

Board of Directors Regular Meeting

Location: 120 Bristlecone Dr., Fort Collins, CO 80524 or [Zoom](#)

Date: January 23, 2024

Time: 5:30 PM

Agenda Details

5:30 PM I. Call to Order

Molly Gutilla

- a. Roll Call Board of Directors
- b. Welcome Guests & Attendees
- c. Conflict of Interest Statement
- d. Approval of Agenda

5:35 PM II. Public Comment

Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided at the end of the agenda

5:40 PM III. Presentations

- a. Outreach & Education
- b. 2023 Youth Behavioral Health Assessment, CIT
- c. Changing Minds Campaign, Mental Health
& Substance Use Alliance of Larimer County, CIT

Brooke Cowden
Rachel Larson
Alyson Williams
Hannah Groves
Alyson Williams
Hannah Groves

6:15 PM IV. Consent Agenda

- a. December 12th, 2023 Meeting Minutes
- b. January 9th, 2024 Meeting Minutes
- c. November 2023 Financials

6:20 PM V. Action Items

- a. Resolution 2024-05 Establish Meeting Days, Times, and Locations Molly Gutilla
- b. Resolution 2024-06 Establish a Designated Public Place for the Posting of Meeting Notices Molly Gutilla
- c. Policy Work in 2024 Alyson Williams
David Navas
- d. Legal Services Agreement Liane Jollon

6:40 PM VI. Reports

- a. Liaison to PVHS/UCHealth North Report Celeste Holder Kling
- b. Timeline for the Audit of Year 2023 Laura Mai
- c. Board of Directors Reports Board of Directors
- d. Executive Committee Update Molly Gutilla
- e. Executive Director Staff Report Liane Jollon

6:55 PM VII. Announcements

- a. February 27, 2024, 5:30pm – Regular Meeting with Tom Gonzales, Public Health Director of Larimer County as a guest

7:00 PM Executive Session

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

7:30 PM VIII. Adjournment

Mission

The Mission of the Health District of Northern Larimer County is to enhance the health of our community.

Vision

- ❑ District residents will live long and well.
- ❑ Our community will excel in health assessment, access, promotion and policy development.
 - Our practice of **assessment** will enable individuals and organizations to make informed decisions regarding health practices.
 - All Health District residents will have timely **access** to basic health services.
 - Our community will embrace the **promotion** of responsible, healthy lifestyles, detection of treatable disease, and the **prevention** of injury, disability and early death.
 - Citizens and leaders will be engaged in the creation and implementation of ongoing **systems and health policy development** at local, state, and national levels.
 - Like-minded communities across the country will emulate our successes.

Strategy

The Health District will take a leadership role to:

- ❑ Provide exceptional health services that address unmet needs and opportunities in our community,
- ❑ Systematically assess the health of our community, noting areas of highest priority for improvement,
- ❑ Facilitate community-wide planning and implementation of comprehensive programs,
- ❑ Educate the community and individuals about health issues,
- ❑ Use Health District funds and resources to leverage other funds and resources for prioritized projects, and avoid unnecessary duplication of services,
- ❑ Promote health policy and system improvements at the local, state and national level,
- ❑ Continuously evaluate its programs and services for quality, value, and impact on the health of the community,
- ❑ Share our approaches, strategies, and results, and
- ❑ Oversee and maintain the agreements between Poudre Valley Health System, University of Colorado Health and the Health District on behalf of the community.

Values

- ❑ Dignity and respect for all people
- ❑ Emphasis on innovation, prevention and education
- ❑ Shared responsibility and focused collaborative action to improve health
- ❑ Information-driven and evidence-based decision making
- ❑ Fiscal responsibility/stewardship
- ❑ An informed community makes better decisions concerning health

Guidelines For Public Comment

The Health District of Northern Larimer County Board welcomes and invites comments from the public. Public comments or input are taken only during the time on the agenda listed as 'Public Comment.' Public Comment is an opportunity for people to express your views and therefore the Board of Directors generally does not engage in back-and-forth discussion or respond to questions.

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. Please spell your name for the record and let us know if you reside in the District.
- Tell us whether you are addressing an agenda item, or another topic.
- Please know that you will have up to 5 minutes to present public comment. However, the time allotted for public comment may be limited, so the Chair may need to shorten the time limit as necessary to give each commenter a chance to speak.
- Please address your comments to the Board of Directors, rather than individuals.



Agenda Documentation

January 23, 2024

Subject: Outreach and Education Team Presentation

Presenter: Brooke Cowden and Rachel Larson

Outcome Requested: Decision Consent Report

Purpose/ Background

To provide the Board with the Health District’s 2024 reimagined outreach and education team’s strategy and goals for more comprehensive and integrated community communications.

Attachment(s): None.

Fiscal Impact

None.

Staff Recommendation

Information only.

Agenda Documentation

Meeting Date: January 23, 2024

Subject: 2023 Youth Behavioral Health Assessment, Community Impact Team

Presenter: Alyson Williams & Hannah Groves

Outcome Requested: Decision Consent Report

Purpose/ Background

Presenters will share a brief overview of the results of the 2023 Youth Behavioral Health Assessment. Nine key recommendations came from the report:

- Attract and retain a diverse & culturally competent workforce
- Support and expand peer support promoting positive youth development & prosocial relationships
- Establish and promote access to local comprehensive acute services for youth and families
- Advance the accessibility of care
- Expand wraparound services
- Increase awareness and education of behavioral health
- Expand and increase the capacity of services for younger youth ages 0-4 and 5-12 and their families
- Increase resources supporting a comprehensive school behavioral health system
- Increase and adopt successful models for home-based behavioral health care services

Attachment(s): 9 separate one-pagers sheets that reflect the key recommendations.

Fiscal Impact

None.

Staff Recommendation

None.

Attract and retain a diverse and culturally competent workforce

- Continue efforts to increase and grow Larimer County’s behavioral health workforce including developing clear pathways from educational settings to the workforce and incentives.
- Increase diversity of staff. Diversity means culture, race/ethnicity, gender, languages spoken, and lived experience.
- Increase diversity of specialized training through incentives or funding. Identified gaps in training include: youth in the justice system, disordered eating, dual diagnosis of mental health and intellectual and developmental disabilities (IDD), development and behavioral health, and gender affirming care.

There is a national shortage of behavioral health providers.

- All key informants mentioned needing more providers and staff to adequately serve youth
- Large caseloads for providers means:
 1. Youth may only be able to be seen once a month
 2. Provider burnout - leading to turnover which impacts relationship building between youth and providers
 3. Lack of time for specialized training
- Lack of diversity among providers (cultural, race, gender, and sexuality)

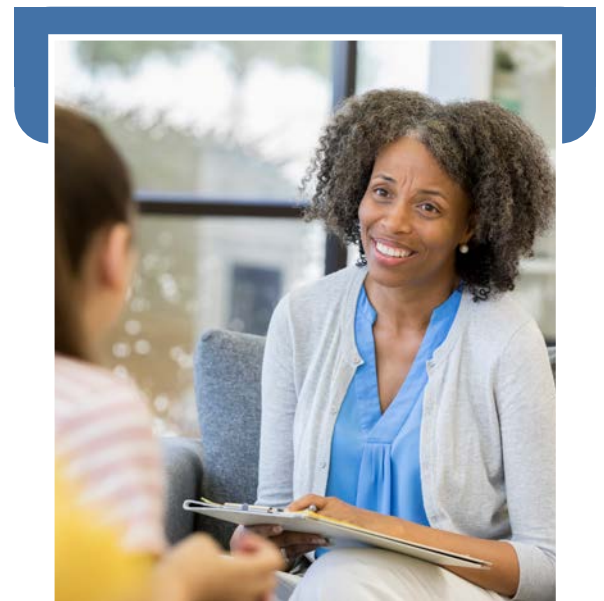


Image credit: SDIProductions/E+/Gettyimages

“ I guess speaking Spanish was kind of a barrier because there isn’t that many therapists that speak Spanish, and so for her seeking help was very different.
 ~ Focus group youth ”

“ We have plenty of people who need to utilize the services, but we have a shortage of mental health providers - a shortage of psychiatry. The providers we do have in our community are pretty burnt out and exhausted from being those providers in our community, but also have wait lists that go well beyond [thousands] of patients at this point.
 ~ Key informant interviewee ”

“ My options were limited given the fact that I am on Medicaid. And then [...] doesn’t have many male therapists, so ever since then, I haven’t really tried anymore. I don’t know that I necessarily want to even try to get help anymore.
 ~ Focus group youth ”

Support and expand peer support promoting positive youth development and prosocial relationships

- A vital component of peer support is individuals feeling prepared and giving accurate information. Organizations utilizing a peer model should continue to ensure sufficient structure, supports, and training.
- Support the establishment and growth of safe spaces that encourage a culture of community and resilience.

Peer support provides a unique opportunity as peers can offer their unique lived experience with behavioral health conditions to provide mentorship and support. Benefits include:

- Skill development
- Decrease in stigma
- Increased motivation
- Gaining hope
- Decrease in feelings of isolation

Peer support can assist by:

- Increasing service quality
- Decreasing turnover
- Decreasing stigma
- Enhancing the affordability of care
- Decreasing issues of transportation
- Decreasing the impact and misinformation of social media
- Increasing people’s knowledge of both behavioral health and available resources
- Providing baseline prevention care
- Providing culturally responsive services



Image credit: SDIProductions/E+/GettyImages

“ For peer support in particular, people are looking for community and to feel less alone in their experiences. One of our group members just said it so beautifully -They’re like, I go to therapy to learn skills, but I come to a group to love and be loved. ”
 ~ Key informant interviewee

“ I actually got a mentor [...] and she really helped me boost my confidence and figure out who I am as a person. And I guess she also helped me, my worth, I guess, and like helped me, I don’t know, try to think positive more. ”
 ~ Focus group youth

Establish and promote access to local comprehensive acute services for youth and families

- Establish a robust acute system of care to promote and expand a comprehensive system geared for youth and families’ needs through providing increased crisis services, intensive specialized treatment, and linkages from acute care interventions to community resources and services.

A youth behavioral health facility can assist in providing the following:

- Increased crisis services
- Intensive and specialized treatment
- Help to stabilize a youth
- Support to the family and caregivers
- A safe environment
- Structure
- Transition planning
- Learning coping skills and emotional regulation
- Prevention of long-term consequences

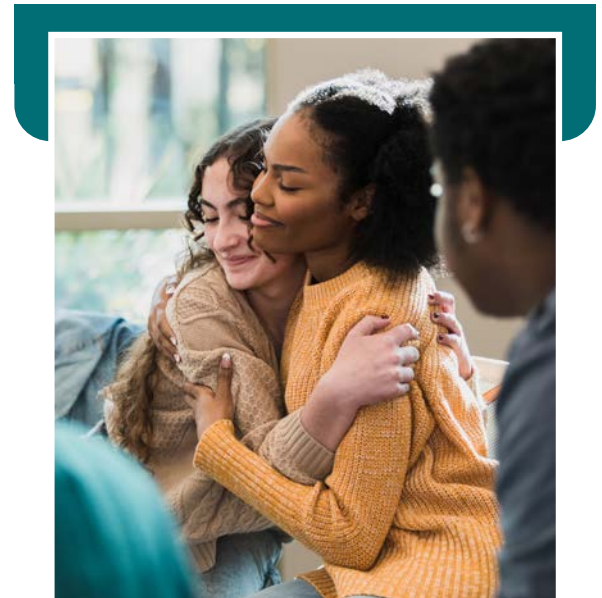


Image credit: SDIProductions/E+/GettyImages

“ I think something that allowed for more structured care that didn’t have to be full on inpatient would be huge. A lot of times we see that when we hospitalize someone for inpatient Psych, it is because the lower level of care that is appropriate is either full or doesn’t exist. And so things like those intensive outpatient services - where it’s multiple hours per week instead of one hour every week, every other week, or even partial hospitalization programs where you benefit from the programming but get to remain in your home environment.”

~ Key informant interviewee

“ We have limited resources in substance abuse treatment as far as individual therapists, but also residential. We don’t have any treatment options for them. Um, so that’s a huge one that we need help with.”

~ Key informant interviewee

“ Even finding a place for kids under twelve who need inpatient hospitalization, we have nothing for 60 miles radius, the closest would be Denver and that’s if they have any beds available. So for some of our kids who are struggling with significant mental health issues and safety when they’re under twelve, we have really no viable options for those families within our county.”

~ Key informant interviewee

Advance the accessibility of care

Services, resources, and initiatives within the behavioral health system should be regularly evaluated to ensure they are accessible to everyone regardless of their income, ability, language, literacy, geography, or available technology.

- The “Fort Collins centric” nature of existing services — Because of the location of services, transportation is a key access barrier preventing youth from receiving services.
- Lack of services tailored to and providers reflective of Black, Indigenous, People of Color (BIPOC) individuals
- Lack of Spanish-speaking providers
- Lack of services accessible to household with limited resources
- Need for providers that youth felt comfortable with and that looked like youth with trauma, “it could bring relief and connection to youth struggling”
- Some services may only be open during school and/or traditional work hours, so it is hard for youth and caregivers to find time to meet.

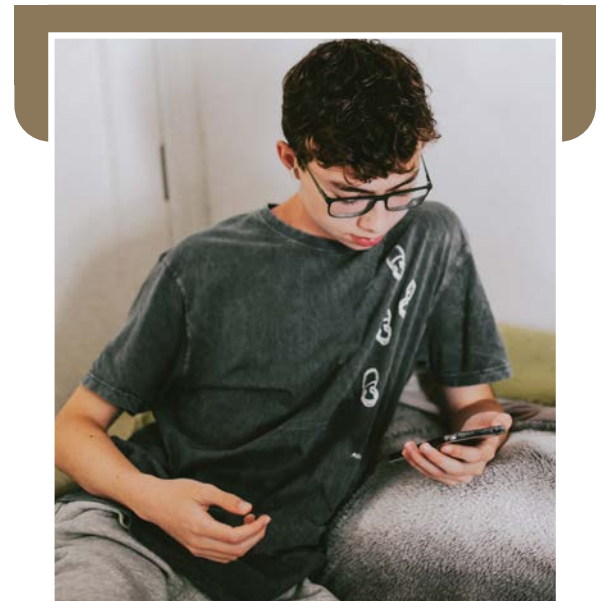


Image credit: CarolYepes/Moment/GettyImages

“Especially when you don’t have phone or vehicle, you can’t get to appointments, you don’t know what time it is. Starts getting very difficult for them to see a counselor or engage in any other services.”
 ~ Key informant interviewee

“I definitely think it’s money, kind of I don’t know that getting help is really expensive just for a therapy session it’s like very expensive at school and like many people don’t, aren’t financially stable or like have money to get the support that they need.”
 ~ Focus group youth

“Oh everyone thinks they have ADHD. But then for those who do, there’s not as many supports because it’s not necessarily seen as like a disability or seen as an actual issue.”
 ~ Focus group youth

“So then have to drive all the way to Fort Collins, or Loveland. That’s like a half a day, right? Because you have to drive down there. You have your hour appointment. Then you drive back.”
 ~ Key informant interviewee

Expand wraparound services

Enhance access to comprehensive wraparound services, which encompass basic needs assistance, education support, skills training, cultural services, and parenting courses/support, either by direct provision or through warm referrals.

- Wraparound care takes a holistic approach to behavioral health and considers the individual’s strengths, needs, challenges, and social, cultural, and environmental factors.
- Behavioral health is often not a priority because there are other priorities in a person’s/family’s life. So even though youth may need behavioral health care, other basic needs will often come first.
- Multidisciplinary approach that can involve collaboration that ensures a comprehensive assessment and treatment plan.



Image credit: SoStock/E+/GettyImages

“ So one of the biggest successes that we’ve had in the past couple of years is it bringing information [about mental health] medication [...] in the language of their heart, which is Spanish. So, that has created that comfort level, you know, because it’s a safe space. We have facilitators that are native Spanish speakers that you know the parents identify with those facilitators, or even our staff so we’re trying to normalize the conversation about mental health.”

~ Key informant interviewee

“ We have a mix of many cultures, many backgrounds, many history in a few, that the services are not really equitable to be multicultural.”

~ Key informant interviewee

“ When I was younger, my mom also had to deal with a lot of things on her own and also didn’t have good access to mental health services. And I remember she kind of turned to us as her therapist and would vent a lot to us - which in hindsight probably wasn’t very healthy. But it definitely impacted us for sure, so I can imagine [...] it makes it a lot harder for sure when the parent also can’t access therapy services.”

~ Focus group youth

Increase awareness and education of behavioral health

Increase the provision of key information through campaigns and education efforts, specifically focusing on:

- Regarding high school students who seriously considered attempting suicide during the past 12 months, Larimer County showed increased risk compared to students in Colorado in the following areas:
 - Age:** 15 year olds (20.3%)
 - Gender:** Genderqueer/nonbinary (58.7%), Female (23%)
 - Gender Identity:** Cisgender (18.2%)
 - School grade:** 9th (20.3%)
 - Race/Ethnicity:** Multiracial (25.7%)
 - Sexual Orientation:** Straight (12.5%), Other (49%)
- Need normalizing conversations — “Behavioral health is health.”
- A theme that emerged in a Latine/x focus group is the cultural differences between youth and their parents. Youth said they felt like they could talk to their parents about issues they are having. However, there were differences in how the youth said their parents would respond. Some discussed their parents taking them to therapy, while others said their parents would say something like the youth should just deal with it because that is what their parents did.
- Participants in focus groups, interviews, and individual Larimer County reports highlighted potential cultural disparities in how behavioral health is perceived.
- One youth noted, “I feel like for a lot of people in the Latino community, like old generations, like I feel like they really judge you based on like ‘oh if you go to therapy, you’re crazy’ or take medication it’s crazy.” Such a stigma continues to create barriers to care within certain cultural communities.

“I feel like for a lot of people in the Latino community, like old generations, like I feel like they really judge you based on like ‘oh if you go to therapy, you’re crazy’ or take medication it’s crazy.”
 ~ Focus group youth



Image credit: FGTradeLatin/E+/GettyImages

Expand and increase the capacity of services for younger youth ages 0-4 and 5-12 and their families

- Several organizations in Larimer County have already taken up the task of increasing services addressing young children’s behavioral health.

Services highlighted as being necessary and effective to expand and increase the availability of services include:

- Early intervention and screening programs — An important note is ensuring screening tools are culturally appropriate and have been transcoded into other languages, such as Spanish.
- Parent education and support groups
- Early childhood education and care that promotes social-emotional development and positive behavior
- Collaborative partnerships
- Providing culturally and linguistically appropriate services



Image credit: kali9/E+/GettyImages

Why

- There is a large evidence base that early childhood behavioral health interventions and services have lasting positive impacts.
- The smallest number of services available in Larimer County for any age group was 0-4, followed by 5-12.
- Strong early social-emotional health is directly linked to healthy development in other essential areas, including physical health, cognitive skills, language and literacy, social skills, and school readiness — this is largely due to the fact that 90% of brain development occurs before age 5.

“ I feel that the most important, or the best time to intervene and start with these different things we talked about, and really like start that conversation as far as mental health and all those things, is when kids are really young - because I feel it’s really hard to, if you’re already set in your ways at a young age once you get to middle school or high school and they’re like ‘oh you can tell us anything,’ if you’re not used to being open or if you’re not used to expressing your emotions, then it’s hard to just jump into that.”
 ~ Focus group youth

“ This is true of any like sort of preventative early intervention work is that it’s very easy for mental health centers and the co-responders is to keep front line workers to be very focused on the teenagers that need to be hospitalized. [...] And when you’re working with young children, you’re really trying to prevent that and so it’s hard to get the energy and the resources sent in that direction, because it isn’t an obvious money saver - even though it is obvious to those of us who have thought about it and think about ACEs [adverse childhood experiences] and multi-generational interventions and all of those things.”
 ~ Key informant interviewee

Increase resources supporting a comprehensive school behavioral health system

Recommendations:

- Schools, school leadership, and school districts should continue to support increased behavioral health services.
- Strengthen school cultures through:
 - a. Consistently enforcing anti-bullying policies and emphasize anti-bullying messages.
 - b. Training students and staff to prevent harm, such as with bystander intervention.
 - c. Strengthen utilizing and promoting inclusive language and behavior.
 - d. Trauma-informed approaches, such as signs of trauma and how to take action.
 - e. Continue and increase peer support programs.
- Re-examine policies to ensure that policies are restorative to help youth address their behavioral health disorders in an institution and community that support the ongoing process of treatment and recovery.
- Increase behavioral health personnel, messaging, and targeted staff training.
- Provide increased supports for staff and teacher mental health to prevent burnout and compassion fatigue.
- Regularly conduct mental health screenings of students. Ensuring regular screenings of students decreases the chances of youth slipping through the cracks.
- Connect students with behavioral health services.
- Increase student behavioral health education and skills.
- Create a workforce of youth-focused liaisons. As youth experience increased behavioral health needs, educators are not always equipped to provide wraparound support. Building a workforce of “school liaisons” can help support youth and caregivers as they connect to appropriate services.



Image credit: Maskot/Maskot/Gettyimages

Why:

- Focus group participants discussed that learning about behavioral health and emotional wellbeing skills should happen earlier. This is further supported by school staff discussing that they are seeing behavioral health concerns at an earlier age.
- Youth highlighted the need for increased tools and training to address substance use within schools.
- Students across Larimer County are not able to consistently access behavioral health care during school hours.
- Teacher burnout impacts youth behavioral health.
- Policies and practices around attendance or behavioral challenges can present increased barriers to youth accessing the support that may only be available to them within the schools.



- School counselors and school staff have made significant efforts to normalize conversations about mental health by including it in curriculum/programming and events with parents.
- Focus group youth participants highlighted having trusted teachers and staff in school that they could talk to.
- Participants discussed that superintendent’s involvement in behavioral health discussions and that their support and participation were important to addressing behavioral health needs.

“ I feel like utilizing a school counselor or anything like that was mainly just for people who already knew that there was a use for it, or if there was an issue prevalent, not necessarily something that you could just go up and talk to as an available source - it was really just something that was kinda viewed as only if you needed it or only if you already knew that you needed it to be able to utilize it. Not necessarily just understanding and sure, that it’s available for anybody. Because that was really my experience in school - was just, not necessarily knowing it’s there for the benefit of everybody. ”

~ Focus group youth

“ The way I got help is I had a teacher I was really close with, and I told him about my situation and he helped me meet with the counselor at [school] and they set me up with a therapist and I didn’t have to pay, it was through the school, and I also got to keep it a secret from my parents for a while until I was ready to tell her, so that helped a lot. ”

~ Focus group youth

“ Not everyone’s going to ask for help, so like the counselors meeting the kids for 5 minutes would help them a lot because some of them just don’t ask for help because they’re scared or like they don’t think it’s a big deal, and it would just be better overall for everyone. ”

~ Focus group youth

“ So I feel like we start these things even in the most simple form so that kids can understand as young as possible, even if it’s just in the school system, if they don’t have that at home, I feel like that’s going to do amazing things as far as later on turning to different support systems. ”

~ Focus group youth

Increase and adopt successful models for home-based behavioral health care services

- Support collaborations, initiatives, and services that expand the behavioral health care services (prevention, treatment, and recovery) offered in the home or through familiar and comfortable environments to decrease infrastructure barriers and support youth in successfully functioning in the home and community.

In-home programs can support and guide caregivers within the comfort and familiarity of their own homes to promote positive parenting practices and their child’s behavioral health.

- In-home programs can provide personalized and comprehensive support to youth and caregivers while allowing providers to see youth in their environment.
- In-home support can also decrease key service access barriers such as transportation and service times.

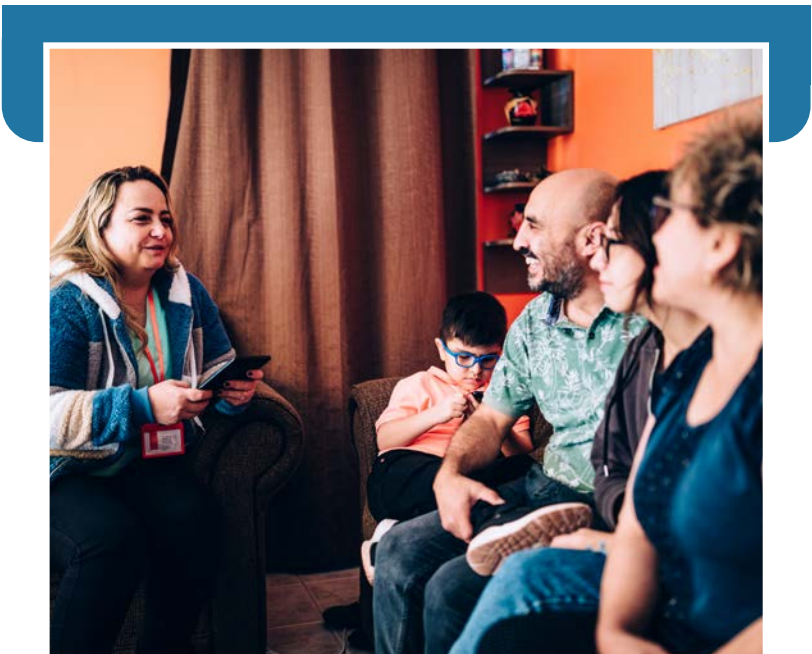


Image credit: cokada/E+/Getty/images

“ And the in-home therapy bit is also a huge waitlist for that. There’s really not many options. A few years ago, it was easier to get kids in for in-home family therapy when there’s like multiple layers of family stuff going on [now] it’s almost impossible. ”

~ Key informant interviewee

“ If there’s something wrong with a child at an early age, I think that it will be great if we could expand [home visitation] especially for the Spanish-speaking community. We only have one person that is certified to go into somebody’s home. But there is a big need - there is a huge need, and we need resources for that, and more people to be trained. ”

~ Key informant interviewee



Agenda Documentation

Meeting Date: January 23, 2024

Subject: Changing Minds Campaign, Mental Health & Substance Use Alliance of Larimer County, Community Impact Team

Presenter: Alyson Williams & Hannah Groves

Outcome Requested: Decision Consent Report

Purpose/ Background

Presenters will introduce the Board to the Changing Minds campaign by sharing a brief version of the community education presentation and introduce plans to continue the campaign in 2024.

Attachment(s): None.

Fiscal Impact

None.

Staff Recommendation

None.



**BOARD OF DIRECTORS
BUDGET HEARING &
REGULAR MEETING
December 12, 2023**

Health District Office Building
120 Bristlecone Drive, Fort Collins

Hybrid Meeting

MINUTES

BOARD MEMBERS PRESENT:

Molly Gutilla, MS DrPH, Board President
Julie Kunce Field, JD, Board Vice President
Joseph Prows, MD MPH, Treasurer
Erin Hottenstein, Assistant Treasurer
John McKay, Secretary

ALSO PRESENT:

Celeste Holder Kling, Liaison to PVHS/UC Health North

Staff Present:

Liane Jollon, Executive Director
Lorraine Haywood, Deputy Director
Laura Mai, Finance Director
Chris Roth, IT Manger
Alyson Williams, PPRE Director
Misty Manchester, Human Resources Director
Julie Kenney, Human Resources Specialist
Lauren Jones, Executive Assistant

Public Present:

None

I. CALL TO ORDER; INTRODUCTIONS, CONFLICT OF INTEREST STATEMENT & APPROVAL OF AGENDA

Director Molly Gutilla called the regular meeting to order at 5:33 p.m.

MOTION: To approve the modified agenda of moving the Liaison Report to directly after Public Comment.

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

II. PUBLIC HEARING PUBLIC COMMENT

None.

VI. D. LIAISON TO PVHS/UCHEALTH NORTH REPORT

None.

III. PRESENTATIONS

A. CBIZ Compensation Study & Analysis Next Steps - Lorraine Haywood/Misty Manchester

Misty Manchester shared information about the comprehensive total compensation study & analysis which included:

- A market review of base salary and total cash compensation
- Job architecture & development with updated salary structures
- A Fair Labor Standards Act review
- Reconciliation of actual compensation to market competitive compensation
- A calculation of the plan implementation costs
- Overall program recommendations

All of this was done through the lens of the Equal Pay for Equal Work Act and also wanting to help our employees understand the pay structure, as well as, looking at compression that has happened over time for long term employees. Overall, the analysis found that staff have been paid a competitive market level. CBIZ Consultants were very pleased and surprised to see how well we stayed up with the market, and there has been significant pay compression over time. Once the Board of Directors approves the 2024 Budget, this will provide us with the funds to implement. The 2023 Draft Budget includes about \$450,000 to provide overall raises and address pay compression.

In the future, we will bring back to the Board of Directors a draft comprehensive compensation philosophy for review. That will guide our employment practices moving forward, it will attract, motivate and retain employees and will provide transparency in our pay practices. We will continue working with CBIZ over the next 5 years and they will provide us with market structure and market analysis to make sure that if we can afford it within the constraints of our budget, we will try to keep up with the market. Misty thanked the Board of Directors for allowing us to do this work.

IV. CONSENT AGENDA

- A. October 2023 Financials
- B. November 2023 Meeting Minutes

MOTION: To approve the Consent Agenda

Moved by Erin Hottenstein / Second by Julie Kunce Field/ Carried Unanimously

V. ACTION ITEMS

A. Intermediate Paid Leave – Misty Manchester

Misty thanked the Board of Directors for allowing her to talk about Family and Medical Leave Insurance (FAMLI). The state of Colorado enacted the Colorado Paid Family and Medical Leave Insurance Act to go into effect January 1st, 2024, but allowed public entities three options for implementing the Act, including an option to opt out altogether. At the November 2022 Board Meeting, the Board of Directors voted to decline all participation in the Colorado FAMLI program. At that time, it was determined that our Intermediate Medical Leave (IML) was a richer plan at no cost to our-employees, but had a more narrow window for new employees. Staff offered to bring recommendations to broaden the District's IML to the BOD prior to the state's Jan 1, 2024 implementation of FAMLI. The recommendations are as follows:

- Rename IML to Intermediate Paid Leave (IPL)
- Shorten qualification from one year to 90 days
- Expand qualifying events

MOTION: To approve changes to Section 300.16 of the Employee Handbook, as presented, in order to change the section name from Intermediate Medical Leave Pay to Intermediate Paid Leave and to expand the types of leave available to eligible employees.

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

B. Assistant Liaison Between Health District of Northern Larimer County Board of Directors and Poudre Valley Health System (PVHS) Board of Directors – Molly Gutilla

Board members reviewed the Board Policy for Board Liaison and discussed the importance and of the role and why having a current board member train with the current liaison, former Board member, Celeste Holder Kling, will help prepare for a future transition. Ms. Kling outlined the PVHS Board meeting schedule which includes roughly monthly meetings, retreats, committee meetings, and occasional additional unscheduled meetings. The PVHS Finance committee and Governance committee also meet every other month. Ms. Jollon reported that Keving Unger, CEO of PVHS, agrees with the importance and complexity of the role and is in support of allowing an Assistant Liaison to also attend PVHS Board meetings in order to prepare for the future role of Liaison.

MOTION: To create the position of Assistant Liaison between the Health District of Northern Larimer County Board of Directors and Poudre Valley Health System Board of Directors.

Moved by Julie Kunce Field/Second by John McKay/Carried Unanimously

John McKay shared his interest in the position of Assistant Liaison between the Health District of Northern Larimer County Board of Directors and Poudre Valley Health System Board of Directors.

MOTION: To appoint John McKay to the role of Assistant Liaison between the Health District of Northern Larimer County Board of Directors and Poudre Valley Health System Board of Directors.

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

VI. REPORTS & DISCUSSIONS

A. 2024 Board of Directors Draft Meeting Schedule – Liane Jollon

The 2024 meeting schedule will be adopted at the first regular meeting on January 23, 2024. The location in which meetings are posted will also be adopted on January 23, 2024.

Board member asked if Board of Directors plans to meet twice monthly during the legislative session in order to establish and communicate positions on policy issues. Discussion followed about how best Board and staff can work together on policy issues. Suggestions included: updates during regular monthly meetings, email updates between meetings, the creation of a policy committee to meet more frequently, or periodic work sessions. Staff agreed to bring back a plan to meet the Board's intent at the January 2024 meeting.

B. Special Session of the 74th Colorado General Assembly Outcomes – Alyson Williams

Alyson Williams shared details of the special session of the 74th Colorado General Assembly outcomes. The first bill that passed was the Property Tax Task Force (HB23B-1003). A Commission on Property Tax will be created to identify the causes of increasing property taxes, review best practices for short and long-term property tax relief, and make recommendations.

This Commission will meet two times per month until February 2024 and report to Legislative Council by March 2024. After the report, they can disband or vote to extend the Commission through the end of 2024. The second bill, 2023 Property Tax Relief (SB23B-001), would temporarily change the current law for residential assessment rates to 6.765% after a \$15,000 exemption of value to 6.7% after a \$55,000 exemption of value for property tax year 2023. In addition, SB23B-001 extends various deadlines and requires the State Treasurer to reimburse local governments with certain priorities & rates up to \$54 million total, paid from the General Fund. This includes 100% of the property tax revenue reduction for all ambulance, health, and fire districts. Staff worked on testimony on SB23B-001 and had conversations with Legislators. Next steps include: a presentation from Finance on what this means for the 2024 Health District budget, Commission on Property Tax meeting on December 20th and continued monitoring of and research into the policy options related to property tax.

C. 2024 Draft Budget Update – Laura Mai

Laura Mai shared that the expenditure side of the 2024 draft budget is final. We are currently awaiting final assessments from the county for revenue. Budget revisions since the last board meeting are noted as follows: Grants carryover updated to reflect YTD expense, additional amount of employee wages based upon the final salary survey, employee benefits reduced based on renewals and employee coverage/1.0 less FTE, an additional \$40,000 was added for legal expenditures and \$70,000 for Program Expenses for Intermediate Paid Leave.

Timeline and Deadlines

- January 3rd, 2024 – Assessor certifies final valuation of property to local governments
- January 9th, 2024 – Budget Approval Meeting
- January 10th, 2024 – Certify the mill levy after approval of 2024 budget by the Board of Directors
- January 17th, 2024 – Approval of property tax mills by the board of county commissioners

E. Board of Directors Reports

John McKay shared statistics of the opening of the new Acute Care Facility at Larimer County’s Longview Campus. Since December 2nd, 2023, 181 behavioral health urgent care visits of that 17 admitted into 23-hour observation, 29 into crisis stabilization unit and 27 into withdrawal management. 136 walk-ins, 11 referrals from law enforcement dropping off, 7 ambulatory drop offs and 21 mobile crisis responses- essentially, a months’ worth of work was completed within 10 days of opening.

Director McKay shared his gratitude for the partnership with the Health District for conducting and disseminating the comprehensive needs assessment to set the facility and services in motion and also to the community and taxpayers for approving the ballot initiative in 2018.

Erin Hottenstein had no report.

Joseph Prows had no report.

Julie Kunce-Field reported that she met with Molly and Liane on the Executive Committee and started work on the 6-month evaluation of Liane which is coming up in January. There will be more information coming.

Molly Gutilla reported that she had requested data from the Health District’s 2022 Community Health Survey for a class she is teaching next semester. Dr. Gutilla reported that her request was met quickly and that the data clear and easily understood by students.

F. Executive Committee Update – Molly Gutilla

No report.

G. Executive Director Staff Report – Liane Jollon

Liane Jollon shared that her efforts were focused internally this month in order to move forward with revised budgeting process, compensation structure, and leadership recruitment. Programmatic summaries are listed in the Executive Director Staff Report agenda document. Highlights include: Larimer Health Connect has new marketing materials for both open enrollment for the health exchange and for the Medicaid “unwinding” related to the end of the federal pandemic-related public health emergency; District Outreach staff are cross-training across the organization in order to explore how to communicate and market programs and services in a more comprehensive and holistic way in 2024.

Ms. Jollon also noted that Director McKay’s report really demonstrates the tremendous need in our communities for behavioral health services, and the Health District's historical role. Ms. Jollon also discussed further investments in partnerships with school districts and in information sharing with UniteUs in order to improve internal and community referral services. Also reported that the sewer line was replaced at the District’s Mulberry building; a policy and procedures review and inventory is underway, recruitment for the Deputy Director of Operations is in process and an RFP for strategic planning in 2024 is to be developed.

VII. ANNOUNCEMENTS

- A. January 9, 2024, 5:30pm – Budget Approval – REMOTE ONLY
- B. January 23, 2023, 5:30pm – Regular Meeting
- C. February 27, 2024, 5:30pm – Regular Meeting w/ Tom Gonzales, Public Health Director of Larimer County as a guest

ADJOURN OUT OF REGULAR MEETING

MOTION: To adjourn the Regular Meeting

Motion by Joseph Prows / Second by John McKay / Carried Unanimously

The Budget Hearing and Regular Board Meeting was adjourned at 7:03pm.

Respectfully submitted:

Lauren Jones, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

DRAFT

BOARD OF DIRECTORS SPECIAL MEETING

Location: [Zoom](#)

Date: January 9, 2024

Time: 5:30 PM

MINUTES

BOARD MEMBERS PRESENT:

Molly Gutilla, MS DrPH, Board President
Julie Kunce Field, JD, Board Vice President
Joseph Prows, MD MPH, Treasurer
Erin Hottenstein, Assistant Treasurer
John McKay, Secretary

STAFF PRESENT:

Liane Jollon, Executive Director
Lorraine Haywood, Deputy Director
Laura Mai, Finance Director
Chris Roth, IT Manager
Lauren Jones, Executive Assistant

I. CALL TO ORDER

A. Roll Call Board of Directors

Director Molly Gutilla called the special meeting to order at 5:35pm.

B. Welcome Guests & Attendees

C. Conflict of Interest Statement

D. Approval of Agenda

MOTION: To approve the agenda as presented.

Moved by Julie Kunce Field/Second by Erin Hottenstein/Carried Unanimously

II. PUBLIC COMMENT

NOTE: If you choose to comment, please follow the "Guidelines for Public Comment" provided at the end of the agenda

Public Comment by Lexi Potter expressing thanks for hard work performed by District.

III. PRESENTATIONS

None.

IV. CONSENT AGENDA

None.

V. ACTION ITEMS

A. Adoption of the 2024 Health District of Northern Larimer County Budget

Finance Director Laura Mai shared that the Health District received final property tax values from the county assessor and made adjustments accordingly for the 2024 budgeted revenue. Also, the 2024 draft budget revenue now includes a line for property tax and specific ownership tax line and an additional line for anticipated revenue from state backfill.

Executive Director Liane Jollon clarified this change with the reminder that in the recent legislative special session property taxes were reduced and the state committed general fund 'backfill' to make up the loss of revenue to eligible special districts as resources allow in March or April of this year. The District qualifies for backfill.

Resolution 2024-01 Adopt Budget

MOTION: To approve Resolution 2024-01 Resolution to Adopt Budget

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

Resolution 2024-02 Revenues to Reserve Account

MOTION: To approve Resolution 2024-02 Resolution of the Board of Directors of Northern Larimer County Creating, and Spending 2023 Revenues Into Reserve Accounts in Conformance with the Provisions of Art. X §20 OF THE COLORADO CONSTITUTION

Moved by Joseph Prows/Second by Erin Hottenstein/Carried Unanimously

Resolution 2024-03 Appropriate Sums of Money

MOTION: To approve Resolution 2024-03 Resolution to Appropriate Sums of Money

Moved by Julie Kunce Field/Second by John McKay/Carried Unanimously

Resolution 2024-04 Set Mill Levies

MOTION: To approve Resolution 2024-04 Resolution to Set Mill Levies

Moved by Erin Hottenstein/Second by John McKay/Carried Unanimously

Certification of Tax Levies

MOTION: To approve the Certification of Tax Levies

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

Executive Director Liane Jollon thanked everybody for putting in extra time and working together through this year's challenges of ballot initiatives and legislative special sessions that affected expected property tax revenue for the District and changed due date timeline for the budget process and certification of the mill levy. Ms. Jollon recapped the steps the Board and staff engaged in to prepare the 2024 budget and also highlighted what was different this year due to special session legislation. Ms. Jollon also recapped the process that has been completed in order to inform employees of their compensation increases, if eligible, for 2024 and the new compensation tools utilized across the District.

VI. ANNOUNCEMENTS

A. January 23, 2024, 5:30pm – Regular Meeting

B. February 27, 2024. 5:30pm – Regular Meeting w/ Tom Gonzales, Public Health Director of Larimer County as guest

VII. ADJOURNMENT

MOTION: To adjourn out of the special meeting.

Moved by Joseph Prows/Second by John McKay/Carried Unanimously

The Special Board Meeting was adjourned at 6:05pm.

Respectfully submitted:

Lauren Jones, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

DRAFT

Agenda Documentation

Meeting Date: January 23, 2024

Subject:

November 2023 Financials

Presenter: Laura Mai

Outcome Requested: Decision Consent Report

Purpose/ Background

To monitor financial performance as a component of fulfilling the Board of Director's fiduciary responsibilities.

Attachment(s): November 2023 Summary Financial Narrative, Balance Sheet, Statement of Revenue and Expenditures, Statement of Revenues and Expenditures – Budget and Actual, Statement of Non-Operational Expenditures – Budget to Actual, Statement of Program Revenues and Expenditures – Budget and Actual, Investment Schedule.

Fiscal Impact

None.

Staff Recommendation

Accept the financial reports as presented.

**HEALTH DISTRICT
OF NORTHERN LARIMER COUNTY
November 2023
Summary Financial Narrative**

Revenues

The Health District is .02% ahead of year-to-date tax revenue projections. Interest income is 96.2% ahead of year-to-date projections. Lease revenue is 5.5% ahead of year-to-date projections. Yield rates on investment earnings remained at 5.23% (based on the weighted average of all investments). Fee for service revenue from clients is 1.3% behind year-to-date projections and revenue from third party reimbursements is 9.2% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants) are 2.7% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 19.7% behind year-to-date projections. Program variances are as follows: Administration 16.7% behind; Board 1.9% behind; Connections: Mental Health/Substance Issues Services 23.2% behind; Dental Services 13.9% behind; MH/SUD/Primary Care 19.0% behind; Health Promotion 4.8% behind; Community Impact 46.7% behind; Program Assessment and Evaluation 29.9% behind; Health Care Access 29.9% behind; and Leased Offices 6.9% ahead.

Capital Outlay

Capital expenditures are 65.3% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 11/30/2023

ASSETS

Current Assets:	
Cash & Investments	\$9,674,801
Accounts Receivable	49,468
Property Taxes Receivable	32,864
Specific Ownership Tax Receivable	51,409
Prepaid Expenses	<u>2,679</u>
Total Current Assets	<u>9,811,221</u>
Other Assets:	
Lease Receivable	<u>59,400,906</u>
Total Other Assets	<u>59,400,906</u>
Capital Assets Not Being Depreciated	
Land	4,592,595
Capital Assets - Net of Accumulated Depreciation and Amortization	
Building and Equipment	<u>5,198,286</u>
Total Property and Equipment	<u>9,790,881</u>
Total Assets	<u><u>79,003,008</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	790,809
Deposits	15,261
Deferred Revenue	<u>437,163</u>
Total Current Liabilities	<u>1,243,233</u>
Long-term Liabilities:	
Compensated Absences	<u>18,413</u>
Total Long-term Liabilities	<u>18,414</u>
Deferred Inflows of Resources	
Property Taxes	19,048
Leases	<u>59,498,835</u>
Total Deferred Inflows of Resources	<u>59,517,883</u>
Total Liabilities & Deferred Inflows of Resources	<u>60,779,530</u>
EQUITY	
Retained Earnings	15,762,077
Net Income	<u>2,461,401</u>
TOTAL EQUITY	<u>18,223,478</u>
TOTAL LIABILITIES AND EQUITY	<u><u>79,003,008</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 11/30/2023

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	31,163	8,606,117
Specific Ownership Taxes	51,409	614,918
Lease Revenue	119,884	1,408,142
Interest Income	40,157	395,791
Fee For Service Income	15,328	148,596
Third Party Income	65,892	857,613
Grant Income	45,551	362,530
Special Projects	0	1,160
Donations	20	100
Miscellaneous Income	1,588	19,693
Total Revenue	<u>370,991</u>	<u>12,414,659</u>
Expenses:		
Operating Expenses		
Administration	60,157	776,346
Board Expenses	19,139	136,676
Connections: Mental Health/Substance Issues Svcs	212,990	1,959,479
Dental Services	307,953	2,994,892
Integrated Care (MHSA/PC)	91,591	994,824
Health Promotion	61,116	624,646
Community Impact	44,816	398,253
Program Assessment & Evaluation	23,860	227,592
Health Care Access	90,467	670,781
Mulberry Offices	63,836	190,730
Contingency -Operational	378	21,545
Special Projects	40,925	514,684
Grant Projects	44,309	208,338
Total Operating Expenses	<u>1,061,537</u>	<u>9,718,786</u>
Depreciation and Amortization		
Depreciation Expense	29,569	234,471
Total Depreciation and Amortization	<u>29,569</u>	<u>234,471</u>
Total Expenses	<u>1,091,107</u>	<u>9,953,258</u>
Net Income	<u>(720,115)</u>	<u>2,461,401</u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 11/30/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$22,932	\$31,163	(\$8,231)	\$8,625,061	\$8,606,117	\$18,944	\$8,625,165	\$19,048
Specific Ownership Taxes	48,278	51,409	(3,131)	581,548	614,918	(33,370)	625,000	10,082
Lease Revenue	121,286	119,884	1,402	1,334,147	1,408,142	(73,995)	1,455,433	47,291
Interest Income	28,308	40,157	(11,849)	201,692	395,791	(194,098)	230,000	(165,791)
Fee for Services Income	13,683	15,328	(1,645)	150,514	148,596	1,918	164,197	15,601
Third Party Reimbursements	71,384	65,892	5,492	785,222	857,613	(72,391)	856,606	(1,007)
Grant Revenue	12,358	45,551	(33,193)	281,740	362,530	(80,790)	1,065,178	702,648
Partnership Revenue	2,870	0	2,870	31,566	1,160	30,406	34,436	33,276
Donations Sponsorships	0	20	(20)	0	100	(100)	0	(100)
Miscellaneous Income	1,999	1,588	410	21,985	19,693	2,293	23,984	4,291
Total Revenue	\$323,097	\$370,991	(\$47,894)	\$12,013,476	\$12,414,659	(\$401,183)	\$13,079,999	\$665,340
Expenditures:								
Operating Expenditures								
Administration	\$82,776	\$57,054	\$25,722	\$916,553	\$763,844	\$152,709	\$999,427	\$235,583
Board Expenses	12,666	19,139	(6,473)	139,328	136,676	2,652	151,994	15,318
Connections: Mental Health/Substance Issues Svcs	223,491	199,760	23,730	2,483,018	1,906,175	576,842	2,710,028	803,853
Dental Services	305,004	285,886	19,117	3,382,196	2,913,604	468,592	3,708,379	794,775
Integrated Care (MH/SUD/PC)	109,125	86,134	22,991	1,201,075	972,837	228,238	1,310,500	337,663
Health Promotion	57,310	57,528	(218)	640,781	610,190	30,591	698,843	88,653
Community Impact	64,492	40,836	23,656	716,469	382,216	334,253	780,961	398,745
Program Assessment & Evaluation	28,439	22,206	6,233	315,347	220,929	94,418	343,786	122,857
Health Care Access	83,346	84,920	(1,574)	925,250	648,433	276,818	1,008,596	360,163
Leased Offices	11,576	9,539	2,038	127,341	136,185	(8,844)	138,917	2,732
Contingency (Operations)	0	378	(378)	0	15,053	(15,053)	128,954	113,901
Grant/Special Projects	15,228	44,309	(29,081)	313,307	209,499	103,808	1,099,614	890,115
Total Operating Expenditures	\$993,453	\$907,690	\$85,763	\$11,160,664	\$8,915,640	\$2,245,024	\$13,079,999	\$4,164,359
Net Income	(\$670,356)	(\$536,699)	(\$133,657)	\$852,812	\$3,499,019	(\$2,646,207)	\$0	(\$3,499,019)
Reserve Expenditures								
Special Projects	186,546	40,925	145,621	2,052,007	513,524	1,538,483	2,881,492	2,367,968
Reserve Expenditures	54,159	112,922	(58,763)	601,153	289,623	311,530	654,312	364,689
Total Reserve Expenditures	240,705	153,847	86,858	2,653,159	803,146	1,850,013	3,535,804	2,732,657

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 11/1/2023 to 11/30/2023

	<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								
Land	-	-	-	-	-	-	-	-
Building	-	157,153	(157,153)	150,000	157,153	(7,153)	150,000	(7,153)
Construction in Progress	-	-	-	-	-	-	-	-
Capital Equipment	(20,000)	-	(20,000)	30,000	-	30,000	30,000	30,000
General Office Equipment	-	-	-	-	-	-	-	-
Medical & Dental Equipment	220,000	-	220,000	284,212	42,588	241,624	284,212	241,624
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	6,000	-	6,000	154,860	15,178	139,682	154,860	139,682
Total Non-Operating Expenditures	<u>\$ 206,000</u>	<u>\$ 157,153</u>	<u>\$ 48,847</u>	<u>\$ 619,072</u>	<u>\$ 214,918</u>	<u>\$ 404,154</u>	<u>\$ 619,072</u>	<u>\$ 404,154</u>

DRAFT

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$1,000	\$1,588	(\$588)	\$11,000	\$10,634	\$366	\$12,000	\$1,366
Total Revenue	1,000	1,588	(588)	11,000	10,634	366	12,000	1,366
Expenditures:								
Salaries and Benefits	53,653	45,293	8,360	590,183	469,381	120,802	643,836	174,455
Supplies and Purchased Services	32,388	14,863	17,525	362,288	306,965	55,322	394,774	87,809
Total Expenditures	86,041	60,157	25,885	952,471	776,346	176,124	1,038,610	262,264
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	6,525	5,885	640	71,778	84,291	(12,513)	78,303	(5,988)
Supplies and Purchased Services	2,933	5,976	(3,043)	32,258	28,070	4,188	35,191	7,121
Election Expenses	3,208	7,278	(4,070)	35,292	24,315	10,977	38,500	14,185
Total Expenditures	12,666	19,139	(6,473)	139,328	136,676	2,652	151,994	15,318
<u>Connections: Mental Health/substance Issue</u>								
Revenue:								
Fees, Reimbursements & Other Income	4,333	4,489	(156)	47,667	33,400	14,267	52,000	18,600
Total Revenue	4,333	4,489	(156)	47,667	33,400	14,267	52,000	18,600
Expenditures:								
Salaries and Benefits	201,434	187,555	13,879	2,202,438	1,747,035	455,403	2,403,872	656,837
Supplies and Purchased Services	34,906	25,435	9,471	421,922	212,444	209,478	460,347	247,904
Total Expenditures	236,340	212,990	23,350	2,624,360	1,959,479	664,881	2,864,219	904,740
<u>Dental Services</u>								
Revenue:								
Fees, Reimbursements & Other Income	66,313	66,419	(106)	729,442	852,893	(123,451)	795,755	(57,138)
Total Revenue	66,313	66,419	(106)	729,442	852,893	(123,451)	795,755	(57,138)
Expenditures:								
Salaries and Benefits	255,555	226,778	28,776	2,811,103	2,381,860	429,243	3,066,658	684,798
Supplies and Purchased Services	67,770	81,175	(13,405)	778,025	613,032	164,993	865,974	252,942
Total Expenditures	323,325	307,953	15,372	3,589,128	2,994,892	594,236	3,932,632	937,740

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2023

	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	15,419	10,333	5,087	169,613	128,919	40,693	185,032	56,113
Total Revenue	15,419	10,333	5,087	169,613	128,919	40,693	185,032	56,113
Expenditures:								
Salaries and Benefits	100,330	79,614	20,715	1,103,625	897,856	205,769	1,203,954	306,098
Supplies and Purchased Services	14,096	11,976	2,119	155,751	96,968	58,784	170,147	73,179
Total Expenditures	114,425	91,591	22,834	1,259,376	994,824	264,552	1,374,101	379,277
<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	59,174	36,629	22,545	650,915	335,923	314,992	710,089	374,166
Supplies and Purchased Services	9,184	8,187	996	108,079	62,330	45,749	117,263	54,933
Total Expenditures	68,358	44,816	23,542	758,994	398,253	360,741	827,352	429,099
<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	25,854	20,518	5,336	284,399	198,295	86,105	310,254	111,959
Supplies and Purchased Services	4,191	3,341	849	48,615	29,297	19,319	52,806	23,509
Total Expenditures	30,045	23,860	6,186	333,015	227,592	105,423	363,060	135,468
<u>Health Promotion</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	50,999	52,127	(1,128)	560,986	543,986	17,000	611,982	67,996
Supplies and Purchased Services	9,796	8,990	807	118,128	80,660	37,468	128,679	48,019
Total Expenditures	60,795	61,116	(321)	679,114	624,646	54,468	740,661	116,015

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2023

	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	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Expenditures:								
Salaries and Benefits	71,465	69,996	1,469	786,111	566,139	219,973	857,576	291,437
Supplies and Purchased Services	17,269	20,471	(3,202)	198,399	104,643	93,757	215,668	111,025
Total Expenditures	<u>88,733</u>	<u>90,467</u>	<u>(1,733)</u>	<u>984,511</u>	<u>670,781</u>	<u>313,729</u>	<u>1,073,244</u>	<u>402,463</u>
<u>Mulberry Offices</u>								
Revenue:								
Fees, Reimbursements & Other Income	15,623	21,955	(6,332)	171,852	238,113	(66,261)	187,475	(50,638)
Total Revenue	<u>15,623</u>	<u>21,955</u>	<u>(6,332)</u>	<u>171,852</u>	<u>238,113</u>	<u>(66,261)</u>	<u>187,475</u>	<u>(50,638)</u>
Expenditures:								
Salaries and Benefits	1,503	1,503	0	16,532	16,529	3	18,035	1,506
Supplies and Purchased Services	10,153	62,334	(52,181)	111,682	174,202	(62,519)	121,835	(52,367)
Total Expenditures	<u>11,656</u>	<u>63,836</u>	<u>(52,181)</u>	<u>128,214</u>	<u>190,730</u>	<u>(62,516)</u>	<u>139,870</u>	<u>(50,860)</u>

Health District of Northern Larimer County

**Investment Schedule
November 2023**

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,466	0.016%	5.21%	N/A
Local Government Investment Pool	COLOTRUST	\$ 7,987,098	86.213%	5.56%	N/A
Flex Savings Account	First National Bank	\$ 245,069	2.645%	2.58%	N/A
Certificate of Deposit	Advantage Bank	\$ 143,448	1.548%	0.40%	12/27/2023
Certificate of Deposit	Advantage Bank	\$ 116,617	1.259%	5.36%	9/8/2024
Certificate of Deposit	Points West	\$ 117,562	1.269%	3.87%	7/13/2024
Certificate of Deposit	Points West	\$ 158,864	1.715%	0.32%	4/2/2024
Certificate of Deposit	Adams State Bank	\$ 244,180	2.636%	5.61%	4/17/2025
Certificate of Deposit	Mountain Valley Bank	\$ 250,031	2.699%	3.50%	7/11/2024
Total/Weighted Average		<u>\$ 9,264,335</u>	<u>100.000%</u>	<u>5.23%</u>	

DRAFT



Agenda Documentation

Meeting Date: January 23, 2024

Subject:

2024 Board of Directors Draft Meeting Schedule

Presenter: Molly Gutilla

Outcome Requested: **Decision** **Consent** **Report**

Purpose/ Background

Per Colorado Revised Statutes, 32-1-903(1)-(1) and 24-6-402(2)(c), the Board of Directors must designate and post the time and place for all Board meetings, and also designate a place to post the required 24-hour agenda notice of the meeting. The best practice is for the Board to adopt a resolution at its first regular meeting each calendar year designating meeting days, time and locations and a resolution designating where the required 24-hour agenda notices will be posted.

2024 Proposed BOD Meeting Schedule

- Tuesday, January 9th at 5:30pm – Budget Approval
- Tuesday, January 23rd at 5:30pm – Regular Meeting
- Tuesday, February 27th at 5:30pm – Tom Gonzales to come to Health District
- Wednesday, March 20th at 4:00pm – Joint HD/PVHS-UCHealth Boards meeting
- Tuesday, April 23rd at 5:30pm – Regular Meeting
- Tuesday, May 28th at 5:30pm – Regular Meeting
- Tuesday, June 25th at 5:30pm – Regular Meeting
- Tuesday, July 23rd at 5:30pm – Regular Meeting
- Tuesday, August 27th at 5:30pm – Regular Meeting
- Tuesday, September 24th at 5:30pm – Regular Meeting
- Tuesday, October 22nd at 5:30pm – Regular Meeting
- Tuesday, November 12th at 5:30pm Budget Hearing & Regular Meeting
- Tuesday, December 10th at 5:30pm Budget Approval & Regular Meeting

Attachment(s):

- Resolution 2024-05 Establish Meeting Days, Times, and Locations
- Resolution 2024-06 Establish a Designated Public Place for the Posting of Meeting Notices

Fiscal Impact

None.

Staff Recommendation

Review proposed BOD meeting schedule and adopt resolutions 2024-05 and 2024-06.

**Health District of Northern Larimer County
Resolution No. 24-05**

A Resolution of the Board of Directors of the Health District of Northern Larimer County To Establish Meeting Days, Times And Locations For Monthly Board Of Directors Meetings for 2024

Now, Therefore, Be It Resolved by the Health District of Northern Larimer County, Colorado that:

Section 1. The Health District of Northern Larimer County Board of Directors regular meetings for 2024 shall normally be held on the fourth Tuesday of the month, at 5:30 p.m., with the exception of the March, November and December meetings, which are assigned per the attached schedule. Special meetings will be held as needed. Currently scheduled meetings are included on the attached schedule, however the Board may move, add or cancel any meeting if found to be necessary. Notice of any meetings shall be posted.

Section 2. Meetings shall be held at the Health District office building, located at 120 Bristlecone Drive, Fort Collins, Colorado, 80524, unless otherwise noted.

Adopted this 23rd day of January, 2024.

Molly Gutilla, President

Attest:

John McKay, Secretary

**Health District of Northern Larimer County
Resolution No. 24-06**

A Resolution of the Board of Directors of the Health District of Northern Larimer County Designating the Town's Official Posting Location for 2024

Whereas, pursuant to the Colorado Open Meetings Law, and specifically C.R.S. § 24-6-402(c), at its first regular meeting of each year, the Board of Directors must designate the official location for the posting of legal notices for that year;

Whereas, in 2019, the Colorado Legislature amended C.R.S. § 24-6-402 to encourage local governments to transition from posting physical notices of public meetings in physical locations to posting notices electronically on a website;

Whereas, the District maintains an official website; and

Whereas, the Board wishes to adopt the District's website as the official posting location for public meetings.

Now Therefore be it Resolved by the Health District of Northern Larimer County, Colorado that:

Section 1. The District's website, <https://www.healthdistrict.org/>, is hereby adopted as the official posting location for all meeting notices pursuant to C.R.S. § 24-6-402. All notices of meetings of the Board of Directors and any other District committees or boards subject to the Colorado Open Meetings Law shall be posted on the District's website.

Section 2. District staff is hereby directed to provide the official website address to the State Department of Local Affairs for inclusion in the Department's inventory.

Section 3. In the event online notice is not possible due to emergency circumstances, the alternative posting place is the bulletin board at the District's offices at 120 Bristlecone Drive, Fort Collins, CO 80524.

Adopted this 23rd day of January, 2024.

Molly Gutilla, President

Attest:

John McKay, Secretary



Agenda Documentation

Meeting Date: January 23, 2024

Subject: Policy Work in 2024

Presenters: Alyson Williams & David Navas

Outcome Requested: **Decision** **Consent** **Report**

Purpose/ Background

During the December 12th, 2023, regular meeting of the Board of Directors, staff committed to bringing back a plan to meet the Board’s intent for *Establishing and Communicating Positions on Policy Issues* (Board Policy 99-7) in 2024 during the January 23, 2024, regular meeting. Staff will also give an update on the beginning of the 2024 legislative session.

Board Policy 99-7 Section: Prioritization Method for Legislation during Legislative Session—in order to fulfill this section of 99-7, staff proposes a “2024 Policy Agenda.” The Policy Strategy Team has compiled priority 1 issues into a policy agenda to guide the work for the 2024 legislative session. The adoption of the attached policy agenda will allow staff to focus work within the priority areas previously identified by the Board, which aligns with the Board discussion to better balance potential impact of the work and the workload during the legislative session.

Board Policy 99-7 Section: POLICY, Process- in order to comport with the section related to “When time does not allow for discussion at a regularly scheduled board meeting”, staff proposes the creation of a Policy Committee, made up of two members of the Board who can meet at an agreed upon cadence in order to engage in policy work between regular meetings. Per 99-7, any direction given by the Policy Committee is subject to ratification or withdrawal by the full Board at its next public meeting. The Board will receive regular electronic communication regarding updates during legislative session and the Bill Matrix.

Attachment(s): *Board Policy 99-7; 2024 Policy Agenda*

Fiscal Impact

None.

Staff Recommendation

Staff recommends that the Board move to adopt the 2024 policy agenda as an outline for issues that the Board has considered and issued its general opinion.

Staff recommends that the Board move to form a Policy Committee consisting of two Board members.

Staff recommends that the Board move to appoint two Board members to the Policy Committee, the first being the President, or the Vice President (as the President’s designee) and the second is for the appointment of a member to be selected by a majority of the Board.



99-7 Pol: Establishing and Communicating a Position on Policy Issues

Adopted December 14, 1999

Amended January 25, 2022

Purpose of Policy: Outlines procedures by which the Health District of Northern Larimer County establishes and communicates positions related to policy issues as allowed under Internal Revenue Service (IRS) regulation and state law, as well as briefly discusses positions on ballot issues.

Introduction: The Health District of Northern Larimer County recognizes that the policies determined by legislatures and other governmental bodies can sometimes have a significant impact on the health status of our community or on the organization. The Board of Directors of the Health District have determined that it is part of their responsibility to review the implication of key policy proposals and determine whether the Health District will take an official position on all or part of proposal.

In general, the process will be that staff will review policies and legislation at the federal, state, or local level that are likely to have a significant impact on either the health status of our community or on the Health District, and present them to the Board for consideration. During the state legislative session, staff will be responsible for presenting to the Board a matrix of issues of potential importance, sorted by priority. For issues with the greatest potential impact, when time allows, staff will create a balanced, evidence-based policy document regarding the issue and its impact on the health of our community (or on our organization) for Board consideration. After careful deliberation of the possible health (or organizational) implications of any particular policy change, the Board will make the decision about whether to take a position, or not, and if so, what position to take. Staff will generally communicate any stances taken by the Board. The process is based on the procedures outlined below.

Prioritization Method for Legislation during Legislative Session

During a legislative session of the Colorado General Assembly, a staff policy committee, comprised of the Executive Director, the Director overseeing Policy, the Medical Director, and the Policy Coordinator, prioritize bills of interest to the Health District. Upon agreement of the committee, bills are prioritized as follows:

Priority 1: Issues with a potentially significant impact on the health status of the community (or a potentially significant impact on Health District operations).

Priority 2: Issues that will potentially have an impact, though less significant, on the health status of the community (or a less significant impact on Health District operations).

Priority 3: Other health or Health District operations issues.

Bills that are prioritized by the staff policy committee will be presented to the Board on a legislative matrix, which will include where the bill is in the legislative process, a simple description, the priority level, and the bill sponsors.

The Policy Strategy Team will determine for which bills staff will develop appropriate policy documents.

Board members may request, by consensus, to re-prioritize bills listed on the matrix (or not listed on the matrix).

POLICY

Process

When time allows for a quality, balanced analysis by staff on a particular policy issue for discussion and action at a regularly scheduled board meeting.

When policy issues of significant importance to the Health District are identified (Priority 1 bills or other important issues), the appropriate staff member, under the direction of the staff policy committee, will develop a thorough, balanced, written analysis (including readily available evidence) for presentation at a regularly scheduled board meeting. The analysis will include, at a minimum, background information on the issue, readily available evidence, and reason to support or oppose the policy. If requested by the current Board, staff will attach a memo with a recommended position and recommended actions for the Board to consider.

The appropriate staff member, at the direction of the Executive Director, will present the analysis to the Board and answer questions for discussion. Usually the analysis will be presented by the Policy Coordinator.

Following Board discussion, the Board, by motion, may decide to take one of the following positions: Strongly Support, Support, Oppose, Strongly Oppose, or No Position (Neutral). The Board may also decline to take a position or may decide to take a position on specific portions or particular concepts within a bill or issue rather than take position on a bill or issue.

When a position is taken by the Board, the Policy Coordinator or authorized designee will:

1. Share position with appropriate policymakers
2. Share policy documents with appropriate policymakers
3. Post policy document(s) and position on Health District website, per Board Policy 01-02.

When a position of Strongly Support or Strongly Oppose is taken, and occasionally when a position of Support or Oppose is taken, the Policy Coordinator or Director overseeing Policy, and/or other staff, as designated by the Executive Director, may also:

1. Testify at committee meetings on position and concerns
2. Make phone calls, send emails or visit personally with appropriate policymakers
3. Share analysis with other legislators
4. Coordinate efforts with other organizations and advocates working on the issue

The Board may also decide to specifically direct staff actions different from those listed above.

Staff will continue to track these policy issues until the policy has passed or been defeated and will present bill status and highlight changes for the Board as needed.

When time does not allow for full written analysis by staff on a particular policy issue, but time allows for discussion and action at a regularly scheduled board meeting.

When issues of significant importance to the Health District are identified (Priority 1 bills or other important issues), but when there is not adequate time for a full analysis as described above before the next scheduled board meeting, staff may draft a short policy summary or brief. This document will include basic background information and issues that are known at the time of drafting. The summary may include or be a product developed by one or more outside organizations, if approved by the staff policy committee. The document will explicitly state that it is not a complete analysis of the issue.

The appropriate staff member, at the direction of the Executive Director, will present the document to the Board and answer questions for discussion. Usually the presenter will be the Policy Coordinator.

Following discussion, the Board may decide that further analysis is needed and may direct staff to complete a full analysis of the issue. That analysis may be presented at the following scheduled board meeting or action may be taken per the section, below: *When time does not allow for discussion at a regularly scheduled board meeting.*

The Board may decide that the short summary provided enough information for the Board to make an informed decision on the bill or policy issue. The Board may then, by motion, take a position as described in the previous section: *When time allows for a quality, balanced analysis by staff on a particular policy issue for discussion and action at a regularly scheduled board meeting.*

Staff will continue to track these policy issues until the policy has passed or been defeated and will present bill status and highlight changes for the Board as needed.

When time does not allow for discussion at a regularly scheduled board meeting.

There are occasions where the policy making process does not allow time for discussion at a regularly scheduled board meeting or where the Board may elect to defer a decision and action until a full analysis is developed but *before* the next board meeting. The Executive Director, or under the direction of the Executive Director, the Director overseeing Policy, or Policy Coordinator, will contact the President of the Board of Directors and inform them of the issue and proposed action.

The President may request that one of the following occurs:

1. No action will be taken.
2. If timeline allows, a special meeting may be called to discuss the issue (72 hours posted notice is required).
3. If the timeline does not allow for a special meeting, or a special meeting does not appear to be warranted in the opinion of the President of the Board, in consultation with the Executive Director, (for example, because the Board has previously considered the issue and issued its

general opinion, or because the issue has a clear and important health impact and the Board President anticipates full Board consensus, but the issue is moving too fast for full Board action), the President of the Board or, in the President's absence, the Vice President, may give direction to the Executive Director, which direction will be subject to ratification or withdrawal by the Board at its next public meeting.

Testifying before a government or regulatory body as an Official Representative of the Health District in support or opposition of specific policy

In the event that the Health District has the opportunity to provide testimony in support for or opposition to a specific policy in front of a governmental or regulatory body, Board members or designated staff will limit their testimony to the official Board position and relevant facts as described in the policy document. Designated staff members who are requested to answer questions from a policymaker may answer those questions in a manner that is consistent with the Board's position and the facts from the policy document. Per Colorado law, regular testimony (more than three appearances) before a Colorado General Assembly committee or other board or commission must be made by an individual registered with the State of Colorado as a lobbyist. Testimony will be coordinated by the Policy Coordinator, with Executive Director approval (or Board approval if appropriate). No staff representing the Health District's position is to testify before a governmental or regulatory body without Executive Director approval. Any person who testifies shall submit a report to the Policy Coordinator.

Grassroots Lobbying

Should the Board take a special interest in a particular issue, they may direct staff to engage in grassroots lobbying, as allowed under IRS and other regulations. Grassroots lobbying is defined by the IRS as attempting to influence any legislation through attempts to affect the opinions of the general public or any segment thereof. Communication is considered grassroots when:

1. It refers to a specific piece of legislation,
2. Reflects a position on this legislation, and
3. Encourages the recipient of the message to take a specific action.

All three requirements must be met for the communication to qualify as grassroots lobbying.

Grassroots lobbying will be undertaken only on issues where a position of strongly support or strongly oppose has been taken and only under the explicit direction of the Board. These activities will be handled by the Director overseeing Policy, the Policy Coordinator, and the Communications Director (as needed) under the supervision of the Executive Director.

The Board may direct staff as follows:

Grassroots I: Send or share advocacy action messages with constituents, specific groups or other interested individuals. These messages may originate with the Health District or may be messages created by others and forwarded. These may be communicated via email, fax, phone, or in-person.

Grassroots II: Actively organize individuals and groups to advocate for our position. This could include soliciting individuals or groups to offer testimony, organizing letter writing campaigns, demonstrations or other coordinated efforts.

Grassroots III: Create (and then lead) a coalition of interested individuals to advocate for our position.

If grassroots lobbying is undertaken, staff will keep careful track of all resources expended in the manner required by law, which may be different from regular lobbying reporting regulations.

Action on Ballot or Candidates

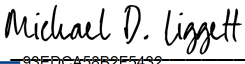
Special districts, like other government bodies, are greatly restricted from expending money (including staff time) on ballot issues by the Fair Campaign Practices Act (which should be reviewed carefully if ballot positions are considered) and are not allowed to become involved in candidates' elections. The Board may direct staff to prepare a balanced analysis on ballot issues of official concern (referring to the definition of "official concern" in current law) and may pass a non-binding resolution in support or opposition of a ballot measure, announcing the position in the same way that other decisions are announced. As with all resolutions concerning policy issues, it will be published electronically on the Health District website. No staff time or monies may be expended in promoting this position.


Monitoring and Reporting Time and Finances Spent on Legislative Issues


Per applicable IRS regulations, the Policy Coordinator will report all time spent and funds expended on direct lobbying and grassroots lobbying, if any, to the Health District Finance Director. IRS regulations dictate expenditure limits for both direct and grassroots lobbying, thus these figures must be tracked by appropriate Health District staff. Registered lobbyists will also report expenditures to the Colorado Secretary of State, as required by law.


- Adopted, this 14th day of December, A.D., 1999
- Amended, this 22nd day of August, A.D., 2000
- Amended, this 22nd day of January, A.D., 2001
- Amended, this 30th day of September, A.D., 2003
- Amended, this 15th day of February, A.D., 2006
- Amended, this 13th day of December, A.D., 2013
- Amended, this 22nd day of January, A.D., 2019
- Amended, this DD day of Month, A.D., 2022**


Attested by:

DocuSigned by:

 93EDCA56B2F5432...
 Michael D. Liggett, Esq. President

DocuSigned by:

 D8E7E32D0C204EF...
 Molly Gutilla, MS, DrPH, Vice President

DocuSigned by:

 ABCF4BE3BEEC448...
 Celeste Kling, JD, Liaison to PVHS Board

DocuSigned by:

 35DE8BF7DDEE344A...
 Joseph Prows, MD, Treasurer

DocuSigned by:

 33964C39EFF0459...
 Johanna Ulloa Giron, PsyM, MSW, Secretary

Welcome to the Health District of Northern Larimer County (the Health District), where community well-being takes center stage. Committed to fostering the vitality of the community, our mission is to enhance the health of our community. At the heart of our vision lies a commitment to excellence in health assessment, access, and promotion, striving to create a healthy and thriving community.

Embracing a comprehensive approach, this agenda is a framework built in alignment with the focus areas that have been identified by the Health District’s Board of Directors. This agenda is based on the foundational pillars of the Health District. These pillars encompass behavioral health, oral health, increasing access through coverage, and streamlined operational efficiency. The vision for this work extends far beyond the 2024 legislative session, resonating with a future where the Health District remains a catalyst for positive change in the health care system and in the health of our community by championing policies that resonate with the diverse needs of Northern Larimer County.

PRIORITIES

The following are strategies for prioritizing and addressing bills or policy issues. The priorities outlined represent a tiered approach that can help allocate internal resources effectively and focus efforts on the most critical issues, ensuring that the most critical matters receive increased analysis and active involvement, while others may only require monitoring or minimal intervention.

In addition, equity will be a consistent evaluation component in determining if a piece of legislation fits within a priority. Health District

staff will assess proposed bills and policies with a lens focused on promoting fairness and justice in health outcomes.

Priority 1:

Bills or policy issues with substantial implications for community health and services, encompassing the targeted areas of focus: operations, behavioral health, oral health, and access to care through coverage. An active or passive position for these priorities may require testimony, sharing analysis with policymakers or collaborators, and/or advocacy.

Priority 2:

Bills or policy issues that may affect the health of the community outside of the areas of focus within this policy agenda for 2024. Bills or issues that are identified by the Policy Strategy Team or the Board will be monitored for the need to reprioritize.

BEHAVIORAL HEALTH

Behavioral health has a pivotal role in shaping the overall well-being of the community and is a cornerstone of our mission. The Health District is committed to fostering a supportive environment that offers affordable, accessible, and high-quality services to individuals experiencing behavioral health conditions or substance use disorders.

The 2023 Youth Behavioral Health Assessment recommended that services, resources, and initiatives within the behavioral health system should undergo regular evaluation to ensure accessibility for everyone, regardless of income, language, literacy, or geography.¹ Care coordinators are a part of the solution by

helping people navigate the system and the options of benefits and resources that will resolve access barriers. Program staff at the Health District recognize how crucial care coordinators are when working with children and families to find the wraparound services needed and to navigate the continuum of care.

ANALYSIS

The Health District has steadfastly prioritized behavioral health in its programs and policy initiatives over the years. Looking ahead to the 2024 legislative session, one of the priorities will be to further develop a comprehensive and coordinated continuum of behavioral health services and supports which is crucial for providing effective and accessible interventions.

The 2022 Community Health Survey of Larimer County, conducted by the Health District, sheds light on the prevalent behavioral health challenges of residents within the community.² Approximately 37.3% of respondents reported having a diagnosed behavioral health condition, while 40.6% expressed feeling anxious, stressed, or depressed about half the time in the past three months. Poor behavioral health affects specific demographic groups more than others. This is seen particularly young adults (ages 18-24) and those living in households at or below 250% of the federal poverty level.

Access to behavioral health care emerges as a critical component of the policy strategy, with 24.8% of Larimer County residents indicating a need for care but going without due to affordability concerns. Particularly with older adults, as the 2022 American Community Survey showed that about 21% of the population in Larimer County is 62 years old or older and it is forecasted to continue to grow through 2030.³

Direct service staff at the Health District have identified issues with older adults reporting lack of support navigating coverage, lack of providers that accept Medicare plans, and lack of access to care due to other barriers.

The behavioral health system serving youth has a unique infrastructure and distinct systems of care involved in child- and family-based interventions. Recognizing the unique needs of children and youth, many policy efforts will be focused on addressing systemic gaps in behavioral health care for this population.

According to the 2023 Youth Behavioral Health Assessment, conducted by the Health District, Larimer County has experienced a decline in youth behavioral health status. This decline has manifested in a notable uptick in youth receiving diagnoses for behavioral health disorders and self-reporting the need for counseling or treatment. This report also identified critical gaps including specialized training needs, the demand for more a diverse workforce, increasing services available to younger age groups (0-12), increasing awareness and education of behavioral health, and the need for acute services. Other key recommendations include increasing resources supporting a comprehensive school behavioral health system, supporting peer support services, expanding wraparound services, and expansion of successful models for home-based services.

PRIORITIES

- ❖ Support bills that address substance use disorders and mental along the continuum of care in a manner that is person-centered and utilize a harm reduction framework.

- ❖ Support legislative initiatives that increase access to services, including those that expand the behavioral health workforce.
- ❖ Support legislation that eases access to medications for substance use disorders, overdose prevention tools, and recovery support.
- ❖ Oppose policies that may increase administrative burden.
- ❖ Oppose any bills that cause or reinforce stigma regarding behavioral health or substance use disorder care.
- ❖ Oppose measures that create new behavioral health programs without adequate funding.

EXAMPLES OF ENGAGEMENT

- Legislation recommended by the Opioid and Other Substance Use Disorders Study Committee.
- Joint Budget Committee (JBC), Department of Health Care Policy and Financing (HCPF), and Medicaid Provider Rate Review Advisory Committee (MPRRAC) action regarding Medicaid reimbursement rates for behavioral health services.
- Department of Regulatory Affairs (DORA) oversight of behavioral health professions.
- Clarification and streamlining Medicaid credentialing process.
- Interstate compacts related to behavioral health professions.
- Access to wraparound, peer support, and home-based services.
- Development of the Behavioral Health Administrative Services Organizations (BHASOs).

- Mental health and substance use insurance coverage and benefit parity implementation and enforcement.
- Establishing a Universal Medical record Release Authorization Form that is both HIPAA and 42 CFR 2 compliant.
- Workgroup for centralized digital consent repository.
- Family and friends ability to legally communicate to providers about loved ones within HIPAA.

ORAL HEALTH

Maintaining good oral health is crucial for overall health. Through targeted policies and programs, the Health District strives to enhance access to accessible, affordable, high-quality dental care. The well-established link between oral health and overall health extends to pregnancy, diabetes, heart disease, Alzheimer’s disease and respiratory complications related to periodontal disease. According to the U.S. Centers for Disease Control and Prevention (2018), over 34% of adults in Colorado reported tooth loss due to decay or periodontal disease.⁴

ANALYSIS

The Health District is dedicated to advancing its mission through a robust family dental clinic and by providing access to high-quality, comprehensive oral health care. Oral health care should be integrated rather than a separate component of health, emphasizing provider payment and patient affordability to support access to high-quality oral health care.

The 2022 Community Health Survey revealed that 20.2% of respondents in Larimer County who needed dental care couldn’t afford it. Additionally, 12.9% had someone in their household in need of dental health services but

didn't access low or no-cost services in the last year. In Larimer County, a third of individuals reported not having a dentist, hygienist, or dental practice as their regular source of oral health services.

Approximately 3 in 10 children experience tooth decay by kindergarten and nearly half of Colorado children have cavities by third grade, making cavities the leading chronic disease in children with potential developmental, economic, and social consequences.⁴

PRIORITIES

- ❖ Support legislative initiatives that increase access to dental care services.
- ❖ Support initiatives that improve the affordability and accessibility of dental coverage.
- ❖ Oppose proposed legislation that increases the administrative burden.
- ❖ Oppose bills that negatively affect ability to staff the dental clinic.
- ❖ Oppose legislation that prevents appropriate financing of oral health benefits.

ENGAGEMENT

- Colorado Dental Health Care Program for Low-Income Seniors (Senior Dental Program).
- Public and private insurance coverage of dental benefits.
- Interstate compacts for dental professionals.
- Dental Practice Act Sunset Review.
- Screenings in school spaces and school-based oral health programs.

- JBC, HCPF, and MPRRAC action regarding Medicaid reimbursement rates for dental services.
- Funding for Area Agencies on Aging for health services for older adults.

ACCESS TO CARE THROUGH COVERAGE

The Health District is committed to dismantling barriers that hinder access to affordable health care coverage in order to ensure that every member of our community has equitable access to the resources necessary for a healthy life.

Recognizing the disparities in health care access, programs and the policy agenda place a special emphasis on promoting accessibility to health services through coverage.

ANALYSIS

After more than a three-year pause, HCPF has resumed the standard eligibility renewal process for those enrolled in Medicaid. The Health District's priority is to connect Larimer County residents to affordable health coverage.

The 2022 Community Health Survey revealed insights into access to care through coverage in Larimer County. While only 5.2% reported having no insurance of any kind, more than half (51.0%) expressed concern about health insurance becoming unaffordable. Additionally, 40.3% of respondents worried about affording necessary medical care. Importantly, 5.8% needed assistance understanding health insurance options and signing up.

Prescription drug affordability remains a pressing issue. The 2022 Community Health Survey indicated that 10.9% of respondents

experienced times when they needed prescription medicines but went without due to affordability concerns. Only 87.1% confirmed having insurance that covers at least part of the cost for prescription medications.

PRIORITIES

- ❖ Support initiatives that aim to improve affordability of health coverage.
- ❖ Support policies that make health care coverage more accessible for people regardless of background or circumstance.
- ❖ Support initiatives that improve the affordability and accessibility of dental coverage.
- ❖ Support the increased accessibility and simplification of the Medicaid enrollment application process.
- ❖ Support proposed policies for prescription drug accessibility and affordability.
- ❖ Oppose policies that create increased administrative burden for clients or insurance enrollment sites.

ENGAGEMENT

- Coverage eligibility and enrollment accessibility.
- OmniSalud eligibility and enrollment.
- Coverage of telehealth services, especially for those in rural or underserved areas.
- Third iteration of the Medicaid Accountable Care Collaborative (ACC 3.0) through HCPF.
- Mental health and substance use parity implementation and enforcement.
- PEAK application technical issues.

OPERATIONS AND LOGISTICS

In tandem with community-focused policy priorities, the Health District is dedicated to fortifying the foundations of health services provided in the community through internal operations. Strengthening the efficiency and efficacy of crosscutting functions and operations enables direct service programs to deliver care successfully, maximizing the positive impact on the community.

ANALYSIS

During the special legislative session of 2023, the advocacy efforts of Health District policy staff aimed to protect the integrity of the programs and services provided. Staff worked to ensure that property tax relief included provisions to prioritize the ‘backfill’ of health service districts and adjusting statutory budgetary deadlines for special districts. Property tax policy is expected to continue to be a central debate by the General Assembly.

There are significant challenges across the state in preparing and developing a health care workforce to meet the growing demand for behavioral health, dental, and other health services. Recognizing the unique factors and solutions required to address workforce needs, there are various approaches to bolster capacity and quality.

PRIORITIES

- ❖ Support potential legislation that increases workforce support and development.
- ❖ Support legislation exempting new property tax revenue originating from expiring Tax Increment Financing (TIF)

districts from counting toward any state mandated revenue caps.

- ❖ Support unified standards for web and online accessibility requirements and reasonable timelines to comply after standards and rules are made known.
- ❖ Support clear definitions for public meetings requiring online accessibility.
- ❖ Oppose changes that increase (and support changes that lessen) the burdens and limits on special districts associated with public records, public meetings, establishment of ethics standards, and other matters of district authority.
- ❖ Oppose statewide limits on property tax revenue growth, especially those that create a cap on revenue growth, or that require the reduction of property values or assessment rates. If there are sweeping changes to property tax, encourage the legislature to retain the ability of governing bodies to exceed any revenue increase cap, like what was included in SB23-303 and allow local governments to reduce property taxes based on their local conditions in their community.
- ❖ Oppose property tax measures that do not adequately account for budgetary timelines for local governments.
- ❖ Oppose changes that increase the burdens and limits for health care providers related to billing and credentialing.
- ❖ Monitor any proposed changes to human resources policy that alters the Health District's ability and authority to make decisions on employment issues.

ENGAGEMENT

- Commission on Property Taxes.
- Interstate compacts for behavioral health and dental professions.
- Third iteration of the Medicaid Accountable Care Collaborative (ACC 3.0) through HCPF.
- Clarification and streamlining Medicaid credentialing process.
- JBC, HCPF, and MPRRAC action regarding Medicaid reimbursement rates for Health District provided services.

REFERENCES

¹ Health District of Northern Larimer County (2023). *Youth Behavioral Health Assessment*.

<https://www.healthdistrict.org/youth-behavioral-health-assessment>

² Health District of Northern Larimer County (2022). *Community Health Assessment*.

<https://www.healthdistrict.org/community-health-assessment>

³United States Census Bureau (2022). ACS (American Community Survey) Demographic and Housing

Estimates.

<https://data.census.gov/table/ACSDP1Y2022.DP05?q=DP05&g=050XX00US08069>

⁴ Colorado Department of Public Health & Environment (June 2023). *A Framework to Advance Oral Health Equity in Colorado, 2023-2028*.

<https://coloradooralhealth.org/wp-content/uploads/2023/06/A-Framework-to-Advance-Oral-Health-Equity-in-Colorado-2023.pdf>

Agenda Documentation

Meeting Date: January 23, 2024

Subject:

Legal Services Agreement

Presenter: Liane Jollon

Outcome Requested: Decision Consent Report

Purpose/ Background

Renew contract with Hoffmann, Parker, Wilson & Carberry, P.C., attorneys at law, for legal services.

Attachment(s):

Legal Services Agreement

Fiscal Impact

Staff Recommendation

Approve the Legal Services Agreement as presented.

LEGAL SERVICES AGREEMENT

THIS LEGAL SERVICES AGREEMENT (the "Agreement") is made as of this 1st day of January, 2024, by and between Hoffmann, Parker, Wilson & Carberry, P.C., attorneys at law, ("Attorney"), and the Health District of Northern Larimer County (the "District").

WHEREAS, the District wishes to contract for its legal services; and

WHEREAS, Attorney is authorized to practice law in the State of Colorado and wishes to provide legal services for the District.

NOW THEREFORE, in consideration of the mutual promises and conditions herein contained, the parties hereto covenant and agree as follows:

1. Attorney shall furnish all legal services required by the District, at the direction of the District's Board of Directors and its authorized designee(s).

2. Attorney shall supply the support staff, furniture, fixtures and computers necessary to render the services to the District as required by this Agreement.

3. Attorney currently maintains professional liability insurance at \$2 million per claim and \$2 million in the aggregate and shall maintain such insurance through the life of this Agreement.

4. Attorney is acting as an independent contractor; therefore, the District will not be responsible for FICA taxes, health or life insurance, or vacation or sick time. The position contracted for herein shall not be a full-time position.

5. Attorney agrees to:

a. As directed, attend meetings of the District's Board of Directors and other boards and commissions;

b. As directed, attend meetings and conferences with District staff;

c. Perform all duties required by the rules of the District and by state and federal law;

d. Provide timely attention to and advice with regard to compliance with all applicable law;

e. As directed, represent the District in its dealings with others; and

f. As directed, represent the District in litigation in which it may be involved.

6. The District shall compensate Attorney for the legal services described herein at a rate of \$275 per hour for attorneys, and \$135 per hour for paralegals. Travel time for the District shall be compensable at one-half of the regular rate. Compensation for such legal services is payable monthly following submission of itemized statements to the District.

7. The District shall reimburse Attorney for filing fees, bonds, witness fees, deposition costs, messenger services, reproduction costs, postage, computer research costs, and similar expenses incurred by Attorney on behalf of the District. Such charges and costs shall be separately itemized on billing statements.

9. While representing the District, Attorney will assert the District's position vigorously and efficiently. However, the District understands that in representing any client in a contested matter, Attorney cannot promise or guarantee the ultimate success of the client's position.

10. This Agreement shall be effective as of the date first set forth above and shall continue for an indefinite term. This Agreement may be terminated at any time at the pleasure of either party hereto, provided, however, that Attorney shall give the District at least 30 days prior written notice of termination.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement to be effective on the day and year first above written.

**HEALTH DISTRICT OF NORTHERN
LARIMER COUNTY**

Molly Gutilla, President

ATTEST:

Secretary

**HOFFMANN, PARKER, WILSON &
CARBERRY, P.C.**

Kendra L. Carberry

Agenda Documentation

January 23, 2024

Subject:

Timeline for the Audit of Year 2023

Presenter: Laura Mai

Outcome Requested: ___ Decision ___ Consent X Report

Purpose/ Background

The purpose of this report is to keep the Board informed about the audit process.

- This independent examination is completed by our audit firm, CliftonLarsonAllen.
- A Statement of Work has been accepted and signed by the Board President and Finance Director.
- Finance has received a Provided by Client (PBC) list to compile information required for the audit (Due Date February 28, 2024).
- In-office fieldwork: Week of March 4
- Meeting with auditor(s) to include Board Treasurer, Assistant Treasurer:
 - Tentatively scheduled for May 6, 2024, at 10:00 am.
- Board presentation by auditor(s): May Board meeting

Attachment(s): None

Fiscal Impact

None.

Staff Recommendation: Informational only.

Agenda Documentation

Meeting Date: January 23, 2024

Subject:

Executive Director Staff Report

Presenter: Liane Jollon

Outcome Requested: ___ Decision ___ Consent X Report

Purpose/ Background

Please find the Executive Director Staff Report attached with current departmental summaries.

Liane Jollon attended the following events and met with the following external partners since the December 12, 2023 board meeting:

Lorenda Volker, Assistant County Manager at Larimer County and member of Women’s Leader Networking group

Tom Gonzales, Public Health Director, Larimer County

Celebrating Five Years of Larimer County Behavioral Health Services

Brian Kingsley, Superintendent, Poudre School District

Caring for the Community at UHealth Medical Center of the Rockies

CMP2.0 (Community Master Plan)

Claire Bouchard, Director of Community Engagement & Communications at Community Foundation of Northern Colorado and member of Women’s Leader Networking group

Kate Baker, Chief Marketing & Business Development Officer at Brinkman Construction and member of Women’s Leader Networking group

Attachment(s): Departmental Summaries

Fiscal Impact None to the Health District

Staff Recommendation Informational Only

Staff Summary

Family Dental Clinic

With the help of our Support Services team, the Family Dental Clinic (FDC) saw significant progress in enhancing the dental clinic's facilities in December 2023. Essential equipment was updated in two dental operatories including cabinetry, shelving, lighting, computer monitor mounts, dental chairs, and delivery systems. These updates have significantly improved workflow and ergonomics for the dental team. Additionally, the clinic continued its focus on a culture of continuous learning and inclusivity by engaging in Diversity, Equity, and Inclusion training provided through the Health District's Learning Management System, Relias, enriching the team's professional and personal development. To further enhance patient experience, the clinic introduced educational TV monitors in the lobby, offering valuable Health District program and oral health information to foster a more engaging and informative waiting environment.

The FDC saw an increase in interested highly qualified dental assistant candidates for its open dental assistant position. This may be reflective of the Health District's commitment to workplace excellence reflected in the recent compensation and benefits analysis. An offer was made to a qualified dental assistant and the selected candidate will be onboard in January.

The Family Dental Clinic has the following vacancies:

1 Dental Hygienist Opening (.75 FTE)

Integrated Care

The Program Manager and one Behavioral Health Clinical Therapist (BHCT) continued with medical student interviews during the month of December. The Program Manager, Program Assistant, and the Clinical Care Coordination Specialist have been working with the Research and Evaluation team to improve the evaluation process for Integrated Care with the goal of better educating internal and external partners specific to the program's outcomes related to patient care and resident education at Family Medicine Center (FMC).

The Integrated Care team has the following vacancies:

2 (1.6 FTE) Behavioral Health Clinical Therapists (currently posted)

Larimer Health Connect & Prescription Assistance

December continued with significant momentum for the Larimer Health Connect (LHC) team, supporting people needing to enroll in health coverage by December 15th, for a January 1st start date, through the Connect for Health Colorado Marketplace. The holiday season did not seem to decrease demand and LHC continued offering increased hours on Tuesdays and Saturdays to accommodate demand during open enrollment. The team continues actively working in partnership with Rocky Mountain Health Plans to reach out to individuals and families whose

Medicaid coverage is due for renewal. LHC's role in this partnership is to ensure individuals take prompt action by submitting their renewals on time and assist individuals in exploring other health coverage options if they no longer meet Medicaid's eligibility requirements.

The Jet Marketing campaign that encompasses Medicaid Unwinding and renewals, Connect for Health Colorado's Open Enrollment period, and the elimination of Medicaid's dental cap for adults remained in full swing for December. Advertising included social media, radio spots, TV ads, and digital billboards.

The Prescription Assistance program continues to see an increase in people seeking assistance for a variety of reasons including those experiencing gaps in coverage and unaffordable prescriptions.

The Outreach and Education (O&E) team has been actively participating in community events and partner coalition meetings. The team dedicated a significant amount of time to finalize its strategic plan which encompasses the program's purpose, focus, objectives, goals, and scope of work. The process has been a collaborative effort, with valuable input and feedback from Health District program managers and directors.

The LHC team has following vacancies:

1 Health Coverage Specialist (interviews in process)

Connections & CAYAC

The Mental Health Connections (MHC) team continue progress toward its goal of billing Medicaid; provider affiliations and credentialing with Medicaid continue to be challenging. Multiple simultaneous projects are ongoing to meet this initiative. Projects include but are not limited to the reorganization of the MHC front desk with the goal of building a cross-functional front desk team to facilitate efficient and compliant eligibility, scheduling, and billing practices and ensuring cross-coverage is in place, as well as the vetting, selection, and implementation of an efficient, effective, and compliant electronic health record (EHR). All ongoing projects related to billing Medicaid include cross-functional work groups to ensure valuable feedback and input are collected.

With the support of the Resource Development and Special Projects Manager, the MHC Manager, Child Psychiatrist, and Health Services Director participated in a productive planning meeting with Poudre School District (PSD) and SummitStone Health Partners (SHP) to align efforts to support PSD youth by maximizing CAYAC and SHP grant funding from the Behavioral Health Administration. This funding will support the implementation of a collaborative team to facilitate care coordination and medication management support for students. PSD has expressed immense gratitude for this collaborative effort which will not only support students, but also PSD staff.

The Connections team has no current vacancies.

Staff Summary

The Medical Director has been working with the Poudre Fire Authority on coordination with their program related to frequent utilizers of emergency medical services.

Quit Tobacco Program (QTP)

QTP continues to implement the inpatient bedside intervention and is exploring ways to increase the outpatient aspect of the program.

Heart Health

Staff continue to identify how the nurses may play a role in the Murphy Center Clinic in response to evolving clinic plans. Additionally, coordination continues with Larimer County on providing flu vaccinations. Outreach for the program has ongoing efforts to target priority populations, especially Latinx individuals.

Planning, Policy, Research & Evaluation Summary by Program

Research & Evaluation

The Research and Evaluation team performs three primary functions: (1) internal program evaluation, (2) community health assessment, and (3) dissemination. As we step into 2024, our strong commitment to excellence remains a focal point. This commitment is evident in our continuous pursuit of robust internal program evaluation methods and active involvement in community workgroups dedicated to improving the accessibility of reports and datasets that can be used to improve the community health. Additionally, our dedication to excellence is demonstrated in emerging efforts to apply Results-Based Accountability principles to engage community collaborators in designing the 2025 community health survey. We are enthusiastic about sharing comprehensive updates in 2024, covering the full spectrum of objectives and accomplishments for each function of the Research and Evaluation team. Below, you'll find updates detailing accomplishments from December 2023 and outlining objectives for January 2024:

Internal Program Evaluation Update: We recently switched from Survey Monkey to Qualtrics for HIPAA-compliant electronic data capture. With our new survey tool, we're gearing up to revamp client surveys, focusing on assessing the impact of care processes on client well-being and health outcomes. In January, our goal is to assist programs in compiling data for their 2023 year-end progress reports. Additionally, we'll be updating evaluation plans for health service programs to align with our and the programs' 2024 strategic objectives.

Community Health Assessment Progress: Research and Evaluation Manager has engaged in discussions with organizers from Larimer and Weld County Public Health Departments regarding community health assessments. These discussions primarily focused on identifying health system stakeholders for a regional assessment collaborative. While the specific goals of this collaborative are still in development, the overarching aim is to streamline the administration of community health assessments across organizations and regions. As the collaborative convenes in 2024, Susan Kaiser will gather insights to inform the Health District's strategic role in regional data collection efforts.

Dissemination Highlights: In December, our team shared data from the 2022 Community Health Survey to be contributed to the second iteration of the Larimer County Behavioral Health Community Master Plan and serve as training material for graduate-level public health students at Colorado State University (CSU). Additionally, we committed to providing reports and datasets for a new data repository that is being organized by the Larimer County Department of Health and Environment.

Staffing Update: One position on the team is vacant and with the intent the role will be developed to address the strategy of the team's work and posted in the second quarter.

Community Impact Team (CIT)

In December and January, the focus of CIT has been on external partnerships and internal collaboration. Staff have started to intentionally meet with partner organizations to establish or re-establish relationships and hear from these organizations what their priorities are, what gaps exist for the

communities they serve, and other questions sourced from internal collaborators. CIT will utilize what is learned by looking for areas of alignment and opportunity for future work.

Overdose Prevention Training/Changing Minds: In late 2023 and 2024, CIT has received four requests from external groups/individuals for Naloxone and Overdose Prevention Trainings. CIT Manager (Hannah Groves) is working with the Outreach & Education team to learn, practice, and present the Overdose Prevention Trainings and get that offering/program up and running again. So far, majority of the training requests are for an Older Adult audience, as there seems to be an interest/concern in this community around prescription opioids. Additionally, the CIT Manager is looking to connect with partner organizations and groups focusing on harm reduction, overdose prevention, etc. to get plugged in and have a network of trainers/resources to pull from to meet future community requests.

Mental Health & Substance Use Alliance: The Health District hosted the first Mental Health and Substance Use Alliance meeting of 2024 on January 10th. The meeting was the first with an in-person option since before the pandemic. There was a good turnout and positive feedback from those who attended. Many indicated excitement for the work and for a “fresh start” for the Alliance. During this meeting, CIT shared the themes and recommendations of the Youth Behavioral Health Assessment. This was a key outreach strategy.

Youth Behavioral Health Assessment: The completed assessment has been shared with a few key partners, and the CIT Manager will be working with internal and external stakeholders over the next few months to continue sharing the 9 recommendations and assess which ones are priorities for the Health District and/or our other partners. The PPRE team, including the CIT Manager, will continue to be involved with the implementation of the second iteration of the Community Master Plan for Behavioral Health Services, which is informed by the Youth Behavioral Health Assessment.

Staffing Update: Community Project Coordinator (2 positions vacant). These positions are not currently advertised to be filled, but CIT will be posting one of these positions for hire in February 2024 to support behavioral health priorities.

Resource Development & Special Projects

The focus of the Resource Development & Special Projects Manager continues to be special projects, grant management, as well as assisting with the implementation of awarded grants.

Unite Us External Launch: The internal referral training and launch process for Unite Us was completed on schedule in December. Staff continue to finalize platform and training logistics to be able to complete training with all internal Unite Us users in February. Staff anticipates completing the external launch training in February, with launch to open referrals to external partners soon after.

Referral Partnerships: Staff is supporting the Health Services Director in facilitating a specific partnership with Poudre School District (PSD) and SummitStone Health Partners with the goal of co-creating a referral process for PSD youth and families between the three service systems. Additionally, staff helped manage the development of a referral guide/process and completed presentations for Thompson School District student support staff so they can now refer to CAYAC grant-supported services through the end of the 2023-2024 school year.

Health Coverage Outreach Campaigns: The awareness campaign for the expanded Medicaid Dental Benefit concluded in December and final campaign reporting is in progress with the vendor, Jet Marketing. Staff continues to manage the remaining two awareness campaigns (Connect for Health Colorado and Medicaid Public Health Unwinding) through the remainder of the contract.

Policy

Policy staff have been working over the past month to prepare a proposal for Policy work during 2024. This effort has taken much of the time of staff and the team looks forward to engaging with the Board during their regular meeting regarding policy work. The Policy Analyst has also been preparing for legislative session. The General Assembly convened on January 10, 2024 to begin the 120 days of legislating. Staff now turns their focus to engaging with the legislative session, tracking bills, and continuing to build and rebuild relationships with partner organizations.

Staff Summary

The Human Resources (HR) Team hired/onboarded one (1) employee in December. There was one (1) resignation and no retirements. In addition, there was one (1) internally advertised position which has been filled.

We currently have seven (7) vacancies posted, one internal position, and two (2) positions in the que to be posted.

Looking forward:

We have a need to update the current Health District of Northern Larimer County Employee Handbook to align with the Intermediate Paid Leave which the Board of Directors approved at the December 2023 Board Meeting. Updates to follow.

Individual pay information was compiled and communicated with all staff by December 22, 2023. We had a few questions related to Bilingual compensation as well as consideration of some type of compensation for certification after hire. These two items will be discussed as we continue to refine our compensation scale. The work by CBIZ on standardized positions descriptions is continuing and should be completed in the near future.

The Request for Proposal (RFP) for a Human Resources Information System (HRIS)/Human Capital Management (HCM) system was completed and was sent out on December 21st. We received two questions by the inquiry deadline of January 5th and responses went back to all vendors by the January 12th deadline. The deadline for RFP submission is Friday, January 26th.

Staff Summary

Approval of the 2024 budget and appropriation of funds was finalized during the special Board meeting on January 9, 2024. Next steps include uploading the budget into the accounting system and updating the 2024 formatting for the monthly financials. Finance is also in the process of closing the 2023 year-end. In addition, the Finance team is working on the documentation for the audit. We are getting ready to submit a Request for Proposal (RFP) seeking a vendor in order to acquire an updated accounting system.

Communications Summary

Health Coverage Outreach Campaign: Staff continued to participate in the Health Coverage Outreach Campaign, by collaboratively participating in message development and approval.

Routine Deliverables and Internal Program Products: Assisted with messaging for internal rollout of new staff compensation process. With Deputy Director, conducted review and interviews of vendors to provide comprehensive ADA compliance services, including website audits. Began planning process for redesigned Compass to begin twice-yearly publication in May with a Health District 30th Anniversary issue. Contracts for internal poster placement at Fort Collins locations by Social Indoor and See Hear Media renewed and new posters put into circulation.

Websites: Updated HealthInfoSource policy to remove language regarding provider exclusion based on location of practice, which allows for more Colorado-licensed telehealth providers to be included on the site. HealthInfoSource successfully migrated to Drupal 10 platform. Continued working with Finance Department on design and placement of a bill payment option on Health District website.

Staffing Update: The Digital Media Specialist position is open. (1.0 FTE) Position was posted in December.

Staff Summary

Window tinting and blinds to help with energy efficiency were added at the 202 Bristlecone lobby and the south side of 425 West Mulberry.

New lockers were installed in the 202 building to help with storage of clothing and supplies for dental assistants and front desk staff.

A 4K HDR projector was installed in the Longs Peak conference room to upgrade video quality and provide quieter operation. A TV monitor was also installed in the Executive Director's office for more efficient video conferencing.

A new dental chair and two new delivery units with associated cabinetry were installed in operatories F and G, replacing 26-year-old equipment which can no longer be repaired.

Deployed 11 new printers and copiers throughout the organization to complete 2023 budgeted expenditures.

Information Technology closed 47 Help Desk work orders for a total of 12.10 hours spent on them.