



BOARD OF DIRECTORS REGULAR MEETING

**Health District of Northern Larimer County
120 Bristlecone Drive, Fort Collins, CO 80524
Poudre River and Longs Peak Conference Rooms**

**Tuesday, July 27, 2021
4:00 p.m.**



AGENDA

BOARD OF DIRECTORS REGULAR MEETING

July 27, 2021

4:00 pm

- 4:00 p.m. Call to Order; Introductions; Approval of Agenda..... Michael Liggett**
- 4:05 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**
- Legislative Wrap-up: What Passed? Key bills with notable implications..... Karen Spink
 - Brief Status Update: COVID, Stimulus, Return to Office..... Carol Plock
- 4:30 p.m. DISCUSSION & ACTIONS**
- Policy: Medicare Coverage, Dental Care.....Carol Plock
 - Resolution 2021-03: 4th Amended LETA IGA..... ..Chris Sheafor
 - Compass Advisory Committee Nomination..... Julie Estlick
 - Board Retreat: timing of packet and retreat, content..... Michael Liggett
- 4:55 p.m. OTHER UPDATES & REPORTS**
- Executive Director Updates Carol Plock
 - Liaison to PVHS/UCHealth North Report..... Celeste Kling
 - Award Karen Spink
- 5:10 p.m. CONSENT AGENDA**
- Approval of the June 17 Regular Meeting Minutes
 - May 2021 Financials
- 5:15 p.m. ANNOUNCEMENTS**
- August 23, 8 am – 8 pm?, Board of Directors Annual Retreat
 - September 28, 4:00 pm, Board of Directors Regular Meeting
 - October 28, 4:00 pm, Board of Directors Regular Meeting
- 5:20 p.m. EXECUTIVE SESSION**
For the purpose of addressing personnel matters pursuant to §24-6-402(4)(f) of the C.R.S., topic:
Executive Director
- 6:00 p.m. ADJOURN**

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

Under the Gold Dome

2021 Legislative Wrap-up

Health  **District**
OF NORTHERN LARIMER COUNTY



Overview Statistics

Overall Results for the Session: 623 bills introduced, 502 passed (81%). This compares to 651 bills introduced, 335 passed (51%) in 2020.

Total Bills Tracked: 131 bills: 103 passed, 28 postponed indefinitely.

Board Positions: The Health District Board of Directors considered 29 pieces of legislation during the 2021 legislative session, took positions on 28 bills, and chose to remain neutral on 1 bill.

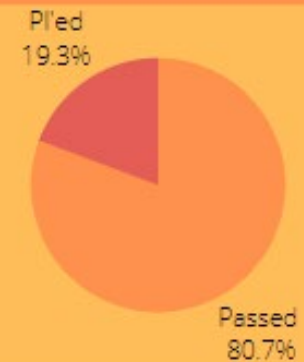
Session Summary

The 2021 legislative session began on January 13th. Lawmakers met for just three days, during which they passed seven bills before recessing due to the pandemic. The legislature reconvened on February 16th. Per state law, lawmakers are allowed to convene for 120 days, and a Supreme Court decision last year allows for those 120 days to be nonconsecutive during a public health emergency. In the end, the regular session concluded on June 8, 2021, resulting in a 116 day session. The big themes from this session included an infusion of funding (both federal American Rescue Plan Act dollars and state general funds), criminal justice reform, health care reform, big wins for behavioral health, transportation funding, and – in the very last days of session – changes to property tax assessment rates and classes. There was also a prominent focus on equity in several areas, including housing protections that will benefit Latinx and immigrant communities, reproductive health care and support for pregnant women, removal of barriers to public programs for immigrants, and a several other bills addressing some of the social determinants of health.

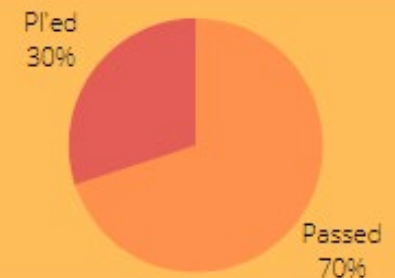
Legislation of Significant Importance Presented to the Health District Board of Directors

The following charts summarize the bills on which the Health District board took a position during the 2021 legislative session. The bill summary reflects what was included in the final version of the bill before it passed or was lost. Staff will be looking at all bills that were passed during the session to determine implications to programs, Health District operations, or to key services in our community to help understand their impact and ensure compliance. A complete list of bills monitored in the 2021 session, including more in-depth summaries, can be provided upon request.

PRIORITY 1 BILLS TOTAL: 83



PRIORITY 2 BILLS TOTAL: 40



PRIORITY 3 BILLS TOTAL: 8

Outcome	Percentage
Passed	100%

HB21-1021: Peer Support Professionals Behavioral Health

<p>The bill requires the department of human services (state department) to establish procedures to approve recovery support services organizations for reimbursement of peer support professional services. The bill also gives the executive director of the state department rule-making authority to establish other criteria and standards as necessary.</p> <p>The bill permits a recovery support services organization to charge and submit for reimbursement from the medical assistance program certain eligible peer support services provided by peer support professionals.</p> <p>The bill authorizes the department of health care policy and financing to reimburse recovery support services organizations for permissible claims for peer support services submitted under the medical services program.</p> <p>The bill requires contracts entered into between the state department's office of behavioral health and designated managed service organizations to include terms and conditions related to the support of peer-run recovery support services organizations.</p>	<p>The Board voted to support this bill on March 9.</p>	<p>The amended bill passed on May 19 and was signed by the Governor on June 18.</p>	<p>Key Dates: Upon Signature the bill takes effect</p>
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HB21-1030 Expanding Peace Offices Mental Health Grant Program

<p>The bill expands the peace officers mental health support grant program (grant program) to include law enforcement agencies, behavioral health entities, county or district public health agencies, community-based social service and behavioral health providers, peace officer organizations, and public safety agencies as eligible entities.</p> <p>The bill also expands the purposes for which grant money can be used to include co-responder community responses and community-based alternative responses. Public safety agencies, law enforcement agencies, and peace officer organizations that apply for a grant are encouraged to do so in collaboration with mental health centers and other community-based social service or behavioral health providers in their region. The bill specifies which funding opportunities each entity may apply for.</p>	<p>The Board voted to support this bill on February 9.</p>	<p>The amended bill passed on June 8 and was signed by the Governor on June 27.</p>	<p>Key Dates: 90 days after end of session: the bill takes effect</p>
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HB21-1054: Housing Public Benefit Verification Requirement

The bill creates, unless otherwise required by federal law, a public or assisted housing benefit exception to the requirement that an applicant for federal, state, or local public benefits verify lawful presence in the United States.	The Board voted to <i>strongly support</i> this bill on March 9.	The amended bill <i>passed</i> on March 30 and was <i>signed</i> by the Governor on April 15.	<i>Key Dates:</i> <i>Upon Signature</i> the bill takes effect
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HB21-1075: Replace the Term Illegal Alien

The bill replaces the term "illegal alien" with "worker without authorization" as it relates to public contracts for services.	The Board voted to <i>strongly support</i> this bill on February 23.	The bill <i>passed</i> on March 30 and was <i>signed</i> by the Governor on April 15.	<i>Key Dates:</i> <i>90 days after end of session:</i> the bill takes effect
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HB21-1107: Protections for Public Health Workers

<p>Under current law, it is unlawful for a person to make available on the internet personal information of a law enforcement official (official) or a human services worker (worker), or the official's or worker's family, if the dissemination of the personal information poses an imminent and serious threat to the official's or worker's safety or the safety of the official's or worker's family. A violation of this law is a class 1 misdemeanor.</p> <p>Further, a worker meeting certain requirements specified in statute may submit a written request to a state or local government official to remove personal information from public records that are available on the internet.</p> <p>The bill adds the same protections for public health workers, including employees, contractors, or employees of contractors of the department of public health and environment, or of county or district public health agencies, who are engaged in public health duties, and for members of county or district boards of health, other than elected county commissioners.</p>	The Board voted to <i>support</i> this bill on March 23.	The bill <i>passed</i> on April 20 and was <i>signed</i> by the Governor on May 18.	<i>Key Dates:</i> <i>Upon Signature</i> the bill takes effect
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HB21-1150: Create the Colorado Office of New Americans

<p>The bill creates, initially within the department of labor and employment, the Colorado office of new Americans (ONA). The bill sets forth the ONA's duties and responsibilities and provides details regarding funding. The ONA serves as the point of contact for immigrant-serving state agencies, private sector organizations, and the public about immigrant issues in Colorado, and has as one of its central purposes the successful integration and inclusion of immigrants and refugees in our state's communities. As its main priority, the ONA is required to implement a statewide strategy to facilitate economic stability and promote successful economic, social, linguistic, and cultural integration by investing in the success of immigrants in Colorado.</p>	<p>The Board voted to support this bill on April 13. However, the Board encourages legislators to add language to ensure that the use of the word "integration" in the bill cannot be used in the future in any way that would support the loss of someone's cultural heritage.</p>	<p>The bill passed on May 27 and was signed by the Governor on June 25.</p>	<p>Key Dates: 90 days after end of session: the bill takes effect</p>
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HB21-1198: Health-care Billing Requirements for Indigent Patients

<p>Changes requirements around hospital billing requirements for uninsured patients through the Hospital Discount Program, including the following:</p> <ul style="list-style-type: none"> • Requires hospitals to screen uninsured patients for eligibility for public health insurance programs, the Colorado Indigent Care Program (CICP), or discounted care • Limits the amount that hospitals and hospital providers can charge patients below 250% of FPL • Limits monthly collection amounts to a percent of household income and considers an eligible patient's bill paid in full after 36 payments • Requires HCPF to periodically review hospitals and hospital providers to ensure compliance • Requires HCPF to promulgate rules prohibiting hospitals from considering assets when determining a patient's income eligibility and to ensure uniform eligibility determination • Requires HCPF to develop information on patient's rights, establish a process for patients to appeal a determination of ineligibility, and establish rates for discounted care • Updates regulations around the collection of medical debt 	<p>The Board voted to support this bill with proposed amendments on April 12, and reconsidered on April 27. Board recommended amendments included: 1) Limit the application of the bill to hospitals and freestanding emergency departments; 2) Add language for what rate to use when Medicare does not have a rate to use for reference (for example, pregnancy); 3) Incorporate provider protections in the case of patients who deliberately misrepresent their income; and 4) Remove the requirement of providing a payment plan that does not exceed 5% of monthly income for patients who are non-qualifying. Additionally, the Board suggests that legislators consider creating an option whereby, prior to the post-36 month cancellation of debt, the provider's credit agency would be allowed to investigate assets; and if they are above a designated level, could move to collections rather than cancellation of debt.</p>	<p>The amended bill passed on June 8 and was signed by the Governor on July 6.</p>	<p>Key Dates: 90 days after end of session: the bill takes effect</p>
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HB21-1232: Standard Health Benefit Plan Option Colorado

The bill known as the Colorado Health Insurance Option, directs the Commissioner of Insurance to develop a standardized health insurance plan that private health insurance carriers are required to offer. It sets targets for premium rate reductions under the plan and creates a process by which certain providers and hospitals may be required to accept the plan and rates established by state regulators.

By January 1, 2022, the commissioner must establish, by rule, a standardized health insurance plan that private health insurance carriers will be required to offer in the individual and small group market segments. The plan must be developed through a stakeholder engagement process, and an advisory board is created to advise and assist with implementation.

Beginning January 1, 2023, insurance carriers are required to offer the standardized plan in any county where they offer coverage in the individual and/or small group markets. The commissioner may require a carrier to offer the standardized plan in specific counties where no carrier is offering the plan. Standardized plans must be offered at premium rates at least 5% less than 2021 premiums, adjusted for medical inflation. For 2024 and 2025, the plans must be offered at premium rates at least 10% and 15% less, respectively with increases thereafter of no more than medical inflation.

The Board voted to *remain neutral* on April 13, but continue to monitor as the bill is amended.

The amended bill *passed* on June 7 and was *signed* by the Governor on June 16.

Key Dates:
Upon Signature the bill takes effect

By January 1, 2022, the commissioner must establish the standardized health plan.

Beginning January 1, 2023, insurance carriers are required to offer per requirements in the bill.

HB21-1258: Rapid Mental Health Response for Colorado Youth

The bill establishes a temporary youth mental health services program (program) in the office of behavioral health (office) within the department of human services to facilitate access to mental health services, including substance use disorder services, for youth to respond to identified mental health needs, including those needs that may have resulted from the COVID-19 pandemic. The program reimburses providers for up to 3 mental health sessions with a youth and may provide additional reimbursement subject to available money. As soon as practicable, but no later than July 1, 2021, the department of human services is required to enter into an agreement with a vendor to create, or use an existing, website or web-based application as a portal available to youth and providers to facilitate the program.

The Board voted to *support* this bill on May 11, while noting that allowing more sessions when needed would be better, and emphasizing the need for culturally attuned services. The Board has concerns that the timeline is tight for implementation and the length of the program is short; however, they appreciate any increase in mental health response for youth.

The amended bill *passed* on June 8 and was *signed* by the Governor on June 18.

Key Dates:
Upon Signature the bill takes effect

OBH must enter into an agreement by August 1, 2021.

The program is repealed, effective June 30, 2022.

HB21-1276: Pharmacy Benefit Manager and Insurer Requirements

The bill includes a variety of provisions related to the prevention of opioid and other substance use disorders, including the following:

- Requires health benefit plans for large employers issued or renewed on or after January 1, 2022, and for individual and small businesses issues on or after January 1, 2023, to provide coverage for certain nonpharmacological treatment. Plans are required to cover at least 6 physical therapy visits, 6 occupational therapy visits, 6 chiropractic visits, and 6 acupuncture visits for a patient with a pain diagnosis where an opioid might be prescribed with cost-sharing amounts that do not exceed the cost-sharing amount for a primary care visit for non-preventive services. This benefit takes effect if the federal Department of Health and Human Services confirms that the benefit does not require defrayal by the state pursuant to the federal "Patient Protection and Affordable Care Act." Further, the division is required to conduct an actuarial study to determine any effect on premiums
- Requires an insurance carrier that provides prescription drug benefits to provide coverage, beginning January 1, 2023, for at least one atypical opioid that is approved by the federal food and drug administration (FDA) for the treatment of acute or chronic pain, which coverage must be at the lowest cost-sharing tier of the carrier's formulary with no requirement for step therapy or prior authorization. Additionally, a carrier cannot require step therapy for any additional FDA-approved atypical opioids
- Continues indefinitely the current prescribing limitations that were scheduled to expire on September 1, 2021. The current law limits specified prescribers from prescribing more than a 7-day supply of an opioid to a patient who has not obtained an opioid prescription from that prescriber within the previous 12 months unless certain conditions apply
- Requires applicable boards for prescribers to promulgate rules that limit the supply of a benzodiazepine that may be prescribed to a patient who has not had a prescription for a benzodiazepine in the last 12 months, with exceptions for specific disorders or conditions

The Board voted to **support** on May 25, however the Board urges legislators to make the section regarding the coverage of nonpharmacological alternatives to opioids its own piece of legislation.

The amended bill **passed** on June 8 and was **signed** by the Governor on June 28.

Key Dates:

Except as provided below, this act takes effect July 1, 2021

Sections 2 and 3 of this act take effect January 1, 2023.

Sections 15 and 16 of this act only take effect if SB21-098 becomes law and will take effect either upon the effective date of this act or that of SB21-098, whichever is later.

<ul style="list-style-type: none"> Continues indefinitely the current requirement that health care providers query the Prescription Drug Monitoring Program (PDMP) before prescribing a second fill for an opioid. In addition, the bill requires health care providers to query the PDMP before prescribing or refilling a benzodiazepine Allows health information organization networks to access the PDMP and electronic health records (using existing funds). It also directs DOI to enable the expansion, utilization, and adoption of the U.S. Bureau of Justice Assistance's RxCheck program by December 1, 2021. Practitioners and health systems may not be assessed a fee for access to the program Requires the Center on Substance Use at UCHSC to include in its continuing education activities the best practices for prescribing benzodiazepines and the potential harm of inappropriately limiting prescriptions to chronic pain patients Directs OBH to convene a "collaborative" with institutions of higher education, nonprofits, and state agencies to gather feedback concerning evidence-based prevention practices 			
HB21-1297: Pharmacy Benefit Manager and Insurer Requirements			
<p>This bill requires health insurance carriers to file information on the use of pharmacy benefit managers (PBMs) with state regulators, establishes restrictions on health insurance carrier and PBM business practices, and establishes standards for responding to consumer requests for pharmacy benefit data.</p>	<p>The Board voted to support on May 11, while strongly supporting the provisions regarding real time responses to requests regarding cost and plan benefits as well as the provision concerning non-medical switching on health plan formularies.</p>	<p>The amended bill passed on June 1 and was signed by the Governor on July 6.</p>	<p>Key Dates: Upon Signature the bill takes effect</p>
HB21-1299: Office of Gun Violence Prevention			
<p>The bill establishes the office of gun violence prevention (office) within the department of public health and environment to coordinate and promote effective efforts to reduce gun violence. The office is required to conduct public awareness campaigns to educate the general public about state and federal laws and existing resources relating to gun violence prevention. Subject to available money, the office may establish and administer a grant program to award grants to organizations to conduct community-based gun violence intervention initiatives that are primarily focused on interrupting</p>	<p>The Board voted to support this bill on May 25.</p>	<p>The amended bill passed on June 1 and was signed by the Governor on June 19.</p>	<p>Key Dates: Upon Signature the bill takes effect</p>

<p>cycles of gun violence, trauma, and retaliation that are evidence-informed and have demonstrated promise at reducing gun violence without contributing to mass incarceration.</p> <p>The office is required to create and maintain a resource bank as a repository for data, research, and statistical information regarding gun violence in Colorado. The office must collaborate with researchers to improve data collection in Colorado and use existing available research to enhance evidence-based gun violence prevention tools and resources available to Colorado communities.</p>			
SB21-009: Reproductive Health Care Program			
<p>The bill creates the reproductive health care program that provides contraceptive methods and counseling services to individuals who are not eligible for Medicaid coverage only because of their citizenship or immigration status. The program allows eligible individuals to receive certain reproductive health services at no cost. The bill also requires Medicaid to ensure access to a one-year supply of any FDA-approved contraceptive drug, device, or product for all Medicaid recipients.</p>	<p>The Board voted to support this bill on February 23.</p>	<p>The amended bill passed on June 3 and was signed by the Governor on July 6.</p>	<p>Key Dates: Effective January 1, 2022</p>
SB21-011: Pharmacist Prescribe Dispense Opiate Antagonist			
<p>The bill requires a pharmacist who dispenses an opioid to an individual to inform the individual of the potential dangers of a high dose of opioid and offer to prescribe the individual an opiate antagonist if:</p> <ul style="list-style-type: none"> • The individual is, at the same time, prescribe a benzodiazepine, a sedative hypnotic drug, carisoprodol, tramadol, or gabapentin; or • The opioid prescription being dispensed is at or in excess of 90 morphine milligram equivalent 	<p>The Board voted to support this bill on March 9. However, the board recommends amendments included having pharmacists provide information to every patient receiving an opioid prescription that explains the issue and offers an opiate antagonist (thereby eliminating the need for the pharmacist to use their judgement or seek more information). Further the Board recommends that the pharmacist not have a liability for not directly offering an antagonist.</p>	<p>The amended bill passed on May 17 and was signed by the Governor on June 4.</p>	<p>Key Dates: Upon Signature the bill takes effect</p>
SB21-016: Protecting Preventive Health Care Coverage			
<p>The bill expands certain preventive health care services to include counseling, prevention, and screening for a sexually transmitted infection (STI). The bill adds contraception as a mandatory health benefit.</p> <p>Current law requires a health care provider or facility to perform a diagnostic exam for an STI and subsequently treat the STI at the</p>	<p>The Board voted to support this bill on March 9, but encourage only incorporation of screenings and services that are recommended by U.S. Preventive Services Task Force, Health Resources and Services Administration, and the National Academy of Medicine.</p>	<p>The amended bill passed on June 3 and was signed by the Governor on July 6.</p>	<p>Key Dates: Upon Signature the bill takes effect</p>

request of a minor patient. The bill allows a health care provider to administer, dispense, or prescribe preventive measures or medications where applicable. The consent of a parent is not a prerequisite for a minor to receive preventive care, but a health care provider shall counsel the minor on the importance of bringing the minor's parent or legal guardian into the minor's confidence regarding the services.

Current law requires the executive director of the department of health care policy and financing to authorize reimbursement for medical or diagnostic services provided by a certified family planning clinic. The bill removes the requirement that services be provided by a certified family planning clinic and authorizes reimbursement for family planning services and family-planning-related services provided by any licensed health care provider.

SB21-018: Continuation of Necessary Document Program

This bill continues the Necessary Document Program, which was scheduled to repeal on September 1, 2021. The program helps eligible residents pay the fees to acquire documents such as social security cards, driver's licenses, identification cards, and birth certificates. The bill also requires that beginning January 1, 2032, and each 5 years thereafter, CDPHE report to the General Assembly the total number of necessary documents acquired on an annual basis and any significant changes that affect the need for or operation of the program.

The Board voted to **support** this bill May 11.

The amended bill **passed** on June 7 and was **signed** by the Governor on July 2.

Key Dates:
Upon Signature the bill takes effect

SB21-025: Family Planning Services for Eligible Individuals

The bill requires the department of health care policy and financing to seek federal authorization through an amendment to the state medical assistance plan to provide family planning services to individuals who are not pregnant and whose income does not exceed the state's current effective income level for pregnant women under the children's basic health plan.

The Board voted to **support** this bill on February 23.

The amended bill **passed** on June 2 and was **signed** by the Governor on July 6.

Key Dates:
90 days after end of session: the bill takes effect

Requires HCPF to seek federal authorization by January 31, 2022.

SB21-085: Actuarial Review Health Insurance Mandate Legislation

The bill would have required the division of insurance (division) to retain a contractor on or before November 1, 2021, for the purpose of performing actuarial reviews of proposed legislation that may impose a new health benefit mandate on health benefit plans. The contractor, under the direction of the division, shall conduct an actuarial review of up to 5 legislative proposals for each regular legislative session, each at the request of a member of the general assembly. Each actuarial review performed by the contractor must consider the predicted effects of the legislative proposal during the 5 years immediately following the effective date of the proposed legislation, including specifically described considerations.

The Board voted to **oppose** this bill on March 9 and reconsidered on April 13. While they appreciate the intent of the law, the concern is that the timing and budget would not allow for the required quality of analysis that would lead to adequate meaningful data from which to make policy decisions.

This bill was postponed indefinitely on April 23.

SB21-137 Behavioral Health Recovery Act

This bill, also known as the Behavioral Health Recovery Act of 2021, extends, modifies, and finances behavioral health programs. The bill creates the Behavioral and Mental Health Cash Fund (BMH Fund) to be used for mental health treatment, substance use disorder treatment, and other behavioral health services allowable under the federal American Rescue Plan Act (ARPA). The bill transfers \$550 million to the BMH fund from the ARPA of 2021 Cash Fund and allocates approximately \$100 million of the fund, and also makes allocates from the General Fund (GF), Marijuana Tax Cash Fund (MTCF), and Federal Funds (FF). This 45-page bill includes a wide variety of things including creating task force to develop recommendations for spending ARPA funds on behavioral health, repealing the authority of the Opioid and Other Substance Use Disorders Interim Study Committee to meet during the 2021 interim, making the Harm Reduction Grant Program fund continuously appropriated to CDPHE, and more.

The board voted to **support** the bill on May 11.

The amended bill **passed** on June 8 and was **signed** by the Governor on June 28.

Key Dates:
Upon Signature the bill takes effect

SB21-154: 9 8 8 Suicide Prevention Lifeline Network

On October 17, 2020, congress passed the "National Suicide Hotline Designation Act of 2020" designating 988 as the 3-digit number for the national suicide prevention lifeline to aid rapid access to suicide prevention and mental health support services. The bill implements 988 as the 3-digit number for crisis response services in Colorado by creating the 988 crisis hotline enterprise (enterprise) in the department of human services (department) to fund the 988 crisis hotline and provide crisis outreach, stabilization, and acute care to

The Board voted to **support** this bill on March 23.

The amended bill **passed** on June 1 and was **signed** by the Governor on June 28.

Key Dates:
90 days after end of session: the bill takes effect

individuals calling the 988 crisis hotline . Effective January 1, 2022, the enterprise shall impose a 988 surcharge (surcharge) on service users in an amount to be established annually by the enterprise, in collaboration with the public utilities commission (commission) but not to exceed 30 cents per month. The bill requires each service supplier to collect the surcharge from its service users and remit the collected surcharges to the commission on a monthly basis. The state treasurer shall credit the surcharge collections to the 988 surcharge cash fund (fund). Effective January 1, 2022, the enterprise shall impose a prepaid wireless 988 charge on each retail transaction in an amount to be established annually by the enterprise, in collaboration with the commission but not to exceed 30 cents per each retail transaction . The bill requires each seller to collect the prepaid wireless 988 charge from the consumer on each retail transaction occurring in the state and remit the collected charges to the department of revenue. The state treasurer shall credit the prepaid wireless 988 charge to the fund. On or before July 1, 2022, the enterprise shall fund a nonprofit organization to operate the 988 crisis hotline and provide intervention services and crisis care coordination to individuals calling the 988 crisis hotline. Beginning January 1, 2023, and each January 1 thereafter, the department shall submit information about the usage of the 988 crisis hotline center to the federal substance abuse and mental health services administration, and information about the expenditures of the fund to the federal communications commission, and annually report progress on the implementation of the 988 crisis hotline to the general assembly.

SB21-158: Increase Medical Providers for Senior Citizens

The bill modifies the Colorado health service corps program administered by the primary care office (office) in the department of public health and environment, which program includes a loan repayment program to allow geriatric advanced practice providers, defined as advanced practice registered nurses and physician assistants with geriatric training or experience, to participate in the loan repayment program on the condition of committing to provide geriatric care to older adults in health professional shortage areas for a specified period. For the 2021-22 state fiscal year, the bill appropriates \$400,000 from the general fund to the Colorado health service corps fund for use by the office to help repay loans for geriatric advanced practice providers.

The Board voted to **support** this bill on May 11.

The amended bill **passed** on June 7 and was **signed** by the Governor on July 6.

Key Dates:
90 days after end of session: the bill takes effect

SB21-175: Prescription Drug Affordability Review Board

<p>The bill creates the Colorado prescription drug affordability review board (board) as an independent unit of state government and requires the board to perform affordability reviews of prescription drugs and establish upper payment limits for prescription drugs the board determines are unaffordable for Colorado consumers. The board is also required to promulgate rules as necessary for its purposes.</p>	<p>The Board voted to <i>strongly support</i> this bill on March 9.</p>	<p>The amended bill <i>passed</i> on June 8 and was <i>signed</i> by the Governor on June 16.</p>	<p>Key Dates: <i>Upon Signature</i> the bill takes effect</p> <p>Beginning January 1, 2022, it is unlawful to purchase a prescription drug at a cost that exceeds the cap established by the board except for personal or familial use.</p> <p>Beginning in 2022, applicable health insurance carriers and pharmacy benefit management firms must report prescription drug cost information, including volume, total cost, average cost, and year-over-year drug price increases.</p>
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SB21-181: Equity Strategic Plan Address Health Disparities

<p>The bill renames the existing "health disparities grant program" to the "health disparities and community grant program" (program) and expands the program to authorize the office of health equity (office) to:</p> <ul style="list-style-type: none"> Award grants from money currently transferred from the prevention, early detection, and treatment fund to the health disparities grant program fund (fund) for the purpose of positively affecting social determinants of health to reduce 	<p>The Board voted to <i>support</i> this bill on April 27.</p>	<p>The amended bill <i>passed</i> on June 1 and was <i>signed</i> by the Governor on July 6.</p>	<p>Key Dates: <i>Upon Signature</i> the bill takes effect</p>
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<p>the risk of future disease and exacerbating health disparities in underrepresented populations; and</p> <ul style="list-style-type: none"> • Award grants from any additional money appropriated by the general assembly to the fund to community organizations to reduce health disparities in underrepresented communities through policy and systems changes regarding the social determinants of health. 			
SB21-194: Maternal Health Provider			
<p>The bill:</p> <ul style="list-style-type: none"> • Requires a carrier offering a health benefit plan in the state, and the department of health care policy and financing when administering the "Colorado Medical Assistance Act", to reimburse health-care providers that provide health-care services related to labor and delivery in a way that promotes high-quality, cost-effective care, prevents risk in subsequent pregnancy, and does not discriminate based on the type of provider or facility; • Requires each health-care provider licensed by the state to provide health-care services related to labor and delivery to implement best practices for interprofessional collaboration and the transfer of a pregnant person from home or a birthing center to a health facility; • Requires the health equity commission in the department of public health and environment to study the use of research evidence in policies related to the perinatal period in Colorado and report findings to the general assembly; • Requires the department of public health and environment to make recommendations to improve numerous topics related to maternal health; and • Requires the department of health care policy and financing to seek an amendment to the state medical assistance plan to provide 12 months of postpartum medical benefits to persons who qualified for benefits while pregnant. 	<p>The Board voted to Strongly Support the section that requires Colorado's Children's Health Plan Plus and Medicaid seek federal allowance to provide 12 months of postpartum coverage. The Board voted to Support the sections regarding the requirements that labor & delivery health professionals must implement best practices for interprofessional collaboration and the transfer of a pregnant person from home or a birthing center to a health facility and that CDHPE & Colorado Maternal Mortality Review Committee must make recommendations to improve numerous topics related to maternal health The Board voted to remain Neutral on the section that requires health plans and Medicaid to reimburse labor & delivery health professionals in a way that promotes high-quality, cost-effective care, prevents risk in subsequent pregnancy, and does not discriminate based on the type of provider or facility.</p>	<p>The amended bill passed on June 1 and was signed by the Governor on July 6.</p>	<p>Key Dates: 90 days after end of session: the bill takes effect</p> <p>The extended coverage of postpartum care would start on or before July 1, 2020.</p>

SB21-199: Remove Barriers to Certain Public Opportunities

The bill states that, upon passage of the bill, verification of lawful presence in the United States is not required for any purpose that lawful presence is not required by law, ordinance, or rule to receive benefits pursuant to a federal stimulus law or rule. The Effective July 1, 2022, the bill repeals existing provisions that require a person to demonstrate the person's lawful presence in the United States to be eligible for certain public benefits and requires that lawful presence is not a requirement of eligibility for state or local public benefits, as defined by 8 U.S.C. sec. 1621.

The bill amends certain statutory provisions to clarify acceptable documents to demonstrate eligibility. Current law prohibits a state agency or political subdivision from entering into or renewing a public contract with a contractor who knowingly employs or contracts persons who are undocumented. The bill repeals that requirement and associated statutory provisions.

The Board voted to ***strongly support*** this bill on April 13.

The amended bill ***passed*** on June 7 and was ***signed*** by the Governor on June 25.

Key Dates:
Section 1 is effective upon passage.

Starting on July 1, 2022, this bill repeals the broad prohibition of providing state and local public benefits to individuals not lawfully present and repeals specific requirements that individuals must be lawfully present when applying for a professional license, public works contracts, or local business license.

SB21-211: Adult Dental Benefit

The bill eliminates certain measures that reduce the adult dental benefit. The bill requires the state treasurer to transfer money from the general fund to the unclaimed property trust fund to repay the unclaimed property trust fund for money transferred from it to the general fund in the 2020-21 fiscal year from savings from the reduction of the adult dental benefit in the medical assistance program.

The Board voted to ***strongly support*** this bill.

The bill ***passed*** on April 19 and was ***signed*** by the Governor on May 4.

Key Dates:
Upon Signature the bill takes effect

SB21-242: Housing Development Grants Hotels Tenancy Support Program

The bill allows the division of housing within the department of local affairs to use the housing development grant fund for rental assistance, tenancy support service programs, and awarding grants and loans for the rental, acquisition, or renovation of underutilized hotels, underutilized motels, and other underutilized properties to provide noncongregate sheltering or affordable housing for people experiencing homelessness. The bill expands those who are eligible to benefit from the rental assistance and tenancy support programs to include individuals experiencing homelessness.

The bill also transfers \$15 million from the general fund to the housing development grant fund for the funding of rental assistance and tenancy support programs related to the rental, acquisition, or renovation of underutilized hotels, underutilized motels, and other underutilized properties, and the awarding of grants and loans for the purchase rental, acquisition, or renovation of underutilized hotels, underutilized motels, and other underutilized properties.

Finally, the bill requires the department of local affairs, during its annual report to the assigned committee of reference, to report on the rental and tenancy support service programs provided by the division of housing related to the rental, acquisition, or renovation of underutilized hotels, underutilized motels, and other underutilized properties and the grants and loans awarded by the division for the rental, acquisition, or renovation of underutilized hotels, underutilized motels, and other underutilized properties.

The Board voted to **support** on this bill on April 27.

The amended bill **passed** on June 7 and was **signed** by the Governor on June 25.

Key Dates:
Upon Signature the bill takes effect

SB21-243: Colorado Department of Public Health and Environment Appropriation Public Health Infrastructure

For each of the 2021-22, 2022-23, and 2023-24 state fiscal years, the bill requires the general assembly to appropriate \$21,090,149 to the department of public health and environment as follows:

\$10,000,000 for distributions to local public health agencies; and
\$11,090,149 for disease control and public health response.

The Board voted to **support** on this bill on April 27.

The amended bill **passed** on June 7 and was **signed** by the Governor on June 24.

Key Dates:
Upon Signature the bill takes effect

SB21-256: Local Regulation of Firearms

The bill declares that the regulation of firearms is a matter of state and local concern. Existing law prohibits a local government from enacting an ordinance, regulation, or other law that prohibits the sale, purchase, or possession of a firearm. The bill permits a local government to enact an ordinance, regulation, or other law governing or prohibiting the sale, purchase, transfer, or possession of a firearm, ammunition, or firearm component or accessory that is not less restrictive than state laws governing the sale, purchase, transfer, or possession of the firearm, ammunition, or firearm component or accessory. The local law may only impose a criminal penalty for a violation upon a person who knew or reasonably should have known that the person's conduct was prohibited.

Existing law prohibits a local government from enacting an ordinance or resolution that conflicts with state law regarding concealed carry of handguns. The bill permits a local government, including a special district, and governing board of an institution of higher education to enact an ordinance, resolution, rule, or other regulation that prohibits a permittee from carrying a concealed handgun in a building or specific area within the local government's or governing board's jurisdiction, or for a special district, in a building or specific area under the direct control or management of the district. The local law may only impose a criminal penalty for a violation upon a person who knew or reasonably should have known that the person's conduct was prohibited.

The Board voted to ***strongly support*** on this bill on May 25.

The amended bill ***passed*** on June 3 and was ***signed*** by the Governor on June 19.

Key Dates:
Upon Signature
the bill takes effect

About this 2021 Legislative Session Wrap-Up

This legislative session summary was prepared by staff of the Health District of Northern Larimer County to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This document is accurate to staff knowledge as of date printed. For more information about this document or the Health District, please contact Karen Spink, Assistant Director, at (970) 224-5209, or e-mail at kspink@healthdistrict.org.



On behalf of the Medicare Oral Health Coalition— which includes leading organizations representing oral health, health care consumers, older adults, people with disabilities, patients, providers, industry, social service, and others – we are writing to express our support for your legislation, the Medicare Dental, Hearing, and Vision Benefit Act of 2021, which amends title XVIII of the Social Security Act to provide for coverage of these critical services under the Medicare program.

Extending Medicare to include coverage for dental, vision and hearing is a critical piece of rebuilding our nation's health and wellbeing, and the inclusion of dental coverage is particularly important to economic recovery and health equity. Two-thirds of older adults and people with disabilities who rely on the Medicare program for their insurance, often living on fixed incomes, do not have any source of oral health coverage. These individuals struggle to afford and receive the oral health care services they need to stay healthy.

The data is clear that when people face barriers to getting the oral health services they need, their overall health suffers. Lack of oral health care affects not just oral health conditions, but also other health conditions such as diabetes, heart disease, obesity, and even COVID-19. In fact, the very people who are most likely to get sick, lose their jobs, and/or suffer financial hardship from COVID-19's health and economic crises also face the steepest structural and historic barriers to dental services: people with low incomes; Black, Hispanic, and other people of color; tribal communities; people with disabilities; and those in rural America, among others. Adding dental coverage to Medicare, as well as vision and hearing coverage, is a necessary step to addressing deep rooted inequities and to our nation's recovery from the pandemic.

In particular, we appreciate that this bill:

- Adds oral health coverage to Medicare Part B directly. Including oral health coverage in Part B ensures that people can get the care they need by treating the coverage of oral health services the very same way as other health services in the Medicare program. This approach ensures that dental coverage will be available to all Medicare enrollees who need it, not just those who can afford to pay out of pocket for care or additional premiums for additional insurance. It is also consistent with the growing recognition that oral health care should be more fully integrated into health care delivery, both in Medicare and more broadly in the health care system.
- Offers sufficiently comprehensive oral health coverage. This bill covers a robust set of dental and oral health services, as well as dental prostheses, and ensures that Medicare will reimburse for these services the same way it does for other health services. The bill aligns dental benefit cost-sharing with the rest of Medicare Part B, covering 100% of preventive services and 80% of other oral health services, will help support low-income enrollees to afford care and find providers. This comprehensiveness is critical because, as we've seen in state Medicaid programs, oral health coverage that only covers a limited number of services or is capped at a



fixed dollar amount is associated with negative health outcomes, reduced access to care, and lower provider participation rates.

The Medicare Dental, Hearing, and Vision Benefit Act of 2021 serves as an important opportunity for Congress to take a major step to improve the overall health and well-being, and financial security of the very people and communities who have been most likely to get sick or lose their jobs during the pandemic. A direct extension of the Medicare Part B benefit to include oral health coverage would not only ensure that Medicare enrollees have affordable oral health care, but also would go a long way toward addressing the disproportionate challenges that people of color, rural communities, veterans, older adults, people with disabilities, and people in nursing facilities and other congregate settings face in having the full range of their health needs met. Thank you for your leadership on this issue.

Sincerely,

The Medicare Oral Health Coalition

*The Medicare Oral Health Coalition is dedicated to ensuring that all Medicare enrollees have affordable, comprehensive oral health coverage as part of their overall health coverage. The coalition's formal members currently include **Families USA, AARP, National Rural Health Association, National Association of Community Health Centers, American Heart Association, American Diabetes Association, Justice in Aging, Center for Medicare Advocacy, The Arc of the United States, American Dental Hygienists' Association, National Council on Aging, Meals on Wheels, the DentaQuest Partnership, Community Catalyst, the Gerontological Society of America, the National Association of Social Workers (NASW), and the Oral Health Progress and Equity Network (OPEN) Inc.** The views expressed by the Coalition do not necessarily represent those of individual members.*

Point of contact: Melissa Burroughs at Families USA (mburroughs@familiesusa.org).

Coloradans Are Counting on Congress: Now Is the Time to Add Essential Oral Health Coverage to Medicare

It's time for Congress to ensure that people who rely on Medicare for health insurance can afford oral health care. Medicare does not currently cover dental care, leaving millions of people in pain and unable to get the care everyone needs to stay healthy. For too many older adults and people with disabilities, oral health care is too expensive, putting it out of reach even in an emergency.

Adding oral health coverage to Medicare would bolster Colorado's health and economic recovery in the wake of the coronavirus pandemic. About 931,229⁶ older adults and people with disabilities in Colorado would not only be able to get important dental care, but also would be healthier,² have lower health care costs,³ be better able to get and keep jobs,⁴ and have an easier time overcoming social isolation.⁵

Oral Health Care Is Too Expensive for Coloradans'

- » Dental care is the number one medical service that people across America skip due to the cost.⁶ Without Medicare oral health coverage, 29% of older adults in Colorado have not seen a dentist in over a year, even before the pandemic.⁷
- » 10% of older adults in Colorado have lost all of their natural teeth, often because getting timely oral health care is too expensive.⁸ Medicare does not cover dentures.

Oral Health Coverage Would Keep Colorado Healthy

- » Oral health coverage would help keep Coloradans healthy. When oral disease goes untreated, people are at a higher risk for diabetes, heart disease, stroke, COVID-19, and even death.⁹ If people already have these health conditions, poor oral health can make them worse.¹⁰

Oral Health Coverage Saves the Health Care System Money

- » Emergency dental visits for preventable oral health conditions cost the U.S. health system nearly \$2 billion per year.¹¹ Many of these costs could easily be avoided if people were able to afford timely, appropriate dental care.
- » Research shows that when people have oral health coverage, average treatment costs for many chronic diseases are lower.¹² When lack of oral health coverage prevents people from getting care, we all pay for the increased costs to our health care system.

Expanding Oral Health Coverage Is Enormously Popular, Bipartisan

- » Adding dental coverage to Medicare is widely popular and has strong bipartisan support. A June 2021 poll showed that roughly 85% of voters support adding oral health coverage to Medicare, including almost 90% of Democrats and almost 80% of Republicans.¹³
- » When voters are asked which health care issues Congress should work on this year, adding Medicare dental, vision, and hearing coverage is far and away the most popular health care proposal that is currently on the table.¹⁴

Endnotes

¹ Kaiser Family Foundation, "Total Number of Medicare Beneficiaries (2020)," Accessed July 9, 2021, <https://www.kff.org/medicare/state-indicator/total-medicare-beneficiaries/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22>.

² Michael L. Barnett, "The Oral-Systemic Disease Connection," *The Journal of the American Dental Association* 137 (2006), <https://doi.org/10.14219/jada.archive.2006.0401>.

³ National Association of Dental Plans, "Analysis Shows Adults with Medicaid Preventive Dental Benefits Have Lower Medical Costs for Chronic Conditions," November 23, 2017, <https://www.nadp.org/PressReleases/2017/11/23/nadp-analysis-shows-adults-with-medicaid-preventive-dental-benefits-have-lower-medical-costs-for-chronic-conditions>.

⁴ Uma Kelekar and Shillpa Naavaal, "Hours Lost to Planned and Unplanned Dental Visits Among US Adults," *Preventing Chronic Disease* 15, no. 170225 (2018), <https://doi.org/10.5888/pcd15.170225>; American Dental Association Health Policy Institute, *Oral Health and Well-Being in the United States* (American Dental Association, 2016), <https://www.ada.org/en/science-research/health-policy-institute/oral-health-and-wellbeing>.

⁵ Patrick Rouxel, Anja Heilmann, Panayotes Demakakos, Jun Aida, Georgios Tsakos, and Richard G. Watt, "Oral Health-related Quality of Life and Loneliness among Older Adults," *European Journal of Ageing* 14, no. 2 (June 2017): 101-09, doi:10.1007/s10433-016-0392-1.

⁶ Board of Governors of the Federal Reserve System (U.S.), *Report on the Economic Well-Being of U.S. Households in 2017* (Washington, D.C.: Board of Governors, 2018), <https://www.federalreserve.gov/publications/files/2017-report-economic-well-being-us-households-201805.pdf>.

⁷ Centers for Disease Control and Prevention, Division of Oral Health, "Oral Health Data by Topic: Adult," analysis of Behavioral Risk Factor Surveillance System 2018 data (CDC, July 7, 2021), https://nccd.cdc.gov/oralhealthdata/rdPage.aspx?rdReport=DOH_DATA_ExploreByTopic&isYear=2016&isTopic=ADT&go=GO.

⁸ America's Health Rankings, analysis of CDC Behavioral Risk Factor Surveillance System, United Health Foundation. 2019. https://www.americashealthrankings.org/explore/senior/measure/dental_visit_sr/state/ALL.

⁹ Victoria Sampson, Nawar Kamona, and Ariane Sampson, "Could There Be a Link between Oral Hygiene and the Severity of SARS-CoV-2 Infections?" *Nature* (June 26, 2020), <https://www.nature.com/articles/s41415-020-1747-8>; Michael L. Barnett, "The Oral-Systemic Disease Connection," *The Journal of the American Dental Association* 137 (2006), <https://doi.org/10.14219/jada.archive.2006.0401>.

¹⁰ Victoria Sampson, Nawar Kamona, and Ariane Sampson, "Could There Be a Link between Oral Hygiene and the Severity of SARS-CoV-2 Infections?" *Nature* (June 26, 2020), <https://www.nature.com/articles/s41415-020-1747-8>; Michael L. Barnett, "The Oral-Systemic Disease Connection," *The Journal of the American Dental Association* 137 (2006), <https://doi.org/10.14219/jada.archive.2006.0401>.

¹¹ Marvellous A. Akinlotan, and Alva O. Ferdinand, "Emergency Department Visits for Nontraumatic Dental Conditions: A Systematic Literature Review," *Journal of Public Health Dentistry* 80, no. 4 (October 1, 2020): 313-26, doi:10.1111/jphd.12386.

¹² National Association of Dental Plans. "Analysis Shows Adults with Medicaid Preventive Dental Benefits Have Lower Medical Costs for Chronic Conditions," November 23, 2017.

¹³ Gaby Galvin, "As Congressional Democrats Weigh Reconciliation Package, Voters Mostly Back Potential Health Measures," *Morning Consult*, June 30, 2021, <https://morningconsult.com/2021/06/30/health-care-proposals-reconciliation-bill-polling/>.

¹⁴ Gaby Galvin, "As Congressional Democrats Weigh Reconciliation Package, Voters Mostly Back Potential Health Measures," June 30, 2021.

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**RESOLUTION TO AMEND THE 2009 THIRD AMENDED
INTERGOVERNMENTAL AGREEMENT OF LARIMER
EMERGENCY TELEPHONE AUTHORITY AND TO AUTHORIZE A
SIGNATURE ON THE PROPOSED 2021 FOURTH AMENDED IGA
OF LETA**

Resolution 2021-03

WHEREAS, the Health District of Northern Larimer County is authorized under C.R.S. § 29-1-203 to cooperate or contract with others to provide any function, service, or facility lawfully authorized to each of the cooperating or contracting units, including the provision of emergency telephone service;

WHEREAS, the Health District of Northern Larimer County is a signatory to the 2009 Third Amended Intergovernmental Agreement ("IGA") of Larimer Emergency Telephone Authority ("LETA") establishing LETA as a separate legal entity for the purpose of providing emergency telephone service;

WHEREAS, the 2009 Third Amended IGA of LETA states that it may be amended upon an affirmative vote of three-quarters (3/4) of the signatories, and the signatories desire to update it to reflect changes in federal and state law, the signatories to the IGA, advancements in 9-1-1 call technology and infrastructure, and the intent and purposes as to LETA's operations;

NOW, THEREFORE, BE IT RESOLVED BY THE Board of Directors of the Health District of Northern Larimer County, Fort Collins, Colorado, as follows:

1. Per Article XVII of the 2009 Third Amended IGA of LETA, the Health District of Northern Larimer County votes to amend the 2009 Third Amended IGA;
2. The Health District of Northern Larimer County approves the proposed 2021 Fourth Amended IGA of LETA attached hereto and agrees to become a signatory thereto; and
3. The Health District of Northern Larimer County authorizes Michael Liggett, the Board of Directors Chair, to sign the proposed 2021 Fourth Amended IGA of LETA on its behalf.

ADOPTED, this 27th day of July, A.D., 2021.

Health District of Northern Larimer County

By: _____
Chair, Board of Directors

ATTEST:

Secretary, Board of Directors

**FOURTH AMENDED INTERGOVERNMENTAL AGREEMENT
FOR THE ESTABLISHMENT OF
LARIMER EMERGENCY TELEPHONE AUTHORITY**

This Fourth Amended Intergovernmental Agreement (“Agreement”) is entered into effective November 1, 2021, by and between the following political subdivisions and public entities of the State of Colorado, which are referred to herein collectively as “Parties” and are referred to herein individually by name or as “Party.”

County (1)/Cities (2)/Towns (6)

County of Larimer
City of Fort Collins
City of Loveland
Town of Berthoud
Town of Estes Park
Town of Johnstown
Town of Timnath
Town of Wellington
Town of Windsor

Hospital/Health Services Districts (3)

Health District of Northern Larimer
County
Park Hospital District
Thompson Valley Health Services
District

State (1)

Colorado State University

Fire Authorities (2)

Loveland Fire Rescue Authority
Poudre Fire Authority

Fire Protection Districts (15)

Allenspark Fire Protection District
Berthoud Fire Protection District
Crystal Lakes Fire Protection District
Estes Valley Fire Protection District
Front Range Fire Rescue Fire Protection District
(f/k/a Johnstown Fire Protection District)
Glacier View Fire Protection District
Livermore Fire Protection District
Loveland Rural Fire Protection District
Lyons Fire Protection District
Pinewood Springs Fire Protection District
Poudre Canyon Fire Protection District
Poudre Valley Fire Protection District
Red Feather Lakes Fire Protection District
Wellington Fire Protection District
Windsor-Severance Fire Protection District

WHEREAS, on or about November 14, 1990, multiple political subdivisions entered into an “Intergovernmental Agreement concerning the implementation of an E-911 Emergency Telephone Service” (“the IGA”) to form a separate legal entity to serve as a governing body to provide emergency telephone service and to establish, collect, and disperse the emergency telephone charge in Larimer County, and they named the new entity Larimer Emergency Telephone Authority;

WHEREAS, the IGA was thereafter amended three times effective July 7, 1999, April 5, 2002, and July 21, 2009, the July 21, 2009 amendment being known as the “Third Amended IGA”;

WHEREAS, subject to an affirmative vote of three-quarters (3/4) of the 25 signatories to the Third Amended IGA, the Parties desire to update the IGA, as amended, to reflect changes in federal and state law, the signatories to the IGA, advancements in 911 call technology and infrastructure, and the intent and purposes as to Larimer Emergency Telephone Authority’s

operations;

WHEREAS, the Parties are authorized by Colorado statute (Title 29, Article 11, Part 1) to enter into a contract to establish a separate legal entity that serves as a governing body for the purpose of providing emergency telephone service and to establish and collect an emergency telephone charge in Larimer County;

WHEREAS, the Colorado Constitution (Article XIV, Section 18) and Colorado statutes (Title 29, Article 1, Part 2) permit and encourage governments to make the most efficient and effective use of their powers and responsibilities by cooperating and contracting with each other; and

WHEREAS, C.R.S. § 29-1-203 authorizes government, as defined in C.R.S. § 29-1-202, to cooperate or contract with one another to provide any function, service, or facility lawfully authorized to each of the cooperating or contracting units if:

1. such cooperation or contracts are authorized by each party thereto with the approval of its legislative body or other authority having the power to so approve; and
2. any such contract shall set forth fully the purposes, powers, rights, obligations, and the responsibilities, financial and otherwise, of the contracting parties and may provide for the joint exercise of the function, service, or facility, including the establishment of a separate legal entity to do so.

NOW THEREFORE, in consideration of the mutual promises and covenants hereinafter contained, the Parties agree as follows:

I. PREAMBLE

The Parties agree that the recitals set forth above are true and correct and those recitals are hereby incorporated into the body of this Agreement.

II. SUPERSEDING PRIOR AGREEMENTS

The Parties agree that this Agreement shall supersede the IGA dated November 14, 1990, the amendments thereto dated July 7, 1999, and April 5, 2002, and the Third Amended IGA.

III. DEFINITIONS

As used herein:

A. The definitions for the following terms shall be the same as set forth in C.R.S. § 29-11-101, as may be amended: “emergency telephone charge,” “911 access connection,” “911 call,” “911 surcharge,” “emergency notification service” “emergency service provider,” “public

agency,” “public safety answering point” (“PSAP”), which is interchangeable with emergency communications center (“ECC”), “service supplier,” and “service user.”

B. “Agreement” means this Fourth Amended Intergovernmental Agreement for the Establishment of Larimer Emergency Telephone Authority;

C. “Board” means the Board of Directors described in Section V in which the powers of the Governing Body are vested.

D. “Bylaws” means the bylaws of the Governing Body as described in Section V(7).

E. “Emergency telephone service” means the receipt and processing of 911 calls by the PSAP for the purpose of providing responses from emergency service providers, and may include providing 911 call-related applications, services, programs, and systems.

F. “Governing Body” means Larimer Emergency Telephone Authority, per the definition set forth in C.R.S. § 29-11-101(16), as may be amended.

G. “Governing Body's jurisdiction” means within the geographic boundary of Larimer County, per the definition set forth in C.R.S. § 29-11-101(17), as may be amended. The Governing Body's jurisdiction differs from the Governing Body's emergency telephone service area.

H. “Governing Body's emergency telephone service area” means the collective boundaries of the emergency service providers that are used by the PSAPs for call routing and emergency response.

I. “Parties” means the signatories hereto, but, in the future, will not include any Party after the effective date of such Party's withdrawal in accordance with Section X, and will include any new signatory admitted to this Agreement by the Board in accordance with Section VI(2)(q).

J. “Proportional basis” as used in Section X(3) means a percentage determined by the following formula: the number of 911 access connections within each boundary of the Identified Political Subdivisions divided by the total number of 911 access connections in the Governing Body's jurisdiction. The Board shall determine the data to use for this calculation based on the Board's determination of the most reliable source(s) and representative timeframes. For the purpose of this definition only: (1) “Identified Political Subdivisions” means Larimer County and each city and town that is a Party, and (2) the boundary of Larimer County means within the unincorporated areas of the County. If, at the time of the calculation, Larimer County, a city, or a town is not a Party, then the Board shall establish the formula to allocate its percentage among the Identified Political Subdivisions who are Parties.

IV. ESTABLISHMENT OF LARIMER EMERGENCY TELEPHONE AUTHORITY

The Parties establish the separate legal entity and Governing Body known as Larimer Emergency Telephone Authority. The Governing Body may have also been referred to in prior intergovernmental agreements as the Larimer County Emergency Telephone Authority, which is hereby corrected. The Governing Body is created as a nonprofit, public entity established pursuant to C.R.S. §§ 29-1-203 and 29-11-102(1)(b), as may be amended. The Parties intend that the Governing Body be formed under the Colorado Governmental Immunity Act, C.R.S. § 24-10-101 through 120, as may be amended, and meet the Act's definition of a "public entity." The Parties further intend that the Governing Body meet the definition of a "nonprofit organization" under C.R.S. § 13-21-115.5, as may be amended (the Volunteer Service Act), C.R.S. § 13-21-115.7, as amended, and C.R.S. § 13-21-116, as may be amended.

The Governing Body is an independent legal entity, separate and distinct from the Parties. No debt, liability, or obligation of the Governing Body shall extend to or be an obligation of a Party, unless agreed to in writing.

The Governing Body is responsible for the installation, administration, management, operation, maintenance, upgrade, and enhancement of emergency telephone service and emergency notification service in the Governing Body's jurisdiction. The Parties will provide reasonable assistance and cooperation to the Governing Body as it carries out the functions, services, and facilities described in this Agreement for the Parties.

The Parties believe that governing bodies created pursuant to Part 1 of Title 29, Article 11, including the Governing Body, are not subject to the revenue and spending limitations imposed by Article X, Section 20 of the Colorado Constitution ("Amendment 1"), and, to the extent that Amendment 1 may be deemed to apply to governing bodies, the Governing Body created hereby shall operate as an enterprise within the meaning of Amendment 1 and shall thereby be exempt from all revenue and spending limitations imposed by said Amendment.

The Governing Body is formed in conformity with C.R.S. § 29-1-203.5. The provisions of C.R.S. § 29-1-203.5 apply to the Governing Body.

A Party whose boundaries include portions of Larimer County and another county may be signatories on another intergovernmental agreement related to emergency telephone service and emergency notification service in such other county.

V. THE BOARD OF DIRECTORS

1. **Board.** The business and affairs of the Governing Body shall be managed by a Board of Directors consisting of seven (7) directors, each serving without compensation. The Board shall have the power to perform all acts necessary, to fulfill the purposes for which the Governing Body was established, whether express or implied.

2. **Qualifications of Directors.** Each director shall be either (a) a resident of Larimer County, or (b) an elected official or full-time employee of a Party with an established scope of responsibility and delegated authority to make and implement policy-making or management-level decisions for the Party.

3. **Appointment to the Board.** Each director shall be appointed as follows:

a. The Larimer County Board of County Commissioners shall choose one (1) individual who meets the qualifications to serve as the director to represent Larimer County. The Larimer County Board of County Commissioners may determine the method for appointment from time to time and shall give to the Governing Body notice of any change in its method for appointment.

b. The City of Fort Collins appoints the City Manager or the City Manager's designee as its one (1) individual who meets the qualifications to serve as the director to represent the City of Fort Collins. The City Council of the City of Fort Collins may change its method for appointment from time to time and shall give to the Governing Body notice of any change in its method for appointment.

c. The City Council of the City of Loveland shall choose one (1) individual who meets the qualifications to serve as the director to represent the City of Loveland. The City Council of the City of Loveland may determine the method for appointment from time to time and shall give to the Governing Body notice of any change in its method for appointment.

d. The Town of Estes Park appoints the Town Administrator or the Town Administrator's designee as its one (1) individual who meets the qualifications to serve as the director to represent the Town of Estes Park. The Board of Trustees of the Town of Estes Park may change its method for appointment from time to time and shall give to the Governing Body notice of any change in its method for appointment.

e. The Board as then-comprised at the time of the appointment shall solicit nominees, nominate individually or as a slate, and appoint three (3) additional qualified directors as follows:

1. A director to represent the Parties that are fire districts and fire authorities;
2. A director to represent the Parties that are hospital and health services districts; and
3. A director to represent the Parties that are Colorado State University and towns not otherwise represented on the Board, with preference given to a Party with a PSAP.

4. **Term and Removal.** Directors shall serve a term of two (2) calendar years. There is no prohibition on consecutive terms or on the number of terms. A director may be removed if

permitted by and pursuant to the procedures set forth in the Bylaws.

5. **Voting and Quorum.** Each director shall have one (1) vote. No proxy voting shall be permitted. Directors may participate in a meeting remotely by means of telecommunication that permits the director to hear and be heard by all individuals in attendance (audio and/or video) and shall be deemed present for a quorum and entitled to vote at the meeting. A quorum of the Board shall consist of four (4) directors, except that, should there be four (4) or more vacancies at any time, then during that time, a quorum shall consist of three (3) directors. No official action may be taken by the Board on any matter unless a quorum is present. The affirmative vote of a majority of the Board shall be required for the Board to take action.

6. **Vacancy.** Any vacancy occurring as a result of a director's resignation, removal, death, disqualification, or any other reason shall be filled for the balance of that director's unfinished term in accordance with the applicable provision of the appointment process set forth in Section V(3).

7. **Bylaws.** The Board has promulgated Bylaws detailing all governance matters it deems necessary, including but not limited to: the scheduling and conduct of Board meetings, voting, and director removal; establishment and responsibilities of officer positions, their terms, and the filling of any vacancies; the establishment and responsibilities of committees; and Governing Body operating and fiscal procedures. Such Bylaws may be amended by the Board in accordance with the procedures set forth therein. In the event of a conflict, direct or indirect, between a provision the Bylaws and this Agreement, this Agreement shall control.

VI. POWERS OF THE GOVERNING BODY

1. **Plenary Powers.** The Governing Body may carry out all purposes of this Agreement and may exercise all powers related thereto, including all incidental, implied, expressed, or such other powers as necessary, except as expressly limited in this Agreement. The Governing Body shall not have the power to levy taxes or the power of eminent domain.

2. **Enumerated Powers.** Without in any way limiting the plenary powers set forth in subsection (1) above, the Governing Body is specifically authorized to undertake all actions for the installation, administration, management, operation, maintenance, upgrade, and enhancement of emergency telephone service and emergency notification service within the Governing Body's jurisdiction that the Governing Body believes are necessary and appropriate and consistent with applicable law, including but not limited to:

a. imposing, collecting, and auditing all charges and surcharges in the Governing Body's jurisdiction as set forth in Part 1 of Title 29, Article 11, as may be amended, and expending such funds as authorized by statute and this Agreement.

b. owning, operating, maintaining, leasing (as Lessor or Lessee), selling, or otherwise disposing of any legal or equitable interest in real and personal property.

- c. adopting budgets, maintaining bank accounts, and investing funds.
- d. carrying over funds which have not been used in a given fiscal year to the following fiscal year.
- e. negotiating, entering into, amending (if necessary), and performing contracts.
- f. adopting, reviewing, and amending the Bylaws and passing resolutions not in conflict with this Agreement.
- g. adopting, reviewing on an annual basis, and amending (if necessary) the Governing Body's intergovernmental agreements other than this Agreement, as well as policies, protocols, procedures, or rules and regulations (collectively, "Policies") related to the provision of emergency telephone service and emergency notification service within the Governing Body's jurisdiction on subjects including but not limited to:
 - Human Resources
 - cost sharing
 - street naming
 - pictometry
 - geographic information systems (GIS)
 - Master Street Address Guide (MSAG)
 - 911 Call Flow/Routing
 - use of the backup PSAP
 - 911 network
 - fiber optic cable (leasing and owning)
 - customer-premises equipment (CPE) and other equipment
 - computer aided dispatch (CAD) system
 - Combined Regional Information Systems Project (CRISP)
 - insurance for PSAP equipment owned by the Governing Body and located at a facility owned by a Party
 - emergency alert systems (selection and use)
 - complex emergency events
 - records retention and compliance with applicable law
 - training, accreditation, and certification
 - Emergency Medical Dispatch (EMD)
 - call boxes
 - finances and investments

In the event of a conflict, direct or indirect, between a provision the Policies and this Agreement, this Agreement shall control.

- h. determining who is authorized to send emergency alerts and the circumstances

under which they may be sent.

i. adopting a policy regarding street naming after collaboration with the Parties in whose jurisdiction the street is located.

j. adopting systems (software, hardware, and protocols) for Emergency Medical Dispatch (EMD).

k. conducting joint, partnership, cooperative, or other operations with other individuals and entities.

l. employing agents, accountants, attorneys, engineers, consultants, and other advisors.

m. incurring and paying debts, liabilities, or obligations, including borrowing and executing documents incidental thereto.

o. suing and being sued in its own name.

p. receiving contributions, gifts, bequests, grants, cash, equipment, or services from the Parties or any other public or private individual or entity.

q. after a formal Resolution of the Board, admitting a new signatory to this Agreement who becomes a Party without formal amendment of this Agreement, so long as each new signatory qualifies under C.R.S. §§ 29-1-202 and 203, has the approval of its legislative body or other authority having the power to so approve, and signs a document memorializing its admission.

r. participating in committees, groups, and organizations at the federal, state, and local level whose work relates to emergency telephone service and emergency notification service, including laws, regulations, and rules related thereto.

s. any other act which the Governing Body believes is reasonably necessary for the exercise of its powers and the performance of its obligations under this Agreement.

VII. BOOKS AND RECORDS

The Governing Body shall keep accurate and correct books of account on a modified accrual basis, showing in detail the capital costs, costs of services, installation, maintenance and operating costs, and the financial transactions of the Governing Body. The Governing Body's books of account shall also correctly show any and all revenues, fund balances, costs, or charges,

as well as all funds received by and all funds expended by the Governing Body. The Governing Body's books and records shall be open to inspection during normal business hours upon reasonable notice by a Party, its attorneys, accountants, or agents. The books and records of the Governing Body shall also be made available to the public in accordance with the provisions of Colorado's Open Records Act, as may be amended.

The Governing Body shall cause an annual audit to be conducted by an independent Certified Public Accountant licensed to practice in the State of Colorado. The Governing Body shall comply with the Colorado Local Government Audit Law, C.R.S. § 29-1-601 through 608, as may be amended. The Governing Body shall comply with all other applicable federal and state financial reporting requirements.

The Governing Body shall maintain an asset inventory list for any and all real and personal property acquired by the Governing Body in whole or in part.

VIII. REPORTS TO PARTIES

On an annual basis, the Governing Body shall submit a comprehensive annual report to the Parties summarizing the activities of the Governing Body during the preceding year and make available information concerning the finances of the Governing Body.

IX. DURATION OF AGREEMENT

The Agreement and the Governing Body shall have perpetual existence as permitted by C.R.S. § 29-1-203(1), as may be amended, unless sooner terminated in accordance with this Agreement.

X. WITHDRAWAL, TERMINATION, AND DISSOLUTION

1. **Withdrawal.** Any Party may withdraw from this Agreement by providing notice to each other Party and to the Governing Body. The withdrawal shall not be effective until at least one calendar year after the last notice is delivered.

2. **Termination by Mutual Agreement of the Parties.** Upon a three quarters (3/4) majority vote of all then-Parties, this Agreement shall be terminated and the Governing Body dissolved so long as, at the time of the vote, at least three quarters (3/4) of the Parties have also agreed in writing as to one or more entities who will succeed the Governing Body and undertake all actions for the continued installation, administration, management, operation, maintenance, upgrade, and enhancement of emergency telephone service and emergency notification service within the Governing Body's jurisdiction. The effective date of termination shall be December 31st in the calendar year ending no less than six months after the three quarters (3/4) majority vote for termination.

3. **Dissolution of Governing Body.** Upon the termination of this Agreement pursuant to subsection (2) above, the Board and the Parties shall take such actions necessary to finalize and conclude the Governing Body's operations, effect the orderly dissolution of the Governing Body, and transition emergency telephone service and emergency notification service to the entity or entities who will succeed the Governing Body, at the discretion of the Board. All assets of the Governing Body shall be distributed on a proportional basis either in-kind or after liquidation, at the discretion of the Board, except for any assets that the Board determines should be distributed to the entity or entities who will succeed the Governing Body. The Board shall be responsible for inventorying the assets of the Governing Body, distributing or liquidating any assets as appropriate, concluding the affairs of the Governing Body, and transitioning emergency telephone service and emergency notification service to the entity or entities who will succeed the Governing Body. Subject to the exercise of the Board's discretion, a Party which has previously made a contribution toward the purchase of a jointly owned asset may receive full ownership of the asset upon termination; however, the Party must account to the Governing Body for the amount that the Governing Body contributed toward purchase of the asset upon distribution of the other assets of the Governing Body. The Parties' rights related to distribution of assets shall survive termination of this Agreement.

XI. LIABILITY OF THE BOARD OF DIRECTORS, OFFICERS,
AND EMPLOYEES OF THE GOVERNING BODY

The Governing Body and its directors, officers, and employees shall be immune from suit and civil liability as provided by applicable law because the Governing Body is a nonprofit, public entity and political subdivision of the State of Colorado established pursuant to C.R.S. §§ 29-1-203 and 29-11-102(1)(b), as amended; the Governing Body is a public entity under the Colorado Governmental Immunity Act, C.R.S. § 24-10-101 through 120, as amended; and the Governing Body is a "nonprofit organization" under C.R.S. § 13-21-115.5, as amended (the Volunteer Service Act), C.R.S. § 13-21-115.7, as amended, and C.R.S. § 13-21-116, as amended.

In addition, the Governing Body shall purchase insurance for the Governing Body and its Board, officers and employees which insurance will provide reasonable coverage against any claims, suit or proceeding arising out of or relating to any act or omission under this Agreement.

XII. AMENDMENTS

This Agreement may be amended upon the affirmative vote of three-quarters (3/4) of the then-Parties to this Agreement.

XIII. NOTICE

Notice to a Party is given by delivering a writing to its current address as listed by the Department of Local Affairs. The Notice shall be addressed as follows: (a) to the Board in the case of Larimer County, (b) to the Board and its Chief Executive Officer in the case of a special district, a fire authority, or the Governing Body, (c) to the City Council in the case of cities, and (d) to the Town Board, Town Council, or Board of Trustees in the case of Towns. A courtesy copy shall also be delivered to the attorneys for Larimer County, cities, and towns. Failure to deliver courtesy copies to the attorneys shall not invalidate a notice otherwise properly delivered as provided in this Agreement. Notice to a director is given by delivering a writing addressed to the director to the Governing Body's current address. Notice shall be effective upon receipt if hand-delivered or three (3) days after mailing if sent by first-class or certified U.S. mail.

XIV. SEVERABILITY

In the event any provision of this Agreement is determined to be illegal or invalid for any reason, all other provisions of this Agreement shall remain in full force and effect unless and until otherwise determined by a Court of competent jurisdiction. The illegality of any provision of this Agreement shall in no way affect the legality and enforceability of any other provision of this Agreement.

XV. SUCCESSORS AND THIRD PARTIES

This Agreement shall be binding upon and shall inure to the benefit of the successors of the Parties. This Agreement is not intended to, and does not, inure to the benefit of non-Parties to this Agreement.

XVI. ASSIGNMENT AND DELEGATION

No Party shall assign any of the rights nor delegate any of the duties created by this Agreement without the written approval of three-quarters (3/4) of the other then-Parties to this Agreement.

XVII. COUNTERPARTS

This Agreement may be executed by original, scanned, or digital counterpart signatures and shall have the same force and effect as if all signatures appeared on the same original.

IN WITNESS WHEREOF, the Parties have caused their representatives to affix their respective signatures hereto.

<p>COUNTY OF LARIMER STATE OF COLORADO</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>ALLENSPARK FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>CITY OF FORT COLLINS, COLORADO</p> <p>By: _____ Jeni Arndt, Mayor</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Cyril Vidergar</p> <p>Date: _____</p>	<p>BERTHOUD FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>CITY OF LOVELAND, COLORADO</p> <p>By: _____ Stephen C. Adams, City Manager</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Laurie Stirman</p> <p>Date: _____</p>	<p>CRYSTAL LAKES FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>

<p>TOWN OF BERTHOUD, COLORADO</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>ESTES VALLEY FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>TOWN OF ESTES PARK, COLORADO</p> <p>By: _____ Wendy Koenig, Mayor</p> <p>ATTEST: _____ Jackie Williamson, Town Clerk</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Dan Kramer</p> <p>Date: _____</p>	<p>FRONT RANGE FIRE RESCUE FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>TOWN OF JOHNSTOWN, COLORADO</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>GLACIER VIEW FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>

<p>TOWN OF TIMNATH, COLORADO</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>LIVERMORE FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>TOWN OF WELLINGTON, COLORADO</p> <p>By: _____ Troy Hamman, Mayor</p> <p>ATTEST: _____ Krystal Eucker, Town Clerk</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Dan Sapienza</p> <p>Date: _____</p>	<p>LOVELAND RURAL FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>TOWN OF WINDSOR, COLORADO</p> <p>By: _____ Paul Rennemeyer, Mayor</p> <p>ATTEST: _____ Karen Frawley, Town Clerk</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Ian McCargar</p> <p>Date: _____</p>	<p>LYONS FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>

<p>HEALTH DISTRICT OF NORTHERN LARIMER COUNTY</p> <p>By: _____ Michael D. Liggett, Board President</p> <p>ATTEST: _____ Anita Benavidez, Asst. to E.D.</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>PINEWOOD SPRINGS FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>PARK HOSPITAL DISTRICT</p> <p>By: _____ Gary Hall, CIO/COO, Estes Park Health</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>POUDRE CANYON FIRE PROTECTION DISTRICT</p> <p>By: _____ Gene Mericle, President</p> <p>ATTEST: _____ Paula Collins, Secretary</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>THOMPSON VALLEY HEALTH SERVICES DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>POUDRE VALLEY FIRE PROTECTION DISTRICT</p> <p>By: _____ Derek Bergsten, Chief</p> <p>ATTEST: _____ Sean Jones, Battalion Chief</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>

<p>COLORADO STATE UNIVERSITY</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>RED FEATHER LAKES FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>LOVELAND FIRE RESCUE AUTHORITY</p> <p>By: _____ Jeff Swanty, Board Chair</p> <p>ATTEST: _____ Kristen Cummings</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Emily Powell</p> <p>Date: _____</p>	<p>WELLINGTON FIRE PROTECTION DISTRICT</p> <p>By: _____ Gary Green, Chief</p> <p>ATTEST: _____ Ashley Macdonald, Deputy District Manager</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>POUDRE FIRE AUTHORITY</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Emily Powell</p> <p>Date: _____</p>	<p>WINDSOR-SEVERANCE FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>



June 15, 2021

To: Health District Board of Directors
From: Julie Estlick, Communications Specialist, Compass Editor
Re: Prospective *Compass* Advisory Committee members

We are pleased to present to you three candidates to fill vacancies on the Health District *Compass* Advisory Committee. The committee's charter states that the Health District Board of Directors must give final approval of all committee members.

The committee, which meets quarterly, gives the communications team useful feedback and story ideas for future issues of *Compass*.

The committee has eight members, including myself as editor, Kristen Gilbert as graphic designer, and two other Health District representatives. The remaining four are interested members of the community. Terms are staggered to keep a mix of veterans and newcomers. The current vacancies are for one Health District employee and two community members.

We propose the following people to fill these vacancies:

Jeri Newlin is a tobacco treatment specialist for the Health District working with clients who want to end their nicotine addiction. She also serves as a mental health counselor at Colorado State University's Health Network during the academic year. Jeri has a unique perspective as someone who works with young people and others on campus as well as adult residents from throughout the Health District.

Diane Cohn is a program manager for the Volunteers of America's Caregiver Support Program. She has worked for several local non-profit organizations after a decade as a networking engineer at a large Fort Collins employer. Diane has many strong ties to the community as a member of the Fort Collins Affordable Housing Board and the Fort Collins Area Interfaith Council, and has volunteered on social isolation projects with the Larimer County Partnership for Age-Friendly Communities. She looks forward to bringing her experience as an advocate for the underserved, and her understanding of the issues that impact health outcomes, to the committee.

Carol Seest is a case manager and Options counselor with the Larimer County Office on Aging /Aging and Disability Resource Center. She also volunteers for the Adult Protection Advisory Team dealing with elder abuse and has extensive experience serving older adults and adults living with disabilities in our community. She is a mother of four who says she believes that dementia and other cognitive issues are pressing health concerns in our community.

The other current advisory committee members are:

- **Julie Estlick**, *Compass* editor
- **Kristen Gilbert**, *Compass* graphic designer
- **Roy Ramirez**, Certified Health Coverage Guide for Larimer Health Connect at the Health District
- **Adriana McClintock**, Communications Coordinator, CSU External Relations
- **Flo Holt**, mental health therapist with her own counseling practice

Health District Board of Directors Work Session Notes

Enhancing the Health of Our Community through Equity, Diversity, and Inclusion

June 17, 2021

The work session started late due to a longer than expected board meeting. The work session started off with a recognition of two key equity related events that occur in June. The board expressed appreciation for taking the pause to acknowledging Pride Month and Juneteenth.

Part 1 of the work session was an opportunity for the board to reflect on Natalie Burke's presentation on Equity in the Age of Uncertainty, Power, and Protest, which was presented to the board at their work session on October 29th, 2020. This section was kicked off with two broad questions: "What struck you about Natalie's presentation"? and "What does it make you think about"?

Key individual board comments from Part 1 Include:

- Feeling the conversation was necessary - and just the start; affirmative action is needed
- Getting communities to systemic change may require clear economic arguments showing that a system that draws from diversity generates better solutions and a smarter, more adept, equitable society
- Though we have tried to be open to voices, we have to be more intentional, pro-active, and work towards achieving better results
- It is important to be able to articulate the value/importance of dismantling racism – which can require internal/personal work
- It is important to listen first. What more do we need to learn? Read? What information is missing?
- 'Her presentation made me realize I didn't know how much I didn't know, and that is scary'
- What do we need to know as a Board? How will we know if our organization is moving forward?

Part 2 was an accelerated presentation by staff that included a review of the Health District's Equity, Diversity, and Inclusion Team (EDIT), the work plan, accomplishments and next steps. The Health District has made a commitment to listen, learn, act, and do better. Staff first reviewed the vision and mission for the Health District's equity work.

Vision

The organization fosters a welcoming, safe, and affirming environment that nurtures respect, health, and support for the employees and clients of the Health District.

Mission

Enhance the health of our organization and community by integrating health equity at the Health District of Northern Larimer County.

The EDIT has faced some turnover over the past year, and the EDIT leadership will soon reconvene to establish new criteria for involvement and seek to fill some vacant positions on the committee. Staff reviewed the Global Diversity, Equity, and Inclusion Benchmarks, which are global standards that provides organizations with a framework to assess current status around Diversity and Inclusion best practices and helps identify the areas that need improvement. The initial assessment provides us with our baseline and helps us establish goals, and measure our progress.

We have built out a timeline, categorized according to the 14 benchmarks. The initial timeline will be adjusted due to the pause of a core focus on the plan during our COVID-19 response efforts. An annual report was

published in the summer of 2020. Staff will include another copy of the report in the next board packet along with a copy of the slides.

Staff reviewed progress to date and the Health District's focus on health equity during the COVID-19 Pandemic, and goals for the remainder of 2021:

Fall & Winter 2019

- Developed Mission & Vision
- Formed EDIT
- Developed Work Plan and Budget
- Held EDIT Retreat
- Developed Climate/Culture Survey
- Conducted Audit & Update Non-discrimination Policy & EEO policy and Employee Handbook

Spring & Summer 2020

- Update job postings to include EDI statement
- Implemented climate/culture survey
- Drafted an internal communications plan
- Provides TA to other organizations
- Began working with teams to develop departmental equity goals
- All staff and board leadership training with Natalie Burke
- Incorporated Equity Manager into the 2021 budget (reserves)

A Focus on Health Equity During the Pandemic (March 2020 – present)

- Work with People Experiencing Homelessness
- Published Statement on Racism & Incorporated introductory staff trainings
- Vaccines Equity Work (Clinics, Supporting Community Initiatives)
- Installed a new dental chair to better serve or patients with physical limitations or who require a wheelchair
- An Integrated Care staff member provided 8 equity trainings to FMC's medical providers, residents and staff
- Technical Support to Community Mental Health Center surrounding organizational equity initiative (Strategic Planning, Assessment & Recommendations, Training & education)
- Incorporated an equity lens to policy analysis
- Integrated equity into the analysis of the 2019 and 2020 Community Health Surveys
- Several programs tailored services to meet the needs of clients

Goals for the second half of 2021:

- Reconvening EDIT and filling the vacancies on the committee
- Updating the work plan timeline
- Hiring the Equity Implementation Manager
- Rolling out Relias Learning Management System Equity Track
- Implement the 2021 Culture Survey
- Work with teams to incorporate department equity goals for 2020
- Begin work on the RWJF Culture of Health Leaders Strategic Community Initiative.

Part 3 moved to a Board's role in Equity, Diversity, and Inclusion, and next steps. Staff reviewed the key elements of the Multicultural competency model, which include awareness, knowledge, skills, and action. Staff reviewed bullet points from the steps that research showed are often recommended relating to boards' work on equity, including:

Possible Ideas for the Board

- Build self-awareness and understanding
- Incorporate time to share thinking and perspectives at each state
- Understand your implicit bias
- Develop an approach to apply an equity lens to decisions
 - e.g.: who experiences the benefit or burden?
- Review Mission, Values, and Strategy
- Review governing documents
- Create equity driven actions
- Encourage a diverse and knowledgeable Board of Directors

Key individual board comments from Part 2 and Part 3 were brief, due to time constraints.

- It's important to not wait to move to action; would like to determine a reasonable, actionable timeline, and for the board to start to determine how to use an equity lens for decisions right away.
- [Staff noted that the list above wasn't meant to slow action but to assure that we don't increase harm by acting too soon]
- Interest in having the staff (MJ and Karen) do one-on-one interviews with each board member – an opportunity to be introspective and figure out individual paths for moving forward with knowledge, and to hear board members' thoughts
- It is important to develop/find tools for the board to use in its work
- In moving toward action, it will be important to look at the budget and how we are allocating resources to activities and programs that promote equity
- It will be important to communicate with the community; to 'show the receipts,' and to build trust as an organization that can be counted on, that is doing the work, and that is supportive
- It's important to assure that we are mindful of staff burnout – in many organizations, people can be overworked due to passion; we need to be careful to allocate time and resources carefully.
- A challenge is to continue to make progress without pushing staff to burnout.
- It's good to hear that recruitment for the EDI Manager position will happen soon, which will help with workloads.
- Gratitude to be in a position to be able to do something, to create something meaningful regarding equity as a board member of the Health District.
- Feedback, connection and correction is a gift!

Next steps:

- More intensive discussion at the upcoming board retreat, followed by further work sessions
 - Key topic: using equity lens for decisions
- Board will receive notes of this session, slides, and 2020 Report by next meeting
- Get staff/board member individual interviews set up

Enhancing the Health of our Community Through Equity, Diversity, and Inclusion



**Board of Health Work Session
June 17, 2021**

Health District
OF NORTHERN LARIMER COUNTY



PRIDE



JUNE
TEENTH
FREEDOM DAY

JUNE 19

We Celebrate Diversity

HAPPY PRIDE MONTH AND JUNETEENTH 2021

Health District
OF NORTHERN LARIMER COUNTY

Our Agenda



Part 1: Board Discussion

Reflection on
Natalie Burke's
Presentation

Part 2: Staff Presentation

Review of the
Health District's
EDI Work Plan

Part 3: Board Discussion

The Board's role in
Equity, Diversity
and Inclusion - and
Next Steps

Our Agenda



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Equity, Diversity
and Inclusion - and
Next Steps



What struck you about Natalie's presentation?
What does it make you think about?

Our Agenda



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Discussion**

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Natalie Burke's
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Presentation**

**Review of the
Health District's
EDI Work Plan**

**Part 3: Board
Discussion**

**The Board's role in
Equity, Diversity
and Inclusion - and
Next Steps**



EQUITY DIVERSITY & INCLUSION TEAM



listen, learn, act, do better.



Vision

The organization fosters a welcoming, safe, and affirming environment that nurtures respect, health, and support for the employees and clients of the Health District.

Mission

Enhance the health of our organization and community by integrating health equity at the Health District of Northern Larimer County

Meet the EDIT Leadership



MJ



Suman



James



Jessica



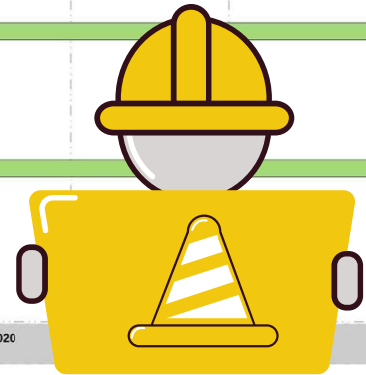
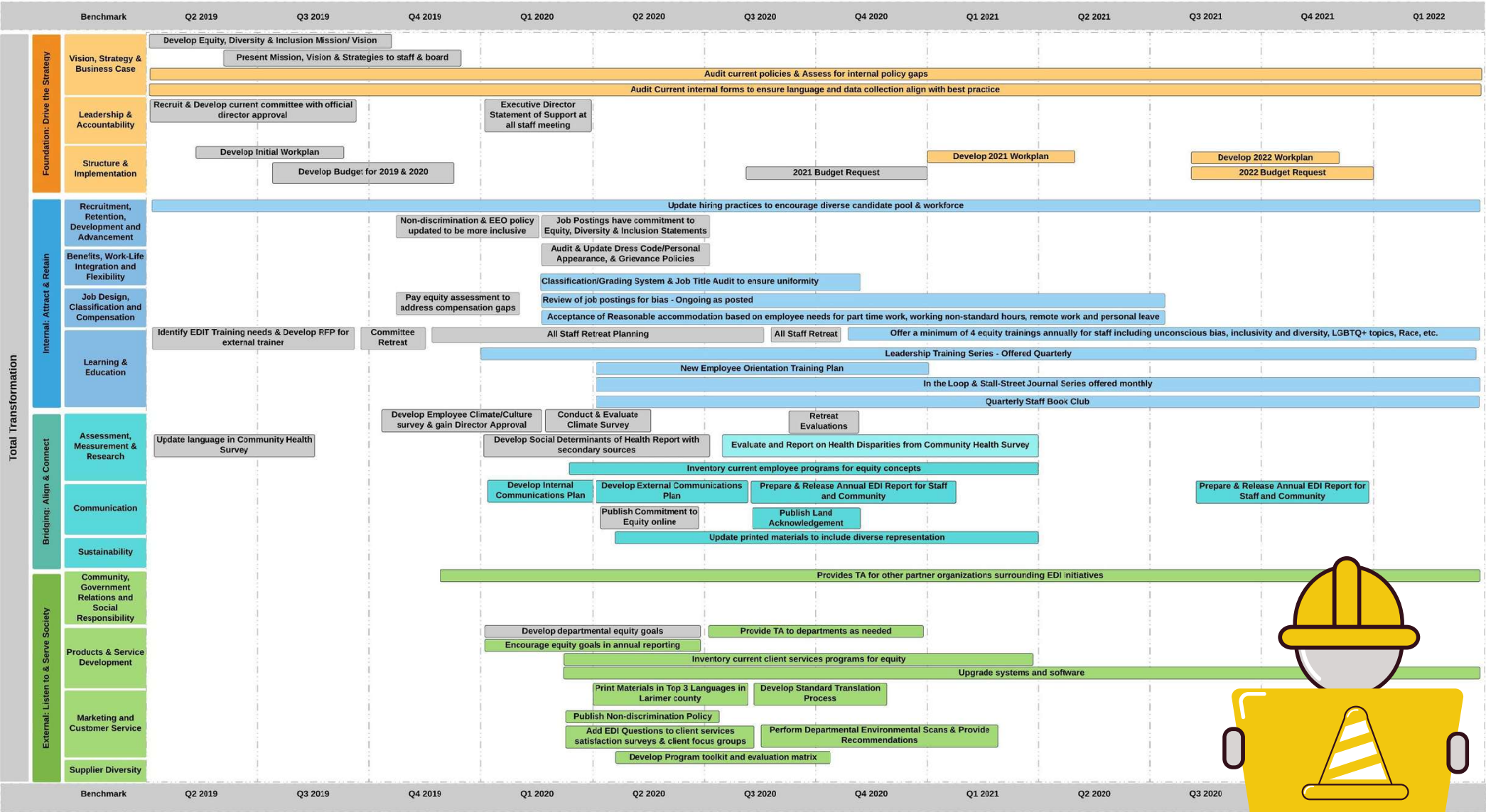
Karen

The GDIB Model

Assess,
Engage,
Set Goals &
Measure Progress



Global Diversity, Equity & Inclusion Benchmarks



Progress to date

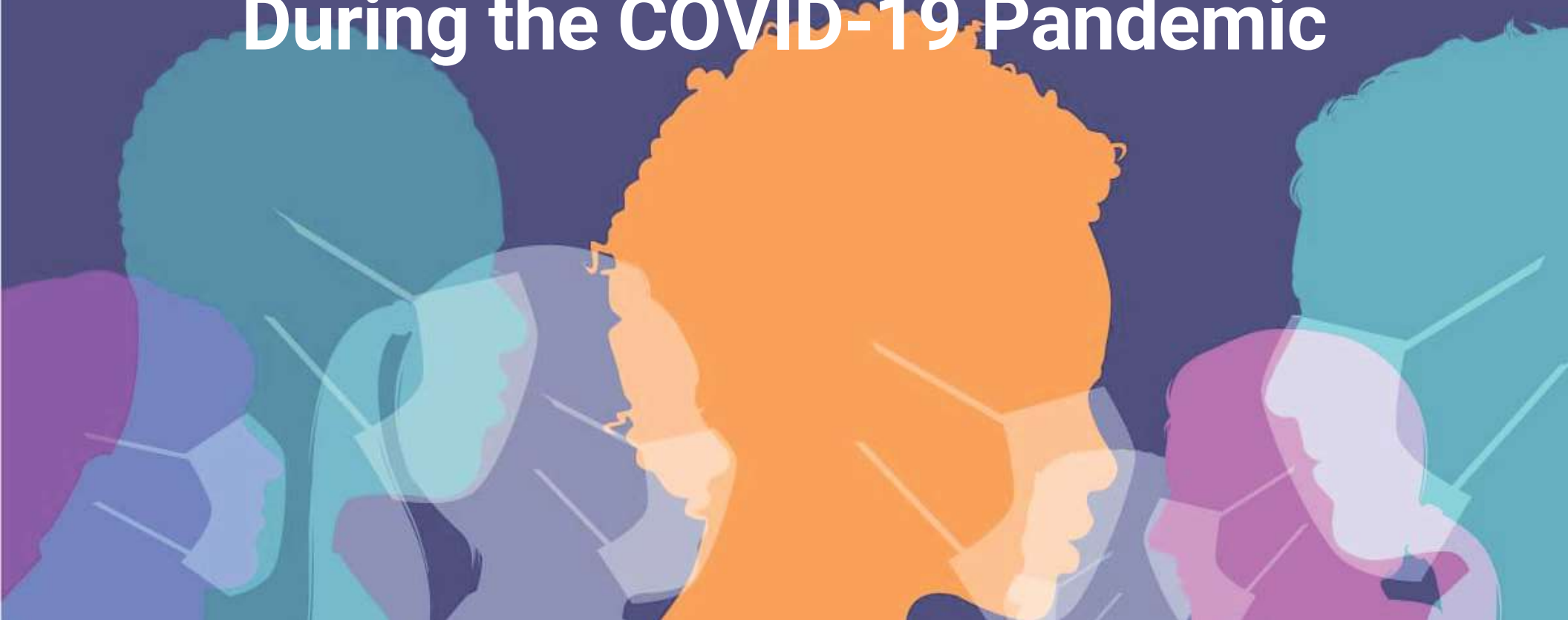
Fall & Winter 2019

- Developed Mission & Vision
- Formed EDIT
- Developed Work Plan and Budget
- Held EDIT Retreat
- Developed Climate/Culture Survey
- Conducted Audit & Update Non-discrimination Policy & EEO policy and Employee Handbook

Spring & Summer 2020

- Update job postings to include EDI statement
- Implemented climate/culture survey
- Drafted an internal communications plan
- Provides TA to other organizations
- Began working with teams to develop departmental equity goals
- All staff and board leadership training with Natalie Burke
- Incorporated Equity Manager into the 2021 Budget (Reserves)

The Health District's focus on Health Equity During the COVID-19 Pandemic





A Focus on Health Equity During the Pandemic

- **Work with People Experiencing Homelessness**
- **Published Statement on Racism & Incorporated introductory staff trainings**
- **Vaccines Equity Work (Clinics, Supporting Community Initiatives)**
- **Installed a new dental chair to better serve or patients with physical limitations or who require a wheelchair**
- **An Integrated Care staff member provided 8 equity trainings to FMC's medical providers, residents and staff**
- **Technical Support to Community Mental Health Center surrounding organizational equity initiative (Strategic Planning, Assessment & Recommendations, Training & education)**
- **Incorporated an equity lens to policy analysis**
- **Integrated equity into the analysis of the 2019 and 2020 Community Health Surveys**
- **Several programs tailored services to meet the needs of clients**

Refocusing on the EDIT Workplan

Goals for 2nd Half 2021

- **Reconvene EDIT and fill vacancies on the committee**
- **Update Workplan Timeline**
- **Hire Equity Implementation Manager**
- **Roll Out Relias Learning Management System Equity Track**
- **Implement 2021 Culture Survey**
- **Work with teams to incorporate department equity goals for 2022**
- **Culture of Health Leader Community Initiative**



Our Agenda



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The Board's role in
Equity, Diversity
and Inclusion - and
Next Steps

Multicultural competency model (Sue & Sue, 1996)

Awareness

Knowledge

Skills


Action



Bridge to Equity


WHAT IS A BOARD TO DO?

Cultural Competence + Diverse + Inclusive ≠ Equity



Possible Ideas for the Board

- **Build self-awareness and understanding**
- **Incorporate time to share thinking and perspectives at each stage**
- **Understand your implicit bias**
- **Develop an approach to apply an equity lens to decisions**
 - **e.g.: Who experiences the benefit or burden?**
- **Review Mission, Values, and Strategy**
- **Review governing documents**
- **Create equity driven actions**
- **Encourage a diverse & knowledgeable Board of Directors**



NEXT STEPS

Bringing it all
together



What is one thing that
stands out for you
about the session today

What is one thing that
you are grateful for
today





SUMMER 2020 REPORT

EQUITY, DIVERSITY & INCLUSION

At the Health District

Health  **District**
OF NORTHERN LARIMER COUNTY

From the Director

The Equity, Diversity, and Inclusion Team's work represents our commitment to furthering our mission to enhance the health of our community by giving every one the opportunity to achieve their highest level of health.

Everyone deserves to know that their health matters and that they will receive care that considers who they are, as well as their unique needs.

There is so much need in our community. As the health needs of our community continue to grow and change over time, how can we make the biggest impact on reducing people's suffering?

To determine this, we all must be open to learning about people's needs. While people are, on one hand, quite similar; on the other hand, they are quite different. We often forget this as it's easy to believe that everyone's background and perspectives mirror our own.

We recognize that each of our staff and clients need different things and continue to aim higher in understanding and meeting those needs.

So, how do we bridge across our differences?

Through respect, dignity, and caring. An organizational culture with these at its center will guide us in meeting people where they are to learn and acknowledge their concerns, perspectives, and dreams. We have more shared values than we realize and have the opportunity to take meaning in what connects us. If we could make big progress on our shared values - what an impact we could have on people and our community.



While this work is exhilarating and also challenges each of us; It's worth making our corner of the world a better place.

Carol Plock
Executive Director

ABOUT THE EQUITY, DIVERSITY & INCLUSION TEAM (EDIT)

Vision

The organization fosters a welcoming, safe, and affirming environment that nurtures respect, health, and support for the employees and clients of the Health District.

Mission

Enhance the health of our organization and community by integrating health equity at the Health District of Northern Larimer County.



Key Progress:

Fall 2019- Summer 2020

Foundation and Structure	Progress
<ul style="list-style-type: none">• Established vision and mission• Formed Diversity Committees• Developed 2020 budget• Developed 2020-2021 Strategic Plan	Complete Complete Complete Complete
Communications	Progress
<ul style="list-style-type: none">• Develop and implement Internal and external communications strategy• Publish In The Loop learning series and Stall-street Journal Series• Publish Updated Policies	In Progress In Progress In Progress
Education and Awareness	Progress
<ul style="list-style-type: none">• Mini- Retreat for EDIT committee discussing foundations of Equity Diversity & Inclusion• Conducted leadership team training kickoff• Facilitated Connections/CAYAC Team Foundations of Identity Training• Develop In The Loop Learning Series and Stall-street Journal Series, addressing Equity, Diversity and Inclusion (EDI) Topics• All staff retreat approval and planning	Complete Complete Complete In Progress In Revision
Policy and Procedure	Progress
<ul style="list-style-type: none">• Employee handbook audit• Employee handbook updates• Updated Non-discrimination & Equal Employment Opportunity Policies• Ongoing Organizational policy review	Complete In Progress Complete In progress
Assessment	Progress
<ul style="list-style-type: none">• Developed and implemented all staff baseline climate survey• Developed and implemented leadership survey• Evaluate and report survey findings -In progress• Evaluate program and organizational needs, using national and global standards	Complete Complete In Progress In Progress
Person Recruitment, Retention and Development	Progress
<ul style="list-style-type: none">• Published commitment to equity on job postings• Audit and update dress code and grievance policies• Review all job postings for bias• Classification/grading system and job title audit to ensure uniformity	In Progress In Progress Ongoing Ongoing

Bringing an equity, diversity, and inclusion lens to internal (employee-facing) and external (client-facing) work and operations.

What are the staff saying?

"I hope that people are open to this initiative. I have found that many people are skeptical that I have talked to but I think it is because they don't know what it is yet. It will be good to get this initiative off the ground"

"I am very glad the Health District has formed the EDIT and look forward to learning and shaping my knowledge and views to be more inclusive and aware of issues I can impact."

"There is certainly room for improvement regarding our internal policies, as we also think about how to prioritize EDI for those we serve"

"I recognize that the Health District strives to reduce risks and appreciate our organization for that, but the world is changing as well as best practices for organizations like ours and it is important we keep up in order to model what it looks like to provide equitable, inclusive, dignified, and respectful care that improves health in our community."

In your opinion, what would be the best outcome of this initiative?

"All staff increase their commitment and ability to foster a welcoming environment for all, both staff and clients. We celebrate, learn from, and embrace our differences, while we continue to provide efficient and high quality services"

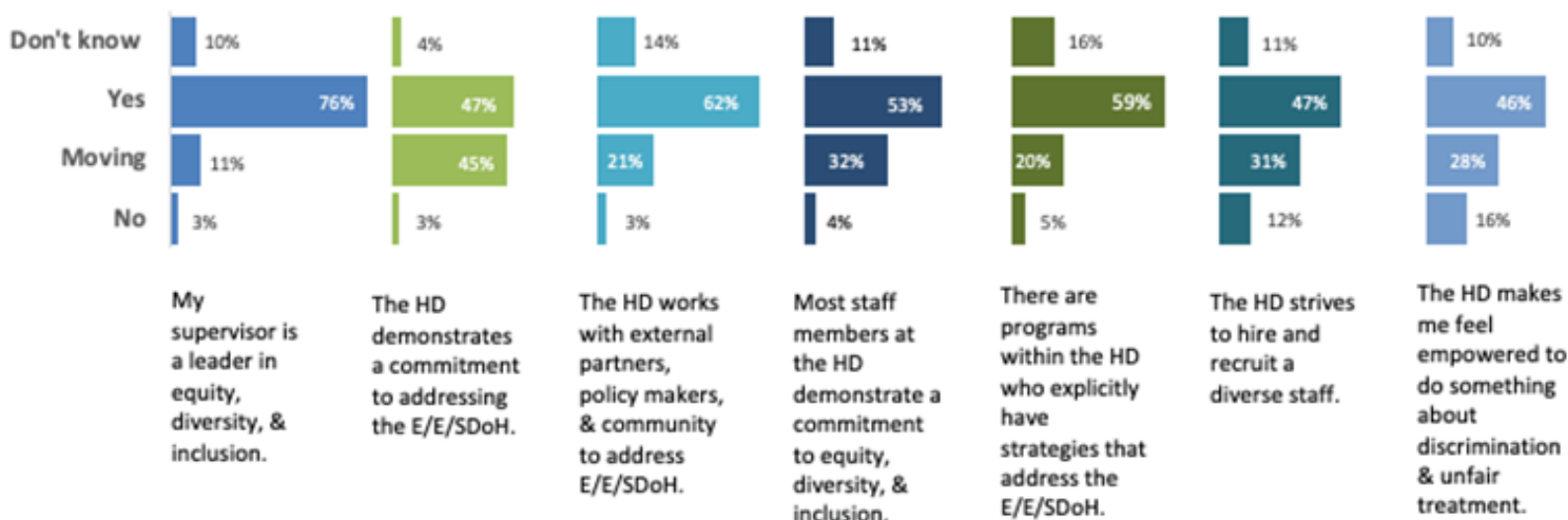
We are recognized as a leader in our community for our health equity work.

Raise awareness that translates into positive action.

Allowing all voices to be heard. Prioritizing health equity as a major work of the health district. Being a leader in the state and country for reaching/serving/working for marginalized populations

The people we work for and with experience an inclusive environment and feel affirmed and respected

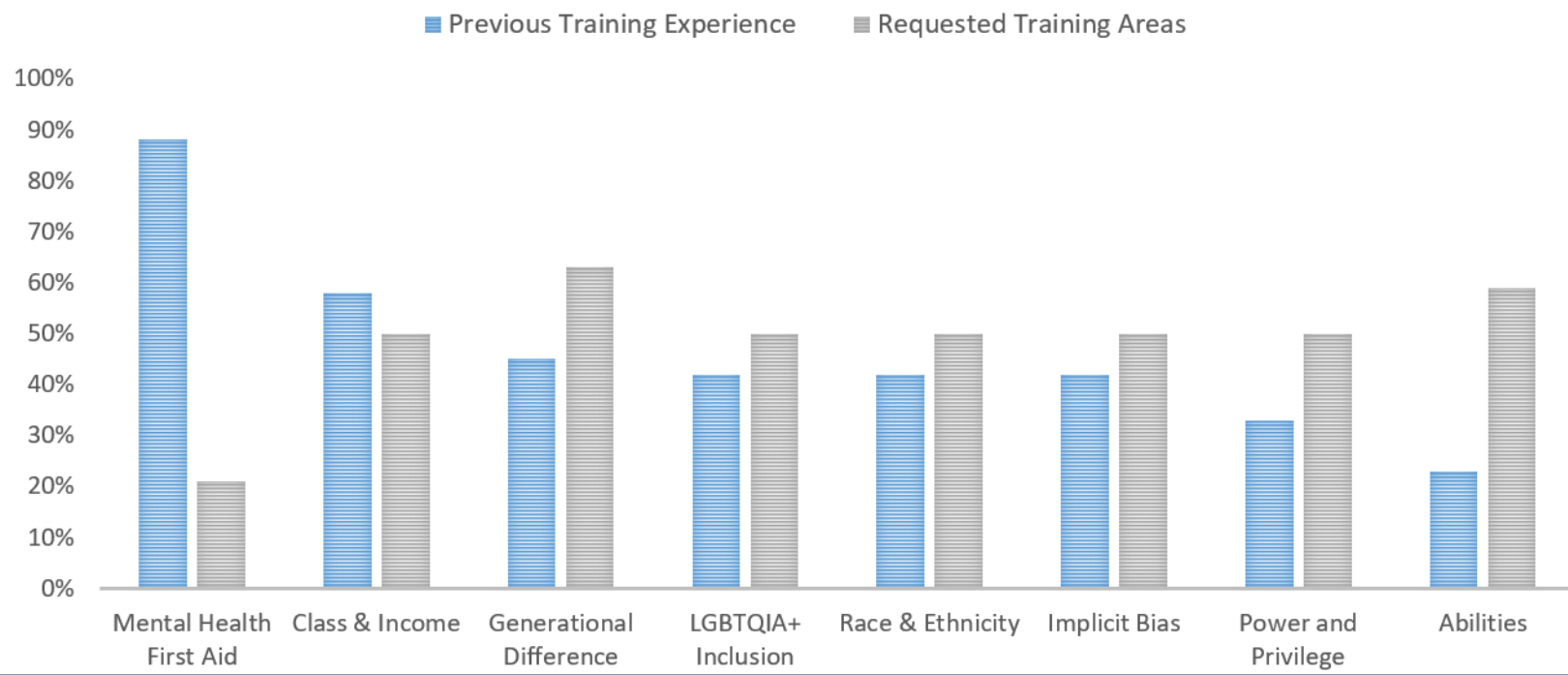
Spring 2020 All Staff Survey Key Findings:

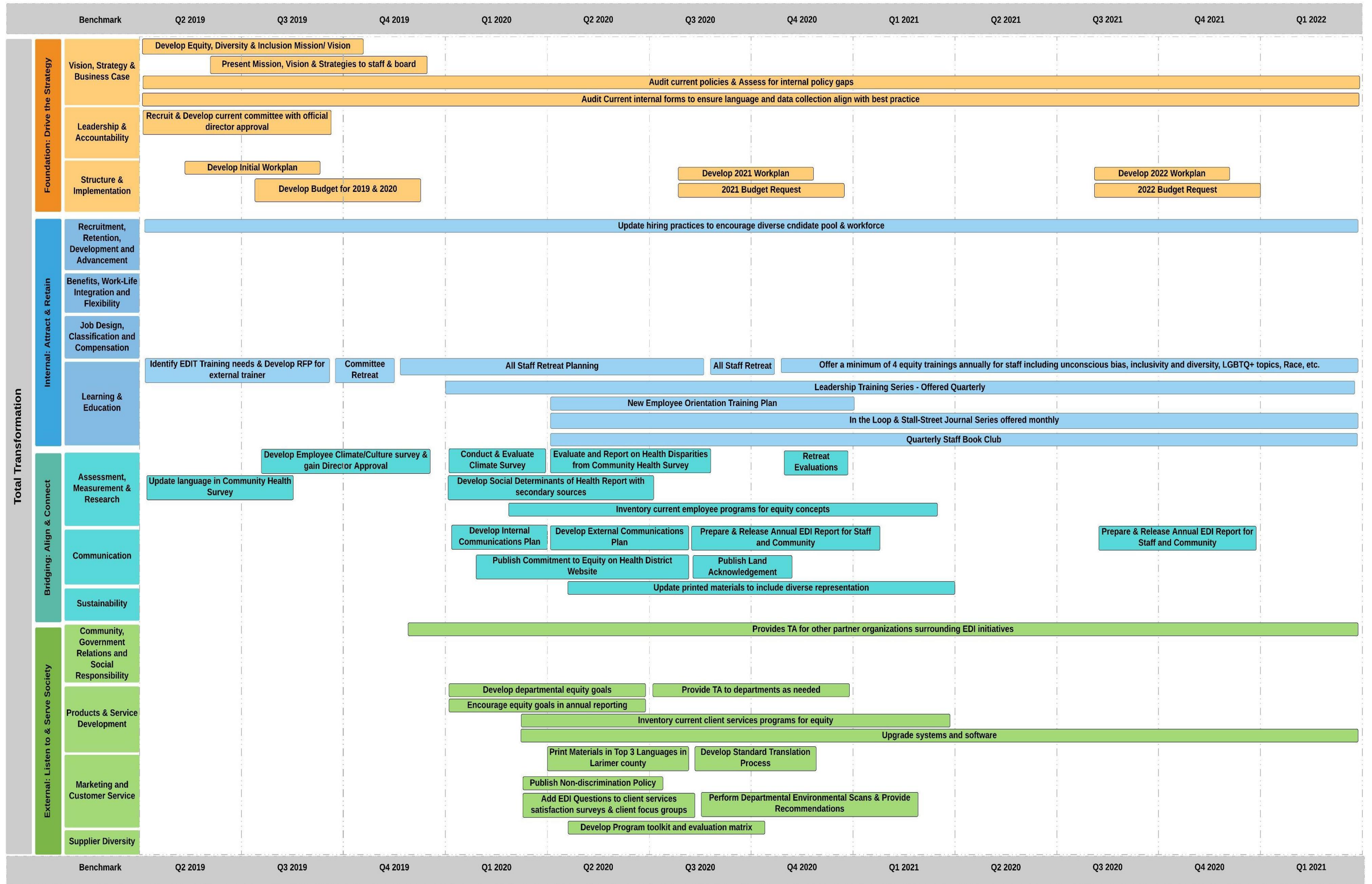


20% had observed a situation in the last 3 months where the Health District was not inclusive or welcoming, another 10% were unsure. Of those who described the situation, 14 of 20 comments had to do with microaggressions towards staff or clients related to religion, race/ethnicity, gender identity, age, and class (in order of prevalence). Three comments were related to organizational policies or practices. The remaining two comments had to do with organizational problems related to undocumented clients or those with accessibility issues.

30% had witnessed a conflict/been in a conflict due to differences in values with a coworker and another 11% were unsure. 17 of the 24 comments involved microaggressions related to race/ethnicity, age, religion, class, ableism, and sexual orientation (in order of prevalence). Two comments involved political comments. The remaining comments had to do with organizational discomfort with change, inequitable benefits and status within the organization, and negative staff reactions to differences in values.

COMPARISON OF TRAINING STAFF RECIEVED & REQUESTED





Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
June 17, 2021

Health District Office Building
120 Bristlecone Drive, Fort Collins
Remote Meeting

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Board Secretary & Liaison to UCH-North/PVH
Molly Gutilla, MS DrPH, Board Vice President
Johanna Ulloa Giron, Psy.M., MSW

Staff Present:

Carol Plock, Executive Director
Chris Sheafor, Support Services Director
James Stewart, Medical Director
Karen Spink, Assistant Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Brian Ferrans, CIT Director
Dana Turner, Dental Services Director
Laura Mai, Assistant Finance Director
MJ Jorgensen, Proj. Implementation Coord.

Staff Present:

Suman Mathur, Evaluator/Data Analyst
Xochitl Fragoso, Accounts Receivables
Desiree Lange, Accounts Receivables
Ida Cossitt-Glesner, Public Policy Specialist
Anita Benavidez, Executive Assistant
Sierra Kerns-Funk, Evaluation MPH Intern

Public Present:

Allison Slife, CliftonLarsonAllen, LLP
Faizan Rizvi, CliftonLarsonAllen LLP
Joyce DeVaney, League of Women Voters

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:01 p.m.

The agenda was amended to consider approval of the May 11 minutes separately from the Consent Agenda due to the absence of one board member.

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

PUBLIC COMMENT

None

PRESENTATION, DISCUSSION, ACTION

2020 Annual Audit Report

Allison Slife and Faizan Rizvi, from CliftonLarsonAllen LLP, presented the annual audit report, noting that the result was a “clean/unmodified opinion” – the best an organization can get. The audit was reviewed with Ms. Plock, Ms. Haywood, and Board Director/Treasurer Joseph Prows prior to this meeting. Ms. Slife reviewed the highlights of the audit, noting that there was a small positive change in net position resulting in a net position of \$13.9M. She briefly reviewed the sections in the Management’s Discussion and Analysis (MD&A), noting that it was an unusual year due to COVID.

The Audit Letter reflects no material adjustments or amounts to record to financial statements and no disagreement with management. There was an adjustment of \$33K that had been posted to the wrong time period. The Management Letter provides any advice auditors might have for findings on best practices discussed with management. There were no management issues or recommendations.

In response to COVID, the Health District's Board of Directors approved up to \$500K in new expenditures to be used to meet the needs of the community if needed. Potential expenditures are reflected in the budget adjustment as the grants and special projects line item went from \$3.6M to \$4.1M. Total expenditures for COVID, including reallocated staff time, were \$446K. Receipts from DOLA and other sources by the end of the year came in at \$285,079, bringing Health District reserve funding expenditures to \$160,921. In 2021, the Finance Department will continue to claim available dollars from funding sources that the Health District is eligible for. The budget to actual summary shows that the Health District received approximately \$815K less in 2020 than originally budgeted, though expenses (particularly for Special Projects) were also markedly down.

The subsequent event reported in the Notes on page 30 reflects the opportune purchase of the building at 425 W. Mulberry. Funds have been regularly set aside for this purpose over time. Remaining costs will be capitalized in fiscal year 2021. Ms. Plock expressed her deep gratitude and appreciation for all the work the finance team regularly does, and particularly in this incredibly challenging year of COVID.

MOTION: To accept and approve the 2020 Annual Audit Report
Moved/Seconded/Carried Unanimously

DISCUSSION & ACTIONS

Next Community Health Survey

Dr. Stewart, Medical Director, as noted in a memo included in the board packet, requested an amended timeline for the next Community Health Survey, which would move the 2021 COVID survey to a later than anticipated date, but would at the same time move up the 2022 Triennial Community Health Survey from its usual fall timeframe, so that they could be combined into one survey fielded in the spring of 2022. The memo proposed having the community discussion groups as initially scheduled in the fall.

A board concern was that the information gleaned in the community discussion groups is an important part of what is considered in the Triennial Board retreat, when the next three years' priorities are set. There was also a question about how community members have access to the survey; it was noted that it is a random sample survey, so recipients are chosen randomly, and is available in both English and Spanish. The issue of adequately reaching the diversity of our community was discussed; one approach is to use bigger sample sizes (oversample), which worked to some extent with the last survey. The benefits of oversampling are to better stratify information about subpopulations, and have the information less impacted by outliers. In tackling health disparities, it will be important to get more data from those who are more impacted.

It was agreed that the discussion groups need to take place in time to have the report ready in advance of the triennial board retreat; they can be held once the survey is fielded and before results come in.

We will also be considering ways to get more representation involved in the community discussion groups, and perhaps to use other methodologies such as panels. One board member noted that data collection is 'extractive' – some groups are bombarded by requests for information, but never hear back, and they don't see change on the issues of concern to them, so they tend not to want to participate next time. The board member believes that it is important to hear from people what brings them hope, and how they might re-imagine what health looks like in our community.

MOTION: To approve the request to combine the 2021 post-COVID survey with the 2022 Triennial Community Health Survey, to be fielded in early 2022, holding the community discussion groups prior to the Board triennial retreat.
Moved/Seconded/Carried Unanimously

Election of Board Secretary

Following brief discussion of the need to relieve Director Kling of the Secretary role, given her now role as the liaison to PVH, a motion was made.

MOTION: To elect Director Johanna Ulloa-Giron to the role of Board Secretary
Moved/Seconded/Carried Unanimously

OTHER UPDATES & REPORTS

Executive Director Updates – Carol Plock

Ms. Plock announced that the Supreme Court upheld the ACA in the most recent challenge.

In other news, staff has been hustling to pull together COVID financial data for a Special District Association (SDA) survey relating the ARPA stimulus funding. The SDA is trying to secure commitment from the state to designate some of the COVID ARPA funding to special districts, as they did in prior stimulus funding.

At the very end of the Colorado state legislative session, a bill was passed that will reduce property taxes in 2023 and 2024. Though it is too early to estimate accurately the exact impact, one possibility is that it could result in 3.7 – 5% reduction in tax revenues for the Health District, which is a significant cut.

The Health District continues to provide vaccine, with a focus on equity and rural areas. In addition to a recent clinic at Holy Family, weekly clinics are scheduled at the Health District through August, with an evaluation of community need beyond that. Cholesterol clinics are starting up again. A phased return to the office has begun with Connections and CAYAC staff mostly in the office by end of June and the 120 building throughout July. While most services will be in person, there will be some flexibility for remote work – in the cases where it would improve efficiency.

Discussion about vaccinations included board questions about determining the remaining need to be involved in vaccination, and whether there are opportunities to volunteer at clinics. There are some remaining volunteer opportunities; staff member Suman Mathur can be contacted. Determining remaining need is challenging; our community is still not close to desirable vaccination levels, and there may be additional waves of need/demand based on disease levels and approval of vaccines for lower ages. We recently learned that another organization has a grant specifically for the Latinx community, so we will see if there is any need for our services in conjunction with their work. The determination to end vaccine clinics will be made based on a drop in need/demand, primary care doctors becoming vaccinators, etc. In the meantime, it is a fairly simple thing to have a weekly clinic in our office, since staff can fit it easily around their other duties.

Liaison to PVHS/UCHealth North Report

The finance committee met yesterday to develop a new budget. Financials are coming back – better than 2020 but not yet at the 2019 numbers. PVH leadership is looking at a 15% cost reduction. The Colorado option bill passed.

CONSENT AGENDA

- Approval of Minutes for the May 25, 2021 Regular Board Meeting
- Approval of December 2020 and April 2021 Financials

MOTION: To approve the consent agenda
Moved/Seconded/Carried Unanimously

- Approval of Minutes for the May 11, 2021 Special Board Meeting
MOTION: To approve the May 11, 2021 minutes
Moved/Seconded/Carried Unanimously

PUBLIC COMMENT (2nd opportunity)

None

ANNOUNCEMENTS

- July 27, 4:00 pm – Board of Directors Regular Meeting (in-person)
- August 23, 8:00 am – Board Retreat / cancel regular meeting on 8/24
- September 28, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 5:05 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

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

Joseph Prows, MD MPH, Board Treasurer

Johanna Ulloa Giron, Psy.M., MSW

HEALTH DISTRICT
of Northern Larimer County
May 2021
Summary Financial Narrative

Revenues

The Health District is 1.8% ahead of year-to-date tax revenue projections. Interest income is 86.0% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings decreased slightly from 0.27% to 0.24% (based on the weighted average of all investments). Fee for service revenue from clients is 11.9% behind year-to-date projections and revenue from third party reimbursements is 12.3% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 1.5% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 20.1% behind year-to-date projections. Program variances are as follows: Administration 12.2%; Board 62.4%; Connections: Mental Health/Substance Issues Services 28.0%; Dental Services 17.6%; MH/SUD/Primary Care 18.9%; Health Promotion 17.0%; Community Impact 22.8%; Program Assessment and Evaluation 14.0%; Health Care Access 16.5%; and Resource Development 13.3%.

Capital Outlay

Capital expenditures are 0.4% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 5/31/2021

ASSETS

Current Assets:	
Cash & Investments	\$8,030,185
Accounts Receivable	44,312
Property Taxes Receivable	3,091,874
Specific Ownership Tax Receivable	55,089
Prepaid Expenses	44,821
Total Current Assets	<u>11,266,281</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,171,247
Equipment	1,205,846
Accumulated Depreciation	(3,015,443)
Total Property and Equipment	<u>9,954,246</u>
Total Assets	<u><u>21,220,526</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	896,797
Deposits	7,786
Deferred Revenue	1,423,339
Total Current Liabilities	<u>2,327,922</u>
Long-term Liabilities:	
Compensated Absences Payable	50,132
Total Long-term Liabilities	<u>50,132</u>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	2,419,621
Total Deferred Inflows of Revenues	<u>2,419,621</u>
Total Liabilities & Deferred Inflows of Resources	<u>4,797,675</u>
EQUITY	
Retained Earnings	13,900,525
Net Income	2,522,326
TOTAL EQUITY	<u>16,422,852</u>
TOTAL LIABILITIES AND EQUITY	<u><u>21,220,526</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 5/31/2021

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	672,253	5,855,347
Specific Ownership Taxes	55,088	266,873
Lease Revenue	99,598	486,385
Interest Income	757	6,860
Fee For Service Income	16,860	61,315
Third Party Income	71,462	374,214
Grant Income	9,147	157,825
Special Projects	41	3,328
Miscellaneous Income	630	14,263
Total Revenue	<u>925,836</u>	<u>7,226,409</u>
Expenses:		
Operating Expenses		
Administration	66,840	393,192
Board Expenses	7,753	11,949
Connections: Mental Health/Substance Issues Svcs	136,370	637,681
Dental Services	258,165	1,324,216
Integrated Care (MHSA/PC)	80,960	412,590
Health Promotion	62,155	297,249
Community Impact	45,645	229,791
Program Assessment & Evaluation	18,821	95,167
Health Care Access	82,559	420,512
Resource Development	13,960	69,823
Mulberry Offices	8,576	29,618
Special Projects	95,606	523,699
Grant Projects	15,166	160,242
Total Operating Expenses	<u>892,575</u>	<u>4,605,729</u>
Depreciation and Amortization		
Depreciation Expense	20,332	98,354
Total Depreciation and Amortization	<u>20,332</u>	<u>98,354</u>
Total Expenses	<u>912,907</u>	<u>4,704,083</u>
Net Income	<u>12,929</u>	<u>2,522,326</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 5/31/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$589,900	\$672,253	\$82,353	\$5,774,885	\$5,855,347	\$80,462	\$8,274,968	\$2,419,621
Specific Ownership Taxes	42,928	55,088	12,160	241,907	266,873	24,966	650,000	383,127
Lease Revenue	99,598	99,598	0	486,385	486,385	0	1,183,569	697,184
Interest Income	11,000	757	(10,243)	49,000	6,860	(42,140)	130,000	123,140
Sales Revenue	50	0	(50)	250	0	(250)	600	600
Fee for Services Income	13,923	16,860	2,937	69,617	61,315	(8,302)	167,081	105,766
Third Party Reimbursements	56,366	71,462	15,096	333,148	374,214	41,065	881,666	507,452
Grant Revenue	58,640	9,147	(49,493)	316,992	157,825	(159,167)	1,404,188	1,246,363
Partnership Revenue	2,058	41	(2,017)	10,290	3,328	(6,962)	24,695	21,367
Donations Sponsorships/Fundraising	0	0	0	0	30	30	0	(30)
Miscellaneous Income	1,635	630	(1,005)	8,177	14,263	6,086	19,625	5,362
Total Revenue	\$876,098	\$925,836	\$49,737	\$7,290,651	\$7,226,439	(\$64,212)	\$12,736,392	\$5,509,952
Expenditures:								
Operating Expenditures								
Administration	\$74,649	\$66,840	\$7,808	\$447,778	\$393,192	\$54,586	\$922,567	\$529,375
Board Expenses	15,030	7,753	7,276	31,750	11,949	19,801	75,523	63,574
Connections: Mental Health/Substance Issues Svcs	175,426	136,370	39,056	885,200	637,681	247,519	2,121,411	1,483,730
Dental Services	317,755	258,165	59,590	1,607,675	1,324,216	283,459	3,864,795	2,540,579
Integrated Care (MH/SUD/PC)	100,818	80,960	19,858	508,495	412,590	95,906	1,219,791	807,201
Health Promotion	70,296	62,155	8,141	358,206	297,249	60,957	865,158	567,909
Community Impact	58,972	45,645	13,327	297,630	229,791	67,839	713,580	483,789
Program Assessment & Evaluation	21,945	18,821	3,124	110,604	95,167	15,437	265,194	170,027
Health Care Access	100,337	82,559	17,778	503,390	420,512	82,878	1,208,842	788,330
Resource Development	16,105	13,960	2,145	80,526	69,823	10,703	193,262	123,439
Mulberry Office	15,961	8,576	7,385	79,804	29,618	50,186	191,529	161,911
Contingency (Operations)	0	0	0	0	0	0	60,000	60,000
Special Projects	142,627	95,606	47,021	738,137	523,699	214,438	2,673,230	2,149,531
Grant Projects	55,695	15,166	40,530	302,268	160,242	142,026	1,404,188	1,243,946
Total Operating Expenditures	\$1,165,615	\$892,575	\$273,039	\$5,951,464	\$4,605,729	\$1,345,735	\$15,779,070	\$11,173,341
Net Income	(\$289,516)	\$33,260	\$322,776	\$1,339,187	\$2,620,711	\$1,281,523	(\$3,042,678)	(\$5,663,389)

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 5/1/2021 to 5/31/2021

	<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	10,000	-	10,000	2,757,000	2,750,131	6,869	2,818,500	68,369
Capital Equipment	-	-	-	5,000	-	5,000	14,300	14,300
General Office Equipment	-	-	-	-	-	-	60,000	60,000
Medical & Dental Equipment	3,300	14,046	(10,746)	59,945	61,042	(1,097)	121,775	60,733
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	5,700	5,670	30	57,700	52,030
Total Non-Operating Expenditures	<u>\$ 13,300</u>	<u>\$ 14,046</u>	<u>\$ (746)</u>	<u>\$ 2,827,645</u>	<u>\$ 2,816,844</u>	<u>\$ 10,801</u>	<u>\$ 3,072,275</u>	<u>\$ 255,431</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 5/31/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$875	\$0	(\$875)	\$4,375	\$7,452	\$3,077	\$10,500	\$3,048
Total Revenue	875	0	(875)	4,375	7,452	3,077	10,500	3,048
Expenditures:								
Salaries and Benefits	47,970	44,420	3,550	239,849	221,359	18,490	575,638	354,279
Supplies and Purchased Services	26,679	22,421	4,258	207,929	171,833	36,096	346,929	175,096
Total Expenditures	74,649	66,840	7,808	447,778	393,192	54,586	922,567	529,375
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	8,612	6,929	1,683	8,612	8,120	493	8,612	493
Supplies and Purchased Services	6,418	825	5,593	17,138	3,829	13,308	37,911	34,082
Election Expenses	0	0	0	6,000	0	6,000	29,000	29,000
Total Expenditures	15,030	7,753	7,276	31,750	11,949	19,801	75,523	63,574
<u>Connections: Mental Health/substance Issue</u>								
Revenue:								
Fees, Reimbursements & Other Income	2,083	2,701	618	10,417	12,706	2,289	25,000	12,294
Total Revenue	2,083	2,701	618	10,417	12,706	2,289	25,000	12,294
Expenditures:								
Salaries and Benefits	149,724	128,002	21,722	748,620	577,240	171,380	1,796,687	1,219,447
Supplies and Purchased Services	25,702	8,367	17,335	136,580	60,441	76,140	324,724	264,283
Total Expenditures	175,426	136,370	39,056	885,200	637,681	247,519	2,121,411	1,483,730
<u>Dental Services</u>								
Revenue:								
Fees, Reimbursements & Other Income	54,982	64,460	9,478	274,908	312,763	37,855	659,779	347,016
Total Revenue	54,982	64,460	9,478	274,908	312,763	37,855	659,779	347,016
Expenditures:								
Salaries and Benefits	260,167	217,335	42,832	1,300,837	1,120,849	179,988	3,122,009	2,001,160
Supplies and Purchased Services	57,588	40,830	16,758	306,838	203,367	103,471	742,786	539,419
Total Expenditures	317,755	258,165	59,590	1,607,675	1,324,216	283,459	3,864,795	2,540,579

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 5/31/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	7,508	7,508	51,319	42,567	(8,752)	205,275	162,708
Total Revenue	0	7,508	7,508	51,319	42,567	(8,752)	205,275	162,708
Expenditures:								
Salaries and Benefits	90,153	76,187	13,966	450,764	380,017	70,747	1,081,834	701,817
Supplies and Purchased Services	10,665	4,774	5,891	57,731	32,573	25,159	137,957	105,384
Total Expenditures	100,818	80,960	19,858	508,495	412,590	95,906	1,219,791	807,201
<u>Community Impact</u>								
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	51,732	42,625	9,107	258,662	214,468	44,194	620,789	406,321
Supplies and Purchased Services	7,240	3,019	4,220	38,968	15,323	23,645	92,791	77,468
Total Expenditures	58,972	45,645	13,327	297,630	229,791	67,839	713,580	483,789
<u>Program Assessment & Evaluation</u>								
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	18,778	17,664	1,114	93,889	87,479	6,410	225,333	137,854
Supplies and Purchased Services	3,167	1,157	2,010	16,716	7,688	9,027	39,861	32,173
Total Expenditures	21,945	18,821	3,124	110,604	95,167	15,437	265,194	170,027
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	700	0	(700)	3,501	200	(3,301)	8,402	8,202
Total Revenue	700	0	(700)	3,501	200	(3,301)	8,402	8,202
Expenditures:								
Salaries and Benefits	57,328	52,213	5,115	286,640	258,443	28,197	687,936	429,493
Supplies and Purchased Services	12,968	9,942	3,026	71,566	38,806	32,760	177,222	138,416
Total Expenditures	70,296	62,155	8,141	358,206	297,249	60,957	865,158	567,909

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 5/31/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Health Care Access</u>								
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	81,971	73,622	8,348	409,853	366,325	43,528	983,647	617,322
Supplies and Purchased Services	18,366	8,936	9,430	93,537	54,187	39,351	225,195	171,008
Total Expenditures	100,337	82,559	17,778	503,390	420,512	82,878	1,208,842	788,330
<u>Resource Development</u>								
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	13,946	13,289	657	69,730	65,701	4,030	167,352	101,651
Supplies and Purchased Services	2,159	671	1,488	10,796	4,123	6,673	25,910	21,787
Total Expenditures	16,105	13,960	2,145	80,526	69,823	10,703	193,262	123,439
<u>Mulberry Offices</u>								
Revenue:								
Fees, Reimbursements & Other Income	13,335	14,283	948	66,673	71,151	4,478	160,016	88,865
Total Revenue	13,335	14,283	948	66,673	71,151	4,478	160,016	88,865
Expenditures:								
Salaries and Benefits	0	0	0	0	0	0	0	0
Supplies and Purchased Services	15,961	8,576	7,385	79,804	29,618	50,186	191,529	161,911
Total Revenue	15,961	8,576	7,385	79,804	29,618	50,186	191,529	161,911

Health District of Northern Larimer County

Investment Schedule April 2021

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,383	0.021%	0.01%	N/A
Local Government Investment Pool	COLOTRUST	\$ 5,124,068	77.282%	0.06%	N/A
Flex Savings Account	First National Bank	\$ 238,447	3.596%	0.05%	N/A
Certificate of Deposit	Advantage Bank	\$ 140,656	2.121%	1.60%	12/27/2021
Certificate of Deposit	Advantage Bank	\$ 113,970	1.719%	2.15%	9/2/2021
Certificate of Deposit	Points West	\$ 115,322	1.739%	0.70%	12/12/2021
Certificate of Deposit	Points West	\$ 156,532	2.361%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	\$ 240,012	3.620%	1.59%	10/7/2021
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	3.771%	1.01%	1/9/2021
Certificate of Deposit	Farmers Bank	\$ 250,000	3.771%	0.65%	6/27/2022
Total/Weighted Average		<u>\$ 6,630,390</u>	<u>100.000%</u>	<u>0.27%</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.