for identified gaps in current process and will share these recommendations at the Quarterly Competency Docket Partners Meeting.

### **Community Information Exchange (CIE) Project**

Research into “referral management platforms” and models for improving communication and care coordination yielded information on a number of existing models and toolkits related to “Community Information Exchange (CIE)”. Work is happening on developing CIE's in San Diego, King County WA, Oregon, Utah, and Wyoming, and there is work happening in Colorado that we are learning about. Staff recommended that the work be expanded beyond the behavioral health focused workgroup to include a wider community effort

### **Changing Minds Public Awareness Campaign and Provider Education**

Staff worked alongside community partners to host a Mental Health and Substance Use awareness event at the Museum that targeted first responders. The event supported education and resources surrounding Mental Health and Substance Use for over 90 individuals.

### **Addressing the Opioid Epidemic**

#### **Increasing access to Medication Assisted Treatment (MAT)**

The NoCO CARES team, which includes CIT staff, are convening on a monthly basis with Larimer County Jail administrative and medical staff and key project partners to identify ways to improve the MAT in Jail program. The program began offering support for MAT for people with Alcohol Use Disorder. The program completed over 200 intakes and continuations for suboxone, methadone, naltrexone and vivitrol in Q4.

### **Increasing access to harm reduction services (Naloxone, SAP, fentanyl testing)**

In the last quarter of 2021, the Northern Colorado Harm Reduction Alliance distributed 125 boxes of Narcan, 285 doses of injectable Naloxone and 725 Fentanyl Testing Strips. Staff worked within the NoCO CARES Harm Reduction Alliance to develop a Contactless Naloxone Distribution Project which will allow for individuals to access Naloxone in public spaces using a vending machine that completes a quick training on its use to better support people throughout the COVID-19 Pandemic.

### **Other Community Impact Team Projects and Activities**

#### **Gender Affirming Healthcare Letter Writing Strategic Initiative**

As part of the Robert Wood Johnson Foundation Culture of Health Leaders Program, MJ Jorgensen is engaging clinicians, regional community partners, and others across the state to improve access to gender affirming healthcare services. This project works to remove the barriers and the gatekeeping involved for transgender and non-binary people to receive care for hormone therapies and surgeries by working with mental health clinicians to write the letters required by insurance companies to approve their medically necessary care. The project engages clinicians through a recorded training series, live question and answer sessions and shadowing. In Q4 of 2021, two Live Q&A sessions occurred which resulted in 65 clinicians attending. Additional Q&A sessions will continue throughout the spring and early summer and individual support of organizations looking to implement the offering will be provided to interested agencies.

#### **Strategic Planning for Homeless Health Services**

In Q4, staff began meeting with community partners to gain their perspective on healthcare gaps in services in the community for people experiencing homelessness.

#### **Frequent Utilizer Systems Engagement (FUSE)**

The project completed its pilot year and associated evaluation report. The program is housed at Homeward Alliance within the Housing First Initiative Programs. Staff recommended and were approved by the Executive Director of the Health District to continue ongoing evaluation with our Evaluation Team. Staff are planning with Homeward Alliance FUSE Leads and Evaluation to better collect qualitative data from program participants and expand formal data partners.

#### **Inpatient Treatment Referral Mapping**

Staff were asked by SummitStone Health Partners & North Range Behavioral Health to support a mapping process to identify how programs can more swiftly provide and accept referrals across agencies. Partners have been provided the initial map and will reconvene in Q1 of 2022.

#### **Center of Excellence for Workforce Development**

A new workgroup is forming in the community around creating a Center of Excellence to support workforce development in creating school-to-workforce recruitment training and internship pipelines. The focus will prioritize Health Equity, Mental Health and Substance Use Disorders.

## **II. MENTAL HEALTH/SUBSTANCE USE CONNECTIONS**

The 2021 fourth quarter continued to be a busy and challenging time for the Connections program. Overall the program saw a continued increase in demand for behavioral health care services. As the increase in demand and overall service numbers increased, both the CAYAC team and Adult team experienced challenges with staff shortages and changes.

The numbers for all services provided by the Connections program increased throughout the quarter. The Adult team received the highest number of referrals ever in the 4<sup>th</sup> quarter, dramatically exceeding referrals in any quarter since the referral process was implemented. This was in part due to an influx of referrals from CSU. As the demand for services went up, staff continued to struggle to find services for clients in the community as many private therapists were full. Both the adult and CAYAC Connections teams saw an increase in delay of care as a result. This again led to clients requesting referrals two or three times before they found an actual connection to an appropriate care provider. There continued to be difficulty finding providers for clients of all ages with severe and persistent mental illness, which led to further partnering with the local community mental health agency to problem solve and generate solutions for care for these clients. Connections staff continued to provide interim services to bridge the gap through care coordination and brief therapy services.

The CAYAC team saw a continued steady increase in referrals from community providers, which included an increase from PSD. CAYAC staff saw trends indicating reported issues being exacerbated by COVID and remote learning. Staff also reported an increase in school refusal cases. The CAYAC psychiatric team consulted on over 30 cases through the Psychiatric Provider Consult Line and received positive feedback from primary care providers about the line as a valuable resource.

Ongoing challenges in staff turnover and the need for an Adult BHP to fill-in at CAYAC extended the suspension of walk-in hours on the Adult Team. A CAYAC BHP was hired in December and both teams continued to be flexible and dedicated through this time of staff transition and increased work load. Connections staff continued to outreach to providers and by the end of the year, approximately 275 provider and organization profiles were listed on healthinfosource.com (HIS). Staff continued to work on site improvements and fixes, and an RFP was developed for digital marketing.

#### ***Case Examples:***

**CAYAC:** A caregiver of a 15 year old reached out to CAYAC for support after having difficulty finding appropriate support for the youth in the community. This client had been experiencing significant anxiety and refusing to go to school due to COVID. The client had tried medication, but had a negative experience and was also declining to meet with their therapist. The client came into CAYAC for a psychiatric evaluation and with the support of the CAYAC psychiatrist found a medication that was helpful at reducing symptoms. The caregiver also worked with one of our Care Coordinators to connect with the client's current school and the school district to discuss possible options to help the client get back to school. One of CAYAC's BHPs also worked with the caregiver to provide referrals for a new therapist for client, along with referrals for the caregiver to provide her with parenting support. The caregiver has reported to CAYAC that she feels hopeful about the services provided and overall plan to support the client.

**Adult:** A client reached out to Connections for emotional support. When she called she reported living in her vehicle since the pandemic began as she had lost her job. The client had been connected to some services in the community, but was not connected with any mental health services. She was experiencing depression and anxiety due to her living conditions, and had little social support. Staff was able to provide her with brief therapy to help support her until she was able to connect with a long-term provider. During this time, the staff member assisted with getting the client connected to both health insurance and financial support. Staff continued to work with the client and other agencies to help her secure other basic needs as well. Client was eventually able to get into the community mental health agency and is now in long-term care.

## **INTEGRATION OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES INTO**

In the fourth quarter of 2021, Behavioral Health Providers (BHPs) provided 1,303 case management, therapy and behavioral health contacts to 633 unduplicated patients between the two primary care clinics- an increase over the previous quarter. The Integrated Care psychiatrist, in addition to serving as the consulting and teaching psychiatrist for all the physicians in both practices, provided 95 psychiatric contacts and services to 95 unduplicated patients at both clinics. In addition, he provided 28 psychiatric services to 18 unduplicated patients through the Community Dual Diagnosis Team (CDDT) program. The overall number of psychiatric services provided is 123. The overall number of unduplicated patients who received psychiatric services for the quarter is 114. The IC psychiatrist also provided 28 educational sessions and 31 curbside consultations for residents at FMC during their psychiatric rotation clinics.

During the fourth quarter, BHP staff participated in 111 pain clinics and 24 Medication Assisted Treatment clinics at FMC. They did not participate in shared medical appointments (SMA's) at Salud (SMA's used to include Centering Pregnancy, diabetes and pain clinics); Salud has not indicated any plans to return to the SMA's that were suspended during COVID..

In November of 2021, FMC instituted a wait list for new patients. At present (February 2022), that wait list is around 700 patients. The wait list for establishing therapy services remains in place. Specifically, it is taking about 1-3 months for a patient to access behavioral health care at FMC. The length of wait depends on payer source and the patient's expressed preferences. Additionally, the residency was approved for expansion and will be selecting 8 intern physicians into the program during the upcoming match process. Over the next 3 years the residency will expand from 21 resident physicians to 24.

In the fourth quarter, an additional BHP participated in EMDR training. As a result, 5 of the 6 BHP's on the Integrated Care team are now trained in EMDR.

#### ***Case Example:***

At FMC, a patient is involved with the Medicaid Accountable Care Collaborative (MACC) program. This patient has several children, recently escaped a horrifically abusive partner, and has significant mental conditions. The patient was referred to a BHP secondary to suicidal ideation, an acute increase in multiple symptoms, and concerns regarding the ability to successfully parent. MACC staff advocated for this patient to return to the top of the FMC wait list for behavioral services after engagement attempts last fall did not materialize. At present, the patient struggles to leave the house and is accessing care through virtual modalities. The BHP is in the process of developing a therapeutic relationship with the patient with the eventual goal of utilizing specific modalities to reduce distress.

**Tobacco Treatment**

In the 4<sup>th</sup> Quarter of 2021, the Tobacco Treatment Specialists (TTS) saw 38 new clients (28 in 2019, 49 in 2020), delivered 237 sessions (194 in 2019, 261 in 2020), and saw 68 unduplicated clients (64 in 2019, 75 in 2020). The team received 62 referrals (103 in 2019, 92 in 2020), 25 were from Family Medicine Center, 18 were self-referrals, and the remaining 19 came from Associates in Family Medicine (AFM) at CSU, AFM (Horsetooth), AFM (Timberline), AFM (West-Shields), Health District Family Dental Clinic, The Family Clinic of Fort Collins, Poudre Valley Hospital (PVH) Emergency Room, PVH Pulmonary Rehab Department and Surgical Care, Salud, Medical Center of the Rockies Pre Op and Pulmonary Rehab Department, and UCHealth Community Wellness. The team will be having conversations soon to reflect on 2021 and goals for the future. We are also working on modernizing and digitizing many of our internal and external processes

***Case Example:***

We received a lot of positive feedback about the program shifting to a no-cost model. One client commented “It was like having a new friend, and I felt really supported in this journey. The program is amazing, I couldn't have afforded to do it myself.” This individual felt so encouraged by the program that she told co-workers about it and now feels like she has all of the tools she needs to stay quit. She came to the program with depression, anxiety, a few smoking related symptoms, and more, and is feeling better now that she has maintained her smoke-free status. The most helpful part of this program according to the client was the booklet of resources provided by the TTS.

**Heart Health Promotion**

The Heart Health Promotion Program experienced a transition as Cheri Nichols retired from her position as Clinical Nurse Manager on November 5<sup>th</sup>. While Julie Abramoff accepted the Nurse Manager position, the program was short one nurse at the same time that our community began to see a significant increase in COVID (Delta variant) cases, and COVID booster shots were recommended. Therefore, COVID vaccination clinics were added to the schedule while some cholesterol clinics that had been scheduled were canceled due to staffing shortage. In the 4<sup>th</sup> quarter, there were 13 cholesterol clinics and 2 separate blood pressure clinics that took place, providing 186 cholesterol and 184 blood pressure screenings.

It was decided by the Medical Director and Clinical Nurse Manager to put the Improving Blood Pressure Program on hold due to lack of referrals and lack of staffing. In addition, it was also decided not to continue monthly blood pressure checks at the Senior Center because most clients were repeats and already under care of their PCPs when necessary. Very few new clients, if any, used this service.

**Other Program Activities:**

During the 4<sup>th</sup> quarter, the Health District conducted 18 COVID vaccination clinics including 2 at the Murphy Center, 1 in Red Feather Lakes, and 1 at the Health Care-A-Van event for PEH. In order to expand capacity and meet the demand for booster vaccine doses in November and December, three retired MDs from our community donated their time to help vaccinate at 6 of the clinics at the Health District and PRN nurses assisted at 4 of the Health District clinics and at the Health Care-A-Van event. During this time frame, the Health District provided a total of 924 COVID-19 Moderna vaccine doses – 42 first doses, 45 second doses, and 837 booster doses. Approximately 80% of vaccines were given at the 120 Bristlecone location and the remaining 20% were given in offsite mobile clinics.

***Case Example:***

A 68 year old woman came to a cholesterol screening approximately 4 months after seeing her PCP. At that appointment, she had been told that her triglycerides were high. She couldn't remember the exact number, but felt sure they were over 200. This caused her some concern and she decided to make some dietary changes, mainly cutting back on sugar sweetened beverages. She is on Medicare and was told that it would only pay for one cholesterol test every three years. She is also on a fixed income, so was concerned about being able to afford to get her cholesterol tested again. She was delighted to find our services and that they were free. She was equally pleased to see that her triglycerides came down to 164, which is a marked improvement. We discussed other dietary changes as well, and she stated how grateful she was for our services.

### **I. ASSESSMENT, RESEARCH, AND PROGRAM EVALUATION**

The Research and Evaluation Team conducted a successful search for an Evaluation and Assessment Specialist during the 4<sup>th</sup> quarter. Our new full-time employee joined us on November 15, 2021, just in time for an all-day off-site retreat focused on team building and planning for the 2022 community health assessment. Preparing to collect primary data from the residents of Larimer County in the spring of 2022 was, and continues to be, the main work focus of the Team. In addition to researching the technical methods related to survey sample design, meeting regularly with consultants at CSU Statistics Lab, and updating the survey instrument and supporting materials, we worked with the Resource Development Coordinator to secure funding from partners in support of surveying households in the southern part of Larimer County.

Meanwhile, the Team's Coordinator and Data Analyst were once again heavily involved in various roles responding to the COVID-19 pandemic due to a surge in cases from the Delta variant. Weekly COVID vaccine clinics were once again provided at the 120 building as well as some off-site clinics around Fort Collins and in Red Feather Lakes. In addition, the Team trained to assist LCDHE with contact tracing and devoted about 20 hours a week to this task during the 4<sup>th</sup> quarter.

The Team continued to mentor students in pursuit of MPH degrees, hosting students for capstone and practicums, presenting to graduate student classes at CSU, and advising a group of students from a research methods class for a journal paper submission using CHS data from 2019-2020. In addition, we once again prepared a host site application to the CDC for a Public Health Associate (PHAP) to hopefully join our Team in the fall of 2022.

### **II. SPECIAL PROJECTS**

#### **Advance Care Planning Project**

The Advance Care Planning Program continued a steady level of output during the fourth quarter of 2021. The Program educated and engaged 285 individuals through various events and trainings. The ACP Program delivered 16 community workshops, classes and/or presentations. The number of medical personnel trained on Advance Care Planning was 15 for this quarter. The ACP Program had a total of 43 individuals with directives in place this quarter.

The ACP program, along with other Health District programs, participated in two community events through the City of Fort Collins at two of the mobile home parks (Skyline and North College), which led to increased client sessions this quarter. Bilingual outreach material was finalized and distributed as part of our bilingual presentation at the Old Town Library. Staff presented to six bilingual providers in the community on advance care planning (resulting in five completing their own documents at the event). In November the program partnered with CSU Center for Healthy Aging and conducted a film screening, which was well attended. A training was also conducted with counselors from the Colorado Center for Assessment and Counseling and the program added a regular training for each class of Certified Nursing Assistants at the Northern Colorado Training Center.

#### ***Case Examples:***

Most often people choose their family members to act as their healthcare agents and speak for them when they lack the capacity to speak for themselves. In November I received a call from a woman who was calling for her neighbor who was in their mid-nineties. This person had no children, no spouse and one sibling who was a few years older and out of state. This situation could have been very difficult since there were multiple health issues including an upcoming surgery. Instead, long time neighbors who had become friends stepped forward to act as the client's healthcare agents. I was able to meet with the client and two neighbors and facilitate a strong conversation on the client's wishes and complete documents so that they were on file before his surgery.

#### **EDIT**

During the 4<sup>th</sup> Quarter, a subset of the EDIT steering committee updated and fielded the Equity, Diversity and Inclusion Culture Survey for 2021. Results will be compiled, reviewed and shared back out with staff in the first half of 2022 as EDIT begins to reconvene on a more regular basis and new staff are recruited to participate on the team. Recruitment for the EDI Manager will begin once the new Executive Director is on board and has a chance to provide additional input. In the interim, staff will be working on ways to implement additional training and educational activities.

### **III. RESOURCE DEVELOPMENT**

During the fourth quarter of 2021, Resource Development worked closely with program managers, directors, and key staff on numerous Health District funding priorities, fulfilled requirements for existing grants, and secured additional funding to support COVID-19 Pandemic response efforts.

- The Health District received a sub-grant award during the fourth quarter totaling \$20,000. Funding was awarded in



partnership with Homeward Alliance under their Emergency Solutions Grant CARES Act Award (ESG-CV) through the State of Colorado to support 2020-2021 COVID-19 isolation, quarantine, and recovery site expenses.

- The Resource Development Coordinator worked closely with the finance team to identify appropriate COVID-related expenses to successfully close out and submit the final invoices for both the Coronavirus Relief Fund and the Emergency Solutions Grant award.
- Interim and closeout grant reporting requirements were prepared and submitted for two other pre-existing grants (Delta Dental Foundation of Colorado and Otter Cares Foundation), meeting contractual obligations and funder reporting deadlines.
- The Resource Development Coordinator also supported the following out-of-district program needs:
  - Designed and launched a fundraising campaign for the Advance Care Planning Program, securing \$4,700 to support out-of-district services in 2022.
  - Worked with the Research and Evaluation Team to solicit financial contributions from three key community partners to support 2022 Community Health Assessment out-of-district costs. As a result, the City of Loveland committed \$3,000. Funding determinations from pending prospects will be made in early 2022.
  - Developed and finalized a fee structure/process so we could begin to use unrestricted donations to reduce access barriers and support services for out-of-district Quit Tobacco Program clients who cannot afford program fees.

#### **IV. COMMUNICATIONS / HEALTHINFOSOURCE**

The Communications Team devoted much of its fourth-quarter focus to the health insurance open enrollment period and the services provided by Larimer Health Connect. This included numerous print ads across Larimer County and an intensive digital campaign utilizing the services of a new outside marketing agency, in addition to weekly staff-run ads on Facebook/Instagram for weekend enrollment events. Staff also ran a highly successful online campaign for virtual Health Insurance & You seminars. An outside vendor was chosen to develop marketing materials for the revamped Healthinfosource and to manage an intensive digital marketing campaign in early 2022. In pandemic-related efforts, a Spanish-language direct mail postcard was developed in conjunction with the LatinX outreach team at the Larimer County Department of Health and Environment and was ready to mail in the first quarter of 2022. Health District vaccination clinics continued to be promoted on the agency website and on social media.

The fall issue of Compass was mailed to approximately 98,000 households in October, and staff worked with its direct mail vendor on how to deal with postal service changes that will impact Compass mailing in the future. Ongoing marketing/advertising continued for Dental, Connections/CAYAC, and Healthy Heart Clinics; and Communications Director produced and hosted the Community at Work radio show monthly. The Digital Media Position was posted in December, with candidate interviews expected to occur in January or February.

#### **V. SUPPORT SERVICES**

During the fourth quarter of 2021, HR staff conducted 11 job searches with 182 applicants screened and 15 interviewed. Eight of the positions have been filled. During the December 2021 Virtual All Staff meeting, twenty seven employees were recognized with Years of Service awards: four employees at 25 years, three employees at 20 years, six employees at 15 years, one employee at 10 years, thirteen employees at 5 years.

In Finance, a new Assistant Finance Director was selected. Significant work on the budget occurred, and the 2022 Budget was completed and approved. Procedures for identifying and documenting COVID related costs were re-established with the increase in COVID-related services due to the new and expected surges. The Finance Department worked closely with the Resource Development Coordinator to submit grant applications and to seek reimbursement for COVID expenditures. Open enrollment was completed for 100 benefited employees during the month of November.

IT staff received and resolved 379 IT help-desk tickets submitted; completed purchase and installation of all hardware and software planned for the 2021 Budget, and continued work on Microsoft Sharepoint deployment. With the re-opening of the IRQ, computer and security systems were set up again at the Myrtle and Shields locations.

Front desk staff, in addition to normal daily duties, supported and registered clients for 12 blood pressure/cholesterol screening clinics this quarter as well as supporting client check-in at vaccine clinics held at the 120 Building.

Facilities staff completed all tasks for the move to the IRQ site; installed automatic openers and a door security system at 425 West Mulberry, continued work with the architect firm for design of major renovations at that building, and completed a redesign of the landscaping at the 120/202 Bristlecone campus for bidding in the spring. Eighteen of 25 facility and equipment work orders were completed.

## OTHER EXECUTIVE DIRECTOR AND MISCELLANEOUS ACTIVITY

### Internal/Community/Board

In the 4<sup>th</sup> Quarter of 2021, the surge of COVID cases continued, taking a sharp upward trend in October. The surge was caused by the Delta variant, which was believed to be about twice as contagious as the original strain, and more likely to put infected people into the hospital. Local hospital capacity was becoming seriously strained, so responsive action was again deemed important. At the same time, in September and October, vaccination boosters were approved by the FDA and CDC, and the Governor of Colorado rapidly approved their use for all eligible Coloradoans.

The Executive Director worked with Health District staff (also utilizing information from multiple other community sources) to quickly assess the situation, and our first action was to ramp up COVID vaccination capability, recruiting volunteer physicians and PRN nurses to assist with the increase in demand, and informing our prior vaccination clients of its availability. Then the Health Department requested assistance in contact tracing, and members of our Evaluation team responded. The Health Department also requested that updated information be included in our upcoming issue of Compass, which was completed.

As the Delta strain circulated locally, joined by the Omicron strain in late December, we experienced more staff absences than ever due to staff and family having it, or having exposures requiring quarantine, as well as time needed to recover from vaccines. The additional absences caused extra strain, as staff worked hard to try to cover the steady and increasing demands for services. Work also began on an update of guidance to staff and supervisors for COVID protocols, to be completed in early January 2022.

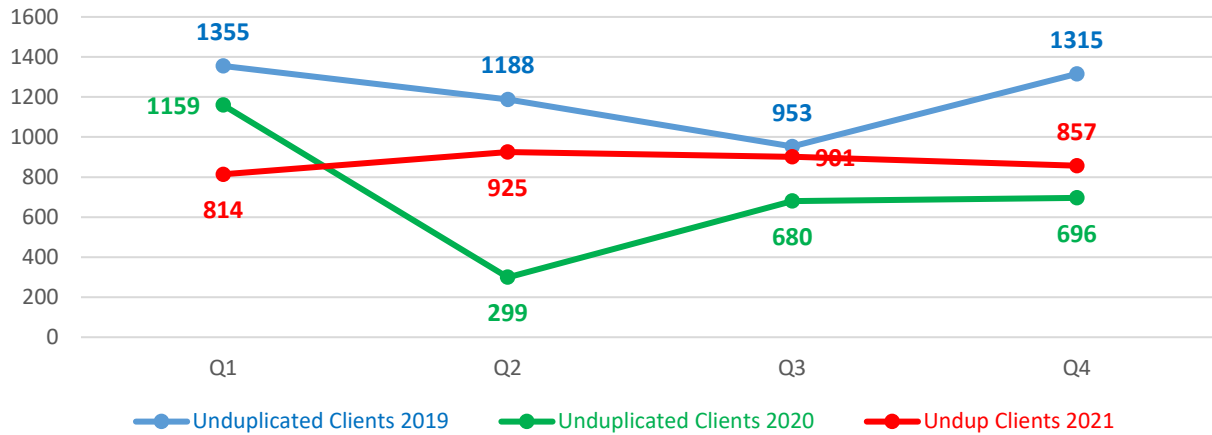
By mid-October, it also became apparent that there was not adequate availability of a place to shelter for those experiencing homelessness who either had COVID, had a COVID exposure, or were at high risk should they become infected with COVID. The Health District engaged in a series of meetings with homeless providers and the County and the City, and after all other options discussed fell through, and research and budget estimates were completed, the decision was made to temporarily re-open the Isolation/Recovery and Quarantine Center previously used at the Myrtle St. site through May or June. For this time period, Larimer County made the commitment to cover nearly all expenses, and the Health District proceeded to recruit new staff to run the IRQ. Once the county made the financial commitment and the board approved the re-opening, staff moved with remarkable speed to get the site (which had been de-commissioned in June after its year of operation) ready again, hired the new Coordinator and were well into the search for two more workers, worked on updated policies and procedures, and were able to open the doors at the very end of December, just as the far greater Omicron surge began.

The fourth quarter also saw the completion of the 2022 budget process and budget, complicated by uncertainty about the future of COVID, at the same time that the Finance Director was retiring (although she assisted significantly in the transition) and the new Finance Director starting. After careful review of financials, the decision was also made to provide employees with an end of the year gratitude pay allocation, in appreciation of all their extra efforts and challenges during COVID.

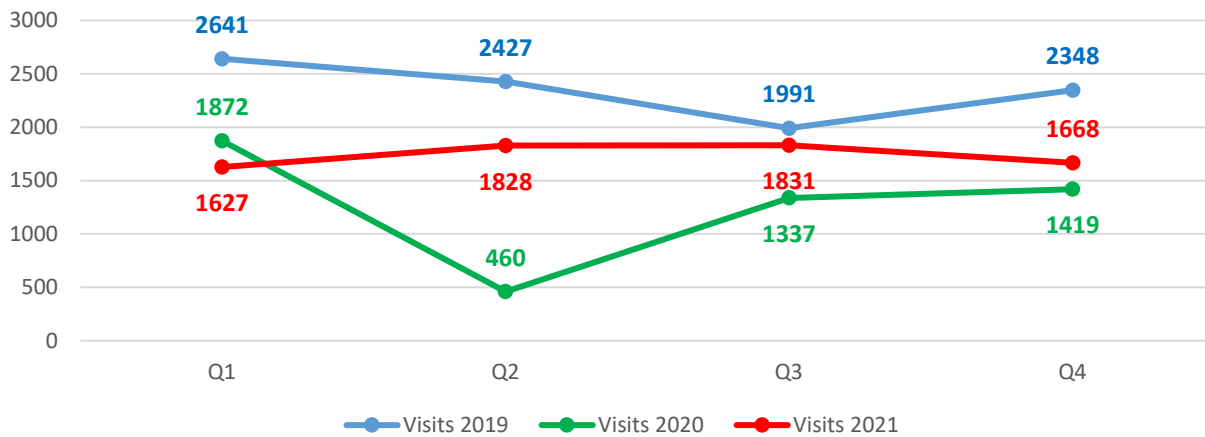
During this quarter, the board contracted with Heather Gantz at Raftelis to perform the executive search process for the new Executive Director, with the anticipated retirement in 2022 of current Executive Director Carol Plock. Staff assisted the board and Ms. Gantz in completion of the contract, scheduling and organizing listening sessions and additional board meetings, getting out community and staff surveys, revision of the Executive Director job description, information gathering for the recruitment brochure, etc. The position was posted before the end of the year, and progress was on track to start interviews with potential candidates by February.

In other key activities, there was significant attention to re-organization of the management responsibilities for the Connections Team and recruitment for a new Connections Director due to the resignation of the long-time Director to go into private practice. An updated approach for the organization of the Community Impact Team, with updated job descriptions, was developed. Important work on how to tackle the next phase of the community Behavioral Health Assessment, in partnership with Larimer County Behavioral Health Services and SummitStone Health Partners, took place. The Executive Director continued to participate in important community meetings, including the NOCO Health Care Coalition, the Health Care Working Group, the Medicaid Accountable Care Coalition (MACC), the MHSU Alliance, with the LC Director of Public Health, a Care Coordination platform demonstration by CCMCN, and regular meetings with the CEOs of Salud, SummitStone, and UCHealth North.

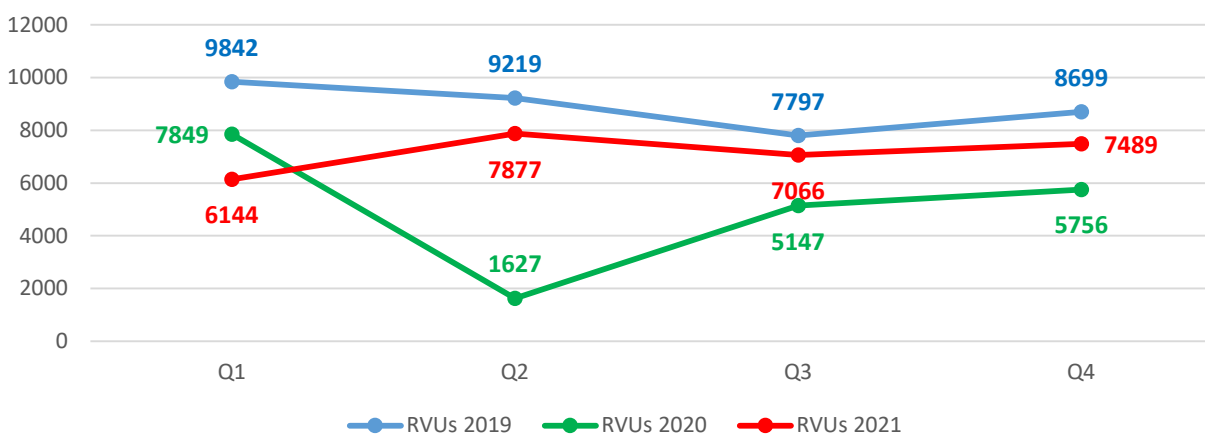
### Dental Clinic Clients by Quarter



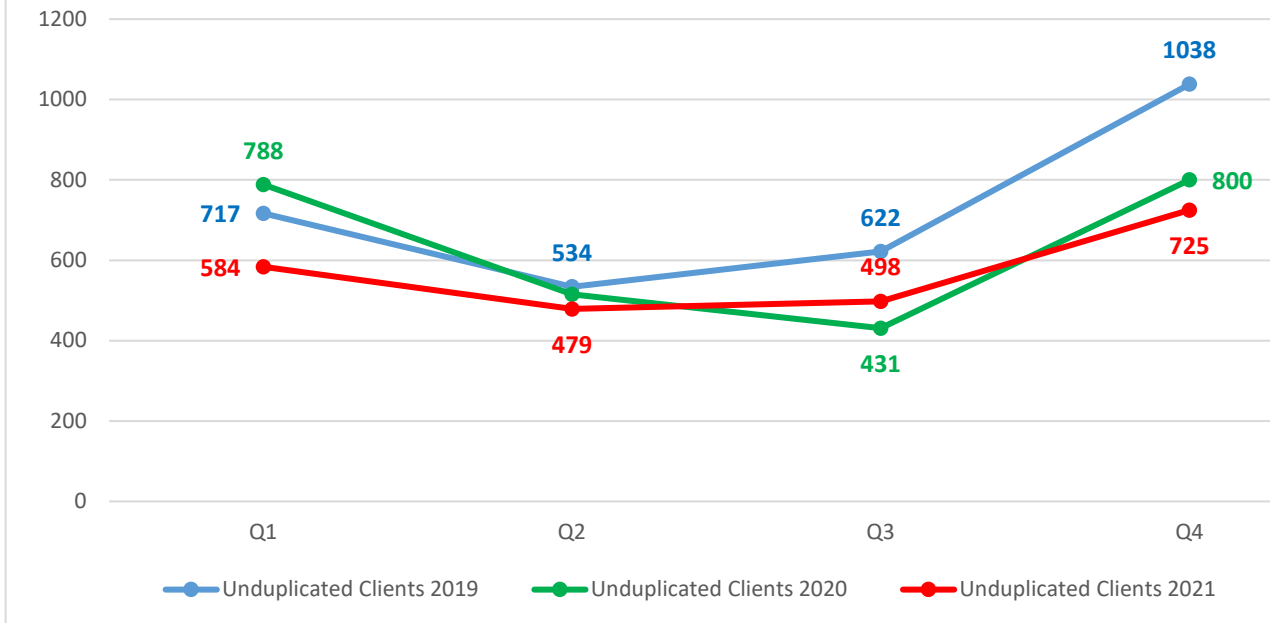
### Dental Clinic Visits by Quarter



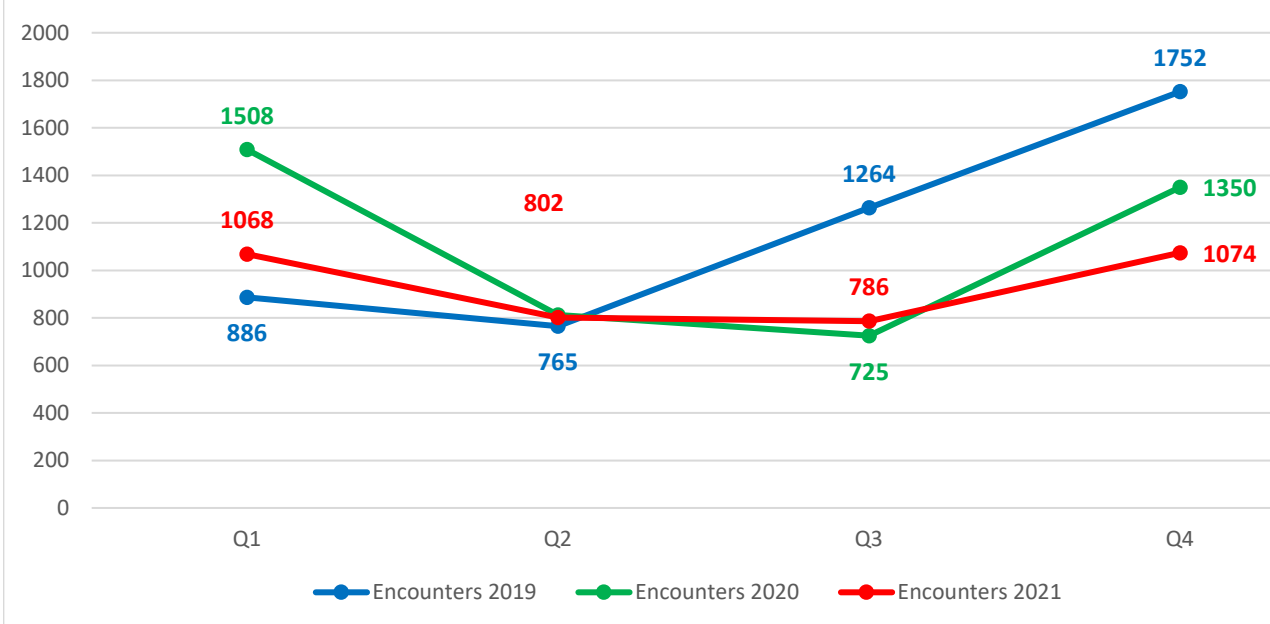
### Dental Clinic RVUs by Quarter



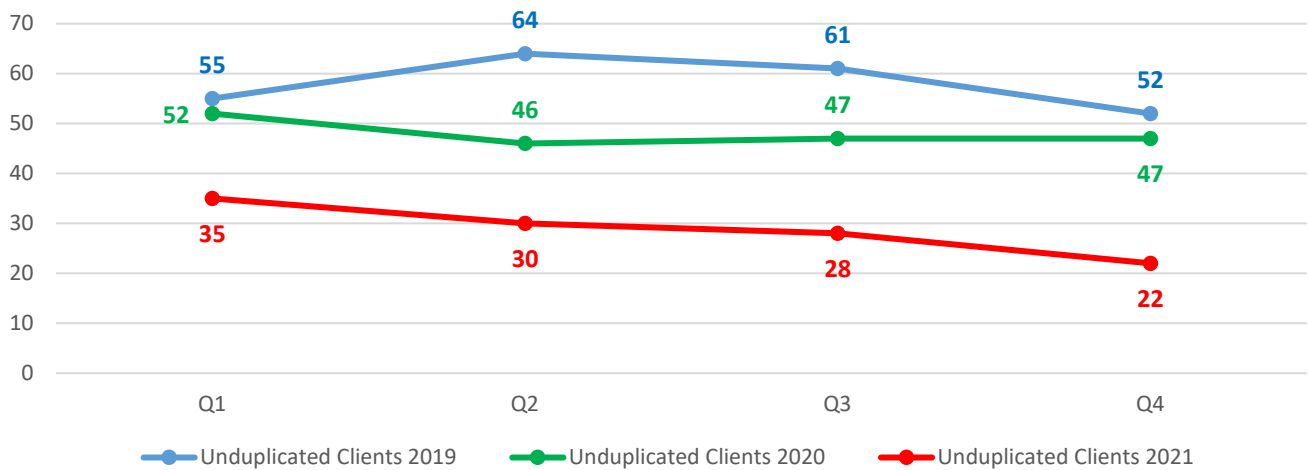
Larimer Health Connect Clients by Quarter



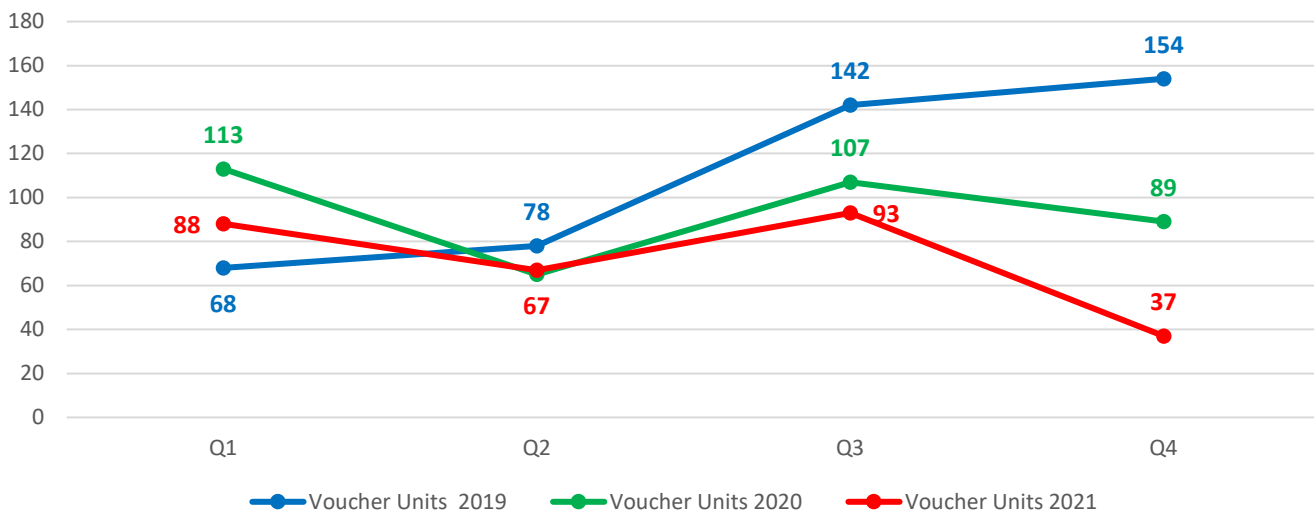
Larimer Health Connect Client Encounters by Quarter



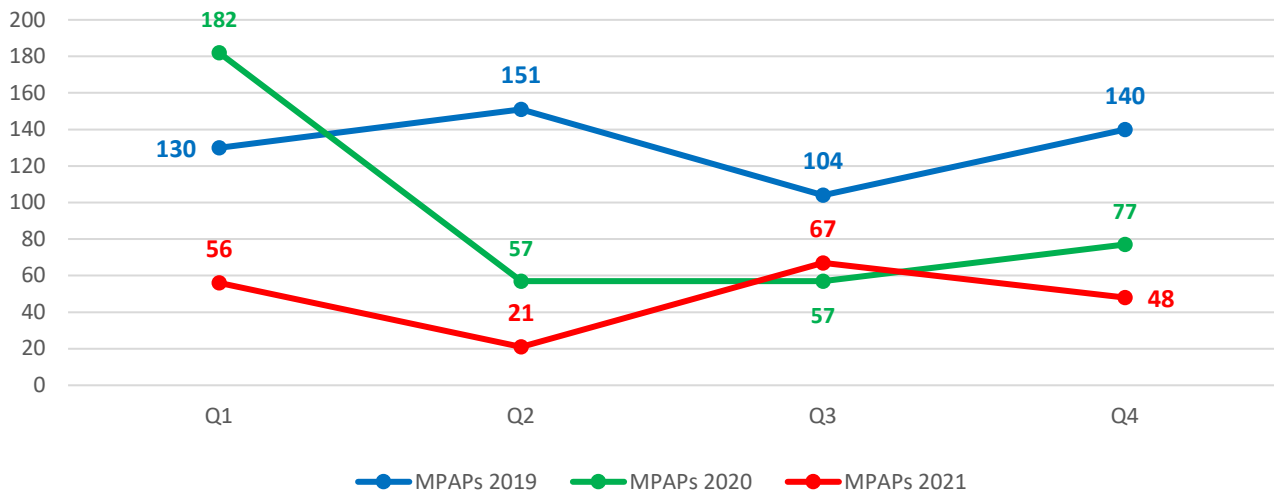
### Prescription Assistance Clients by Quarter



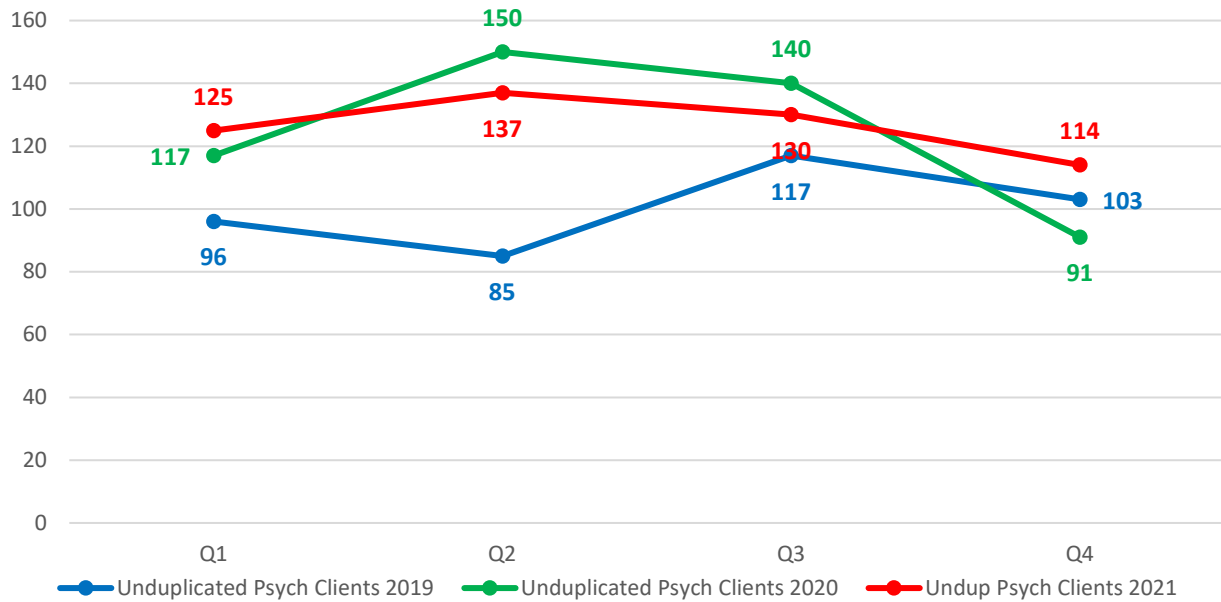
### Prescription Units Provided Using Vouchers



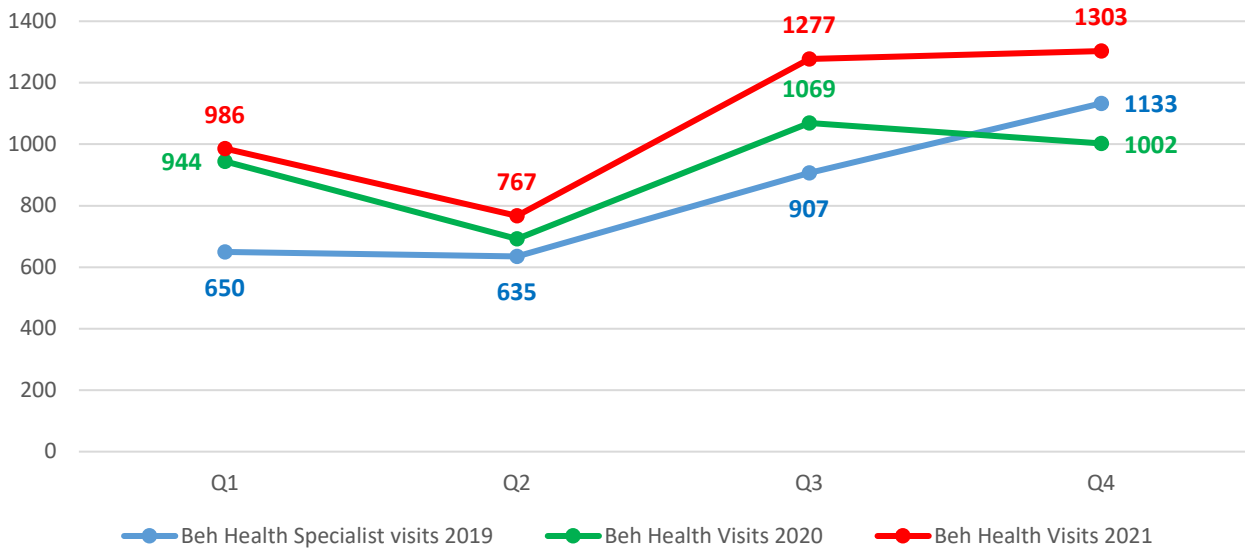
### Prescription Units Provided Using Manufacturers' Programs



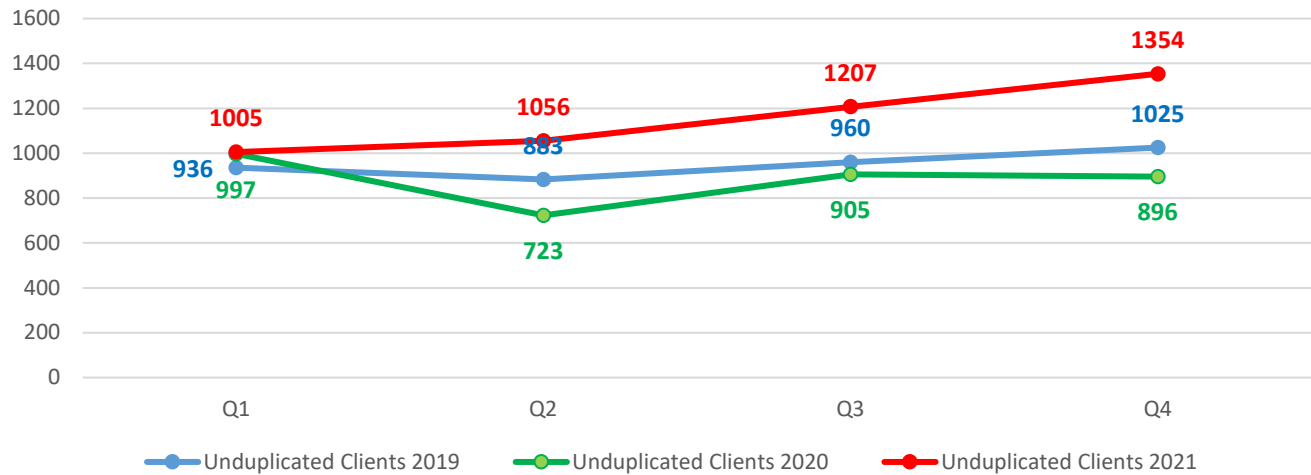
Clients with Sessions with the Integrated Care Psychiatrist



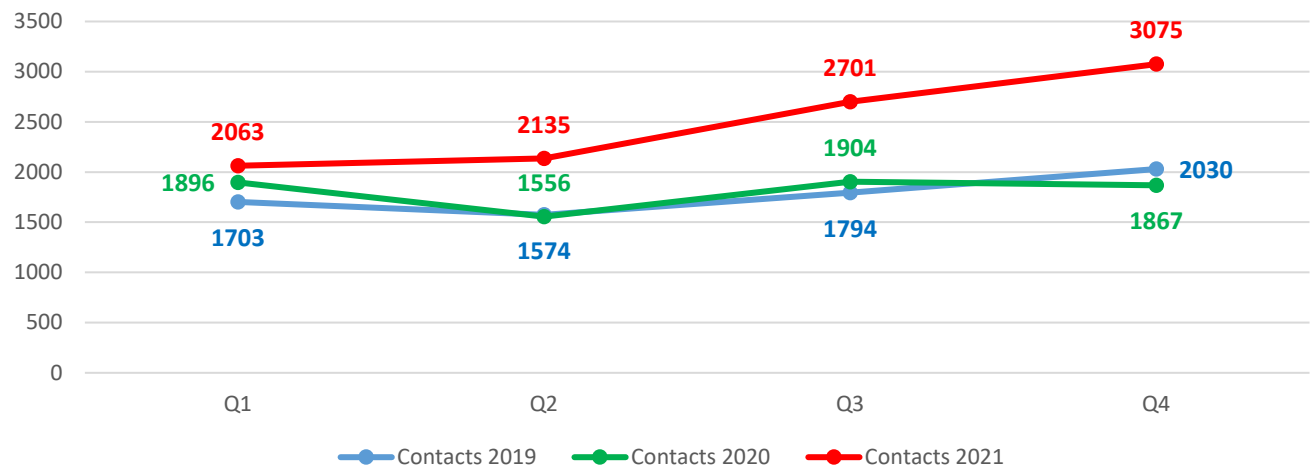
Integrated Care Visits with Behavioral Health Specialists



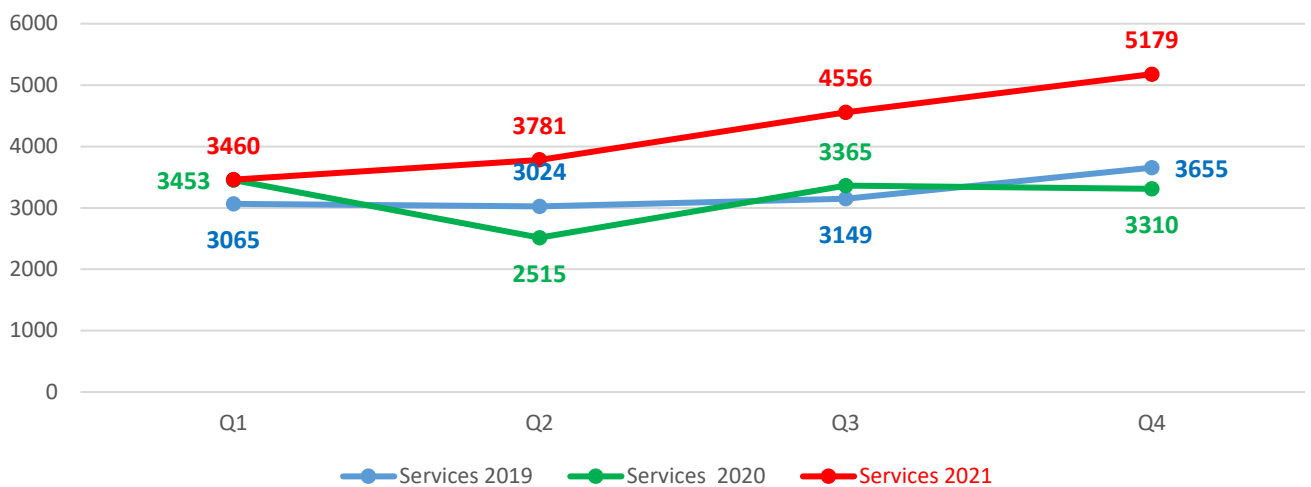
### Adult Connections Clients by Quarter



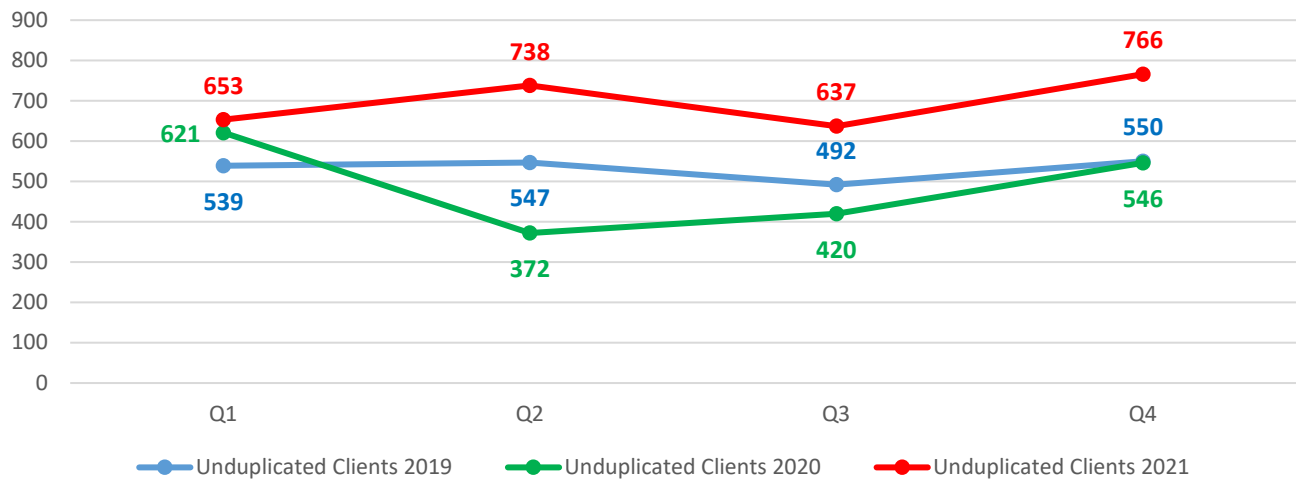
### Adult Connections Contacts by Quarter



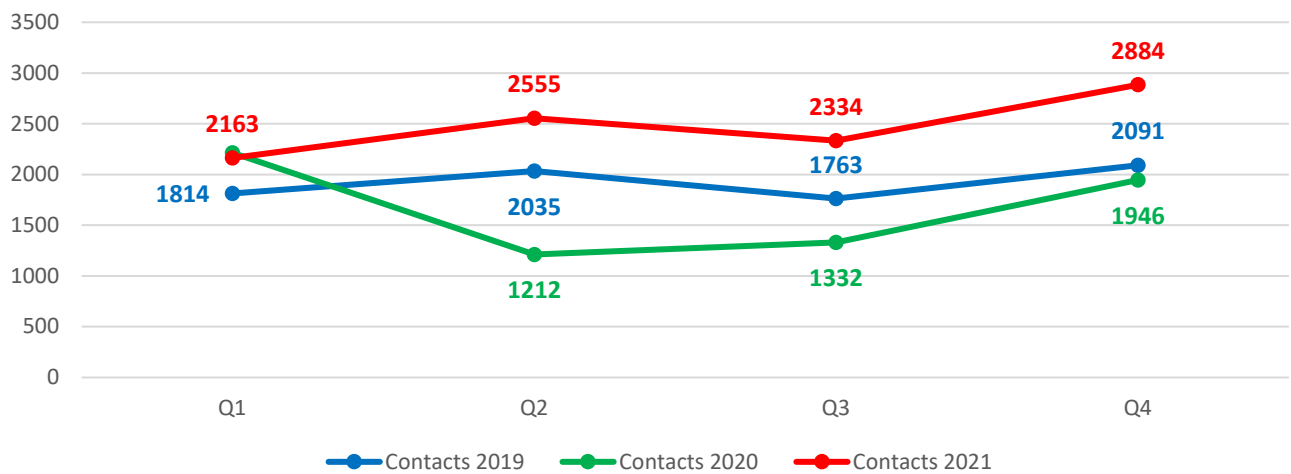
### Adult Connections Services by Quarter



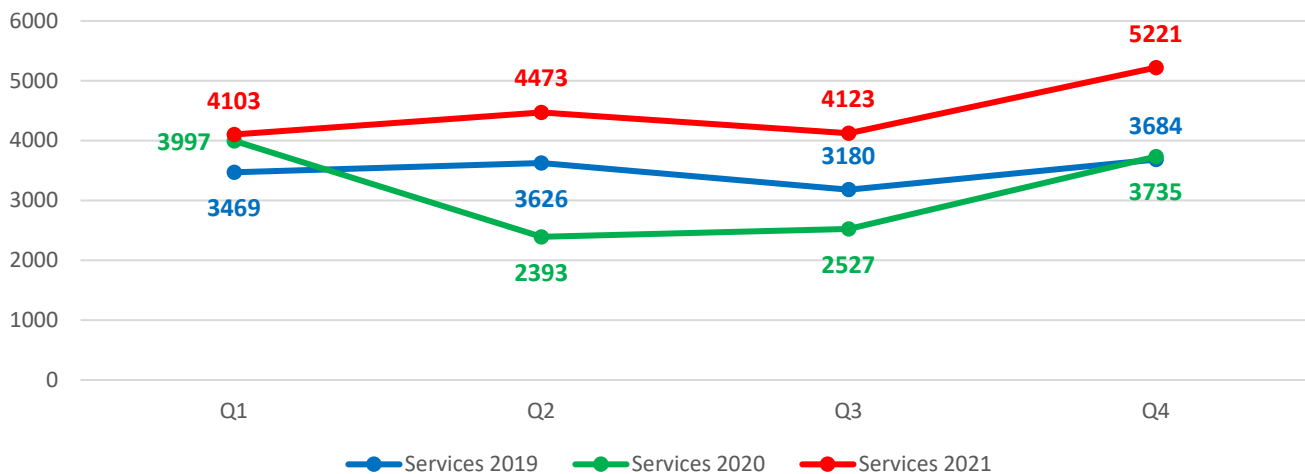
### CAYAC Clients by Quarter



### CAYAC Contacts by Quarter

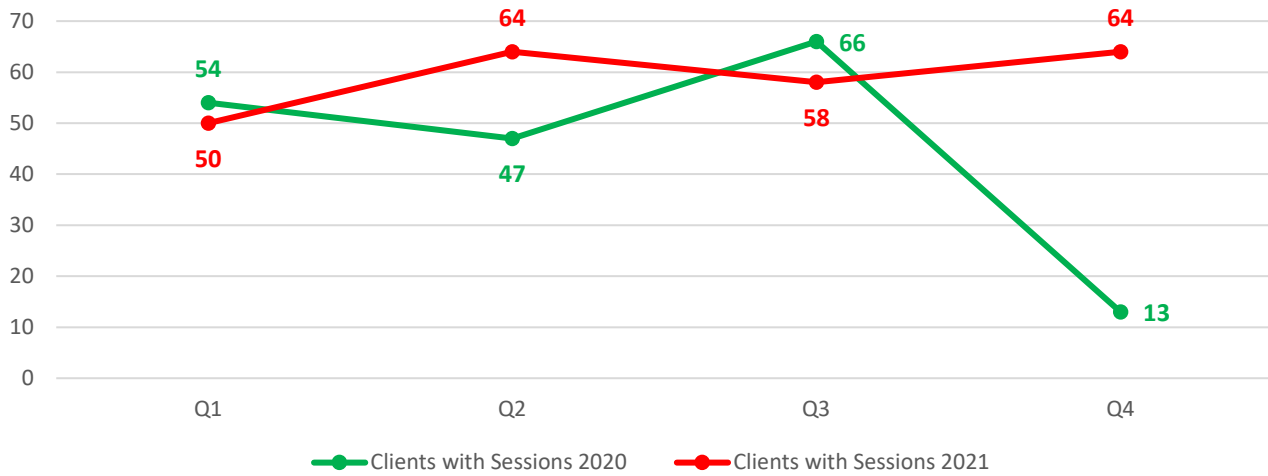


### CAYAC Services by Quarter

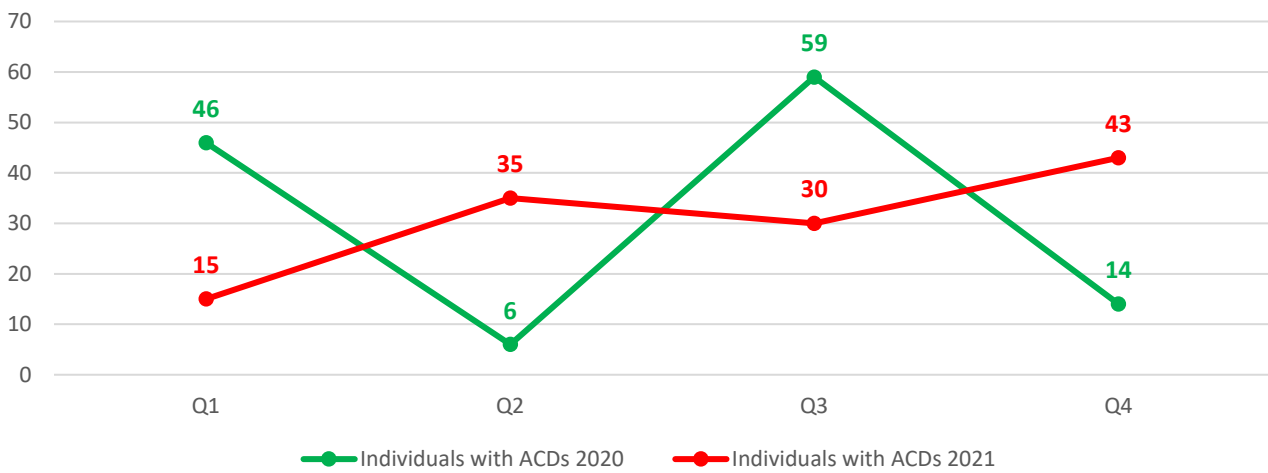




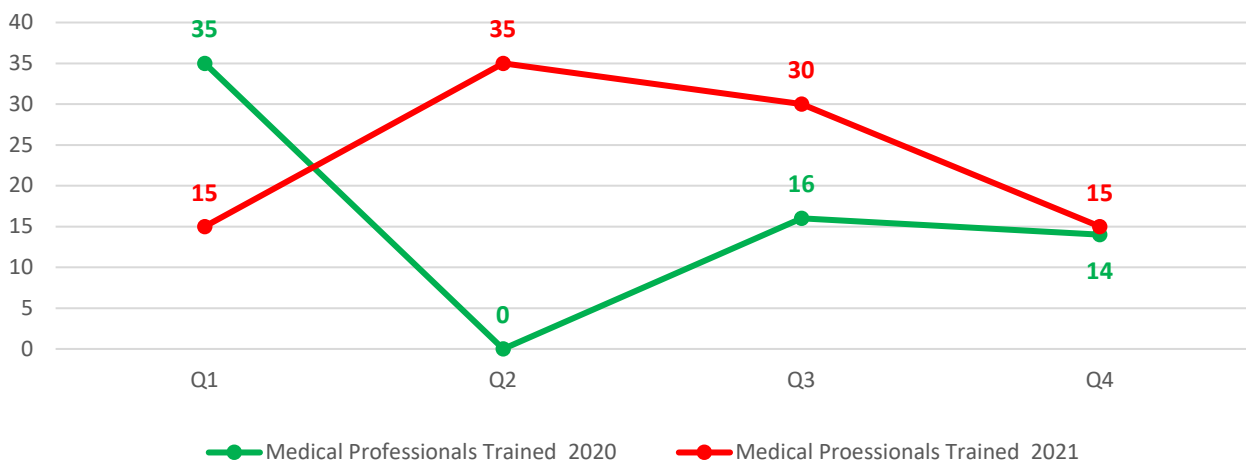
### Advance Care Program Clients with Sessions



### Clients With Advance Care Directives Completed

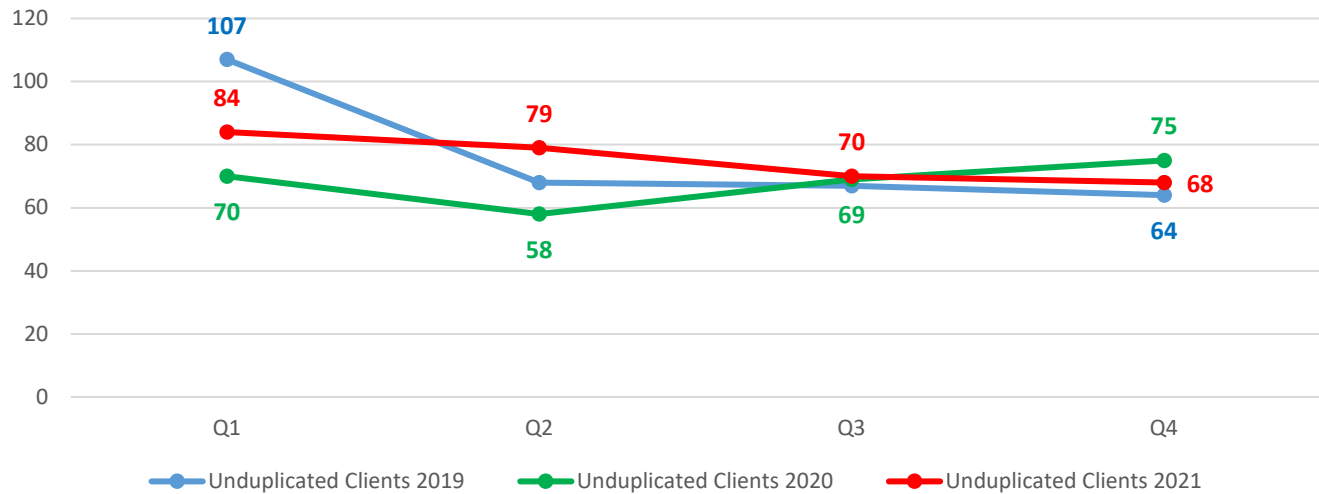


### Medical Professionals Trained in Advance Care Planning

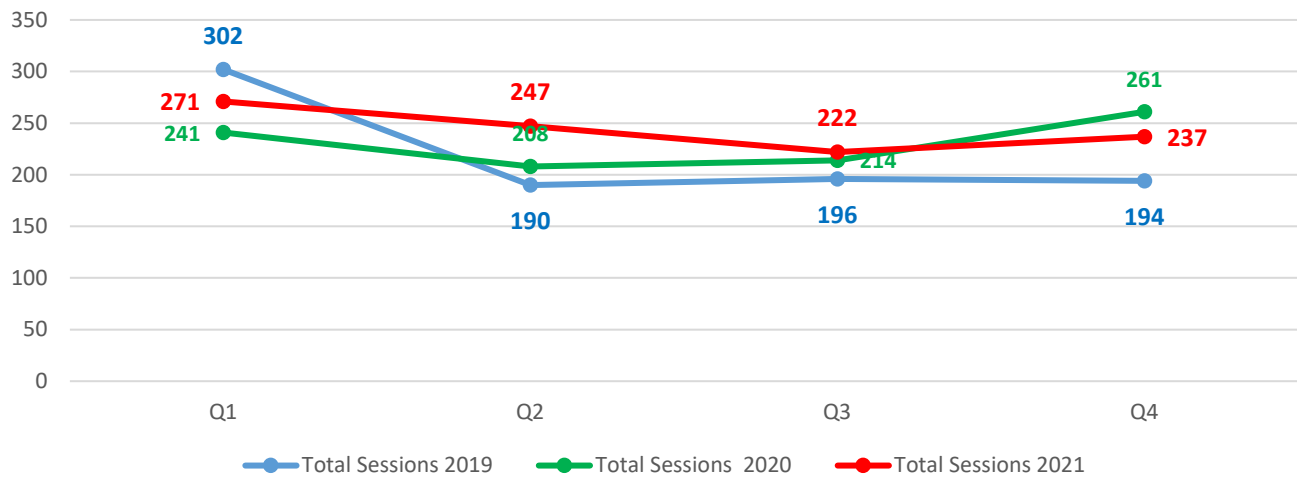


The Advance Care Program was downsized from 4+FTE in 2019, to 1 FTE in 2020.

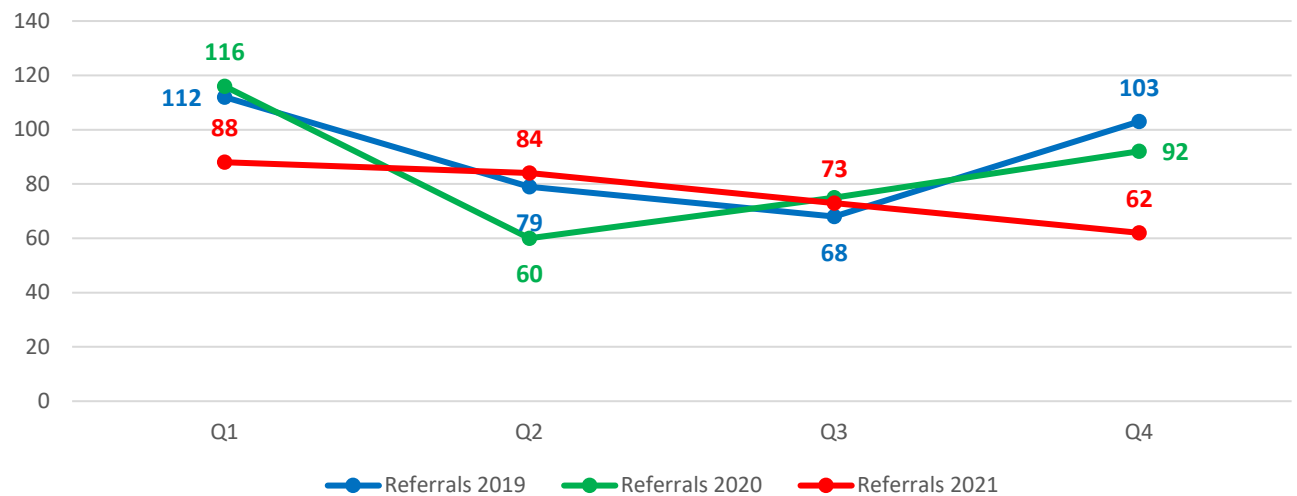
### Quit Tobacco Clients by Quarter



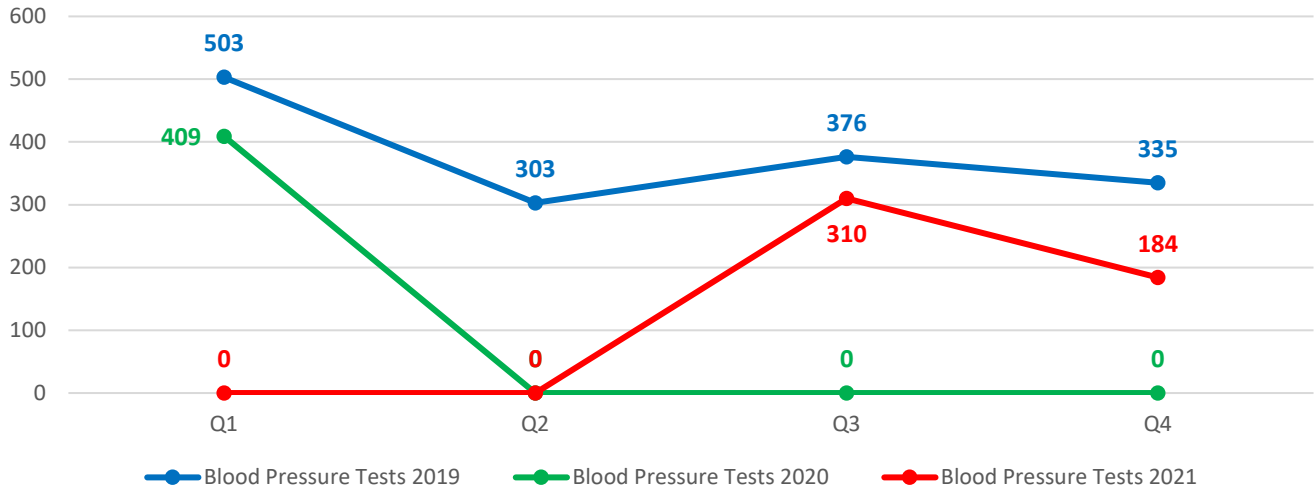
### Quit Tobacco Sessions By Quarter



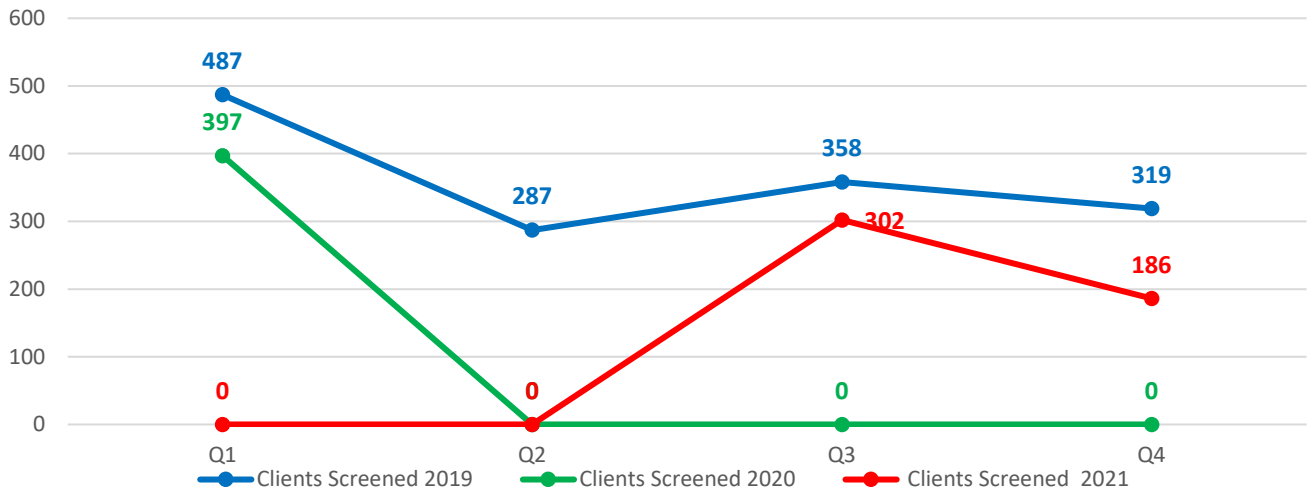
### Quit Tobacco Referrals by Quarter



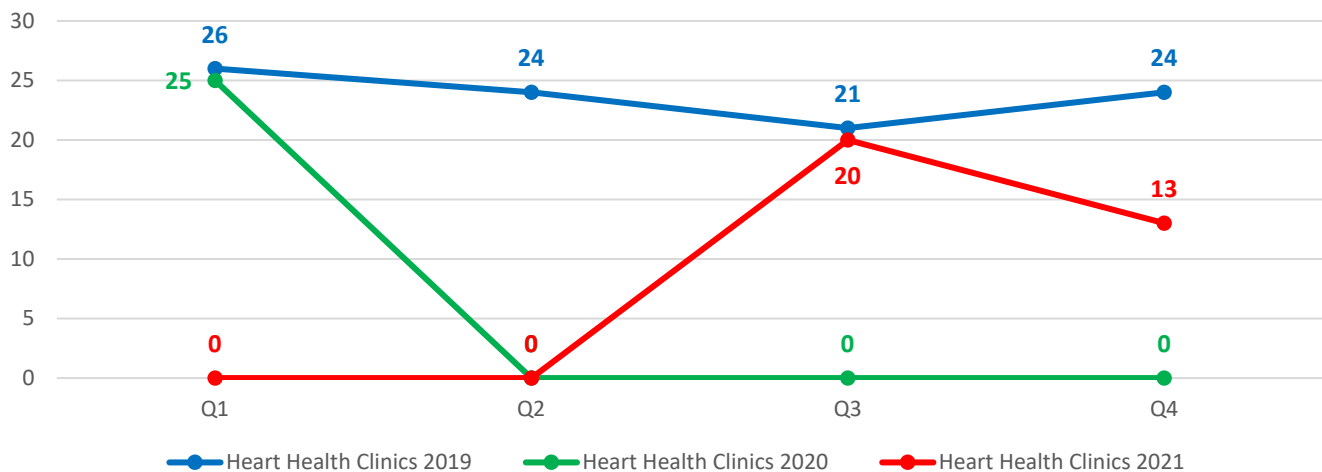
### Heart Health Program Blood Pressure Checks



### Heart Health Clinic Clients



### Heart Health Clinics by Quarter



**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**REGULAR MEETING**  
**March 22, 2022**

**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  
Joseph Prows, MD MPH, Board Treasurer  
Celeste Kling, J.D., Liaison to UCH-North/PVH  
**BOARD MEMBER ABSENT:** Johanna Ulloa Giron, Psy.M., MSW, Board Secretary

**Staff Present:**

Carol Plock, Executive Director  
Chris Sheafor, Support Services Director  
Dana Turner, Dental Services Director  
James Stewart, Medical Director  
Karen Spink, Assistant Director  
Laura Mai, Finance Director  
Richard Cox, Communications Director

**Staff Present:**

Xochitl Fragoso, Asst. Finance Dir.  
Anita Benavidez, Executive Assistant  
Jessica Shannon, Resource Development Coord.  
Lisa Ward, Policy Coordinator

**Public Present:**

June Hyman Cismoski, LWV, Larimer County  
Lorraine Haywood, former Finance Director  
Erin Hottenstein

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

Director Michael Liggett called the meeting to order at 4:03 p.m.

The agenda was amended to move “October 29, 2020 Regular Meeting Minutes” from the Consent Agenda onto a regular decision item. Amendments to the March 8, 2022 Meeting Minutes were noted.

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

**PUBLIC COMMENT**

None

**DISCUSSION & ACTIONS**

*Policy – Lisa Ward, Policy Coordinator*

**State Legislative Proposals**

It is the 70<sup>th</sup> day of 120 days in session, 466 bills have been introduced, and a historical house floor debate on the Reproductive Equity Bill lasted 26 hours.

**SB22-147: Behavioral Health Care Integration Services for Children**

The bill, among other things, creates the Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP). It will support primary care providers in identifying and treating mild to moderate behavioral health conditions in children. Total funding is \$11.1M in ARPA (time limited) funds -- \$4.6M to CoPPCAP; \$5M to the behavioral health care professional matching grant program for school health professionals; and \$1.5M to the school-based health center grant program. Funding could increase school BH capacity, and might provide an opportunity to create a position inside the school district as a liaison with CAYAC program again (funding lapsed in 2019). These ARPA funds must be used by December 31, 2026.

**MOTION: To Support SB22-147: Concerning Behavioral Health Care Integration Services for Children.**

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

**HB22-1278: Creation of the Behavioral Health Administration (Overview)**

The intent of this major bill is to create a coordinated, cohesive, and effective behavioral health for Colorado. The goal is to create a BH safety net system in each region of the state by 7/1/2024, using a phased-in approach. The bill has not yet been heard in Committee.

The bill is broken into twelve sections. The BHA will handle most of the behavioral health programs that were previously handled by the Office of Behavioral Health. It establishes a commissioner and authorizes the Commissioner and State Board of Human Services to adopt and amend rules that previously were promulgated by the executive director of OBH. It will establish state-wide standards and will have a formal agreement with HCPF and other state agencies to set those standards.

The BHA safety net system will consist of the BHA, HCPF and other state agencies contracting for BH services, Behavioral Health Administrative Service Organizations (BHASOs), and Behavioral Health Providers. The BHA will contract with the regionally based Behavioral Health Administrative Service Organizations (BHASOs). The regions will align with Medicaid regions (RAEs). Each BHASO will include mental health, substance use disorders and treatment, and crisis services.

All Medicaid BH providers must enter into a new Universal Contract with the BHASO(s). The bill also defines two new types of providers: Comprehensive, which provides all nine identified services; and Essential, which may choose to provide any or all of eight identified services. The incentive for an organization to provide comprehensive service is priority contracting and additional dollars.

The concern of the Community Health Centers was being required to offer all comprehensive services without adequate compensation, or if they are not able to offer all services in a financially feasible way, being required to drop to the 'essential' level. The bill is being amended to address their concerns.

The BHA bill is extremely complex, and is also integrated into several other bills moving through the process (including HB22-1302: Health Care Practice Transformation ARPA Funding Bill – which provides funding for the development of the Universal Contract process, and HB22-1256: Modifications to Civil Involuntary Commitment 2765 Process).

**HB22-1281: Behavioral Health Care Continuum Gap Grant Program (\$90M ARPA)**

This bill creates a new, time-limited (ARPA funded) program wherein the BHA may award community investment grants to a) support services along the continuum of behavioral health care, and b) children, youth, and family services. A community-based organization, local government, or nonprofit organization is eligible for a grant award. \$45 million has been allocated to each of the two categories.

Staff note that several amendments to this bill may be important. First, the bill does not specifically list special districts, and does not list them as part of local governments. Although our special district is a nonprofit organization, it would be more clear if special districts were specifically added in the list of 'local governments' on § 27-60-301 (7). 27-60-302 (1)(a) also does not include/specify Special Districts; it allows grants to local governments, community-based organizations, and nonprofit organizations.

Second, our local Mental Health and Substance Use (MHSU) Alliance of Larimer County is advocating for the inclusion of peer services into the list of eligible services. In 27-60-302 (2)(c)(I), a board member suggested adding the words ‘but not limited to’ to the first sentence, so that it would read “A community investment grant award may be used for evidence-based or evidence-informed services long the behavioral health continuum, including BUT NOT LIMITED TO prevention, treatment, crisis services, recovery, harm reduction, care navigation and coordination, transitional housing, supportive housing, and recovery home, and for capital expenditures related to providing these services.” This change would allow peer services as well as other important evidence-based or evidence-informed services along the continuum that may not have been specifically stated.

Third, the bill states that “If the grant recipient is a nonprofit organization that is a hospital, it may use a grant award to redesign access to substance use disorder treatment...” The Board would like to see the language expanded to include other organizations inclusive of behavioral health care providers. The bill’s first hearing is April 5.

**MOTION: To Amend HB22-1281: Behavioral Health Care Continuum Gap Grant Program to include (1) add Special Districts into the definition of “local government in §27-60-301 (7)”;** (2) add verbiage on 27-60-302(2)(c)(I) “including but not limited to”, as noted above; and (3) change verbiage on 27-60-302(2)(c)(II) so that other organizations, inclusive of behavioral health care providers, may qualify under this section, in addition to hospitals.

**The Board agreed that, if the Amendments listed are included, they will Strongly Support the bill; if not, the Board Position will be to ‘Support’.**

*Motion by Joseph Prows/Second by Molly Gutilla/Carried Unanimously*

### **Brief Overview of Other Relevant Bills and Updates on Priority Bills**

#### **HB22-1064: Flavored Tobacco Amendment.**

This bill is one that the Health District previously supported. However, after about fourteen hours of hearings, it has had amendments that have completely changed the bill. The amendments allow for flavored tobacco to still be sold; it just restricts the sale to age-restricted stores. A correction to a question from a board member in the last meeting about whether the bill applies to vaping products: yes, it does.

Key amendments include allowing sale of flavored tobacco in age-restricted stores, but they must have a yearly permit (\$3,000/location), 6 compliance checks/year, and have and use ID scanners that would be able to read unique identifiers on the boxes of flavored e-cigarettes, tobacco products, nicotine products, and vape products. Exempted would be premium cigars, flavored pipe tobacco, and chewing tobacco

An amendment does eliminate synthetic nicotine in Colorado (which was also included in the national Omnibus Packaged passed by the House, now in the Senate).

The current Board Position is Support. The Board agreed to change their position to Amend. If the bill is taken back to its original form, the Board will Support; if not, the Board will Oppose. Ms. Ward indicated that the sponsors, who are not happy with the amendments because they subvert its original intent, could take several actions, including but not limited to: move to reject the current amendments, strip the unique identifiers on the box, and kill the bill, given all the changes.

**MOTION: To Change Board Position on HB22-1064: Flavored Tobacco Amendment to Amend. If the bill goes back to its original form the Board will ‘Support’; if it remains as currently presented the Board will ‘Oppose’.**

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

## **Bills of Interest**

### **HB22-1301: Controlled Environmental Agricultural Facility.**

The bill includes definitions for property tax reductions; establishes the facility; and on or after January 1, 2023, agricultural equipment that is used in any CAE facility is exempt from the levy and collection of property tax. AG equipment includes any personal property used in connection with the operation of a CEA for planting, growing, and harvesting crops. The Special District Association is in Opposition (because of the reduction in tax revenue for special districts) and is actively lobbying.

### **HB22-1303: Increase Residential Behavioral Health Beds (\$65M ARPA)**

The bill creates 125 new beds for adult residential care (in 10 facilities across the state). Individuals with severe mental illness (SMI), or dual diagnosis of mental illness and alcohol or drug substance use disorder (SUD), will be prioritized. Ms. Ward will bring an analysis to the next Board meeting.

## **Bill Updates**

**HB 1256 (2765)** – Civil commitment bill is in Committee today. It is a complex 200-page bill, with a lot of amendments likely coming. Ms. Ward is working with the Mental Health and Substance Use Alliance to monitor and understand this bill.

**SB 81:** Health Exchange Education Campaign is in Senate Appropriations.

**HB 1279:** Reproductive Health Equity Act is on the Senate floor on second reading today.

**SB 040:** Actuarial Reviews is in Senate Appropriations.

**SB 077:** Interstate Professional Counselor Compact is in House Finance.

**HB 1152:** Marijuana Use at Work has not yet had its first hearing. It is possible that it will turn into a study. There is concern that it could become a complete prohibition on doing drug testing in the workplace. More information to come in a future Board meeting.

**Collective Bargaining:** Recent draft specifies that it impacts only Counties and Higher Education. Special Districts are not included. It has not yet been introduced; it is uncertain whether it will be.

## **Federal Policy Updates**

State Medicaid departments will have 14 months after the end of the COVID-19 PHE to complete Medicaid renewals and outstanding eligibility actions.

Omnibus – Spending Package: Extends telehealth flexibilities to 151 days after end of the Public Health Emergency (PHE). It also eliminates the Medicare originating site requirement, and allows for audio only appointments.

SAMHSA Grants to Expand SUD Treatment and Prevention: \$26.6M to expand access to Medication Assisted Treatment (MAT) for Opioid Use Disorders (OUD) and prevent misuse of Rx drugs; eligible nonprofit entities can apply through April 29, for up to \$750K each to expand access to MAT; and through April 25, for up to \$500K each for resources to raise awareness about the dangers of sharing medications, fake or counterfeit pills sold online, and over-prescribing.

### ***Employee Handbook – Updates to Section 100.00 Employment – Karen Spink***

There were no questions or discussion about the revisions to Section 100.00 Employment in the Employee Handbook.

**MOTION:** To approve Employee Handbook Updates to Section 100.00 Employment  
*Motion by Molly Gutilla/Second by Joseph Prows/Carried Unanimously*

## **PRESENTATIONS**

### ***Brief Review of Key Points from Fair Campaign Practices Act – Karen Spink***

With the upcoming election, the Board was provided a handout on the Fair Campaign Practices Act. The Act prohibits the use of public resources to support or oppose a candidate or ballot issue. Individuals acting as Board members cannot express an opinion on a candidate. They may express an opinion, but must make it clear that they are NOT speaking on behalf of the Health District. Similarly, employees cannot promote or oppose candidates on work time, or use any Health District resources such as computers, email, phones, copy machines, etc., to do so. A presentation about this Act is planned for the staff on Thursday.

### ***Looking Ahead: Challenges and Opportunities – Carol Plock***

Ms. Plock, in her last comments to the board, noted that, as she prepares for retirement, it has been humbling to think back over time and recall the work that so many people put in to make significant, long-lasting changes in our community, to see which efforts made big differences, and to remember the hundreds of people that we listened to as we crafted our services. She thought it might be helpful to share some of the big picture challenges and opportunities ahead.

The **challenges** ahead:

COVID: whether or not it continues, there will be changes. They might relate to new variants and/or new surges; new vaccinations/boosters and new medications; the end of the Public Health Emergency when many people will go off Medicaid and could lose health insurance, and others may lose financial aid for health insurance and other services; and the end of stimulus funding – and whether there will be replacement funding for ongoing costs. Her hope is that the Health District remains attuned to these big changes, thinks ahead and projects impacts, and is in a state of readiness.

BUDGET: there are competing challenges in our budget ahead. At the same time that we will have a temporary reduction in our property tax revenue for two years, salaries for some critical positions are rising, recruitment is difficult in some fields, we would like to provide more share of family health insurance, and there are several other budget priorities we'd like to tackle. Her hope is that people recognize that creating a good budget is always a balance, and that they have patience in moving towards the priorities, since rarely can you do everything you want to do in a budget at once.

SOCIETAL CHANGES BIGGER THAN ANY OF US: the state of the world: war, the economy, divisions, supply chain disruptions, recovery from the impacts of COVID, and more, have created an unusual uncertainty. Impacts are being felt: prices and inflation are continuing to head up; supply chain disruptions continue but are unpredictable. Noting that if the economy gets really bad, it overarches everything and changes priorities - her hope is that the Health District will stay closely attuned to the economy and its impacts – particularly on people's ability to afford health care and get basic needs met; and stay on top of the policies that will be proposed and implemented.

MORE CHANGE AND UNCERTAINTY THAN IS USUAL: As an organization, we've been through a lot of change in the last two years, and it is likely to continue for the near future. While change always creates opportunity, it can also wear people out. Her hope is that we recognize that staff need support in order to adjust to change- time to adjust, time for rest, and some assurances. People will need to be patient with each other. After what we've been through lately, people can be more fragile than before.

The **opportunities** ahead:

SIGNIFICANT FUNDING OPPORTUNITIES FOR ONE-TIME EXPENDITURES WITH ARPA \$\$:

While the funding is short-term funding, if used well, it could make an enormous long-term difference in our community. There is a unique opportunity to convert some of the funding into areas where we have



significant behavioral health gaps in our community – in particular, to secure recovery housing for people with addictions, and a new approach/center of excellence to better address mental health issues for children and youth. Her hope is that our staff will work closely with the community to apply for, and wisely use, ARPA funding in ways that will last far beyond the expenditures of the money.

#### **MORE ATTENTION TO EQUITY THAN EVER:**

There is more attention and commitment to making a bigger difference in equity than there has ever been - in our country, our state, and our community. There will be more openness to change and more funding. But there is also the chance that it goes out of the public eye before the changes that are so critical to make are done. For example, the concept of social determinants is not new; there was a significant wave of understanding in the mid-90's, when the Health District in this iteration was starting. But making the comprehensive changes necessary to make a real difference proved to be really, really difficult – so people stopped keeping the concept in the forefront. Her hope is that the Health District continues to keep the focus on equity, and to help our community develop a variety of ways that they can make long-lasting change.

#### **CONTINUE TO CREATE TRANSFORMATION IN EFFECTIVE APPROACHES TO TURN AROUND SUBSTANCE USE AND ADDICTION:**

As COVID hit, the Health District's Community Impact Team and the MHSU Alliance were right in the middle of a major effort to transform both people's perceptions around substance use disorders, and to transform our practices so that our community providers are using gold standard approaches to help people recover from them. It will still take some years to achieve that transformation, but if it can be achieved as a community it will have a major impact not only on the health of the individual and their family, but also on poverty, domestic violence, suicide, family break-ups, education, community costs, and so much more. Her hope is that the Health District continue to make substance use disorder transformation one of the top priorities for the future, because we are only about halfway there, and it is possible to make a real difference, if our community better uses the research about what works. On the other hand, if we stop now, we are giving up on a major problem that has actual evidence-based solutions. It can't be stopped entirely, but, like cancer, it is possible to make a huge difference.

#### **NEW LEADERSHIP AND OTHER NEW OPPORTUNITIES:**

With a new Executive Director, new Directors on the Leadership Team, and one (or more) new board members, this will be an exciting time! One opportunity right in front of us is the possibility to work more closely with schools again on mental health and substance use, particularly with CAYAC. There will be more great ideas than time or resources to do them all, and there will always be differences in opinions. Her hope is that those connected to the Health District will find positive, productive ways to work together to continue to provide critical services to the community – and at the same time, continue to learn about the greatest needs and the most effective interventions, and continue to help the community make changes that will improve health in long-term, sustainable ways that go beyond the services that we can offer. She thanked every person who has poured so much into the work of the Health District, and noted that she is very much looking forward to seeing the ways that it is instrumental in changing the community in the future.

#### **OTHER UPDATES & REPORTS**

##### ***Executive Director Updates and Quarterly Report***

The good news is that COVID rates are staying down, with a 7-day case rate/100K of 50 and a positivity rate of 3.4%, staying under the level of concern of 5%. Hospitalizations are also staying down. On the other hand, the BA.2 variant is increasing in other parts of the world, including the UK, Germany, Italy, etc. In the US, it is currently 25% of COVID cases; 11% of cases in Colorado. It is present in Larimer

County; it has been found in our wastewater. It is more transmissible than Omicron but not more severe. It will be important to keep a close eye on it; we estimate that if a surge occurs, it could occur in May.

In other news, the topic of the Board portal and new email addresses will be postponed until after elections. Also, the COVID Isolation/Recovery and Quarantine (IRQ) center for those experiencing homelessness, which has converted one house to serve those at high risk, will continue only through June, after a decision by the county not to accept a grant that would have extended it to August.

#### **Preliminary December 2021 Financials – Laura Mai**

The preliminary December 2021 financials is in the packet, but cannot be approved until the audit is complete. A few key points about the preliminary end of year statement: In what was probably our most accurate ever revenue projection, the Health District ended the year .05% ahead of revenue projections. Ms. Mai also noted that the jump in assets in this statement is not due to actual money in hand, but instead a result of including the property taxes anticipated for 2022, which is done after the certification of the mill levy in the month of December. Finally, she noted that the preliminary January financials (coming at the next regular Board meeting) will appear differently due to new requirements about how leases are entered into financial statements. She will describe the differences at that time.

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

Nothing new to report.

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

None

#### **CONSENT AGENDA**

Prior to voting on the Consent Agenda, the October 29, 2020 Regular Meeting Minutes were added back to the Agenda because all Board members present at this meeting were at that meeting.

- Approval of the February 23, 2022 and March 8, 2022 Special Meeting Minutes and the October 29, 2020 Regular Meeting Meetings

**MOTION: To approve the consent agenda as originally presented**

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

#### **ANNOUNCEMENTS**

- April 14 – 4:00 pm, Board of Directors Special Meeting
- April 26 – 4:00 pm, Board of Directors Regular Meeting
- May 24 – 4:00 pm, Board of Directors Regular Meeting (seating of elected Board members)

#### **EXECUTIVE SESSION**

A motion was made to go into Executive Session

**MOTION: For the purpose of discussing the purchase, acquisition, lease, transfer or sale of any property interest, pursuant to §24-6-402(4)(a), C.R.S.**

***Motion by Michael Liggett /Second by Celeste Holder Kling /Carried Unanimously***

The Board retired to the Executive Session at 5:20 pm., and came out of Executive Session at 5:43 pm.

#### **ADJOURN**

**MOTION: To adjourn the Meeting**

***Moved/Seconded/Carried Unanimously***

The meeting was adjourned at 5:44 pm.

Respectfully submitted:

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Anita Benavidez, Assistant to the Board of Directors

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Michael D. Liggett, Esq., Board President

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Molly Gutilla, MS DrPH, Board Vice President

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Celeste Kling, J.D., Liaison to UCH-North and PVHS Board

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Joseph Prows, MD MPH, Board Treasurer

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Johanna Ulloa Giron, Psy.M., MSW, Board Secretary

**Health District**  
OF NORTHERN LARIMER COUNTY  
**BOARD OF DIRECTORS**  
**SPECIAL MEETING**  
**April 14, 2022**

**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  
Joseph Prows, MD MPH, Board Treasurer  
Johanna Ulloa Giron, Psy.M., MSW, Board Secretary

**ABSENT:** Celeste Holder Kling, JD, Liaison to UCH-North/PVH

**Staff Present:**

Robert Williams, Executive Director  
Chris Sheafor, Support Services Director  
Dana Turner, Dental Services Director  
James Stewart, Medical Director  
Karen Spink, Assistant Director  
Laura Mai, Finance Director  
Mike Ruttenberg, MH Connections Director  
Richard Cox, Communications Director

**Staff Present:**

Lisa Ward, Policy Coordinator  
Sue Hewitt, Evaluation Coordinator  
Yaz Juneau, Sr. Projects Coordinator  
Anita Benavidez, Executive Assistant

**Public Present:**

June Hyman Cismoski, LC League of WV

**CALL TO ORDER; WELCOME NEW EXECUTIVE DIRECTOR & APPROVAL OF AGENDA**

Director Michael Liggett called the meeting to order at 4:00 p.m.

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

Board President, Mike Liggett, welcomed the Health District's new Executive Director, Robert Williams.

**PUBLIC COMMENT**

None

**DISCUSSION & ACTIONS**

***Policy***

**The Policy Process at the Health District**

Staff member Karen Spink reviewed the priority levels and positions that the Board might take on any given legislative policy. The main focus is on a bill's impact to the health of our community; impact to the Health District's Programs and Priorities; and impact to Health District Operations. Karen reviewed the description of the various Bill priority levels: (1) Issues with a potential significant impact on the health status of our community or on Health District Operations; (2) Issues that will have an impact, though less significant, on health state of our community or on Health District Operations; and (3) Other health or special district operational issues. Board positions include: Strongly Support, Support, Oppose, Strongly Oppose, No Position/Neutral, and Amend. The position drives the activities of the Policy Coordinator (i.e., a "strongly" position equates to more work for the Policy Coordinator which could be in the form of phone calls, emails, educating the community, and sharing analysis with other legislators). It

was mentioned that the Mental Health Substance Use Alliance is a partnership of more than 30 organizations in the community working (since 1999) on systems-level and/or cross-organizational changes in mental health.

### ***State Legislative Proposals***

The Legislative Session is in its 93<sup>rd</sup> of 120 days (four weeks remain). There are 565 bills in Total: 364 House Bills and 201 Senate Bills; 98 Bills have been lost or PI'd. Remote testimony will continue throughout the 2022 Session.

### **HB22-1289: Health Benefits for Colorado Children and Pregnant Persons**

The Bill ("Cover All Coloradans") provides full health insurance coverage for low income pregnant people and children who would be eligible for Medicaid & CHP+ if not for their immigration status. Coverage continues for twelve months postpartum at the CHP federal match. This portion of the bill comes from a bill that the Board supported in 2019. It covers all children under 19 years of age, regardless of immigration status. The intention is to match any current Medicaid benefits that any Medicaid eligible person would have. Ms. Ward is not certain if dental benefits are covered. A special enrollment period will be defined due to pregnancy. There is an amendment to add lactation support and supplies at the same level as a current Medicaid participant (i.e. electronic breast pumps, not manual). There will be additional federal match dollars to cover cost and the Bill has a January 2024 implementation. HCPF has indicated that January 2025 would be the earliest they could implement the program. Enrollment services would be offered at the Health District.

**MOTION: To Support HB22-1289: Health Benefits for Colorado Children and Pregnant Persons.**

*Motion by Joseph Prows/Second by Johanna Ulloa Giron/Carried Unanimously*

### **HB22-1122: Pharmacy Benefit Manager Prohibited Practices**

Also known as the 340B Prescription Drug Program is named for Section 340B of the federal Public Health Service Act, passed in 1992. Prescriptions would be covered by Medicaid and Medicare Part B. It is essentially a discount program for vulnerable populations. Specific entities would enter into an agreement with Health and Human Services to provide discounts on covered outpatient drugs purchased by covered entities that serve vulnerable patients. Any savings are required to be invested back into patient services. After January 2023, a PBM will be prohibited from reimbursing pharmacies in an amount less than the national average prescription drug acquisition. Common prescriptions include those for maintaining chronic health issues. Medicaid requires a modifier be included on all 340b claims to ensure no duplicate discounts happen. It also prohibits "pick-pocketing" the savings of 340B providers by insurers and PBMs. Outstanding question: Is this a federal or a state issue? There is federal legislation to fix this issue but the state government wants to fix it in case Federal doesn't. Federal law would supersede state law if passed.

**MOTION: To Support HB22-1122: Pharmacy Benefit Manager Prohibited Practices.**

*Motion by Joseph Prows /Second by Molly Gutilla/Carried Unanimously*

### ***Update on Priority Bills***

#### **ARPA Funding Bills**

ARPA Funding includes \$400M total for Housing with \$25M to Middle Income Access Program; \$40M in grant for the Innovative Housing Incentive Program; and \$150M for two state grant programs for local government investments in affordable housing development and infrastructure.

\$450M total has been set aside for Behavioral Health with \$11M for Colorado Pediatric Psychiatry Consultation & Access Program; \$53.4M for in-home and residential respite care in 10 – 12 regions; \$35M for primary care and behavioral health statewide integration grant programs; and \$65M for 16 new civil beds for residential care in Fort Logan and creation of 125 new beds for residential care (10-bed

facilities across the region). Amendment 1303 changes the requirement of beds first for competency restoration wait list and changed it to “must be reasonably reduced in the first year”.

**SB22-181: Behavioral Health Workforce** will receive \$72M in ARPA funding with \$52M going to the newly created Behavioral Health Administration and \$20M to Colorado Health Services Corp to provide student loan repayment for BH providers and candidates for licensure. The intent is to increase and diversify the BH care provider workforce and defines strategies for the BHA to work with community colleges and higher education to recruit residents of health professional shortage areas. It will require the BHA to expand the peer support professional workforce. This bill has received bipartisan support across the board.

**HB22-1299: License Registration Fee Relief for Mental Health Professionals.** A General Fund bill of \$3,698,586 for the Division of Professions and Occupations beginning in the 2022-2023 state fiscal year until fully expended. It provides licensure and certification fee relief for psychologists; social workers; marriage and family therapists; professional counselors; psychotherapists, and addiction counselors.

**HB22-1064: Prohibit Flavored Tobacco Regulate Synthetic Nicotine**

Amended to strip age-restricted store amendment, cigar-tobacco bars within licensed gaming establishments are exempt as are Hookahs. Staff recommends that the Board retain their “Amend” position.

**HB22-1281: Behavioral Health Care Continuum Gap Grant Program**

Grants will be administered by the Behavioral Health Administration. The Board has taken an Amend position with two of their three requests met – peer support and navigation services. There was discussion about adding “special districts” specifically but the general attitude of legislators is that a “special district” falls within “local governments”. If that becomes a problem, the Health District could apply as a non-profit.

**SB22-147: Behavioral Health Care Services for Children**

The Board has taken a “Support” position and the Bill passed Senate.

***Brief Overview of Other Relevant Bills***

**HB22-1363: Accountability to Taxpayers Special Districts**

Ms. Ward questions whether the intent of the bill is to address Metropolitan Districts and the establishment of new Special Districts. It speaks mostly to Board members of those special districts being taxpaying residents within the boundaries of the District as well as the physical locations of Board meetings. It also makes a reference to Service Plan Compliance. The Health District’s legal counsel will review the bill.

**SB22-193: Air Quality Improvement Investments**

Provides General Fund dollars of \$124.8M for grants to multiple state agencies to reduce air pollution as well as \$25M in grants for private entities, local governments and public-private partnerships. Other programs will receive grant funds as well.

**HB22-1329: 2022-2023 Long Bill**

State Budget of \$36B (not including \$2.6B Federal COVID stimulus) with 15% set aside in reserves. \$7.2B will go to Education, \$80M for Special Education, and \$5.4B for Higher Education, as well as multiple other programs.

## HB22-1326: Fentanyl Accountability and Prevention

Ms. Ward shared information on the use of Narcan and Fentanyl test strips. Felonization is correlated to quantity. The fiscal note provides \$20M to opiate antagonist bulk fund; \$300K to CDPHE for opiate detection tests; \$6M to the Harm Reduction Grant Program; and \$3M to jails for MAT programs. The bill was amended, making possession of any amount between 1 – 4 grams, and on the fourth offense of less than one gram, a Level 4 felony. There has been some back-and-forth between the criminal justice system and those advocating harm reduction. Harm reduction advocates would like to see an increase in addiction treatment and availability of opiate antagonists. They object to forced treatment, as well. Ms. Ward indicated the bill will pass in one form or another. There was Board discussion about defining the felony in terms of amount and leave penalty to the discretion of the judge who can assess the intent of the possession. The Board is taking a neutral position and requests that they be kept up-to-date.

## HB22-1278 Creation of the Behavioral Health Administration

The Bill has seen 17 amendments in the first committee hearing including the need for Safety Net services for children and youth; adding screening, assessment, and diagnosis to those safety net services; repeals the defined term “Community Mental Health Center”; and allowing a CMHC to apply as a comprehensive BH safety net provider, an essential BH safety net provider or both.

## OTHER UPDATES & REPORTS

### *Updates from Leadership*

The Board says a farewell to Carol as they prepare for Robert Williams’ arrival on Monday. The Health District Masking policy will be revised – somewhat program driven. The dental clinic will remain masked while those in other locations will be allowed to go unmasked if they have been vaccinated, have not been exposed recently, and/or have not had COVID recently. We are receiving ballots at the rate of about 100 per day, and the number is increasing. Staff is fielding about 30 applications for ballots per day, as well. Between April 26 and May 3, an individual may walk-in and request a ballot. All ballots must be returned by May 3. A Board member requested that, in the future, candidates see a proof before publishing. The outgoing Board will participate in the May meeting.

Robert expressed his appreciation to the Board and staff for a very warm, supportive welcome.

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

Absent

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

### CONSENT AGENDA

- Approval of Resolution Amendment to Policy 10-01: Financial Accounts Signature Policy
- Approval of Resolutions 2022-03 through 2022-14 updating signature authority

**MOTION: To approve the consent agenda as presented**

*Motion by Joseph Prows/Second by Molly Gutilla/Carried Unanimously*

## ANNOUNCEMENTS

- April 26, 4:00 pm – Board of Directors Regular Meeting
- May 24, 4:00 pm – Board of Directors Regular Meeting

## ADJOURN & EXECUTIVE SESSION

**MOTION: To adjourn the Regular Meeting**

*Motion by Johanna Ulloa Giron/Second by Joseph Prows/Carried Unanimously*

The Regular Board Meeting was adjourned at 5:15 pm.

Respectfully submitted:

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Anita Benavidez, Assistant to the Board of Directors

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Michael D. Liggett, Esq., Board President

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Molly Gutilla, MS DrPH, Board Vice President

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Celeste Kling, J.D., Liaison to UCH-North and PVHS Board

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