Health District
OF NORTHERN LARIMER COUNTY

Board of Directors Regular Meeting

Location:	120 Bristlecone Dr., Fort Collins, CO 80524 or Zoom
Date:	February 27, 2024
Time:	5:30 PM

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. Public Health Director of Larimer County — Tom Gonzales
b. Health District 30th Anniversary — Richard Cox
c. Year End Reports — Alyson Williams/ Liane Jollon

6:15 PM **IV. Consent Agenda**

a. January 23rd, 2024 Meeting Minutes
b. December 2023 Financials

6:20 PM **V. Action Items**

a. Deconflicting Handbook Language due to change from IML to IPL — Misty Manchester
b. Policy Updates from Legislative Session — David Navas
c. Special District Representation on Fort Collins URA Board — Chris Sheafor

6:40 PM **VI. Reports**

a. Liaison to PVHS/UCHealth North Report — Celeste Holder Kling
b. Health District Building Tour — Chris Sheafor
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. March 20, 2024, 4:00pm – Joint Board Meeting with PVHS/UCHealth North

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.

Health District
OF NORTHERN LARIMER COUNTY

AGENDA DOCUMENTATION

Meeting Date: 2/27/2024

SUBJECT:

Health District 30th Anniversary

PRESENTER: Richard Cox

OUTCOME REQUESTED: ____ Decision ____Consent __X__Report

PURPOSE/ BACKGROUND

A brief presentation on activities planned to celebrate the Health District's 30-year anniversary.

Attachment(s): none

FISCAL IMPACT

STAFF RECOMMENDATION

Health District
OF NORTHERN LARIMER COUNTY

AGENDA DOCUMENTATION

Meeting Date: February 27, 2024

SUBJECT: Year End Reports

PRESENTER: Alyson Williams

OUTCOME REQUESTED: ____ Decision ____Consent __X__Report

PURPOSE/ BACKGROUND

Presenters will provide an overview of the work programs and departments accomplished in 2023. These reports aim to highlight accomplishments, acknowledge challenges experienced, discuss quality improvement initiatives, feature external collaborations, and share strategies employed to promote health equity.

Attachment(s): Year End Reports for each of the 15 programs/departments.

FISCAL IMPACT

None.

STAFF RECOMMENDATION

None.

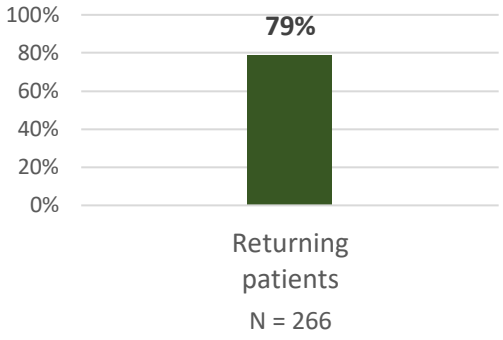
Program Introduction

The Family Dental Clinic (FDC) provides high-quality and affordable comprehensive dental care to children, adults, and seniors living in the Health District who meet certain income levels and cannot afford the full cost of care. The Dental Clinic offers an income-based sliding fee scale and accepts those insured by Medicaid and CHP+. Funding for seniors 60 and older is available through Colorado's Senior Dental Health Program (SDP) and Larimer County's Office on Aging (LCOA) grant funds.

FDC staff also participate in outreach and screening events such as Project Homeless Connect and Poudre School District Early Childhood Screenings, and the coordination of dental care under general anesthesia through the General Anesthesia Program (GAP) for those with severe intellectual and developmental disabilities.

Year in Review

In 2023, the Family Dental Clinic aimed to serve 2,450 unduplicated patients. They successfully treated 2,282 patients, achieving 93% of their goal. These patients comprised both new and returning individuals seeking both planned and emergency dental services. The Family Dental Clinic served these patients over 8,478 service visits. There were 266 new patients in the first 6 months of 2023[1], excluding those whose first appointments were for limited, emergency treatments, and 79% became continuing patients. Becoming a continuing patient (receiving a comprehensive oral examination and returning for a second appointment) suggests that a community member has both found a dental home and is engaged in their oral health care.



"As a new patient, I was very nervous and insecure with having new people look at my teeth, but the staff were very friendly. I feel comfortable there and accepted."

"I have had nothing but good experiences here. My wife and son are now patients as well. My son says that it is the best dental experience he has had. Keep up the excellent work! Thanks!"

The FDC successfully navigated clinical staffing challenges in 2023, overcoming staffing and provider shortages with the addition of 1 FTE dentist, and were successful in filling 2 of the 3 open Dental Assistant positions. Staff planned for a partnership with Front Range Community College to welcome

[1] Patients who received a comprehensive oral examination between January 1 and June 30, 2023, are included. This allows for a subsequent appointment in 2023 to indicate a continuing patient.

dental assistant and dental hygiene student rotations for the first graduating class of the new dental hygiene program in 2024.

The clinic enhanced patient care by hiring an additional bilingual Patient Care Coordinator to emphasize the importance of oral health and assist patients in navigating barriers that prevent them from completing treatment.

Community outreach efforts included 185 Poudre School District students provided a dental screening for and 16 for La Familia, a Latinx community resource center, both community screenings identified 18 cases requiring immediate attention.

The GAP program for developmentally disabled adults served 21 patients under general anesthesia and was relocated to Poudre Valley Hospital, optimizing operating room availability and patient access. Facility upgrades, specifically in two dental operatories, improved workflow, ergonomics, and efficiency for dentists and assistants for continuous improvement in oral healthcare services.

Looking Ahead

In 2024, the Family Dental Clinic aims to accomplish the following:

- Fill open dental hygienist and dental assistant positions.
- Improve and monitor processes to track completed treatments.
- Improve scheduling guidelines to increase patient access.
- Engage in community screenings and increase outreach events to raise awareness of services and promote access to care.
- Complete modifications to wheelchair lift for full functionality to increase patient comfort and support proper ergonomics for staff.
  Begin Front Range Community College dental assistant and hygiene student rotations to increase community workforce and create a recruitment pipeline for the Health District.

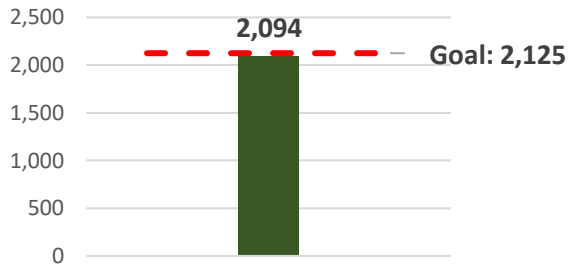
Program Introduction

Child, Adolescent, and Young Adult Connections (CAYAC), as a part of Mental Health Connections, is a multi-disciplinary team that serves the youth of the district for behavioral health needs. This includes medication evaluation and management; psychological testing; brief psychotherapy; and care coordination to ensure the youth are able to connect with on-going care in the community when needed. Medication evaluation by a psychiatrist is assessment, diagnosis, treatment, and medication recommendations, medication management of medication prescribed, and follow ups with the Child Psychiatrist or Psychiatric Nurse Practitioner. CAYAC providers have also partnered with community schools and other programs to provide presentations about different behavioral health related topics when requested. Mental Health Connections keeps Healthinfosource.com, a website listing local behavioral health providers, their specialties, and accepted pay sources, up to date.

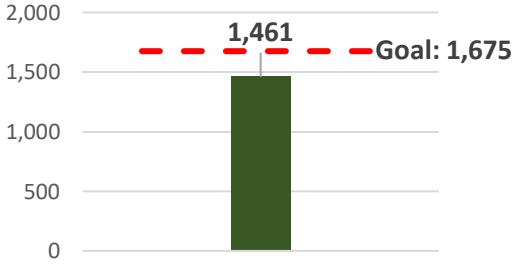
Year in Review

CAYAC is fully staffed and continues to provide referrals for on-going community services, offers in-house brief services, and a medication prescriber consult line to community providers.

The CAYAC team set a goal to support 2,125 unique youth in 2023. The team reached 99% of their target by serving 2,094 unduplicated youth through 18,675 services in 2023. Of those, 2,032 clients received care coordination, 71 clients received brief therapy, 108 clients received psychological testing, and nearly 10% of clients (223 clients) received medication evaluation and management services. In addition, the CAYAC team aimed to complete needs assessments for 1,675 youth. The team as able to assess 1,461 youth, reaching 87% of the target.



Unduplicated clients served



Unduplicated clients with a needs assessment

The new Mental Health Connections Manager was hired July 2023 after a long vacancy in the position. This will allow needed support for the implementation of structure, and forward movement for various projects. The new manager has spent a significant amount of time getting to know the community partners, understanding the role the team has within the community, and preparing for significant projects, including moving toward billing Medicaid for services to increase the sustainability of the program.

An additional full-time psychologist was hired in late 2023 to increase testing capacity and decrease wait times to better meet the needs of the community. Psychological testing by a psychologist assesses strengths and weaknesses and differentiates between diagnoses to inform recommendations for treatment.

The CAYAC team continued to provide external support in the community through providing educational presentations around various behavioral health topics and having presence at local events to represent the program and answer questions.

Looking Ahead

The following are key priorities for CAYAC in 2024:

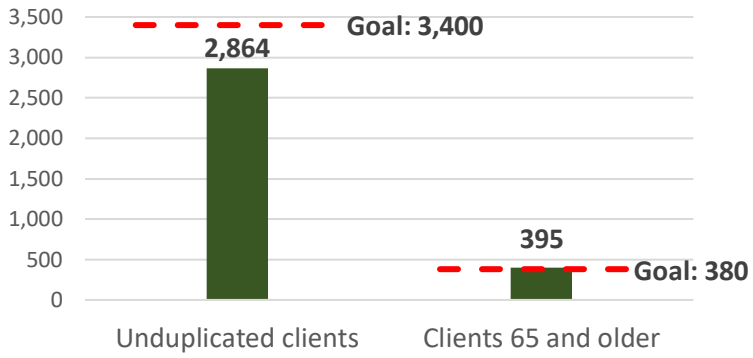
- Prepare for and launch Medicaid billing.
- Explore and select compliant electronic health record platform.
- Work with the Outreach and Education team to increase those efforts.
- Determine and implement updated base fees.
- Evaluate demand for CAYAC services as well as internal and external capacity.
- Create role clarification and improve operational efficiency.
- Hire grant funded Psychiatric Nurse Practitioner and Clinical Care Coordination Specialist to work directly with Poudre School District (PSD) and SummitStone Health Partners to support PSD students and families.

Program Introduction

Adult Connections, a part of Mental Health Connections, provides behavioral health support to the community through appropriate referrals for on-going behavioral health services, taking into account insurance and other needs and preferences; brief psychotherapy; and critical incident support for community members. Mental Health Connections keeps HealthInfoSource.com, a website listing local behavioral health providers, their specialties, and accepted pay sources, up to date.

Year in Review

Although there were staffing vacancies, Mental Health Connections served 2,864 adult clients in 2023. To be counted as a client, the individual must have received at least one service (i.e. needs assessment, brief therapy, care coordination, and emotional bridge support). Brief therapy was provided to 11 clients. Nearly all clients, 2,728, received care coordination services. Emotional bridge support was provided to 127 clients. Most clients (2,182) received a needs assessment. In addition, 1,788 referrals to a community provider were given to 1,204 individuals. The Mental Health Adult Connections team set out to support 3,400 unique adults, with a specific focus on assisting 380 adults aged 65 and older. The team surpassed their target for older adults by serving 395 individuals in this age group.



"Thank you so much for the help! I was struggling to find a therapist that was taking on new clients and you all helped me find someone. I am so appreciative!"

"I am very pleased with the referral I received. I wasn't sure where to start and made a comment to my doctor and she sent my name over to Connections and I received a call the next day. Thank you!"

The new Mental Health Connections Manager was hired July 2023 after a long vacancy in the position. This will allow for more support, implementation of structure, and forward movement for various projects. The new manager has spent a significant amount of time getting to know community partners, understanding the role the team has within the community, and preparing for significant projects, including moving toward billing Medicaid for services to increase the sustainability of the program.

Adult Connections provided support to external partner Crossroads Safehouse following tragic events within their organization including a group incident debriefing and individual support for those living within Health District boundaries. Other external community support activities included bilingual care

coordinator participation in a Neighbor 2 Neighbor event to bridge the gap with community members who speak Spanish.

Looking Ahead

The Mental Health Connections Adult Team has identified the following priorities for 2024:

- Evaluate to determine the Adult Mental Health Connections program's role in community.
- Evaluate the HealthInfoSource platform and the extent of its role as a tool in care coordination.
- Prepare for and launch Medicaid billing.
- Explore and select compliant electronic health record platform.
- Work with the Outreach and Education team to increase those efforts.
- Determine and implement updated base fees.

Program Introduction

The Health District's Integrated Care (IC) program provides behavioral health services within two safety net primary care clinics in Fort Collins: Salud Family Health Center (Salud) and the Family Medicine Center (FMC). The IC team includes master's level behavioral health professionals (Behavioral Health Clinical Therapists, BHCT's), a Psychiatrist, a Clinical Care Coordination Specialist, and a Program Assistant. BHCT's offer consultations to patients at FMC and participate in group medical visits as part of a multidisciplinary team. In addition, BHCT's provide mental health and substance use disorder treatment for individual patients. The psychiatrist provides psychiatric assessments and treatment recommendations within both safety net clinics, psychiatric evaluations, and medication management in the community dual disorders treatment program (CDDT), training of family practice residents at FMC and more informal consultations to providers at all sites. The BHCT's and psychiatrist provide formal and informal education to the family practice medical residents at FMC. The Clinical Care Coordination Specialist supports the specialty clinics at FMC (Chronic Pain and Medication Assisted Treatment). The Program Manager completes psychosocial assessments for youth and adults as well as participates in the medical student interview process.

Year in Review

Although the Integrated Care program experienced significant changes during the year, the team served 1,161 patients over 4,288 services in 2023. Changes began in the first quarter when the remaining BHCT providing services at Salud moved to FMC to fill an unexpected vacancy. Subsequently, the decision was made to forego providing BHCT FTE to Salud, and the Health District's Integrated Care contract with Salud was updated to reflect Psychiatric services only.

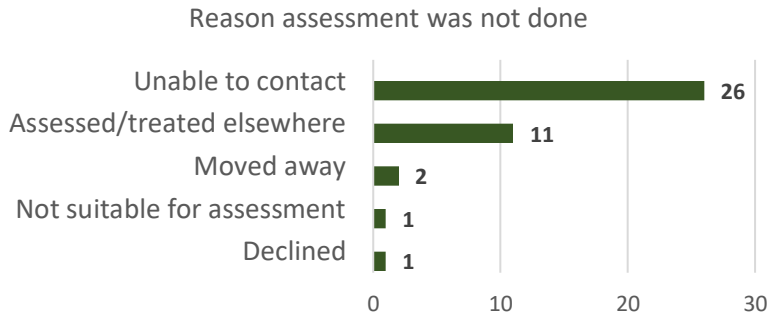
While the Integrated Care Program experienced staffing challenges throughout the year, the remaining BHCT's worked together to strategize how to maximize resources, remain serving clients, and fulfill the many other duties included in the team's ongoing work. Part of this work included the strategic realignment of resources to add a Clinical Care Coordination Specialist position, a newly created position on the IC team designed to support the Pain Clinic and Medication Assisted Treatment (MAT) program at FMC. Those duties were previously supported by a higher level, licensed BHCT.

The Program Manager participated in the medical student interview and rank day process. Over the 2022-2023 interview season, 561 medical students applied to the FMC residency and 141 of those students were interviewed. FMC successfully filled their 8 intern slots in March of 2023. The intern class started during the summer of 2023 and interns are actively interacting with the IC staff to manage patient care.

A BHCT presented on the benefits of laughter both at an FMC All Staff and as the monthly topic for Pain Clinic groups. The same BHCT is part of a system wide work group looking to create better uniformity in chronic pain management across the UCHealth system. Another BHCT took residents to tour a local

Intimate Partner Violence facility during their Wednesday afternoon educational block. That same BHCT taught a lecture to medical students at CSU titled "Musculoskeletal and Integumentary Systems, Week 7-3: Intimate Partner and Family Violence 101."

The Program Manager continued to provide youth and adult psychosocial assessments for FMC patients. These evaluations aim to gather more information to help differentiate ADHD/ADD from other potentially confounding diagnostic choice points. The Integrated Care Team's Program Manager aimed to complete psychosocial assessments for 35 individuals (25 adults, and 10 youth) referred for screening/assessment. While the manager participated in level-loading clinical duties while the team experienced staffing gaps, a total of 30 assessments were completed (22 adults, and 8 youth) which was just shy of the goal. Of the 79 adult patients referred for psychosocial assessment, 28% completed an assessment (n=22 out of 79). The chart below provides a breakdown of the common reasons why assessments were not completed. Due to limitations in the Health District's ability to access medical record data for youth referred for assessment, insights into the assessment completion rates for youth are not available.



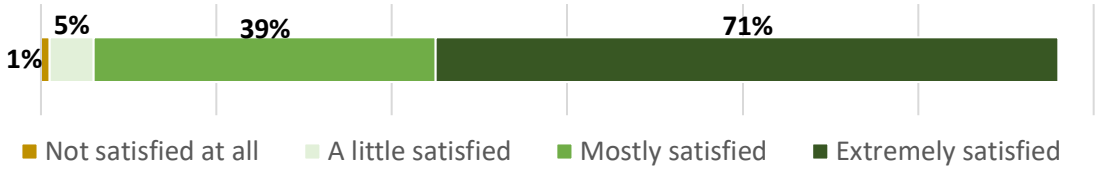
The Program Manager, Program Assistant, and Clinical Care Coordination Specialist participated in discussions with the Research and Evaluation Team about improving the evaluation process for the IC Team. These discussions included addressing the lack of access to program data through UCHealth and brainstorming better ways to collect meaningful data.

The Integrated Care psychiatrist continues to see patients for consultations at Salud, participates in a collaborative teaching model with residents at FMC, and provides direct community services through SummitStone Health Partners in the Community Dual Disorder Treatment (CDDT) team. None of the 20 patients served by the CDDT team required inpatient psychiatric treatment in 2023, a significant marker of the program's success from a cost savings perspective. While the Integrated Care program did not establish a specific goal for the number of psychiatric assessments to be completed in 2023, 26% (311 out of 1,161) of patients served by the program received a psychiatric assessment. Psychiatric assessments play a crucial role in identifying and addressing mental health concerns within the broader context of the patient's medical care. These assessments and resulting recommendations support the medical provider's ability to provide appropriate, holistic care.

The Program Manager, BHCT, and Clinical Care Coordination Specialist collaborated with FMC and Northern Colorado Health Network (NCHN) staff to improve clinical and logistical processes for both the in-house medication assisted treatment (MAT) program and the resident run partnership with NCHN.

The BHCT and Clinical Care Coordination Specialist work closely with the FMC physician to coordinate efforts.

Thie year, most satisfaction surveys were completed by pain clinic patients (n=117) and, despite the service being a requirement to receive a prescription for opioids for chronic pain, patients are largely satisfied with the pain clinic.



Looking Ahead

The following are key priorities for the Integrated Care team in 2024:

- Complete work to streamline program workflows to enhance team efficacy.
- Complete work to clarify BHCT's roles and maximize the IC team's impact on outcomes.
- Fill remaining staff vacancies.
- Conduct separate MAT and Pain Clinic retreats to evaluate the programs to date and mindfully plan for future expansion or reconfiguration.
- Continue the Program Manager's participation in a workgroup to improve the medical student interview process at FMC.
- Develop a communication strategy clearly articulating the benefits of the Integrated Care Program.

Larimer Health Connect Program Introduction

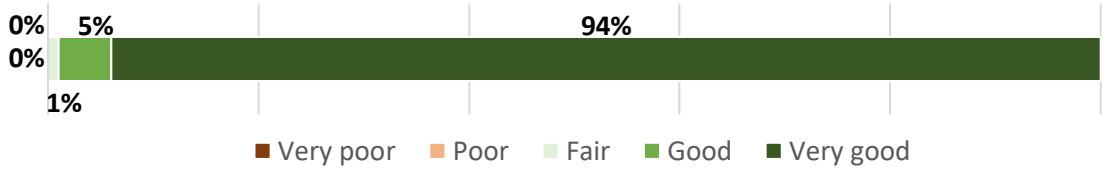
Larimer Health Connect (LHC) provides health coverage counseling and facilitates enrollment into health insurance coverage. LHC aims to bolster enrollment in health insurance, including Medicare, Medicaid, Child Health Plan Plus (CHP+), and private insurance offered on the Connect for Health Colorado (C4HCO) Marketplace. LHC offers free, in-person help at two locations (on Mason and at 120 Bristlecone) in Larimer County, via phone, Zoom, and occasionally at partner-hosted sites.

Certified Health Coverage Guides (HCGs) provide support throughout the enrollment process. By liaising with multiple county and state entities, HCGs promote client understanding and coverage retention. The scope of a HCG includes community outreach, pre-enrollment education, health insurance literacy with a cultural competency lens, application counseling, and post-enrollment support. LHC aims to create a community of empowered health care consumers.

Larimer Health Connect Year in Review

Early in the year, staff transitioned from working remotely part of the time to being physically present in the office. Although staff resumed in-person services, remote visits remained available, which included appointments by phone and video conferencing as these options are very convenient in helping to meet the needs of the community. The team demonstrated resilience and commitment to upholding the program's mission during times of staff transition throughout the year. Several vacancies were successfully filled, and new team members include two HCGs and a front office associate.

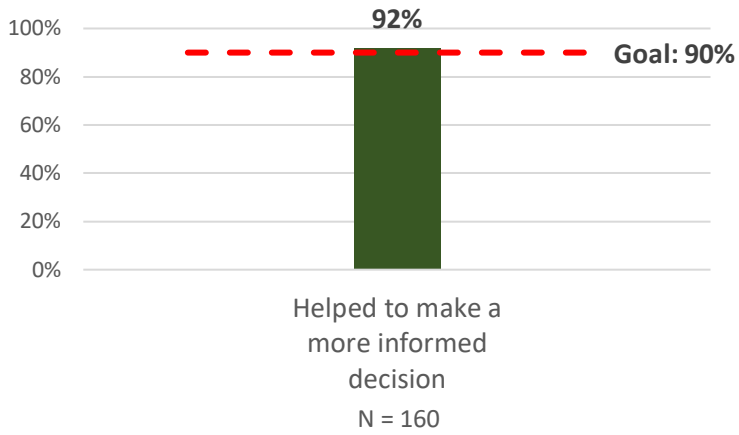
The team continued to participate in community events, attended local and statewide coalition meetings and met with new and existing partners to see how to best work together to serve the community as efficiently as possible. Larimer Health Connect served 1,908 clients through 4,120 encounters in 2023. Larimer Health Connect keeps a close eye on client satisfaction, aiming for a "good" or "very good" experience for at least 95% of those they assist. In 2023, 9.5% (n=178) of their clients submitted a satisfaction survey. Among those surveyed, 99% rated their experience with a Health Coverage Guide as "very good" or "good."



This year, significant additional work was taken on to address the unwinding of Medicaid's continuous coverage which impacted individuals who have relied on Medicaid coverage since March 2020. The team reserved dedicated time, attention, and resources to help address the challenges faced by those affected as many experienced various issues with their coverage. The backlog in the processing of

verifications and renewals caused many individuals to lose coverage erroneously. Additionally, loss of coverage continued to occur due to missed renewal paperwork submission deadlines. The team reached out to clients directly to help them through this process and help retain their coverage whether they were still eligible for coverage or needed to find other options so as not to have a gap in coverage. The team has successfully partnered with Rocky Mountain Health Plans to proactively reach out to individuals nearing their redetermination period.

The Health Coverage Guides at Larimer Health Connect aim to help at least 90% of clients feel like they make a significantly more informed decision about health insurance coverage. To assess the program's impact on informed decision making, clients are invited to complete a web survey one to two months after meeting with a Health Coverage Guide. 9.5% (n=178) of clients served in 2023 completed the survey. Ten clients who completed the survey but said education from a Health Coverage Guide did not apply to them have been excluded. 92% (n=147) of survey respondents indicated that their Health Coverage Guide helped them to feel significantly more informed about health insurance coverage.



A significant amount of time was spent preparing for the arrival of the new Outreach and Education (O&E) Specialists, who joined the team in early September. The onboarding and training process involved comprehensive meetings with program managers and directors, providing them the opportunity to familiarize themselves with all Health District services. Following a thorough onboarding process, the O&E team began actively participating in community events, partner coalitions, and presenting information on Health District programs to new and existing community partners. The team completed the development of their strategic plan, which included defining their purpose, focus, objectives, goals, and scope of work. This achievement reflects a collaborative process, with program managers and directors providing valuable input and feedback. The progress made by the team since its inception is noteworthy and anticipated to result in a positive impact both internally and externally.

Larimer Health Connect Looking Ahead

In 2024, key priorities will include:

- Broaden the team's reach and offer increased appointment capacity.
- Prepare to assist an expanded demographic of undocumented children and pregnant women, through the Covering All Coloradoans initiative.

Prescription Assistance Program Introduction

The Prescription Assistance (PA) program operates within LHC and helps Health District residents afford the cost of medications. Staff help consumers navigate options for lower cost medications, from discount cards to Manufacturers' Patient Assistance Programs (MPAPs). The program also meets the needs of clients by providing vouchers for prescriptions or assistance through Rx Outreach, while helping explore health coverage options that will better meet prescription needs.

Prescription Assistance Year in Review

Over the year, the program experienced some planned changes. The most notable being the retirement of our original prescription assistance lead, and the creation of a new hybrid health coverage/PA specialist position. A seasoned health coverage guide was selected to fill the role.

The PA program has seen a gradual increase in demand due to the conclusion of the COVID-19 Public Health Emergency (PHE), as individuals who were locked into Medicaid coverage during the pandemic began to lose coverage. As of May of 2023, the State has returned to normal renewal processes and as a result, many no longer meet the eligibility requirements and need to explore other health coverage options. While some lost coverage because they were truly no longer eligible, others have experienced erroneous loss of coverage. These factors have resulted in temporary gaps in coverage affecting their ability to obtain or afford their prescriptions.

The Prescription Assistance program set a goal to assist 50 unique clients in 2023. Surpassing expectations, they effectively served 54 clients over 115 contacts. Those reported as served in 2023 filled a prescription, ensuring utilization of the program's resources. On average, the Prescription Assistance program subsidized the cost of four prescriptions per client who received assistance.

In 2023, the program disbursed 209 vouchers with a total value of $14,266.90, covering 92% of the total cost of prescriptions for clients served. The range PA covered per prescription was $2-$1,050 and clients' shares were $0-50.

Looking Ahead

In 2024, key priorities will include:

- Address ongoing increase in client demand for prescription assistance services as the Medicaid Unwinding continues to unfold.
- Strengthen the collaboration with pharmacies to maximize the efficiency of voucher processes for everyone involved including clients, pharmacies, and prescription assistance staff.

Program Introduction

The Health District's Heart Health Screening program provides free cholesterol, blood pressure, and blood sugar screenings along with education, referral, and follow-up to clients at routine community-based clinics and other sites where under-resourced community members can be served. In a 20-minute appointment, nurses obtain and explain test results as well as provide lifestyle and nutrition counseling. They also make recommendations for clients to follow up with their primary care provider (PCP) and dieticians, if indicated. Extra counseling is offered for those who are screened to be at high risk. Follow-up phone calls are made to clients who were given recommendations to see their PCP or inform their doctor of test results within a month. At certain locations, blood pressure and blood sugar only checks are offered instead of the full cholesterol test. Beginning in August 2023, the program shifted towards reaching out to identified priority populations to participate in routine community clinics as well as providing more screening clinics at targeted locations such as La Familia, permanent supportive housing communities, and the Murphy Center.

Year in Review

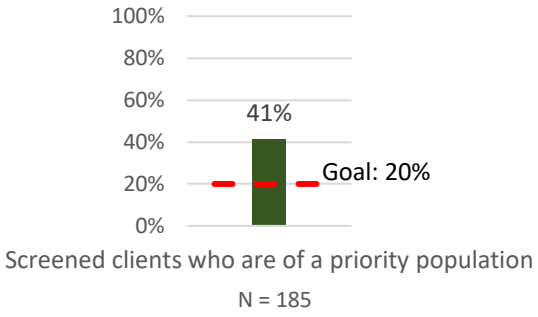
Heart Health Screening program served 537 unduplicated clients through 578 screenings. The program nearly reached its goal of screening 550 unduplicated clients during the year.

- 51% of the individuals screened (273 out of 537) had their cholesterol (LDL), triglycerides, blood pressure, and blood sugar under control.
- 49% of clients screened (264 out of 537) received high or very high results in cholesterol (LDL), triglycerides, blood pressure, and/or blood sugar.[1]
- 95% of clients screened at routine community clinics (clinics open to all Health District residents) met eligibility criteria (meaning the client has not been screened within the past 12 months).
- 19% of clients screened at routine clinics stated they have Medicaid, no insurance, and/or utilize a resource assistance program (i.e. housing vouchers, the Supplemental Nutrition Assistance Program [SNAP], etc.).

A monthly review was conducted to ensure that clients met eligibility requirements.

A recent program goal has been added to attract targeted under-resourced community members to routine clinics. Priority populations that have been identified are unhoused community members, permanent supportive housing residents, Hispanic/Latinx community members, and/or members of households with lower incomes. Health District nurses collaborated with Homeward Alliance and Housing Catalyst to schedule biometric screening clinics for guests/residents, worked with La Familia to

[1] Repeat clients with high numbers at any screening in the year are counted once here.



provide biannual heart health screenings to Spanish-speaking community (La Familia provided interpreters), and developed a new partnership with the UCHealth Community Health Improvement team to facilitate care coordination and referrals. Since nurses formally shifted to the strategy of providing intentionally located clinics to reach priority populations in August 2023, 6 biometric screening clinics for priority populations were held. Also at that time, data collection was altered to identify members of priority populations. A total of 185 clients were screened from August 2023 through December 2023, 41% were identified to be a member of a priority population.

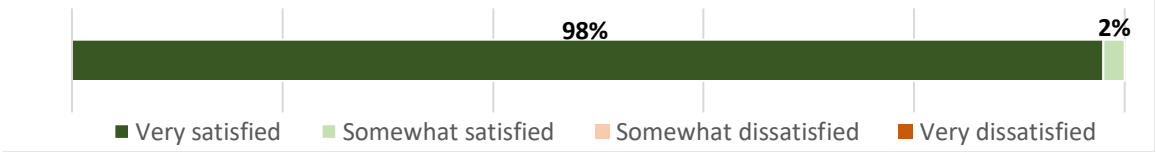
Priority Population	Count of Unduplicated Clients (populations are not mutually exclusive)
Unhoused	11
Permanent supportive housing residents	25
Hispanic/Latinx	32
Members of households with lower incomes	63

Additionally, staff worked with Communications and Outreach & Education to develop materials and plans for reaching priority populations. Flyers were developed with a program description to be handed to clients in the Dental Clinic and Larimer Health Connect. Communications used geo-fencing to direct social media ads and the nurses took initial steps to provide heart health screenings to local businesses that employ significant numbers of individuals in priority populations.

There were some challenges with the program shift such as poor client engagement at specific priority population locations including Murphy Center, Mason Place, and Redtail Ponds, which aimed to serve those who are unhoused or reside in permanent supportive housing. A partnership with the care coordinator from Rocky Mountain Health Plans was trialed; however, it was not consistent for the needs of the Heart Health program. In addition, outreach to other housing communities and organizations such as Family Housing Network was challenging due to other pressing priorities for their clients..

The Heart Health Program purchased glucometers and pivoted to doing only blood pressure and blood sugar screenings at certain locations where services are provided on a quarterly basis. Full cholesterol testing is provided once a year at these locations. This allowed for an increase in the number of people served and for their most urgent needs to be addressed.

Each of the 116 heart health program clients who submitted a survey were satisfied with the services they received during the visit.



In addition to heart health programming, nursing staff:

- Vaccinated 175 community members against flu at various locations (La Familia, Red Feather Lakes, Mason Place, Redtail Ponds, and Murphy Center).
- Organized and operated flu vaccines clinics for staff members and their eligible family members.
- Partnered with the Larimer County Department of Health and Environment to provide the Health District's flu vaccine supply and nursing support during monthly vaccination clinics at the Murphy Center.
- Participated in ongoing conversations and large group planning meetings with SummitStone Health Partners regarding the role Health District nursing staff will play in the developing Murphy Center clinic.

Looking Ahead

Key priorities for 2024 include:

- Use strategies to reach out to Health District clients from other programs to inform or refer them of/to the Heart Health Screening program.
- Increase outreach to small local businesses to screen employees.
- Determine the role of nurses in Murphy Center Medical Clinic.
- Work with Health District program events to offer biometric screenings.
- Investigate collaboration with Poudre Fire Authority's Community Health Program
- Continue working with Communications and Outreach & Education to develop materials and plan for reaching priority populations.
- Meet with UCHealth Community Health Improvement team quarterly.
- Improve utilization of in-person interpreters and translation services to increase outreach to Spanish-speakers.

Program Introduction

Since 1998, the Health District of Northern Larimer County has offered in-person tobacco cessation counseling through the Quit Tobacco Program (QTP) using a client-centered approach. At no cost to clients in northern Larimer County, a certified tobacco treatment specialist (TTS) provides individual, buddy, and group cessation and follow-up support services to those who smoke, chew, or vape. Free nicotine replacement therapy (NRT) is provided after enrollment. Clients are assisted in developing a plan for quitting, dealing with triggers/cravings as well as relapse prevention. The Tobacco Treatment Specialist also helps community health care providers acquire skills and referral tools to assist their patients in quitting tobacco through training, written materials, referral resources, and presentations. QTP typically collaborated with Family Medicine Center, Associates in Family Medicine, and Salud Clinic to accept referrals for clients who wanted to work with a Tobacco Treatment Specialist (TTS) to quit using tobacco. Self-referrals were accepted as well.

At the end of the first quarter of 2023, QTP developed a new partnership with Poudre Valley Hospital (PVH) to implement a pilot project, Bedside Intervention (PVH Bedside project). In November, QTP stopped accepting all referrals from outside sources, including self-referrals, except PVH to focus solely on bedside intervention. The TTS is on site at PVH approaching eligible patients with information about the program 3 hours per day for 3 days a week at PVH beginning in May 2023. The TTS approaches patients identified by PVH to provide education, determine interest in quitting tobacco, and if interested referring to the QTP or the Colorado QuitLine (depending on Health District residency). After the patient's discharge from the hospital, three phone calls are made to schedule the program enrollment session with the TTS. The remainder of the program sessions for a client remains consistent with the legacy outpatient model utilized by QTP.

Year in Review

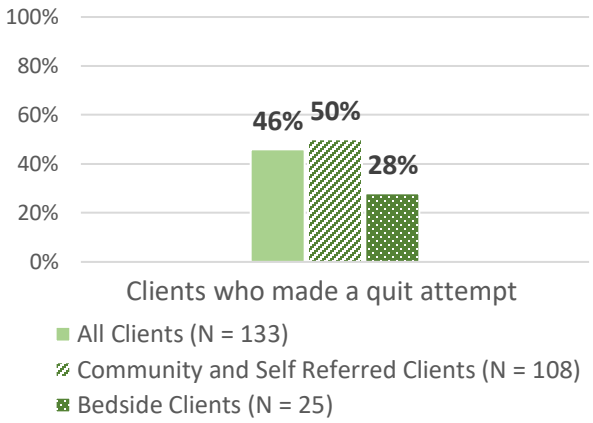
Throughout 2023, the Quit Tobacco Program served 152 unduplicated clients over 639 sessions.

Priorities for the first month of the PVH Bedside project included learning the Epic electronic health record (EHR) system, creating the tobacco treatment protocol, and adding hospital units incrementally to the project to increase patient outreach. PVH collaborated with the TTS to help with automation in Epic workbench reports to get data more quickly so they could spend more time with patients. The TTS met frequently

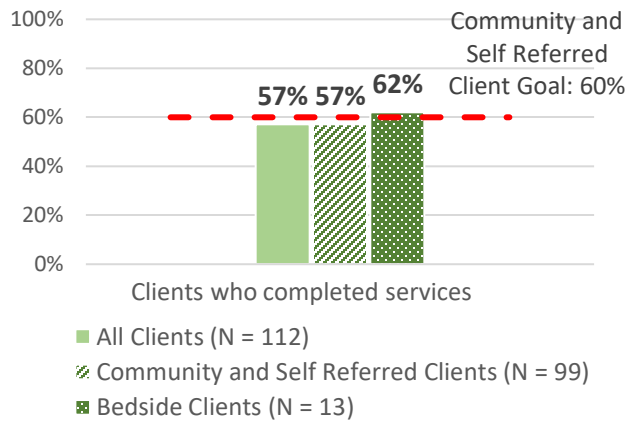
"The difference maker for me was that Rosi really came across as caring about me. My sense is that I, and maybe other people, see addiction as this really difficult battle that we must face alone, and that no one really cares if we win or lose. For someone outside ourselves to come along and overcome that unhelpful mindset requires empathy and understanding and tenderness, all in great degrees. I honestly think it just takes really special people to hold up a lantern against the darkness that a nicotine addiction can create."
-QTP client

with the PVH system Medical Director of Informatics to get the project up and running smoothly. One priority focused on reaching out to providers to write prescriptions for nicotine replacement for patients upon discharge, which was a rarity before this project. This saves the Health District money and gives patients a chance to continue nicotine replacement once they leave the hospital. The TTS also worked with an Epic expert to streamline the electronic referral process to the Health District. Program staff worked with the Health District Research and Evaluation team to collect accurate data for PVH Bedside project. Oftentimes, hospitalized patients are unable to engage in a consultation with the TTS due to being heavily medicated, experiencing severe medical and/or mental health issues, actively receiving treatment, etc. This created some challenges for getting clients to enroll.

The program experienced some challenges during 2023. Staffing decreased to 1 full-time TTS when the part-time TTS left the Health District in June, and the position was not rehired. This decreased the number of clients the TTS was able to serve. In addition, several times during 2023 there were interruptions to the technology for receiving faxes from referring partners.



A total of 267 individuals were referred to the program either through community and self-referrals or through the PVH Bedside project. During each session, the TTS asks about any quit attempts, an average of 46% of clients made a quit attempt during services.[1]



An average of 57% of clients completed services within 3 months of enrollment.[2] A goal of 60% of clients completing the program. This goal was set only for clients who did not enter the program through the PVH Bedside project because prior years' results were available to inform the goal.

[1] Clients who enrolled in 2023 and made a quit attempt by January 31, 2024 are included. Though exceptionally rare, clients who were quit as of enrollment cannot be identified and may be represented as not making a quit attempt.
[2] Clients who enrolled in 2022 and completed services (participated in the initial consultation and at least 4 sessions) in 2023, and those who enrolled in 2023 before November 1st (to allow for 3 months of services by January 31, 2024) are included.

Program Introduction

The goal of the Community Impact Team (CIT) is to organize the Health District's efforts to make long-term, systematic, and equitable changes in those areas that are most likely to significantly improve the health of the community. This includes helping to identify gaps and opportunities through data collection and conversations with community partners. A long-term focus CIT has been working on is mental health and substance use. The Health District and CIT have facilitated the Mental Health and Substance Use Alliance of Larimer County (MHSU Alliance) since its inception. The purpose of the MHSU Alliance is to restructure the system of mental health and substance use disorder services and improve responsiveness to the needs of those individuals most affected by substance use disorders and mental illness in the community. The goal of the group is to create a well-coordinated, well-funded continuum of mental health and substance use disorder treatment services to promote a healthier community through healthier individuals and families.

Year in Review

In 2023, the CIT Team experienced staff turnover, resulting in a lack of dedicated staff for several months. During the first quarter of the year, the CIT Team was staffed by the Resource Development & Special Projects Manager as the Interim CIT Manager. The Director of Planning, Policy, Research & Evaluation was onboarded in March 2023, with the Resource Development and Special Projects Manager continuing to support ongoing CIT projects until the team was staffed. In November 2023, a CIT Manager was hired and successfully onboarded. During the last two months of 2023, the CIT Manager focused on onboarding, meeting community partners, and preparing to reconvene the MHSU Alliance in 2024. The CIT Manager took over naloxone training and managing the naloxone supply from interim staff and collaborated with the Outreach & Education Team to cross-train for back-up for training. In total, staff provided 626 naloxone kits to community members and partner organizations in 2023.

Recovery Support Services Report

During the first quarter of 2023, CIT completed work with The Steadman Group to finalize and share the results of an environmental scan of Larimer County Recovery Support Services with the MHSU Alliance and community partners. The final report included results of the environmental scan as well as recommendations and tools to support organizations in expanding peer and recovery support services.

Youth Behavioral Health Assessment

In January 2023, the Health District contracted with the Aurora Research Institute (ARI) to assess the continuum of care for youth behavioral health in Larimer County. The resulting report and recommendations were published in November 2023. The assessment identified existing assets (resources, services, and supporting organizations for youth and families) and produced a map of these services, which CIT is sharing with partner organizations. The assessment resulted in nine

recommendations to improve youth behavioral health services in Larimer County and was incorporated into the second iteration Larimer County Community Master Plan (CMP) for Behavioral Health Services. The CMP will be published and shared in 2024 by the Larimer County Behavioral Health Services Department.

Changing Minds Campaign & Naloxone Education

The Changing Minds campaign is a substance use disorder (SUD) stigma reduction and public awareness project that was co-created by CIT and the MHSU Alliance. The North Colorado Health Alliance (NCHA) received funding through the Larimer County Regional Opioid Abatement Council (Council) for stigma reduction and determined the most effective use of the funds would be to allocate $20,000 in funding to the Health District to update the Changing Minds campaign, rather than initiating a new campaign or effort. In early 2023, with assistance through a contract with Toolbox Creative, CIT updated and enhanced the existing Changing Minds campaign materials to launch and coordinate a targeted community education and stigma reduction communications campaign. The developed materials were shared during Overdose Awareness Day (August 31, 2023) and its associated local events (on August 26 & 27, 2023). In the second half of 2023, efforts were directed towards enhancing and expanding the organic reach of the social media aspect of Changing Minds, featuring consistent content on Instagram and the newly launched Facebook page.

Looking Ahead

Key priorities for 2024 include:

- Hire two Community Project Coordinators to round out CIT staff, with one to focus on behavioral health efforts.
- Create a CIT strategic plan to guide the work of the team and inform the budgetary needs of the program in 2025.
- Reconvene Mental Health and Substance Use Alliance, including planning and implementing a strategic planning retreat to redefine shared work and priorities.
- Refresh Changing Minds campaign by incorporating updated language and creating messaging that prioritizes target populations, such as youth.
- Prioritize the Youth Behavioral Health Assessment recommendations and identify key partners and champions.
- Continue to collaborate with partners to identify and address systemic gaps in health that align with the current priorities of the Health District.

Program Introduction

Policy staff have a primary mandate to monitor, prioritize, and influence legislation and other policy. Staff engage in research, internal and external collaboration, drafting comprehensive analyses, and presentations to inform the Board of Directors. The program monitors legislative landscapes, identifying key issues and trends that have the potential to impact community health and operational efficiency. When directed by the Board of Directors, policy staff take proactive steps to engage with policymakers at the state, local, and federal levels. This advocacy aims to ensure that the Health District's voice is heard, fostering positive action, and advising policymakers on critical policy matters. Recognizing the interconnectedness of our work, policy staff consistently collaborate with partner agencies at both local and statewide levels. This collaboration enhances the impact on policy issues directly aligned with Health District priorities.

Year in Review

During the first quarter of 2023 the program was not staffed and program activities during the beginning of the 2023 state legislative session were supported through a contract with Frontline Public Affairs. The Director of Planning, Policy, Research and Evaluation was onboarded and began work in the second quarter through the summer to collaborate with Health District health services staff to understand the potential effect of passed legislation and proposed policy issues on the health of the community and the operations of the Health District.

In the last quarter of 2023, a new Policy Analyst was onboarded. Much of this period was dedicated to monitoring interim committees and preparing for the 2024 legislative session. The focus was on proactively tracking legislative priorities set by programs and leadership such as the Governor's budget proposal, Joint Budget Committee, and Medicaid Provider Rate Review Advisory Committee. These efforts aimed to inform the policy program about the potential budget, changes to reimbursement rates, and other legislative priorities.

The Policy Analyst also engaged with various coalitions, including the Colorado Public Health Association, Special District Association, Colorado Consumer Health Initiative, and the Colorado Health Policy Coalition.

Special Session

In November 2023, the Health District had a unique opportunity to engage with property tax legislation during a Special Session of the General Assembly. Despite the time constraints, Health District staff played a role in passing amendments to protect Health Districts statewide and ensure that statutory timelines for budgetary processes were considered in changes to property tax assessment timelines.

Policy Agenda Development

In late 2023, the Policy Analyst focused on developing an adapted framework for the policy program, including the creation and implementation of a Policy Agenda. This aimed to streamline decision-making processes in legislative matters, reduce administrative burden, and enhance responsiveness during the fast-paced legislative session. Stakeholder engagement for the 2024 Policy Agenda included written feedback and unstructured interviews with programs and leadership to better understand health services programs and cross-cutting functions provided by the Health District.

Looking Ahead

Key priorities for 2024 include:

- Evaluate the creation and implementation of the Policy Agenda.
- Create and implement a plan to wrap up legislative session for a variety of audiences including the Board, leadership, and program managers.
- Iterate on the first organizational Policy Agenda and develop a project plan that allows for more engagement with both internal and external partners.
- Develop stronger relationships with organizations and staff working on policy issues in Larimer County, including the Larimer County Department of Health and Environment and United Way of Larimer County.
- Create a plan to better assess the impact of policies on different segments of the community, considering factors such as equity, diversity, and inclusion.

Program Introduction

The Research and Evaluation Team, now part of the Planning, Policy, Research and Evaluation (PPRE) Department, plays a crucial role in providing objective data to assist leadership and the board in planning programs and priorities. Engaging in three primary functions— (1) internal program evaluation, using Results-Based Accountability, (2) community health assessment, and (3) dissemination—the team provides comprehensive insights into community health needs and the impact of Health District services on the health of individuals in Northern Larimer County. The team conducts a triennial community health assessment, rigorously evaluates programs, and actively disseminates findings to support local health improvement efforts. The team aspires to apply robust research and evaluation methodologies, serve as a credible source of information, and uphold a commitment to excellence and collaboration.

Year in Review

2023 was a year characterized by transition and opportunity, marking significant changes in leadership structure, personnel, and operations strategy. The team transitioned from being led by the Medical Director to becoming a part of the PPRE Department. The introduction of a new Research & Evaluation Manager with a background in health services research and a commitment to operational excellence strengthened the team's focus on building organizational capacity for more systematic evaluation. Operating with a reduced headcount (two instead of three FTE) the team successfully navigated transitions, maintained primary functions, implemented quality improvement initiatives, and engaged in collaborations to strengthen community partnerships.

Internal Program Evaluation

The team implemented new evaluation activities for 3 programs (Outreach and Education, Unite Us, Quit Tobacco Bedside Intervention) while sustaining program evaluation and reporting for 7 health services programs (Integrated Care, Larimer Health Connect, Prescription Assistance, Heart Health, Adult Connections, CAYAC, and Dental Services). In addition, staff closed out program evaluation and reporting for the Advanced Care Program.

The team was dedicated to conducting continuing quality improvement processes, including:

- Committed to rigorous application of Results-Based Accountability principles with the intention of enhancing impact measurement.
- Worked with program managers to identify over 20 improvements for routine evaluation processes. Changes include refining performance measures, involving community input, establishing data definitions, streamlining reporting, and modernizing survey technology. The team aims to implement these changes alongside new strategic objectives in 2024.
- Created an initial repository of standard operating procedures (SOPs) to document legacy Research and Evaluation processes. These SOP documents will serve as the foundation for future iterative efforts to optimize core processes.

- Transitioned to Qualtrics for HIPAA-compliant data capture, modernizing and enhancing data collection processes for client surveys.

Community Health Assessment

Participated in a regional assessment collaborative, which includes organizations like Larimer County Department of Health and Environment and UCHealth, to streamline Larimer County community health assessment practices for the planned 2025 assessment cycle. Goals include reducing the overall assessment burden on the community and asking unique questions to identify areas of health where no current/affordable services exist.

Dissemination

The team shared 2022 Community Health Survey data with more than a dozen groups, contributing to various research projects and community health improvement initiatives. In addition, staff implemented a more user-friendly process for community partners to request Health District data. Through ongoing collaboration with the Larimer County Department of Health and Environment's Data Collaboration Workgroup of its Community Health Improvement Plan (CHIP), staff committed to providing reports and datasets for its new public data repository.

Looking Ahead

The Research and Evaluation Team aims to execute process improvement plans developed in 2023 while maintaining core functions:

- Apply Results-Based Accountability principles to further assess the impact of care processes on client health and well-being.
- Prepare and deliver a plan for the 2025 assessment cycle that aims to reduce the assessment burden on the community and identify health service gaps.
- Contribute data to Larimer County Department of Health and Environments's public data repository.
- Ensure utilization of best practices for data privacy and governance.
- Identify opportunities to streamline data collection processes, minimizing redundancy and optimizing efficiency without compromising the quality of information gathered.

Program Introduction

The Resource Development program facilitates the process of securing external resources from various sources to expand and enhance services, programs and partnerships that are aligned with organizational priorities and mission. The 1 FTE Resource Development and Special Projects Manager oversees activities such as building relationships with funders, overseeing the grant life cycle, and proposal development. Staff also manage designated organizational special projects.

Year in Review

In 2023, the Resource Development and Special Projects Manager worked closely with Health District program managers, directors, and external community partners to secure $1,042,206 in grant funding. Furthermore, all grant reporting and deliverable requirements were completed on time and successfully met funder expectations.

In 2023, the total direct cost of the Resource Development Program was $101,975. A total of $1,042,816 in funding was generated for the community through grants and community donations - more than 10 times what was spent.

Resource Development Activities

$285,839 was requested and secured to expand the organization's capacity to deliver behavioral health services.

- $98,782 in funding from Larimer County Behavioral Health Services ensured that the Child, Adolescent and Young Adult Connections (CAYAC) Team and Connections Adult Services would maintain expanded service access for south county residents into 2024 to support the new referral partnership formed with Thompson School District, which was facilitated by Resource Development.
- $187,057 in funding will increase behavioral health providers supporting the CAYAC Team in 2024. Awarded funding will support an additional 1 FTE Care Coordinator and .7 FTE Psychiatric Nurse Practitioner. These positions are vital to ensuring adequate staffing to support a new collaboration with SummitStone Health Partners and Poudre School District (PSD). The partnership, currently facilitated by Resource Development, aims to streamline referrals from PSD to improve cross-organizational service coordination for PSD youth and their families and simplify the process and feedback loop for PSD staff.

$277,500 was requested and funded to address unmet oral health needs among older adults with limited incomes and no dental insurance in Larimer County. This funding was allocated through two funders: $180,000 from the Colorado Dental Health Care Program for Low-Income Seniors (Senior

Dental Program overseen by the Colorado Department of Health Care Policy and Financing) and $97,500 from the Larimer County Office on Aging.

$250,000 was awarded from Rocky Mountain Health Plans to expand staffing and/or program capacity supporting Medicaid Members through the Healthy Neighborhood Initiative. A portion of the award supported the implementation of the Health Coverage Outreach Campaign in 2023.

$183,867 was requested and awarded to support Larimer Health Connect staffing and outreach efforts through Connect for Health Colorado.

$20,000 was secured through North Colorado Health Alliance, through their funding from the Regional Opioid Abatement Council, to support the relaunch of the Changing Minds campaign to increase awareness and reduce stigma surrounding substance use in Larimer County.

In addition to grants secured for the organization, program staff provided technical assistance and led partnership planning for a collaborative grant partnership with La Familia and the Delta Dental Foundation of Colorado. The $25,000 grant aimed to advance oral health equity for Latinx youth (ages 0-5) and pregnant individuals. The collaboration between the Family Dental Clinic and La Familia supported 13 individuals by stabilizing their oral health needs, providing oral health prevention education, and fostering trust-building for ongoing dental care. Without this partnership, those served would have lacked the access and assistance necessary to comprehensively address their treatment needs.

Special Projects

Alongside accomplishments in grant-related endeavors, the Resource Development and Special Projects Manager played a crucial role in supporting special projects. Throughout the year, the Resource Development and Special Projects Manager spearheaded organizational and quality improvement projects aimed at enhancing program referral processes, tracking, and coordination including:

- Collaborating with all Health District health services programs to complete the internal launch of the Unite Us referral platform.
- Managing the project to develop a streamlined referral form and process for the CAYAC Team and facilitating referral development strategy and training sessions for Thompson School District staff to refer youth for grant-funded services.
- Launching and overseeing the 2023 United Way Employee Giving Campaign, resulting in $5,591 in staff contributions and pledges.
- Managing the Health Coverage Outreach Project with a cross-functional team and an external vendor, Jet Marketing, to initiate a comprehensive 3-tiered campaign aimed at raising awareness and promoting action regarding the expanded Medicaid dental benefit, the Medicaid public health unwinding, and Connect for Health Colorado Open Enrollment.

Number and Value of Proposals Submitted/Awarded

Source	Amount Requested	Amt. Approved	Program	Status	Funding Period
Rocky Mountain Health Plans	$250,000	$250,000	Health Services/Operations to support Medicaid Members	Awarded	7/1/2023-6/30/2024
State of Colorado Dept. of Human Services Behavioral Health Administration	$187,057	$187,057	Child, Adolescent, and Young Adult Connections (CAYAC) Team	Awarded	1/16/2024-12/30/2024
Connect for Health Colorado	$183,867	$183,867	Larimer Health Connect	Awarded	7/1/2023-6/30/2024
State of Colorado Senior Dental Program	$171,200	$180,000	Family Dental Clinic	Awarded	7/1/2023-6/30/2024
Larimer County Behavioral Health Services	$98,782	$98,782	Child, Adolescent, and Young Adult Connections (CAYAC) Team	Awarded	10/1/2023-9/30/2024
Larimer County Office on Aging	$143,000	$97,500	Family Dental Clinic	Awarded	7/1/2023-6/30/2025
North Colorado Health Alliance	$0	$20,000	Community Impact Team – Changing Minds Campaign	Awarded	4/14/2023-12/31/2023
Total Value	**$1,033,906**	**$1,042,206**			
% of Proposals Funded	116%				
% of Funds Requested Secured	101%				

Year in Review

In coordination with the Health Services Director, HR was able to provide in-person safety training to the entire staff, to include de-escalation techniques in crisis situations as well as an awareness of our local law enforcement teams.

An All-Staff Meeting was held in September and staff were recognized for their years of services ranging from 5-20 years. In addition, all staff were presented with Health District logoed jackets. This was very well received and greatly appreciated by staff. The Wellness Team is continuing to provide Insight Timer, a meditation and wellness app available free to all employees.

In June the HR Director, and the Deputy Director of Administration, began work with compensation consultants from CBIZ Talent and Compensation Solutions. The scope of the work was to take a comprehensive look at Health District position descriptions and compensation and benefits organization-wide. The work culminated with a report to the Board of Directors in November with the results of the study including a new compensation structure for Health District staff. The Board approved the suggested changes at the December Board of Directors meeting and staff were notified by December 21st of their individual compensation information.

Significant time and effort were spent from March through December researching and evaluating Human Resource Information Management Systems (HRIS) to streamline HR processing for talent acquisition, recruitment, employee information management, performance management, training, etc. At the end of December, a Request for Proposal (RFP) was sent out to five vendors.

A successful Benefits Fair was held in October and Open Enrollment for benefits went well. The HR Team has worked closely with the Finance Team, specifically Payroll, to transition Benefits and Leave management from Finance to HR.

In late 2022, the Board of Directors had voted to opt out of the Colorado Family and Medical Leave Insurance Program (FAMLI) as the Health District had Intermediate Medical Leave (IML) which was a richer benefit at no cost to employees. During the fall of 2023, IML was replaced with Intermediate Paid Leave (IPL) which was essentially an expansion of this IML allowing qualified employees to receive up to 12 weeks of paid leave for all types of leave covered under the FAMLI program.

Recruitment and Hiring

In 2023, the Human Resources (HR) Department was faced with a significant recruiting and hiring backlog from the previous year. There were several long-term employees who retired, time-limited positions that ended, combined with resignations that occur during the normal course of business, for a total of 35 retirements/resignations. During the year, the team was able to onboard 39 new staff members and complete 15 internal position changes. Some of these filled positions were new positions or positions that had remained unfilled from the previous year. In the first three quarters of 2023, applications were minimal for each opening

with few qualified candidates. The HR Director worked closely with the team to help determine the best places to post and expanded the sites we were utilizing to maximize our exposure and during the last quarter of 2023 the HR team noticed significant increases in applications from qualified individuals for Health District open positions.

Internship/Volunteer Process

A new internship/volunteer process was finalized at the end of 2023. One student from Colorado School of Public Health did complete their Capstone project in the summer/fall of 2023 utilizing data provided by the Research & Evaluation team.

Looking Ahead

The following are the goals for the HR Department in 2024:

- Finalize written Health District Compensation Process
- Update Position Descriptions into the new format provided by CBIZ Consultants
- Select and implement the Human Resources Information Management System to help achieve identified process improvements shared via the employee engagement survey the end of 2022 (i.e. a standard Performance Management System, consistent Quality Improvement/Employee Engagement/Pulse surveys, etc.).
- Create a workplan to continue to address the cultural assessment, including:
    - Pulse surveys with all staff will occur quarterly beginning the end of March to gauge progress towards the recommendations outlined in the 2022 survey.
- Continue safety training options and expand other training opportunities for all staff to aid in professional development.
- Update and create HR policies and procedures in keeping with employment law
- Update/Revise the Employee Handbook
- Evaluate if Insight Time remains a worthwhile benefit.
- Fully transition Benefits and Leave management from Finance to HR.
- Implement the approved Intermediate Paid Leave (IPL) benefit.
- Implement the new internship/volunteer process.

Program Introduction

The Finance Team provides financial and accounting support to the Health District programs and staff. These services consist of accounts receivable accounting including client and third-party billing, accounts payable, payroll and benefits, grant reporting, budgeting, and audit compliance requirements.

Year in Review

During 2023, the Finance Team has seen an increase in the number of new hire orientations and payroll needs, claims have increased for patients with external funding, and an increase in the need for the training of new supervisors. The Budget Analyst and Assistant Finance Director have been working with individual Managers and Directors to review financials, grants, and budgets monthly.

The annual Health District audit completed and presented in 2023 received a clean audit opinion which means that the financial statements are presented fairly in all material respects.

This year the 2024 budgeting process faced challenges estimating 2024 revenue coming from property taxes. The potential for Colorado Proposition HH to pass had to be considered along with the outcomes from a special session of the state legislature. Senate bills SB22-238 and SB23B-001 are slated to provide backfill relief to the Health District. The final property tax valuations were not available until January of 2024 which delayed the adoption of the budget. The budget was completed to maintain stability during the coming year with a continued understanding that the property tax policy discussion will continue to be debated.

Looking Ahead

Key priorities for 2024 include:

- Complete the annual financial audit in early spring.
- Implement a new accounting system which will include data migration and account set-up.
- Configure a new financial reporting system.
- Review and update financial policies and procedures.

Program Introduction

The role of the Communications Department is to facilitate the flow of information between Health District programs and the agency's various internal and external audiences. Using a variety of media channels, the Department helps promote a better awareness and understanding of the Health District within the community, in addition to furthering the agency's mission of enhancing the health of the community. It does this through marketing communications aimed at increasing utilization of the Health District's client services, as well as through the direct dissemination of information to assist community members in making better choices about their health and health care. Lastly, the Communications Department helps to facilitate information sharing among programs, staff, and management, primarily through the Health District intranet.

Year in Review

Public Outreach

Staff worked with the Research and Evaluation Team to revise the Community Health Assessment pages on the website and to create an Americans with Disabilities Act (ADA)-compliant summary of key findings. Key findings also were disseminated locally via press release and through a series of social media posts focusing on behavioral health.

Staff acquired and were trained on the use of new software enabling the creation of designed digital products that were ADA compliant. Staff worked with the Community Impact Team to develop a series of nine downloadable one-page summaries of recommendations from the Youth Behavioral Health Assessment posted to the web.

A video display terminal was installed in the lobby of the Family Dental Clinic and staff created rotating slides with patient information, as well as information on other Health District programs and services, including Larimer Health Connect and the Changing Minds campaign.

Compass moved to a new publication schedule in 2023 and was published three times, in April, July, and October, reaching approximately 100,000 district households. As in the past, Compass was used to disseminate information on the May Board of Directors election and Larimer Health Connect assistance during open enrollment. The annual four-page Compass insert for Larimer Health Connect published for open enrollment period was also made available to partners as an ADA-compliant PDF. Also, for the first time, the entire publication included a Spanish translation. Printing and postage costs rose significantly more than projected.

Monthly hosting of the Community at Work radio show on KRFC continued, although by year's end plans were being made by hosts and the radio station to transition to an all-podcast model, with better

support for podcast streaming/download from the KRFC website, as well as distribution through third-party networks such as Apple Podcasts.

Program Marketing

Staff assisted with messaging and internal and external communications around three major program transitions in 2023: the sunset of the Advance Care Planning program and the refocusing of services for Quit Tobacco Program and Heart Health. Changing the audience for Heart Health posed the greatest challenge as screening clinics had a defined audience easily reached through Compass. Staff worked with the Medical Director and the Heart Health nurses to develop new messaging and new strategies, including flyers and digital products to be shared with and by community partners, cost-effective geotargeted social media ads, and plans to pursue feasibility of no-cost screenings for employees of area businesses. Advertising continued throughout the year in a variety of print and digital channels for the Family Dental Clinic and Mental Health Connections Adult Team and CAYAC. Communications was also a participant in the multi-departmental Health Care Coverage Outreach project, providing input on messaging and design.

Branding

Greater consistency in Health District visual branding was initiated, a process that included development of brand standards, standardization of business card designs, the introduction of email signature templates, and different Health District logo treatments for the Family Dental Clinic, Larimer Health Connect, and Connections. The old Mental Health Connections logo, originally developed to accommodate the co-management of the program with SummitStone Health Partners, was retired.

Board Election

The Health District Board of Directors Election was promoted through a variety of channels, including a three-page spread in the spring issue of Compass, election forms and information (including candidate profiles) on the Health District website, press releases, social media, and a forum hosted by the League of Women Voters that staff helped coordinate.

All forms were available online as fillable ADA-compliant PDFs. Staff explored the feasibility of enabling online submission of absentee ballot requests but could not guarantee a completely error-free process. This option will be pursued again for future elections.

Websites

Communications assumed oversight of Health District-related web properties and initiated planning for coordinated management of websites, including consolidation of some web content into a rebuilt Health District website in 2024. Operating on an outdated platform, HealthInfoSource was immediately scheduled to be upgraded to the most recent version of its operating system. Efforts were also initiated to secure technical support for the site after the original external project coordinator leaves in 2024.

Social Media

The year began with the Digital Media Specialist returning to Communications after being part of Outreach and Education for nearly half of 2022 and concluded with that position vacant after the departure of staff at the end of September. Although some strides were made in gathering and reporting metrics, there were ongoing challenges in developing and posting engaging content.

Looking Ahead

The following are key priorities for 2024:

- Hire a Digital Media Specialist with a skillset in both social media and website development/management.
- Work with other internal teams to bring the Health District in compliance with the state law that requires digital accessibility for governments.
- Launch an updated Health District website providing easier navigation and greater access to information priority programs.
- Celebrate the 30th anniversary since the Health District embarked on a new mission, including events, ads, social media content, a retrospective issue of Compass, and special branding.
- Work more closely with Outreach and Education as part of a coordinated communications.
- Reduce publication frequency of Compass.

Program Introduction

The Support Services function is responsible for many of the activities that allow client-facing services to be provided efficiently. This includes Facilities Management to properly provide and maintain buildings, furniture and equipment for our programs, Information Technology to provide the best technological solutions for communicating, managing data, and creating documents, and Front Desk operations to provide outstanding support to both customers and staff.

Year in Review

Facilities Management

86% of facility work orders submitted in 2023 were completed, despite staffing challenges.

Facilities staff completed the following overarching organizational projects:

- Implemented a new work order tracking system for facilities and equipment to better track work progress and communicate back to staff about completion progress.
- Updated lease amendments and renewals to comply with new audit requirements, including new calculations of the tenant's operating cost payments.

There were a variety of projects specific to Health District buildings that were completed that are grouped below by location.

- Oversaw completion of renovation of five restrooms at 425 West Mulberry to make them compliant with the Americans with Disabilities Act (ADA) and more functional for the building users.
- Installed interior and exterior security cameras at 425 West Mulberry.
- Replaced the main sewer line at 425 West Mulberry and reworked interior plumbing lines to gain better outflow.
- Replaced the roof and some of the exterior stairs at the 2001 South Shields Building G location.
- Reengineered and installed a new backflow prevention valve and two pressure reducing valves at 202 Bristlecone to gain compliance with city code requirements after the old one failed.
- Coordinated the installation of new dental chairs, delivery units, lighting, and cabinetry in two dental operatories in 202 Bristlecone to replace outdated equipment.

Information Technology (IT)

IT staff completed a variety of projects related to the technological needs of the organization and hired a new Information System Specialist. The IT Work Order System handled 1,199 tickets in 2023 accounting for 223 hours of time spent solving problems and finding solutions for employees needing Information Technology assistance.

- Replaced our Active Directory Domain controller servers and raised domain functional level to enable email account migration to the cloud.
- Deployed Ninja One, the Remote Monitoring and Management software, to help us more efficiently maintain workstations and servers.
- Reworked the Mental Health Connections appointment system and the way parents/guardian contacts are input and stored.
- Recovered all COVID-deployed computer equipment and cell phones, shut down cell phones and reduced Zoom license count. Staff also removed equipment from the now closed Loveland Larimer Health Connect office.
- Deployed 33 new workstations and purchased 11 new printers and copiers to keep the information technology infrastructure current.
- Completed the migration of all Health District email mailboxes to Microsoft Exchange Online which now hosts our email in the cloud as part of Microsoft 365 subscription. This enhances the Health District's security footprint by now requiring modern authentication and multifactor authentication for Outlook Web Access.
- Migrated our SQL Server Reporting Service data and processing engine to a newer version in anticipation of rolling out Power BI in the first quarter of 2024.

Other Support Services Functions

- Carried out the 2023 Board Election in compliance with State laws and under budget. This includes several improvements to the Health District's voter database management system.
- Reduced the hours of front desk staff by 28 per week to match current workload levels, going from three positions to one position covering this function.

Looking Ahead

Key priorities for 2024 include:

- Create a short-term plan for locating functions within our existing buildings in ways that promote better collaboration and functionality.
- Create a long-term facility use plan to guide future use of our buildings, including a detailed building condition assessment and capital replacement strategy. Examples of 2024 projects include:
    - Resurface parking lots at 120 and 202 Bristlecone Drive.
    - Replace HVAC units at both 425 West Mulberry and the Bristlecone Campus.
    - Replace substandard sliding doors and install upgraded landscaping at 425 West Mulberry.
    - Redesign and reconfigure the 202 front desk reception area for better ergonomics, safety, and ADA compliance.
    - Purchase and install new chairs, equipment, and cabinetry for two more dental operatories.

    - Select and implement an improved system for planning and tracking facility maintenance going forward.
    - Purchase two vehicles, along with implementing revised policies and procedures to create a fleet function for the Health District.
    - Replace ID badges to integrate with our physical door security systems.
- Create a 7-year plan for upgrading information technology resources to support changing program needs and take advantage of advances in this area. Examples of 2024 projects include:
    - Upgrade our on-premise database storage to the latest version of Microsoft SQL Server Enterprise to allow connectivity with our Microsoft 365 subscription and cloud based storage.
    - Support the selection and installation process for new information systems for Finance, Human Resources, and Mental Health Connections' Electronic Health Record.
    - Replace our internal website, InTheLoop, with a SharePoint Online communication site, working with Communications.

Health District
OF NORTHERN LARIMER COUNTY

Board of Directors Regular Meeting

Location:	Hybrid
Date:	January 23, 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

Also Present:
CelesteHolder-Kling:
Liaison to PVHS/UCHealth North

Absence Excused:
John McKay, Secretary

Staff Present:
Liane Jollon, Executive Director
Lorraine Haywood, Deputy Director
Laura Mai, Finance Director
Chris Roth, IT Manager
Dana Turner, Health Services Director
Misty Manchester, HR Director
Alyson Wiliams, PPRE Director
Richard Cox, Communications Director
Chris Sheafor, Support Services Director
Julie Keeney, HR Specialist
Hannah Groves, CIT Manager
David Navas, Policy Analyst
Brooke Cowden, O&E Specialist
Rachel Larson, O&E Specialist
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 remove executive session and take up a discussion of the evaluation process for the Executive Director's 6 month review

Moved by Julie Kunce Field/Second by Molly Gutilla/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

None.

III. Presentations

a. Outreach & Education – Brooke Cowden & Rachel Larson

Brooke Cowden & Rachel Larson, Outreach & Education Team, presented to the Board of Directors the Health District's 2024 reimagined outreach and education team's strategy and goals for more comprehensive and integrated community communications. Board members asked clarifying questions about Outreach and Education and Communications Teams' staffing plans and about Spanish speaking outreach. Board members also asked for further role definition between the programmatic focus of the outreach and education team and the systems level change and community partnership focus of the District's community impact teams.

b. 2023 Youth Behavioral Health Assessment, CIT – Alyson Williams & Hannah Groves

In 2023, the Health District of Northern Larimer County contracted with the Aurora Research Institute (ARI) to hear from young people and the individuals and organizations who serve them about the strengths and opportunities of the current behavioral health system in Larimer County. The findings and nine key recommendations have been published in a report, "The State of Behavioral Health for Youth and Children (0-24) in Larimer County." The Director of Planning, Policy, Research & Evaluation, Alyson Williams, and Community Impact Team (CIT) Manager, Hannah Groves, provided an overview of the assessment process, reviewed the themes of assessment findings, and shared the deliverables and recommendations. They also shared that the CIT will focus on sharing the report and recommendations with partners and will continue to integrate with other behavioral health efforts, like the Larimer County Behavioral Health Services' Community Master Plan 2.0. The report and recommendations are available on the Health District's website: Youth Behavioral Health Assessment | Health District of Northern Larimer County

Board members expressed interest in having access to the services map that was created with the Youth Behavioral Health Assessment once the map is ready to distribute to the public. Board members also asked for additional background and history related to the Larimer County Behavioral Health Services' Community Master Plan (CMP). Staff replied that CMP 1.0 was in 2018. It was to help guide the Larimer County Behavioral Health Services Department. CMP 2.0 is 5 years out from the first and was presented to the county commissioners last week.

c. Changing Minds Campaign, Mental Health & Substance Use Alliance of Larimer County, CIT – Alyson Williams & Hannah Groves

Changing Minds is a community campaign led by the Health District of Northern Larimer County and supported by the Mental Heath and Substance Use Alliance — a collective of local agencies, organizations, and community members representing many sectors in Northern Larimer County. The campaign had been present in the community before the COVID-19 pandemic and the Community Impact Team (CIT) is working to update and reinvigorate the campaign in 2024. The Community Impact Team (CIT) Manager, Hannah Groves, presented a portion of the presentation given to community members, highlighting how Substance Use Disorder (SUD) is a disease that has treatment options like other diseases such as diabetes, heart disease, or cancer and should be treated as such. Additionally, the CIT Manager shared about some of the brain science that causes SUDs, including why people with SUDs experience cravings. She also shared how common SUDs are in Northern Colorado – 1 in 10 people in the community have a SUD. The CIT Manager concluded with the vision for the Changing Minds campaign in 2024, which includes expanding to new target audiences and shifting to less stigmatizing language.

IV. Consent Agenda

a. December 12th, 2023 Meeting Minutes

b. January 9th, 2024 Meeting Minutes

c. November 2023 Financials

Motion: To approve the December 12th, 2023 Meeting Minutes, January 9th, 2024 Meeting Minutes and the November 2023 Financials

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

V. Action Items

a. Resolution 2024-05 Establish Meeting Days, Times, and Locations

Motion: To waive the reading all resolutions.

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

Motion: To approve Resolution 2024-05 Establish Meeting Days, Times, and Locations

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

b. Resolution 2024-06 Establish a Designated Public Place for the Posting of Meeting Notices

Motion: To approve Resolution 2024-06 Establish a Designated Public Place for the Posting of Meeting Notices

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

c. Policy Work in 2024

During the December 12th, 2023, regular meeting of the Board of Directors, staff was asked to bring back a plan to meet the Board's intent for *Board Policy 99-7: Establishing and Communicating Positions on Policy Issues*.

The staff Policy Strategy Team compiled Board "Priority 1" issues into a Policy Agenda to guide policy work for the 2024 legislative session. The adoption of the attached Policy Agenda allows staff to focus work within the priority areas previously identified by the Board, while aligning with the Board's discussion about balancing potential impact of the work and workload during the legislative session. Additionally, in order to comport with the section of *Board Policy 99-7* related to "When time does not allow for discussion at a regularly scheduled board meeting", staff proposed forming a Board Policy Committee consisting of two Board members, including the President or the Vice President as the President' designee, to keep up with the policy work between regular meetings of the Board.

Staff also provided a brief update on developments since the start of the 2024 Legislative Session including composition of the legislature, anticipated priorities, the current volume of introduced bills, and noteworthy changes to committees, then gave examples of bills of note for the District that were introduced so far for the 2024 legislative session.

Board member asked specifics about the proposed Policy Agenda, i.e., asked if the Board is being asked to approve this Policy Agenda tonight, stating that she liked the Agenda's framing, including delineating between priority one and priority two, but also expressed concern about potential legislation that created barriers for members of the public to engage with public entities or vote in elections.

Staff replied that even within the priority one section of the policy agenda, there is always opportunity for the Board policy committee and full Board to weigh in and ratify or rescind agency positions. And to specifically address the concern raised about balancing administrative burden with ease of public engagement, staff suggested adding "undue" to the following sentence from priority one in the policy agenda:

- Oppose changes that increase (and support changes that lessen) the **undue** burdens and limits on special districts associated with public records, public meetings, establishment of ethics standards, and other matters of district authority.

Motion: To adopt the 2024 policy agenda as an outline for issues that the Board has considered and issued its general opinion with the amendment on page 52 to update language to "undue burden"

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

Motion: To form a Policy Committee consisting of two Board members.

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

Motion: To appoint President Molly Gutilla and Assistant Treasurer Erin Hottenstein to the Policy Committee

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

d. Legal Services Agreement

A renewed contract with Hoffman, Parker, Wilson & Carberry, P.C. was presented. Director Field commented the hourly rate is well below average for that of Denver attorneys.

Motion: To approve the legal services agreement as presented.

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

VI. Reports

a. Liaison to PVHS/UCHealth North Report – Celeste Holder Kling

Celeste stated that last week PVH had a hospital board meeting. John McKay came as assistant Liaison and was very well received. Also, Tom Gonzles, Public Health Director of Larimer County, came and presented to the hospital board. The hospital and the county and the Health Distrct are working to get in sync with community surveys. Parkview Hospital in Pueblo is joining UCHealth system. Lots of hospitals in Colorado are closing. Mountain Crest has lost a physician. They are interviewing and hiring for the position.

b. Timeline for the Audit of Year 2023 – Laura Mai

Laura Mai, Finance Director, shared the timeline for the Audit of Year 2023. Everything is due to the auditors by February 28th. CliftonLarsonAllen(CLA) will be onsite the week of March 4th. The Board Treasurer, Joe Prows, Assistant Treasurer, Erin Hottenstein, and Executive Director, Liane Jollon are planning to meet with the auditors that week. Laura Mai, Health District Finance Director, will give a presentation at the May 2024 Board meeting.

c. Board of Directors Reports

No report.

d. Executive Committee Update

In conversation about the Executive Director's 6 month review and her contract.

e. Executive Director Staff Report

Executive Director Jollon reported that the 2023 Year-End Reports are coming next month. Ms Jollon described that for 2024, staff is working on systems and structure for ongoing monthly reporting for programs, services and functions that incorporate more timely, robust quantitative data to support the brief narrative summaries that have been provided to the Board monthly since she joined the District. She also stated that the Executive Team is working closely with the finance team to build out monthly reporting per division that will accompany the qualitative and quantitative monthly reporting per program, service or function. Ms. Jollon also indicated that the communications team is working on 2024's 30 year anniversary plans for the District.

VII. Announcements

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

Discussion of the process for the 6 month performance evaluation of the Executive Director.

Vice Chair Fields announced that she will be leading the six month review of the Executive Director that was built in to her employment contract. Ms. Fields reiterated that this review is an early "check in" to evaluate if things are on track. Survey questions will be distributed to Board members and staff Executive Team members. Ms. Jollon will also provide a self-evaluation. Goal is to compile surveys in time for the February Board meeting.

VIII. Adjournment

Motion: To adjourn out of the regular meeting.

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

The Regular Board Meeting was adjourned at 7:34pm.

Respectfully submitted:

Lauren Jones, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

HEALTH DISTRICT
OF NORTHERN LARIMER COUNTY
December 2023
Summary Financial Narrative

Revenues

The Health District is .33% ahead of year-to-date tax revenue projections. Interest income is 88.9% ahead of year-to-date projections. Lease revenue is 4.9% ahead of year-to-date projections. Yield rates on investment earnings remained at 5.21% (based on the weighted average of all investments). Fee for service revenue from clients is 2.8% ahead of year-to-date projections and revenue from third party reimbursements is 7.3% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants) are 2.8% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 19.6% behind year-to-date projections. Program variances are as follows: Administration 15.2% behind; Board 6.4% behind; Connections: Mental Health/Substance Issues Services 21.7% behind; Dental Services 12.7% behind; MH/SUD/Primary Care 18.1% behind; Health Promotion 3.8% behind; Community Impact 44.8% behind; Program Assessment and Evaluation 28.6% behind; Health Care Access 30.2% behind; and Leased Offices 6.7% ahead.

Capital Outlay

Capital expenditures are 56.2% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 12/31/2023

ASSETS

Current Assets:	
Cash & Investments	$8,703,873
Accounts Receivable	59,614
Property Taxes Receivable	10,685,119
Specific Ownership Tax Receivable	42,647
State of Colorado Backfill Receivable	1,031,897
Prepaid Expenses	79,068
Total Current Assets	20,602,218
Other Assets:	
Lease Receivable	59,486,240
Total Other Assets	59,486,240
Capital Assets Not Being Depreciated	
Land	4,592,595
Capital Assets - Net of Accumulated Depreciation and Amortization	
Building and Equipment	5,247,170
Total Property and Equipment	9,839,765
Total Assets	89,928,222

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	882,715
Deposits	15,261
Deferred Revenue	315,281
Total Current Liabilities	1,213,258
Long-term Liabilities:	
Compensated Absences	15,880
Total Long-term Liabilities	15,880
Deferred Inflows of Resources	
Property Taxes	10,685,198
State of Colorado Backfill	1,031,897
Leases	59,486,240
Total Deferred Inflows of Resources	71,203,335
Total Liabilities & Deferred Inflows of Resources	72,432,473
EQUITY	
Retained Earnings	15,762,077
Net Income	1,733,673
TOTAL EQUITY	17,495,749
TOTAL LIABILITIES AND EQUITY	89,928,222

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 12/31/2023

	Current Month	Year to Date
Revenue		
Property Taxes	17,268	8,623,385
Specific Ownership Taxes	42,646	657,563
Lease Revenue	117,972	1,526,114
Interest Income	38,665	434,456
Fee For Service Income	20,192	168,788
Third Party Income	61,641	919,254
Grant Income	122,430	484,960
Special Projects	0	1,160
Donations	20	120
Miscellaneous Income	1,269	20,961
Total Revenue	422,103	12,836,762
Expenses:		
Operating Expenses		
Administration	81,208	857,555
Board Expenses	5,572	142,248
Connections: Mental Health/Substance Issues Svcs	207,894	2,167,373
Dental Services	315,244	3,310,136
Integrated Care (MHSA/PC)	97,137	1,091,961
Health Promotion	59,503	684,148
Community Impact	46,414	444,667
Program Assessment & Evaluation	23,383	250,975
Health Care Access	51,711	722,492
Leased Offices	86,264	276,995
Contingency -Operational	0	21,545
Special Projects	91,250	605,933
Grant Projects	62,170	270,509
Total Operating Expenses	1,127,750	10,846,536
Depreciation and Amortization		
Depreciation Expense	22,082	256,553
Total Depreciation and Amortization	22,082	256,553
Total Expenses	1,149,831	11,103,089
Net Income	(727,729)	1,733,673

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 12/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	$104	$17,268	($17,164)	$8,625,165	$8,623,385	$1,780	$8,625,165	$1,780
Specific Ownership Taxes	43,452	42,646	806	625,000	657,563	(32,563)	625,000	(32,563)
Lease Revenue	121,286	117,972	3,314	1,455,433	1,526,114	(70,681)	1,455,433	(70,681)
Interest Income	28,308	38,665	(10,357)	230,000	434,456	(204,456)	230,000	(204,456)
Fee for Services Income	13,683	20,192	(6,509)	164,197	168,788	(4,591)	164,197	(4,591)
Third Party Reimbursements	71,384	61,641	9,743	856,606	919,254	(62,648)	856,606	(62,648)
Grant Revenue	783,438	122,430	661,008	1,065,178	484,960	580,218	1,065,178	580,218
Partnership Revenue	2,870	0	2,870	34,436	1,160	33,276	34,436	33,276
Donations Sponsorships	0	20	(20)	0	120	(120)	0	(120)
Miscellaneous Income	1,999	1,269	730	23,984	20,961	3,023	23,984	3,023
Total Revenue	$1,066,523	$422,103	$644,420	$13,079,999	$12,836,762	$243,237	$13,079,999	$243,237
Expenditures:								
Operating Expenditures								
Administration	$82,874	$83,207	($333)	$999,427	$847,051	$152,376	$999,427	$152,376
Board Expenses	12,666	5,572	7,094	151,994	142,248	9,747	151,994	9,747
Connections: Mental Health/Substance Issues Svcs	227,010	216,415	10,595	2,710,028	2,122,591	587,437	2,710,028	587,437
Dental Services	326,183	322,632	3,551	3,708,379	3,236,236	472,143	3,708,379	472,143
Integrated Care (MH/SUD/PC)	109,425	100,652	8,773	1,310,500	1,073,489	237,011	1,310,500	237,011
Health Promotion	58,062	61,813	(3,751)	698,843	672,003	26,840	698,843	26,840
Community Impact	64,492	48,978	15,514	780,961	431,194	349,767	780,961	349,767
Program Assessment & Evaluation	28,439	24,448	3,991	343,786	245,377	98,409	343,786	98,409
Health Care Access	83,346	55,283	28,063	1,008,596	703,716	304,880	1,008,596	304,880
Leased Offices	11,576	12,066	(490)	138,917	148,251	(9,334)	138,917	(9,334)
Contingency (Operations)	128,954	0	128,954	128,954	15,053	113,901	128,954	113,901
Grant/Special Projects	786,307	62,170	724,137	1,099,614	271,669	827,945	1,099,614	827,945
Total Operating Expenditures	$1,919,335	$993,236	$926,099	$13,079,999	$9,908,876	$3,171,123	$13,079,999	$3,171,123
Net Income	($852,812)	($571,134)	($281,678)	$0	$2,927,885	($2,927,885)	$0	($2,927,885)
Reserve Expenditures								
Special Projects	829,485	91,250	738,235	2,881,492	604,773	2,276,718	2,881,492	2,276,718
Reserve Expenditures	143,159	43,264	99,895	744,312	332,886	411,426	744,312	411,426
Total Reserve Expenditures	972,644	134,514	838,131	3,625,804	937,660	2,688,144	3,625,804	2,688,144

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 12/1/2023 to 12/31/2023

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Annual Funds Remaining
Non-Operating Expenditures								
Land	-	-	-	-	-	-	-	-
Building	-	-	-	150,000	157,153	(7,153)	150,000	(7,153)
Construction in Progress	-	-	-	-	-	-	-	-
Capital Equipment	-	-	-	30,000	-	30,000	30,000	30,000
General Office Equipment	-	-	-	-	-	-	-	-
Medical & Dental Equipment	-	52,184	(52,184)	284,212	94,772	189,440	284,212	189,440
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	-	4,212	(4,212)	154,860	19,390	135,470	154,860	135,470
Total Non-Operating Expenditures	$ -	$ 56,396	$ (56,396)	$ 619,072	$ 271,315	$ 347,757	$ 619,072	$ 347,757

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 12/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Administration								
Revenue:								
Miscellaneous Income	$1,000	$0	$1,000	$12,000	$10,634	$1,366	$12,000	$1,366
Total Revenue	1,000	0	1,000	12,000	10,634	1,366	12,000	1,366
Expenditures:								
Salaries and Benefits	53,653	52,831	822	643,836	522,212	121,624	643,836	121,624
Supplies and Purchased Services	32,486	28,377	4,109	394,774	335,343	59,432	394,774	59,432
Total Expenditures	86,139	81,208	4,931	1,038,610	857,555	181,055	1,038,610	181,055
Board of Directors								
Expenditures:								
Salaries and Benefits	6,525	3,448	3,077	78,303	87,739	(9,436)	78,303	(9,436)
Supplies and Purchased Services	2,933	2,124	809	35,191	30,194	4,997	35,191	4,997
Election Expenses	3,208	0	3,208	38,500	24,315	14,185	38,500	14,185
Total Expenditures	12,666	5,572	7,094	151,994	142,248	9,747	151,994	9,747
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	4,333	3,710	623	52,000	37,110	14,890	52,000	14,890
Total Revenue	4,333	3,710	623	52,000	37,110	14,890	52,000	14,890
Expenditures:								
Salaries and Benefits	201,434	204,372	(2,939)	2,403,872	1,951,407	452,464	2,403,872	452,464
Supplies and Purchased Services	38,426	3,522	34,904	460,347	215,966	244,381	460,347	244,381
Total Expenditures	239,859	207,894	31,965	2,864,219	2,167,373	696,846	2,864,219	696,846
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	66,313	69,079	(2,766)	795,755	921,972	(126,217)	795,755	(126,217)
Total Revenue	66,313	69,079	(2,766)	795,755	921,972	(126,217)	795,755	(126,217)
Expenditures:								
Salaries and Benefits	255,555	257,145	(1,590)	3,066,658	2,639,005	427,653	3,066,658	427,653
Supplies and Purchased Services	87,949	58,099	29,850	865,974	671,131	194,843	865,974	194,843
Total Expenditures	343,504	315,244	28,260	3,932,632	3,310,136	622,496	3,932,632	622,496

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 12/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Integrated Care (MHSA/PC)								
Revenue:								
Fees, Reimbursements & Other Income	15,419	10,333	5,087	185,032	139,252	45,780	185,032	45,780
Total Revenue	15,419	10,333	5,087	185,032	139,252	45,780	185,032	45,780
Expenditures:								
Salaries and Benefits	100,329	93,780	6,549	1,203,954	991,636	212,318	1,203,954	212,318
Supplies and Purchased Services	14,396	3,357	11,039	170,147	100,325	69,822	170,147	69,822
Total Expenditures	114,725	97,137	17,588	1,374,101	1,091,961	282,140	1,374,101	282,140
Community Impact								
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	43,354	15,820	710,089	379,278	330,811	710,089	330,811
Supplies and Purchased Services	9,184	3,060	6,124	117,263	65,390	51,873	117,263	51,873
Total Expenditures	68,358	46,414	21,944	827,352	444,667	382,685	827,352	382,685
Program Assessment & Evaluation								
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	25,855	22,387	3,468	310,254	220,682	89,572	310,254	89,572
Supplies and Purchased Services	4,191	996	3,195	52,806	30,293	22,513	52,806	22,513
Total Expenditures	30,045	23,383	6,662	363,060	250,975	112,085	363,060	112,085
Health Promotion								
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	50,996	57,619	(6,623)	611,982	601,605	10,377	611,982	10,377
Supplies and Purchased Services	10,551	1,884	8,668	128,679	82,543	46,136	128,679	46,136
Total Expenditures	61,547	59,503	2,045	740,661	684,148	56,513	740,661	56,513

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 12/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Health Care Access								
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	71,465	35,573	35,891	857,576	601,712	255,864	857,576	255,864
Supplies and Purchased Services	17,269	16,137	1,131	215,668	120,780	94,888	215,668	94,888
Total Expenditures	88,733	51,711	37,023	1,073,244	722,492	350,752	1,073,244	350,752
Mulberry Offices								
Revenue:								
Fees, Reimbursements & Other Income	15,623	20,043	(4,420)	187,475	258,156	(70,681)	187,475	(70,681)
Total Revenue	15,623	20,043	(4,420)	187,475	258,156	(70,681)	187,475	(70,681)
Expenditures:								
Salaries and Benefits	1,503	1,629	(126)	18,035	18,157	(122)	18,035	(122)
Supplies and Purchased Services	100,153	84,636	15,517	211,835	258,837	(47,002)	211,835	(47,002)
Total Expenditures	101,656	86,264	15,391	229,870	276,995	(47,125)	229,870	(47,125)

Health District of Northern Larimer County

Investment Schedule
December 2023

	Investment	Institution	Current Value	%	Current Yield	Maturity
1527-4001	Local Government Investment Pool	COLOTRUST	$ 1,472	0.017%	5.23%	N/A
1527-8001	Local Government Investment Pool	COLOTRUST	$ 7,204,584	84.924%	5.57%	N/A
#35127351	Flex Savings Account	First National Bank	$ 245,069	2.889%	2.58%	N/A
#714626	Certificate of Deposit	Advantage Bank	$ 143,495	1.691%	0.40%	12/27/2023
#241296	Certificate of Deposit	Advantage Bank	$ 117,131	1.381%	5.36%	9/8/2024
#40020603	Certificate of Deposit	Points West	$ 118,697	1.399%	3.87%	7/13/2024
#40010448	Certificate of Deposit	Points West	$ 158,864	1.873%	0.32%	4/2/2024
#23007964	Certificate of Deposit	Adams State Bank	$ 244,180	2.878%	5.61%	4/17/2025
#30770027	Certificate of Deposit	Mountain Valley Bank	$ 250,031	2.947%	3.50%	7/11/2024
	Total/Weighted Average		$ 8,483,523	100.000%	5.21%	

Health District
OF NORTHERN LARIMER COUNTY

AGENDA DOCUMENTATION

Meeting Date: February 20, 2024

SUBJECT: Deconflicting Handbook Language due to change from IML to IPL

PRESENTER: Misty Manchester, Human Resources Director

OUTCOME REQUESTED: _X___ Decision ____Consent _____Report

PURPOSE/ BACKGROUND

In updating the Intermediate Medical Leave Pay to Intermediate Paid Leave, it was evident that there was a need to deconflict language within the handbook in other provisions. These are presented here to deconflict the language.

Attachment(s): 300.01 Paid Time Off (PTO), 300.06 Emergency Time Off Bank (ETOB), 300.10 Donation of Paid Time Off (PTO), 300.16 Intermediate Paid Leave

FISCAL IMPACT

None

STAFF RECOMMENDATION

Approve changes to these three handbook provisions.

300.01 Paid Time Off (PTO)

Overview and Eligibility

PTO is combined leave that provides flexibility to the employee (vacation, sick leave, and other needs) and applies to employees who fall into the following employment categories:

- Regular, Full-time, or Part-time (at 20 or more hours/week)
- Time-Limited, Full-time or Part-time (at 20 or more hours/week)

This policy meets and exceeds the requirements for sick leave under the Colorado Healthy Families and Workplaces Act (HFWA) (C.R.S. § 8-13.3-403(1) (b), (2), (3)). This leave policy provides PTO:

1. In at least an amount of hours and with pay sufficient to satisfy HFWA and applicable rules (including without limitation the supplemental leave required during a qualifying public health emergency),
2. For all the same purposes covered by HFWA and applicable rules, not a narrower set of purposes, and
3. Under all the same conditions as in HFWA and applicable rules, no stricter or more onerous conditions (e .g., accrual, use, payment, annual carryover of unused accrued leave, notice and documentation requirements, and anti-retaliation and anti-interference rights); and
4. Additional sick leave will not be provided if an employee uses all their PTO for non-HFWA reasons (e.g., vacation), except in the case of a public health emergency, during which Section 300.03 will apply.

Employees who are classified as Part Time (under 20 hours), Temporary, or Casual/PRN are **not** eligible for PTO. However, because the HFWA requires that all employees accrue leave for the reasons listed in the HFWA, such employees are eligible for paid sick leave (see Section 300.02).

Accrual

Eligible employees will start accruing PTO, according to the schedule below, on the first day of eligible employment. In an employee's first year of employment, they will be provided with two days of leave upfront. These two days are intended to provide new employees with some time off to use immediately in case of illness while additional PTO is being earned.

PAID TIME OFF EARNING SCHEDULE		
Years of Eligible Service	**Accrual Rate**	**Yearly Paid Time**
Upon initial eligibility	2 days immediately available plus .5 day/pay period	14 days
After 1 year	.75 day/pay period	18 days
After 2 years	1 day/pay period	24 days
After 14 years	1.084 days/pay period	26 days
For accrual purposes, a day is defined as the number of hours that an employee is allocated to work weekly divided by 5		

PTO accrues only while the employee is in an active pay status. Active pay status is defined as any pay period that includes wages for actual time worked, wages for approved PTO, and wages for eligible holiday pay. Active pay status does not include wages paid under worker's compensation benefits, payments made in lieu of health insurance coverage, wages paid with donated PTO, or wages paid for Intermediate ~~Medical~~ Paid Leave.

Under the HFWA, additional supplemental leave is provided for limited use in public health emergencies, as described in Section 300.03 PUBLIC HEALTH EMERGENCY LEAVE.

~~The Health District Board of Directors has declared that in any year where there is not enough anticipated funding for Intermediate Medical Leave (IML), the earning schedule for employees with more than one year of service may be reduced by one day per year. Employees will be notified by the end of the year prior to the change.~~

Use of PTO

Eligible employees may use accrued PTO for the following categories:

1. Vacation or other personal needs not otherwise listed in categories 2-5;
2. A mental or physical illness, injury, or health condition that prevents work, including diagnosis or preventive care;
3. Domestic abuse, sexual assault, or criminal harassment leading to needed medical attention, mental health care or other counseling, relocation, legal, or victim services;
4. To care for a family member experiencing a condition described in categories 2 or 3;
5. Due to a public health emergency, a public official having closed either (A) the employee's place of business, or (B) the school or place of care of the employee's child, requiring the employee needing to be absent from work to care for the child.

An employee may only request the use of earned PTO, and PTO is earned following the pay period. However, in compelling cases, supervisors may give conditional approval for requests for PTO from employees if by the date of the planned absence the employee expects to have accrued sufficient PTO to cover the time off.

PTO can be used in minimum increments of one-quarter hour. PTO is paid at the employee's base pay rate at the time that it occurs. It does not include overtime or any special forms of compensation.

Because PTO provides flexibility in how the employee uses the time off (i.e., vacation, sickness, and other leave needs) **it is extremely important that employees build up and save a reasonable amount of time to be used in case of illnesses or emergencies.** Additional paid leave WILL NOT be provided when an employee has used all of their available PTO [except during a public health emergency as set forth in Section 300.03, or for donated leave in

rare emergency situations], so employees should not use all of their PTO for vacation. Approval of time off without pay is only given in rare instances and is not guaranteed.

Time-Limited Full-Time or Time-Limited Part-Time employees hired under a special project or funding source with a defined ending date are expected to use all accrued PTO during the project period. Such employees may not take more than 2 days of PTO during the last 14 days of the project without their supervisor's written approval.

Notification and Documentation

- For **vacation or other personal use** time off requests (not otherwise defined above under categories 2-6), an employee **must** request advance approval from their supervisor. Requests will be reviewed based on a number of factors, including business needs and staffing requirements. Employees should request time off as early as possible since approval is not guaranteed. Any vacation requests of 3 or more days, or those surrounding designated holidays, should normally be submitted through the online timekeeping system to the supervisor at **least** 14 days prior to the start of the requested time off. No more than 14 days of paid time off for *vacation or other personal needs* may be taken at any one time, except in special circumstances approved by the Executive Director.
- For leave related to categories 2-5 above, the employee must provide their supervisor with as much advance notice as possible where the absence is foreseeable and anticipated. Where it is not, an employee must provide notice as soon as is practicable and no less than each day at the beginning of their shift. The employee should let their supervisor know when they expect to return to work.
- Payroll will provide guidance and training related to requesting/reporting time off and shall maintain a record of PTO accrued and paid sick leave used.
- In the event the employee is absent for 4 or more consecutive work days, medical or legal certification is required. HR will provide a form for the employee to complete, when needed, for certification of leave.

Carry-over and Pay-out

Full-time employees who work 40 hours per week may carry over up to 25 days (200 hours) of PTO to the following year. Employees who work less than 40 hours per week may carry over a prorated amount of PTO to the following year.

For example:

#Hours per week	Days in week	#Hours worked per day	X 25 days =	Total # hours employee may
40 ÷	5	= 8	8 x 25 =	200 hours
32 ÷	5	= 6.4	6.4 x 25 =	160 hours
30 ÷	5	= 6	6 x 25 =	150 hours
20 ÷	5	= 4	4 x 25 =	100 hours

Any accrued PTO that is unused as of the date of an employee's separation of employment **will be** paid out at the employee's current rate of pay.

If an employee voluntarily resigns and is re-hired within 365 days of such resignation, they will retain their years of eligible service for the purpose of calculating PTO.

300.06 EMERGENCY TIME OFF BANK (ETOB)

Any time accrued above the applicable limit (see above) will be placed in the employees' Emergency Time Off Bank (ETOB) which may be used for verifiable personal emergencies approved by the Executive Director. An employee may request use for the following reasons:

~~1. Covering all or part of the two weeks before Intermediate Medical Leave becomes effective. See Section 300.16 Intermediate Medical Leave.~~

2.1. Paying the difference between the 66% and 100% of salary during Intermediate ~~Medical~~ Paid Leave. See Section 300.16 Intermediate ~~Medical~~ Paid Leave.

~~3. Time off when an employee requires extended time away from work in order to care for a family member in a situation allowed by FMLA.~~

4.2. Other personal emergency situations approved by the Executive Director.

Formatted: Strikethrough

Formatted: Strikethrough

Accrual of emergency banked ETOB will stop when it reaches the cap of 90 days (or applicable prorated amount below). When the employee has been approved to use paid time off from the ETOB and brings the available amount below the 90-day cap (or applicable prorated amount below), accrual will begin again.

For example:

#Hrs. per week	Days in week	#Hrs. worked per day	X 90 days =	Total # hours employee may accumulate in Emergency Bank
40 ÷	5	= 8.0	8 x 90 =	720 hours
32 ÷	5	= 6.4	6.4 x 90 =	576 hours
30 ÷	5	= 6.0	6 x 90 =	540 hours
20 ÷	5	= 4.0	4 x 90 =	360 hours

ETOB days under this section may be taken only after all regular accrued paid time off days have been used with the exception of retained PTO leave allowable under Intermediate ~~Medical~~ Paid Leave (~~IML~~IPL) or Family and Medical Leave (FMLA) policy. ETOB will not be paid upon termination of employment.

300.10 DONATION OF PAID TIME OFF PTO

The Health District recognizes that personal crises or family traumas may occur in an employee's life that cause them to need more paid time off than their accumulated leave time. For that reason, the Health District will allow employees to voluntarily donate some of their accumulated PTO for the benefit of other employees for the following situations not covered by Intermediate ~~Medical~~ Paid Leave (~~IML~~IPL), if approved by the Executive Director:

- If a benefited employee has worked for the Health District for less than ~~one year~~180 days (6 months) and is experiencing a medical emergency or other crisis requiring a prolonged absence from work.
- If a benefited employee has an extreme emergency relating to an immediate family member and the employee is required to be away from work in order to provide direct care or attention to that family member.

Employees may receive donated PTO only after they have been off work for two consecutive work weeks. Employees must use all accrued PTO (including ETOB) before receiving any donated PTO. Donated PTO will be paid to the employee at 66% of their regular pay. During the time the employee is receiving donated PTO they will continue to be eligible for benefits but will not accrue PTO.

To request donated PTO, employees (or their supervisor, on behalf of the employee, with the employee's consent) must make a request via email to their supervisor, noting the reason for the request. Requests for donated PTO will be evaluated based on a number of factors, including reasons for the request and impact on the organization including anticipated workload requirements and staffing considerations during the proposed period of absence.

Supervisors will review the request, and if they support it, will forward it to the director along with relevant policy, analysis of impact to the organization and a coverage plan. If approved by the director, the request is forwarded to the Executive Director for final consideration. The Executive Director will decide whether to approve the request, and may set a limit to the number of donated hours that the employee may take off, based on the seriousness of the emergency and/or the impact on the agency. Employees taking donated PTO after Executive Director approval must first use any accrued paid leave time.

In the event that the employee requesting the donation of PTO is the Executive Director, such request, which shall be in writing, shall be directed to and acted upon by the Board of Directors.

After the request is approved, and the employee has exhausted all of their paid leave, the employee is eligible to receive additional paid leave (to be paid at 66% ~~his or her~~their normal rate of compensation) with respect to leave donated by other employees.

In order to donate leave, an employee must submit a written request to the Finance Director, noting the amount they wish to donate, and the employee to whom they are donating their PTO. The maximum amount that any one employee may donate per calendar year is the equivalent of one week's PTO.

Employees must retain at least one week's worth of PTO in their account.

Donated PTO is available to the employee only during the time of the designated medical emergency or other crisis. If the person to whom the PTO has been donated does not use the full amount of PTO donated for that purpose, those hours will be returned to donors on a pro rata basis.

300.16 INTERMEDIATE PAID LEAVE {formerly known as Intermediate Medical Leave Pay (effective 1/1/2024)

Employees who have completed ~~90 days~~ 180 days of service with the Health District~~, have earned $2500 over the previous year~~ and are eligible for Paid Time Off (PTO), are eligible for Intermediate Paid Leave (IPL). For purposes of this Section, such employees are referred to as eligible employees. IPL is available for employees who have a need due to their own serious health condition; caring for a new child after birth, adoption, or foster care placement; caring for a family member with a serious health condition; family member military deployment arrangements; obtaining safe housing and/or legal assistance in response to domestic violence, stalking, sexual assault, or sexual abuse.

IPL does not apply to medical conditions covered under Workers' Compensation. ~~It also does not apply to other conditions covered under FMLA other than the employee's own serious medical condition.~~ IPL will run concurrently with FMLA if the employee qualifies for FMLA. If an employee has opted into the Colorado Family and Medical Leave Insurance Program (FAMLI), the employee may take either FAMLI leave or IPL leave, but not both.

For eligible employees, there is no waiting period to access the IPL benefit. Once an employee qualifies for IPL, their wages will be paid at 66%. Such wages shall be exempt from 401a plan contributions during the IPL benefit period. An eligible employee may receive up to 12 weeks of IPL in a ~~12 month~~12-month period, beginning with the first day of IPL, except that benefits are payable up to an additional four weeks to an eligible employee with a serious condition related to pregnancy complications or childbirth complications. During the 2024 calendar year, ~~I~~if Intermediate Medical Leave (IML) was used during the previous year, this ~~is~~will be calculated into the 12 weeks of IPL eligibility within the previous ~~12 month~~12-month period. Beginning in 2025, this IML deduction ~~(~~will no longer apply~~ in 2025).~~

The Health District requires employees to use accrued PTO ~~while~~ before going on IPL ~~leave~~, with the following exception: ~~. T~~the employee may retain up to one week's worth of accrued PTO based on the number of hours they normally work each week. This selection must be made prior to ~~going out on~~accessing IPL ~~leave~~ and cannot be changed.

While an eligible employee is on IPL, the Health District ~~will~~ shall maintain any health care benefits the covered individual had prior to taking IPL for the duration of ~~the leave~~IPL as if the eligible employee had continued in employment continuously from the date the leave commenced until the date the IPL benefits terminate. The employee shall continue to pay the employee's share of the cost of health benefits as required prior to the commencement of ~~the leave~~IPL.

The employee will not accrue Paid Time Off (PTO) during IPL.

Formatted: Normal

Formatted: Not Strikethrough

Commented [EL1]: Deleted any reference to "IPL leave" as this could technically be read as "Intermediate Paid Leave leave"

Health District
OF NORTHERN LARIMER COUNTY

AGENDA DOCUMENTATION

Meeting Date: February 27, 2024

SUBJECT: Policy Updates from State Legislative Session

PRESENTER: David Navas

OUTCOME REQUESTED: __X__ Decision ____Consent ____Report

PURPOSE/ BACKGROUND

During the January 2024 regular meeting of the Board of Directors, the 2024 Policy Agenda was adopted by the Board and a Board Policy Committee was established. The first meeting of the Board Policy Committee was held on February 13, 2024. The Committee made decisions on positions for a number of bills, which will be presented for ratification in accordance with Board Policy 99-7. In addition, several bills will be presented to the full Board for a decision on a position, these bills include:

- HB24-1028: Overdose Prevention Centers
- HB24-1045: Treatment for Substance Use Disorders
- SB24-059: Children's Behavioral Health Statewide System of Care

Staff will also report on the progress of the 2024 state legislative session.

Attachment(s): Bills for Position Ratification at February 27, 2024 Board Meeting; Analyses on HB24-1028, HB24-1045, and SB24-059.

FISCAL IMPACT

None.

STAFF RECOMMENDATION

Staff recommends that the Board ratify the positions that the Board Policy Committee made on bills during their meeting on February 13, 2024.

Staff recommends that the Board move to take a position of Support for HB24-1028: Overdose Prevention Centers

Staff recommends that the Board move to take a position of Support for HB24-1045: Treatment for Substance Use Disorders

Staff recommends that the Board move to take a position of Strong Support for SB24-059: Children's Behavioral Health Statewide System of Care

Bill Number	Short Name	Position
HB24-1002	Social Work Licensure Compact	Strongly Support
HB24-1003	Opiate Antagonists and Detection Products in Schools	Support
HB24-1010	Insurance Coverage for Provider-Administered Drugs	Support
HB24-1015	Workplace Suicide Prevention Education	Support
HB24-1019	Crisis Resolution Team Program/Youth Behavioral Health Crises	Strongly Support
HB24-1035	Modernize Health Benefit Exchange Governance	Support
HB24-1037	Substance Use Disorder Harm Reduction	Support
HB24-1038	High-Acuity Crisis for Children & Youth	Strongly Support
HB24-1040	Gender-Affirming Health Care Providers Study	Strongly Support
HB24-1075	Analysis of Universal Health Care Payment System	Support**
HB24-1096	School Psychologist Licensure Interstate Compact	Strongly Support
HB24-1136	Healthier Social Media Use by Youth	Support
HB24-1168	Equal Access to Public Meetings	Active Monitor
HB24-1176	Behavioral Health Grant for Capital Project	Strongly Support
SB24-001	Continue Youth Mental Health Services Program (iMatter)	Strongly Support
SB24-007	Behavioral Health First Aid Training Program	Strongly Support
SB24-010	Dentists and Dental Hygienists Interstate Compact	Strongly Support
SB24-015	Licensed Professional Counselors in Communities	Support
SB24-034	Increase Access to School-Based Health Services	Support
SB24-040	State Funding for Senior Services	Strongly Support
SB24-047	Prevention of Substance Use Disorders	Strongly Support**
SB24-048	Substance Use Disorders Recovery	Support
SB24-055	Agricultural & Rural Behavioral Health Care	Support
SB24-057	Agricultural Workforce & Suicide Prevention	Support
SB24-063	Confidentiality of Group Peer Support Services	Support

**The President, Molly Gutilla, abstained.

Health District
OF NORTHERN LARIMER COUNTY

02/20/2024

STAFF: DAVID NAVAS

POLICY ANALYSIS

HB24-1028: OVERDOSE PREVENTION CENTERS

Concerning the authorization for a municipality to allow for the operation of an overdose prevention center within its jurisdiction.

Details

Bill Sponsors:	House – *Rep. Epps (D)*
	Senate – *Sen. Priola (D)*
Committee:	House Health & Human Services
Bill History:	01/10/24- Introduced in the House
Next Action:	Hearing in House Health & Human Services
Fiscal Note:	01/23/24

Bill Summary

The bill specifies that the governing body of a municipality, which includes a city, town, and city and county, may authorize the operation of an overdose prevention center within the municipality's boundaries to save the lives of persons at risk of preventable overdoses.

Issue Summary

Overdose prevention centers (OPCs) have been operating in foreign countries for decades as a harm reduction strategy to address overdoses.[1] At these OPCs individuals can consume substances that were obtained elsewhere in a setting where trained staff can detect and respond to possible overdoses while also being a resource to connect those who are ready to health and support services.

Research indicates that OPCs offer several benefits, including a reduction in fatal overdoses and an improvement in the overall health of both individuals with a substance use disorder (SUD) and the community at large.[2] There is minimal evidence to suggest that OPCs increase drug-related crimes, with some studies suggesting a potential decrease.[3] Self-reported data from such facilities reveal that heroin or fentanyl is the most commonly used drug, with injection being the preferred method of administration. [4] Additionally, a significant proportion of those who utilize OPCs indicate they would have consumed drugs in public spaces if the center were unavailable.[5] The effectiveness of OPC in reducing overdoses is modest, typically resulting in a 20–30% reduction relative to rates outside the center.[6] However, the primary benefits may lie in indirect effects that benefit the broader population with a SUD, including increased rates of treatment and recovery. Notably, populations that are disproportionately affected, such as unhoused

[1] National Institute on Drug Abuse (NIDA). (Aug 28 2023). Overdose Prevention Centers. Retrieved from https://nida.nih.gov/research-topics/overdose-prevention-centers

[2] Kral, A. H., & Davidson, P. J. (2017). Addressing the nation's opioid epidemic: Lessons from an unsanctioned supervised injection site in the US. *American Journal of Preventive Medicine*, 53(6), 919–922.

[3] Davidson, P. J., Lambdin, B. H., Browne, E. N., Wenger, L. D., & Kral, A. H. (2021). Impact of an unsanctioned safe consumption site on criminal activity, 2010–2019. *Drug and Alcohol Dependence*, 220, 108521.

[4] Potier, C., Laprévote, V., Dubois-Arber, F., Cottencin, O., & Rolland, B. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, 145, 48–68.

[5] Harocopos, A., Gibson, B. E., Saha, N., McRae, M. T., See, K., Rivera, S., & Chokshi, D. A. (2022). First 2 months of operation at first publicly recognized overdose prevention centers in US. *JAMA Network Open*, *5*(7), e2222149-e2222149.

[6] Wheeler, E., Jones, T. S., Gilbert, M. K., Davidson, P. J., & Centers for Disease Control and Prevention (CDC). (2015). Opioid Overdose Prevention Programs Providing Naloxone to Laypersons - United States, 2014. MMWR Morbidity and Mortality Weekly Report, 64(23), 631-635. PMID: 26086633; PMCID: PMC4584734.

individuals, face significantly higher overdose risks, underscoring the importance of accessible harm reduction strategies.[7]

Poor access to care, stemming from stigma, complex health and social conditions, as well as regulatory barriers limiting treatment options exacerbate the opioid overdose rate.[8] Harm reduction strategies, including OPC, naloxone distribution, and peer support, play a crucial role in addressing substance use in person-centered approach.[9] A comprehensive approach is needed, addressing both the immediate overdose risk and the underlying social and psychological factors driving substance use.[10] Harm reduction principles emphasize respecting the rights of people who use drugs, incorporating evidence-based practices, promoting social justice, and combating stigma. Ultimately, harm reduction seeks to minimize the negative impacts associated with drug use while prioritizing health, human rights, and social equity.[11]

This Legislation

The bill permits the governing board of a municipality to authorize overdose prevention centers within their boundaries.

An overdose prevention center is defined as a facility designed to provide:

- A space for individuals to use previously obtained controlled substances in a monitored setting under the supervision of health care professionals or other trained staff to provide treatment in the event of a potential overdose, and
- Other life-saving support including access to sterile consumption equipment, tools to test for the presence of fentanyl, counseling, referrals to treatment, and other harm reduction services.

The bill takes effect immediately upon passage and approval from the Governor.

Fiscal Note

No appropriation is required.

Local Government

Conditional upon municipal approval, the bill may increase the workload of municipalities associated with any regulatory role over an overdose prevention center.

Reasons to Support

The bill promotes harm reduction by providing a safe and supervised environment for individuals to consume substances. This approach can help prevent fatal overdoses and reduce the transmission of infectious diseases associated with drug use. By authorizing OPCs the bill ensures that individuals experiencing overdose have immediate access to life-saving treatment and support services, including referrals to SUD treatment.

These centers can contribute to the health of a community that allows for their establishment by reducing the burden on emergency medical services and hospitals caused by overdose-related emergencies. They also

[7] Craig, Gaeta Jessie M., Mackin, Sarah, Baggett, Travis P., Quinlan, Joan, & Taveras, Elsie M. (2020). Community Care in Reach: Mobilizing Harm Reduction and Addiction Treatment Services for Vulnerable Populations. Frontiers in Public Health, 8. https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2020.00501

[8] International Harm Reduction Association. What is Harm Reduction? 2021. Available online: https://www.hri.global/what-is-harm-reduction

[9] Mercer, F., Miler, J. A., Pauly, B., Carver, H., Hnízdilová, K., Foster, R., & Parkes, T. (2021). Peer Support and Overdose Prevention Responses: A Systematic 'State-of-the-Art' Review. International Journal of Environmental Research and Public Health, 18(22), 12073. https://doi.org/10.3390/ijerph182212073

[10] Irvine, M. A., Kuo, M., Buxton, J. A., Balshaw, R., Otterstatter, M., Macdougall, L., ... & Gilbert, M. (2019). Modelling the combined impact of interventions in averting deaths during a synthetic-opioid overdose epidemic. *Addiction*, *114*(9), 1602-1613.

[11] United Nations Office on Drugs and Crime (UNODC). Reducing the Harm of Drug Use and Dependence. 2007. Available

offer opportunities for education, counseling, and referrals to help individuals work towards person-centered recovery.[12] OPCs have been shown to be effective in reducing overdose deaths and connecting individuals to treatment and support services. Supporting this bill aligns with evidence-based practices in harm reduction and public health.[13]

The bill empowers municipalities to make decisions about establishing and operating OPCs within their boundaries, allowing for tailored approaches to address local needs and priorities.

Supporters

- American Civil Liberties Union of Colorado
- Adams County Health Department
- Colorado Behavioral Healthcare Council
- Colorado Center on Law and Policy
- Colorado Coalition for the Homeless
- Colorado Criminal Defense Bar
- Colorado Freedom Fund
- Colorado Mental Wellness Network
- Harm Reduction Action Center
- Colorado Psychiatric Society
- Colorado Public Health Association
- Denver Streets Partnership
- Disability Law Colorado
- Mental Health Colorado
- Tribe Recovery Homes
- Vivent Health
- WellPower

Reasons to Oppose

Some opponents may argue that OPCs could send a message that drug use is acceptable or even encouraged by providing a safe environment for consumption, which may have the potential normalization of drug use and its impact on community norms. Critics worry about the impact on property values and community safety. They may argue that investing in OPCs could divert resources from other critical areas of need within the health care system. Opponents may raise legal and ethical concerns about the operation of OPCs, including liability issues for staff and municipalities, compliance with federal drug laws, and potential conflicts with existing regulations and zoning ordinances. Some may call for further study and consideration of these issues before implementing OPCs.

Opponents

- City of Colorado Springs
- City of Fountain
- Colorado Association of Chiefs of Police
- Colorado Catholic Conference
- Colorado Concern
- Colorado Springs Chamber & Economic Development Council
- County Sheriffs of Colorado
- Denver Metro Building Owners & Managers Association
- Denver Metro Chamber of Commerce
- El Paso County
- Town of Monument

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides behavioral health, dental care, preventive, and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact David Navas, Policy Analyst, at (970) 530-2736, or e-mail at dnavas@healthdistrict.org.

[12] Samuels, E. A., Bailer, D. A., & Yolken, A. (2022). Overdose Prevention Centers: An Essential Strategy to Address the Overdose Crisis. JAMA Network Open, 5(7), e2222153. https://doi.org/10.1001/jamanetworkopen.2022.22153

[13] Mercer, F., Miler, J. A., Pauly, B., Carver, H., Hnízdilová, K., Foster, R., & Parkes, T. (2021). Peer support and overdose prevention responses: a systematic 'state-of-the-art'review. International journal of environmental research and public health, 18(22), 12073.

Health District
OF NORTHERN LARIMER COUNTY

02/20/2024

STAFF: DAVID NAVAS POLICY ANALYSIS

HB24-1045: TREATMENT FOR SUBSTANCE USE DISORDERS

Concerning treatment for substance use disorders.

Details

Bill Sponsors:	House – *Armagost (R), deGruy-Kennedy (D),* Rep. Young (D) Senate – *Mullica (D), Will (R),* Sen. Jacquez-Lewis (D), Sen. Priola (D)
Committee:	House Health and Human Services Committee
Bill History:	**01/10/24-** Introduced in the House- Assigned to Health & Human Services Committee
Next Action:	**02/20/24**- Hearing in House Health & Human Services Committee
Fiscal Note:	2/16/24

Bill Summary

There are various provisions in this legislation aimed at improving treatment for substance use disorders (SUDs), including, but not limited to:

- Prohibiting prior authorization based solely on drug dosage for substance use disorder medications.
- Mandating reimbursement for licensed pharmacists prescribing/administering medication-assisted treatment (MAT).
- Requiring the Commissioner of Insurance is to review network adequacy rules the maintain adequate SUD treatment and behavioral health providers.
- Establishing the Behavioral Health Diversion Pilot Program to award grants to 2-5 district attorneys to divert those with a behavioral health disorder from the criminal justice system.
- Authorizing licensed clinical social workers and licensed professional counselors to provide supervision to individuals seeking certification as addiction technicians and addiction specialists.
- Including grants to provide training and ongoing support to pharmacies and pharmacists who are authorized to prescribe, dispense, and administer MAT through the Medication-Assisted Treatment Expansion Pilot Program.
- Requires the Department of Health Care Policy and Financing (HCPF) to seek federal authorization to provide screening, brief intervention, administration of MAT, case management and care coordination services through the MAT program to persons up to 90 days prior to release from jail.
- Requiring SUD treatment to be reimbursed at the same rate for telehealth as it is for in-person services.
- Directing the Division of Insurance (DOI) to assess utilization management practices' impact on behavioral health service access and insurer policies.

Issue Summary

Substance use disorders (SUDs) are a complex and multifaceted disease that has significant social, health, and economic implications. Diagnosis is often based on behavioral health criteria, including physical dependence or the inability to control substance use, interpersonal problems caused by substance use, and

dysfunction at home, work, or school.[1] Medications like methadone, buprenorphine, and naltrexone have demonstrated efficacy in treating opioid use disorder (OUD).[2] Medications for a substance use disorder (also known as medication assisted treatment or MAT or medication for an opioid use disorder or MOUD) consistently reduces the likelihood of emergency department visits and hospital admissions compared to untreated individuals with an OUD, which play a key role in reducing costs and over utilization of health care services.[3]

Studies have highlighted various barriers to accessing treatment, including travel distance to treatment centers and workforce shortages, which disproportionately affect rural and economically disadvantaged areas. One study showed that there is a statistically significant difference between drive times to an opioid treatment facility versus a local pharmacy suggesting that this barrier may be reduced with pharmacy-based dispensing of methadone maintenance.[4] A study of daily attendance to opioid treatment programs (OTPs) showed that those living more than 10 miles from an OTP were more likely to miss methadone doses than those who lived within 5 miles of the program.[5]

The scarcity of behavioral health professionals is undermining people's ability to get timely care. Nearly half of the U.S. population (47%) is living in a mental health workforce shortage area.[6] Some populations, like rural areas or economically stressed cities, are disproportionately impacted by workforce shortages.[7] Many barriers to accessing evidence-based treatment for SUD, particularly MAT, are related to the workforce. Barriers include workforce shortages for certain providers, insufficient training, education and experience, lack of institutional and clinician peer support, provider stigma, inadequate reimbursement or burdensome reimbursement procedures. Telehealth has been shown to improve access to care, especially for rural populations.[8] It can produce similar results to in-person treatment, reduce the burden of travel, and help reduce the perception of stigma. There is also a growing evidence base to support the benefit of telehealth in access to SUD-related care[9]. The four most common modes of telehealth in SUD treatment programs are computerized assessments (45%), telephone-based recovery support (29%), telephone-based therapy (28%), and video-based therapy (20%). A comparison study of medication treatment for opioid use disorders found lower dropout rates using telehealth modalities, retention being particularly important with ongoing treatment to improve mortality and other outcomes.[10]

---

[1] Altaf Dar, M., Gani, I., & Ara, I. 2023. Overview of substance use disorder and available treatments. International Journal of Current Research in Physiology and Pharmacology, 3–7. Retrieved from https://www.ijcrpp.com/index.php/ijcrpp/article/view

[2] Bell James; Strang, John. 2020. Medication Treatment of Opioid Use Disorder. Biological Psychiatry Volume 87, Issue 1, Pages 82-88,ISSN 0006-3223, https://doi.org/10.1016/j.biopsych.2019.06.020.

[3] Lewer, D., Freer, J., King, E., Larney, S., Degenhardt, L., Tweed, E. J., Hope, V. D., Harris, M., Millar, T., Hayward, A., Ciccarone, D., and Morley, K. I. 2020. Frequency of health-care utilization by adults who use illicit drugs: a systematic review and meta-analysis. Addiction, 115: 1011–1023. https://doi.org/10.1111/add.14892

[4] Kleinman, Robert A. 2020. Comparison of Driving Times to Opioid Treatment Programs and Pharmacies in the U.S. JAMA Psychiatry. 77(11):1163-1171. doi:10.1001/jamapsychiatry.2020.1624

[5] Amiri S, Lutz R, Socías ME, McDonell MG, Roll JM, Amram O. 2018. Increased distance was associated with lower daily attendance to an opioid treatment program in Spokane County Washington. Journal of Substance Use Treatment. 93:26–30

[6] Saunders, Heather; Guth, Medeline; Eckart, Gina. 2023. A Look at Strategies to Address Behavioral Health Workforce Shortages: Findings from a Survey of State Medicaid Programs. KFF. https://www.kff.org/mental-health/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/

[7] Counts, Nathaniel. 2023. "Understanding the U.S. Behavioral Health Workforce Shortage" (explainer), Commonwealth. https://doi.org/10.26099/5km6-8193

[8] Tuckson, R.V.; Edmunds, M.; Hodgkins, M.L. 2017. Telehealth. New England Journal of Medicine, Volume 377, issue 16, pages 1585-1592.

[9] L.A. Lin, D. Casteel, E. Shigekawa, M.S. Weyrich, D.H. Roby, S.B. McMenamin. 2019. Telemedicine-delivered treatment interventions for substance use disorders: A systematic review. Journal of Substance Abuse Treatment, 101 pp. 38-49

[10] Eibl, J. K., Gauthier, G., Pellegrini, D., Daiter, J., Varenbut, M., Hogenbirk, J. C., & Marsh, D. C. 2017. The effectiveness of telemedicine-delivered opioid agonist therapy in a supervised clinical setting. Drug and Alcohol Dependence, 176, 133–138. https://doi.org/10.1016/j.drugalcdep.2017.01.048

This Legislation

Medication Assisted Treatment & Pharmacists

An insurance carrier that provides prescription drug benefits for SUDs must reimburse an in-network pharmacist to prescribe and/or administer MAT at a reimbursement rate equal to that provided to a physician, physician assistance, or nurse practitioner. The bill defines the term "Medications for Opioid Use Disorder" or "MOUD" as treatment for an opioid use disorder using medications approved by the FDA for that purpose and prescribed, dispensed, or administered in accordance with national, evidence-based guidelines. Pharmacists are allowed to dispense and administer any FDA-approved product for opioid use disorder, including MOUD, in accordance with federal laws and regulations.

Within six months of the bill being effective, the Pharmacy Board, Medical Board, and State Board of Nursing must develop a statewide drug therapy protocol for pharmacists to prescribe, dispense, and administer MAT. If the Boards cannot agree within that time frame, the Board of Pharmacy must collaborate with the Colorado Department of Public Health and Environment (CDPHE) to develop a statewide drug therapy protocol by May 1, 2025. Neither the protocol nor a collaborative pharmacy practice agreement have to be in place before a pharmacist may prescribe, dispense, or administer MAT, if it is otherwise authorize under law.

The bill requires Medicaid to reimburse a pharmacist prescribing or administering MOUD/MAT pursuant to a collaborative agreement at a rate equal to reimbursement rate for other providers.

Network Adequacy

By August 1, 2025, the Commissioner of Insurance must review network adequacy rules to ensure that they are sufficient to maintain an adequate number of:

- Substance use disorder treatment providers in underserved areas, and
- Cognitive behavioral health care providers in a carrier's network, including those that provide pain diagnoses services, allowing for access in all communities.

By September 30, 2025, the Commissioner must report the rule review findings to the Opioid and Other Substance Use Disorders Study Committee, including any recommended rule changes.

Clinical Supervision

The bill authorizes licensed clinical social workers (LCSWs) and licensed professional counselors (LPCs), if the professional has the necessary education or experience working with SUDs or behavioral health disorders, within their scope of practice to provide clinical supervision to individuals seeking certification as addiction technicians or addiction specialists.

Behavioral Health Diversion Pilot Program Grant

The Behavioral Health Diversion Pilot Program is established to award grants to at least 2, but no more than 5, judicial districts to provide diversion from the criminal justice system individuals who have a behavioral health disorder that requires early services and treatment that is reasonably expected to deter future criminal behavior. The program will be operated by the Office of the State Court Administrator, utilizing the existing Diversion Funding Committee. The bill specifies the following for the pilot program:

- The office must select between two and five district attorneys to participate, at least one of which is rural.
- The first round of grants must be awarded no later than four months of the bill's effective date.
- Awardees must provide status reports to the Judicial Department on determined dates.

- The county is responsible for selecting a program coordinator who will be responsible for developing all necessary criteria, developing all treatment plans, and coordinating care.
- The Behavioral Health Administration (BHA) must provide a list of approved assessors to perform clinical assessments in the county.
- If the assessor refers a defendant for treatment, the district attorney and eligible person may agree to their participation in the pilot program.
- Any statements made by the defendant during the clinical assessment must not be used for charging the defendant unless they commit a chargeable offense during the assessment.
- A candidate's participation in the program is optional and if they choose not to participate or are dismissed for non-compliance prosecution may proceed.
- Program participants complete a treatment program designed to provide the participant with the skills, training, and resources (including vocational assistance) needed to maintain recovery and prevent the participant from engaging in criminal activity.
- Program coordinators, participating district attorneys, and state court administrators are subject to various reporting requirements; and
- The Judicial Department must report by January 31, 2028, whether the pilot program should be continued. If it is not recommended, the program is repealed on June 30, 2028

MAT Expansion Pilot Program

The bill amends the existing MAT Expansion Pilot Program to allow pharmacists to participate and adds to the program reporting requirements specific information regarding the utilization of the program by pharmacists. The Colorado Pharmacists Society is added to the MAT Expansion Advisory Board.

Medicaid Reentry Services

The bill requires the Department of Health Care Policy and Financing (HCPF) to seek federal authorization to provide screening for physical and behavioral health needs, brief intervention, MAT, other needed prescription medications immediately before release from the Division of Youth Services (DYS), a Department of Corrections (DOC) facility, or a participating county jail.

Pending federal authorization, HCPF will implement the new benefit on July 1, 2025, for people in a DYS or a DOC facility and July 1, 2026, for people in county jail, except for MAT, which will be provided without federal authorization. The BHA will approve county jails for participation based on their commitment to diversion efforts and issue licenses to provide these services to the incarcerated Medicaid members. HCPF will produce an annual report which will require tracking participants following release and assessing the system.

Telemedicine Reimbursement

The bill mandates adding substance use disorder treatment to the list of health care or mental health-care services that are required to be reimbursed at the same rate for telemedicine as a comparable in-person service.

SUD Partial Hospitalization

The bill requires HCPF to seek a federal authorization to provide partial hospitalization for SUD treatment with full federal financial participation by July 1, 2026.

Medicaid Coverage of MAT

Requires each regional accountable entity (RAE) that covers methadone administration for the treatment of SUDs to:

- Not impose any prior authorization requirements on any prescription medication approved by the FDA for the treatment of substance use disorders, regardless of the dosage amount.
- Set the reimbursement rate for take-home methadone treatment and office-administered methadone treatment at the same rate.

Withdrawal Management Data Collection

The bill requires the BHA to begin to collect data from each withdrawal management facility by July 1, 2025, on the total number of individuals who were denied admittance or treatment for withdrawal management and the reason for the denial. This data must be shared with each Behavioral Health Administrative Services Organization (BHASO). Beginning on January 1, 2025, the BHA must review and approve any admission criteria established by a withdrawal management facility.

RAE Reimbursement

The bill requires each RAE to disclose the aggregated average and lowest rates of reimbursement for a set of behavioral health services determined by HCPF.

Child Abuse Prevention Trust Fund

Appropriates $150,000 from the General Fund to the Colorado Child Abuse Prevention Trust Fund for programs to reduce the occurrence of prenatal substance exposure annually. It also appropriates $50,000 from the General Fund to the Child Abuse Prevention Trust Fund for state fiscal years 2024-2025 and 2025-2026 to convene a stakeholder group to identify strategies to increase access to childcare for families seeking SUD treatment and recovery services.

Support of Behavioral Health Safety Net

The bill requires the BHA to contract with an independent third-party by July 1, 2025, to support providers seeking to become approved BHA safety net providers, with the goal for the provider to become self-sustaining. This party will help the providers in accessing alternative payment models and enhanced reimbursement rates through the BHA and Medicaid.

Contingency Management Grant Program

The bill creates the Contingency Management Grant Program in the BHA to support selected SUD treatment programs. A contingency management program is an evidence-based treatment program that provides motivational incentives to treat individuals with a stimulant use disorder. Grant recipients may use the funds for staffing, training, supplies, administrative costs, the costs of vouchers/incentives up to $599, and other related expenses approved by the BHA.

Opioid Treatment Program Working Group

This section requires the BHA, in collaboration with HCPF, to convene a working group to study and identify barriers to opening and operating an opioid treatment program (OTP), including satellite units and mobile clinics. This must be convened by October 1, 2024. The group must complete its work and make

recommendations to the BHA by October 1, 2025. The working group must be composed of at least the following individuals:

- Addiction counselor
- Medical director of an OTP
- Director or clinical manager of an OTP
- Physician who is board certified in addiction medicine or addiction psychiatry
- Individual who resides in a rural community who has lived experience or a family member with lived experience
- Individual who resides in an urban community who has lived experience or a family member with lived experience

Fiscal Note

For state fiscal year 2024-25, the bill requires an appropriation of $6.1 million to multiple state agencies.

Reasons to Support

There is a shift toward viewing substance use disorders as a community health problem, emphasizing a more person-centered approach. This approach recognizes that individuals with SUDs need access to health care services rather than punitive measures. This bill aims to increase access to SUD treatment by changing prior authorization requirements and allowing pharmacists to prescribe, dispense, and administer these treatment options. It provides a mechanism for these providers to be reimbursed for these services, which increases the likelihood of uptake.

By allowing LCSWs and LPCs to supervise those seeking certification, this bill seeks to address one of the biggest threats to behavioral health care access in Colorado today- the workforce shortage. Those seeking certification in these fields are required to meet a certain number of post-degree experience under supervision. This process is not without imposing challenges to the capacity of the existing workforce and reducing the barriers to allow more professionals who are qualified to participate in facilitating candidates through certification thus helping the workforce grow in volume and skills.

Adding SUD treatment to telemedicine services that are required to be reimbursed also helps address gaps caused by the workforce shortage. Telehealth will allow these professionals to reach people in larger service areas.

This bill funds the expansion of MAT Expansion Pilot Program including grants to provide training to pharmacists. To implement the provision of reimbursement for MAT administered by pharmacists to the highest level of quality, access to workforce skill development is necessary. This would create a funding mechanism to do so. It might also serve as an incentive for more pharmacists to provide MAT, reducing barriers to treatment such as travel distance.

Funding approaches to address prenatal substance exposure has both benefits for newborns, pregnant people, and families.

Supporters

- ACLU of Colorado
- Boulder County
- Colorado Academy of Family Physicians
- Colorado Community Health Network
- Colorado Coalition for the Homeless
- Colorado Hospital Association
- Colorado Pharmacists Society
- Colorado Psychiatric Society
- Colorado Retail Council
- Denver Health
- Indivior
- League of Women Voters of Colorado
- Mental Health Colorado
- RxPlus Pharmacies

Reasons to Oppose

The provision that allows pharmacies or pharmacists the authority to prescribe MAT is a possible critical divergence in schools of thought for the harm reduction framework. The difference lies in that some argue that medication only treatment without the accompanying counseling and behavioral health treatment is not effective. The premise being that pharmacies or pharmacists prescribing medication for the treatment of SUD would not be accountable to assuring that patients receive those parts of the overall treatment. While an optimal approach for many individuals with OUD involves a blend of medical and behavioral health interventions, some argue that the necessity of the latter should never hinder access to the former.[11] Many health care facilities have already implemented strategies to broaden the pool of providers capable of prescribing SUD treatment medications, improving access to care, and patient-centered health care in which both patients and doctors share the responsibility for making decisions together.[12]

Studies show a distinct form of stigma attached to MAT termed "intervention stigma."[13] This stigma, separate from the stigma associated with the condition of SUD itself, encompasses public, self-imposed, and structural biases. Misguided fears regarding medication diversion have particularly impeded office-based MAT.[14]

Opponents

- Any opposition has not been reported.

Other Considerations

As there are various sections for this bill that address diverse topics related to treatment of substance use disorders there are some entities that are amending the bill for a variety of purposes. These entities include:

- Anthem
- Colorado Behavioral Health Care Council
- Colorado Medical Society
- Colorado District Attorney's Council
- Colorado Association of Addiction Professionals

[11] Rachel P. Winograd, Ned Presnall, Erin Stringfellow, Claire Wood, Phil Horn, Alex Duello, Lauren Green & Tim Rudder. (2019) The case for a medication first approach to the treatment of opioid use disorder, The American Journal of Drug and Alcohol Abuse, 45:4, 333-340, DOI: 10.1080/00952990.2019.1605372

[12] Sunggeun (Ethan) Park, Jennifer E. Mosley, Colleen M. Grogan, Harold A. Pollack, Keith Humphreys, Thomas D'Aunno, Peter D. Friedmann. 2020. Patient-centered care's relationship with substance use disorder treatment utilization. Journal of Substance Abuse Treatment. Volume 118, 108125, ISSN 0740-5472, https://doi.org/10.1016/j.jsat.2020.108125.

[13] Madden, E. F. (2019). Intervention stigma: How medication-assisted treatment marginalizes patients and providers. Social Science & Medicine, 232, 324-331.

[14] Dickson-Gomez J, Spector A, Weeks M, Galletly C, McDonald M, Green Montaque HD. (2022) "You're Not Supposed to be on it Forever": Medications to Treat Opioid Use Disorder (MOUD) Related Stigma Among Drug Treatment Providers and People who Use Opioids. Substance Abuse: Research and Treatment. Volume 16. doi:10.1177/11782218221103859

- Colorado Association of Health Plans
- Colorado Providers Association
- County Sheriffs of Colorado
- Illuminate Colorado
- Sobriety House
- Tribe Recovery Homes

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides behavioral health, dental care, preventive, and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact David Navas, Policy Analyst, at (970) 530-2736, or e-mail at dnavas@healthdistrict.org.

Health District
OF NORTHERN LARIMER COUNTY

02/20/2024

STAFF: DAVID NAVAS POLICY ANALYSIS

SB24-059: CHILDREN'S BEHAVIORAL HEALTH STATEWIDE SYSTEM OF CARE

Concerning establishing a children's behavioral health statewide system of care.

Details

Bill Sponsors:	House – *Rep. Duran (D), Rep. Pugliese (R)*, Rep. Bradley (R), Rep. Evans (D), Rep. Froelich (R), Rep. Joseph (D), Rep. Young (D) Senate – *Sen. Kirkmeyer (R), Sen. Michaelson-Jenet (D)*, Sen. Fields (D), Sen. Pelton (R), Sen. Zenzinger (D)
Committee:	Senate Health & Human Services
Bill History:	01/17/24- Introduced in the Senate
Next Action:	02/22/24- Hearing in Senate Health & Human Services
Fiscal Note:	2/14/24

Bill Summary

The bill establishes the Office of the Children's Behavioral Health Statewide System of Care (the Office) in the Behavioral Health Administration (BHA) to develop and maintain a comprehensive children's behavioral health system of care. The system would allow children and youth up to 21 years of age to have a single point of access to behavioral health care regardless of payer, insurance, and income. The bill outlines what the system must include at minimum and sets timelines for the office in developing the system of care.

Additionally, the bill mandates the Office to establish a data and quality team to monitor and report annually on important child welfare indicators. It requires the office to create a website and conduct outreach to inform the public about the system's implementation. A grievance policy must also be developed. The bill also requires the Department of Health Care Policy and Financing (HCPF) to set a standard statewide fee schedule or rate structure for Medicaid-covered behavioral health services for children and youth.

Issue Summary

Youth Mental Health Overview

Mental health is a crucial component of a child's overall health and shapes both physical and social well-being.[1] The Centers for Disease Control and Prevention (CDC) categorizes mentally healthy children as youth who learn appropriate social skills and coping mechanisms to approach difficulties, as well as those who attain emotional and developmental milestones.[2] Children who are mentally healthy have a favorable quality of life and function well at home, in school, and in their communities.[2]

Many children experience anxiety or display disruptive behaviors.[2] However, if these symptoms are persistent, severe or disrupt play, academic or home activities, the youth may be diagnosed with a mental disorder.[2] Up to 1 out of 5 children experience a mental health disorder each year, incurring an estimated $247 billion per year in costs to individuals, families and communities.[2] Half of all mental health conditions begin by age 14 and, if left untreated, can be detrimental to quality of life into adulthood and possibly lead

[1] American Psychological Association (APA) (May 2022). *Children's Mental Health*. Retrieved from https://www.apa.org/pi/families/children-mental-health

[2] Centers for Disease Control and Prevention (CDC), (June 3, 2022) Children's Mental Health. Retrieved from https://www.cdc.gov/childrensmentalhealth/basics.html

to suicide.[3] According to the Robert Wood Johnson Foundation, delayed treatment is associated with incomplete and prolonged recovery.[4] Increasingly, experts are recognizing the importance of identifying behavioral health concerns among youth as early as possible. Lack of treatment can also be fatal: suicide was the 2nd leading cause of death for youth ages 10-24 in 2019, account for 19.7% of youth deaths during that year.[5] The rate of teen suicide has nearly doubled since 2011 in Colorado (2011: 12.3 per 100,000; 2020: 21.6 per 100,000).[6] From 2013 to 2017, there were 320 suicide deaths of Colorado youth ages 10 to 18.[7] In 2021, 7.4% of high schoolers in Larimer County had attempted suicide one or more times in the previous 12 months.[8] Nearly double that (14.4%) reported making a plan about how they would attempt suicide in the previous 12 months. Rates vary widely between demographics, with 9% of males, 16% of females and 40% of gender queer/nonbinary students reporting making such plans.

Mental disorders commonly diagnosed in youth are anxiety, depression, post-traumatic stress disorder (PTSD) attention-deficit/hyperactivity disorder (ADHD), and behavior disorders such as oppositional defiant disorder (ODD), conduct disorder (CD), Tourette syndrome, and obsessive-compulsive disorder (OCD).[2] Some children with a mental disorder may never be diagnosed, while others can be diagnosed at in early childhood or later in the teenage years.[2] In fact, 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.[9] The symptoms of mental disorders fluctuate as the child grows; consequently, early diagnosis and engagement of applicable services is key to maximizing treatment benefit for youth and their families.[2] Treatment rates vary among different mental disorders for youth. For children aged 3-17 with depression, 78.1% received treatment; however, for children with anxiety only 59.3% received treatment and 53.5% with behavior disorders received treatment.[9]

Impact of the COVID-19 Pandemic on Youth Mental Health[10]

The COVID-19 pandemic has exacerbated youth mental health conditions. Public health policies over the course of the public health emergency have required social distance to minimize spread of the virus. However, social distancing and other requirements to minimize community spread frequently prevented social contact outside of the home. Schools closed and required children to learn from virtual classes and childcare centers closed. Children were thus largely disconnected from social support systems and networks outside of their home and missed typical milestones – birthday parties, graduations, proms, etc., while also not being able to visit with family and loved ones. This social isolation and disruption caused youth significant emotional distress. Parents also faced a variety of challenges including being transitioned to work from home, subjected to higher risk of catching the virus as an essential worker, or lost their jobs due to the ensuing economic down-turn. The resulting caregiver stress, paired in some cases with the added loss of economic security and change in routine, compounded in some youth their anxiety, depression, and mental distress. Additionally, some youth may have been more exposed to child abuse and neglect, sexual violence and intimate partner violence at home. In fact, more than half (55%) of high school students in the United States reported in a 2021 survey that they had experienced emotional abuse by a parent or other adult in

[3] The World Health Organization (WHO) (2022) *Improving the mental and brain health of children and adolescents.* Retrieved from https://www.who.int/activities/Improving-the-mental-and-brain-health-of-children-and-adolescents

[4] Robert Wood Johnson Foundation (April 1, 2012). *Early Intervention in Psychosis.* Retrieved from https://www.rwjf.org/en/library/research/2012/04/early-intervention-in-psychosis.html

[5] Heron, M. (July 26, 2021). Deaths: Leading Causes for 2019*. National Vital Statistics Reports. (70)*9. CDC: Division of Vital Statistics. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf

[6] Kids Count Data Center, "Teen Suicides" 2021. https://datacenter.kidscount.org/data/tables/9851-teen-suicides-rate-per-100000?loc=7&loct=2#detailed/2/any/false/1729,37,871,870,573,869,36,868,867,133/any/19168,19169

[7] Mintz, S., Heilmann, L., Hoagland, K., & Jamison, E. (n.d.) *Suicide Among Youth in Colorado, 2013-2017: Ages 10-18.* Colorado Department of Public Health & Environment. Retrieved from https://drive.google.com/file/d/1fPpGOpl3Rcje0hFHVz1m7lkRrvu1pt3a/view

[8]Colorado Department of Health & Environment [CDPHE] (2022). Healthy Kids Colorado Survey Dashboard. Retrieved from https://cdphe.colorado.gov/healthy-kids-colorado-survey-dashboard

[9] CDC (June 3, 2022). *Data and Statistics on Children's Mental Health.* Retrieved from https://www.cdc.gov/childrensmentalhealth/data.html

[10] CDC (March 31, 2022). *New CDC data illuminate youth mental health threats during the COVID-19 pandemic*. Retrieved from https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html

the home, including swearing at, insulting, or putting down the student. And 11% experienced physical abuse by a parent or other adult in the home, including hitting, beating, kicking, or physically hurting the student.

Collaboration Among State Departments

Effective collaboration among various state departments is crucial for providing coordinated care to children, youth, and families in need. Without such collaboration, there is a risk of family members assuming the role of primary medical managers.[11] The complex array of services and supports from multiple entities can lead to duplicative efforts or unnecessary service utilization.[12] Drawing from literature on community-based processes, it is evident that interagency collaboration is key to developing an effective system of care.[13, 14]

Interorganizational distrust and conflict often arise when there is a lack of mutual trust or confidence between different organizations collaborating on a shared goal or project.[15] Government plays a critical role in shaping the development of systems of care for children and adolescents with behavioral health needs. Collaboration among agencies, driven by supportive policies from government leaders, can lead to better-integrated and more comprehensive services. However, without strong backing for interagency collaboration, care for youth may become disjointed, duplicative, inefficient, and less effective, resulting in fragmented services and compromised outcomes.[16]

Single Point of Access

A "single point of entry" program serves as a comprehensive hub where individuals seeking or requiring long-term care can access essential services and support.[17] Research suggests that such single-entry models (SEMs) are effective in reducing the time from primary care referral to consultation, thereby enhancing access to a range of health services.[18] Clients benefit from simplified processes, improved access, reduced wait times, and enhanced quality of care.[19, 20] Service providers also experience advantages such as more comprehensive assessments, time savings, and improved team collaboration.[21]

System of Care

Originally defined as a comprehensive spectrum of mental health and other necessary services organized into a coordinated network to address the diverse and evolving needs of children and their families the

[11] Berry, J. G., Hall, M., Neff, J., Goodman, D., Cohen, E., Agrawal, R., Kuo, D., & Feudtner, C. (2014). Children with medical complexity and Medicaid: spending and cost savings. Health affairs (Project Hope), 33(12), 2199–2206. https://doi.org/10.1377/hlthaff.2014.0828

[12] Oregon Health Authority, Oregon Department of Human Services. (2018). Oregon's Child, Youth & Family Continuum of Care: A System in Crisis – Proposed Systemic Solutions

[13] Beckley, T.M., Martz, D., Nadeau, S., Wall, E., Reimer, B. (2008). Multiple capacities, multiple outcomes: delving deeper into the meaning of community capacity. Journal of Rural and Community Development, 3, 56–75

[14] Bryson, J.M.; Crosby, B.C., & Middleton Stone, M. (2006). The design and implementation of cross-sector collaborations: Propositions from the literature. Public Adm. Rev., 66, 44–55.

[15] Gonçalves de Almeida, J. M., Gohr, C. F., & Santos, L. C. (2020). Assessing collaborative capabilities for sustainability in interorganizational networks. *Sustainability*, *12*(22), 9763.

[16] Zachik, A. A., Heffron, W. M., Junek, W., Pumariega, A., & Russell, T. (2003). Relationships between systems of care and federal, state, and local governments. In A. J. Pumariega & N. C. Winters (Eds.), The handbook of child and adolescent systems of care: The new community psychiatry (pp. 353–379). Jossey-Bass/Wiley.

[17] Title: Single point of entry Definition | Law Insider URL: https://www.lawinsider.com/dictionary/single-point-of-entry

[18] Milakovic, M., Corrado, A. M., Tadrous, M., Nguyen, M. E., Vuong, S., & Ivers, N. M. (2021). Effects of a single-entry intake system on access to outpatient visits to specialist physicians and allied health professionals: a systematic review. *Canadian Medical Association Open Access Journal*, *9*(2), E413-E423.

[19] Sawyer, D. A., & Moreines, S. F. (1995). A model for rural children's mental health services. *Administration and Policy in Mental Health and Mental Health Services Research*, *22*(6), 597-605.

[20] Melathopolous, K., & Cawthorpe, D. (2019). Impact of central intake development and system change on per capita child and adolescent mental health discharges from 2002 to 2017: Implications for optimizing system design by shaping demand. *The Permanente Journal*, *23*.

[21] Isaacs, A. N., Sutton, K., Dalziel, K., & Maybery, D. (2017). Outcomes of a care coordinated service model for persons with severe and persistent mental illness: a qualitative study. *International Journal of Social Psychiatry*, *63*(1), 40-47

system of care approach continues to adapt to advancements in research and service delivery.[22] Embracing core values of community-based, family-driven, youth-guided, and culturally and linguistically competent services, it emphasizes the provision of effective, individualized care while promoting coordination across child-serving systems.[7] Since its inception, systems of care have been conceptualized as multifaceted interventions rooted in a shared philosophy and set of principles, offering adaptability to diverse local contexts and evolving needs.

Medical Necessity Criteria

There are instances where insurers may deny claims, implement coverage restrictions, and explore alternative approaches to navigate compliance with the law. One approach frequently utilized is the consideration of "medical necessity," which insurers and public insurance programs often reference when making decisions regarding treatment approval or rejection.[23] In clinical settings, medical necessity serves as a rationale for approving certain medications or surgeries deemed essential for a patient's well-being.[24] However, the definition of "medically necessary" can be ambiguous, as it relies on delineating what is deemed necessary for health care, medical care, health-related well-being, or disease treatment, often leaving room for interpretation. “Medically necessary” is often interpreted as care that is "generally accepted in the medical community." [25] Such broad definitions have provided insurers with significant flexibility in making coverage determinations, potentially prioritizing financial considerations over person-centered care.[26]

This Legislation

The bill mandates collaboration among several state agencies, including the Behavioral Health Administration (BHA) partnering with the Office of Children, Youth, and Families in the Department of Human Services (DHS); the Department of Health Care Policy and Financing (HCPF); the Division of Insurance (DOI) in the Department of Regulatory Agencies; and the Department of Public Health and Environment (CDPHE), to develop, establish, and maintain a comprehensive Children's Behavioral Health Statewide System of Care (system of care) in Colorado. This system will serve as the centralized, single point of access to address the behavioral health needs of children and youth in the state, regardless of payer, insurance, and income.

The system of care will cater to children and youth up to twenty-one years old who are dealing with mental health disorders, substance use disorders, co-occurring behavioral health disorders, or intellectual and developmental disabilities.

Key components of the system of care will include, at a minimum, a statewide behavioral health standardized screening and assessment tool, a trauma-informed mobile crisis response and stabilization services for children and youth, tiered care coordination for moderate and intensive levels of need, parent and youth peer support, intensive in-home and community-based services, out-of-home treatment services, and respite services.

The bill establishes the Office of the Children's Behavioral Health Statewide System of Care (Office) within the BHA. This Office will be the primary governance entity responsible for coordinating all relevant state agencies involved in the system of care, including, but not limited to, the DHS Office of Children, Youth, and

[22] Stroul, B. A., & Friedman, R. M. (2011). Effective strategies for expanding the system of care approach. A report on the study of strategies for expanding systems of care. Atlanta, GA: ICF Macro.
[23] Godwin, S., & Earp, B. D. (2023). The paradox of medical necessity. *Clinical Ethics*, *18*(3), 281-284.
[24] Gilmore, E. J. (2020). Continuous Electroencephalogram—Necessity or Luxury? *JAMA neurology*, *77*(10), 1211-1212.
[25] Sabin, J. E., & Daniels, N. (1994). Determining" medical necessity" in mental health practice. *The Hastings Center Report*, *24*(6), 5-13.
[26] Monahan, A. B., & Schwarcz, D. (2021). Rules of Medical Necessity. *IowA L. REv.*, *107*, 423.

Families, the Division of Child Welfare, and the Division of Youth Services; HCPF; the DOI; and CDPHE. The Office will be directed by the Deputy Commissioner of the Office.

The bill requires the Office to create and convene, on or before November 1, 2024, a Leadership Team responsible for decision-making and oversight. The Leadership Team is required to provide a report to the House Public and Behavioral Health and Human Services Committee (now known as the Health and Human Services Committee) and the Senate Health and Human Services Committee, or their successor committees, on or before July 1, 2027. In addition, by the July 2027 deadline, the Leadership Team must determine whether to recommend if HCPF or the BHA should pursue procurement of a single statewide managed care entity (MCE) to oversee the system of care.

Additionally, the Office is required to create and convene, on or before January 15, 2025, an implementation team tasked with creating an implementation plan for the system of care. The bill further mandates the establishment, by January 15, 2025, of an Advisory Council composed of various stakeholders to provide guidance and input on the development and implementation of the system of care. By January 15, 2030, the Deputy Commissioner of the Office, the BHA Commissioner, and Advisory Council must review the implementation team's duties and functions to determine if it continues or if it is disbanded.
This implementation plan, developed by January 15, 2026, must include the following components:

- A plan for strategic communications, outreach, information, referral, training and workforce development, implementing and monitoring evidence informed and promising practices, achieving mental health equity, and creating a timeline for implementing the full continuum of services.
- Ways to expand screening in primary care and school settings.
- Means of identifying which assessment tools to utilize in various circumstances.
- Plans for identifying and credentialing individuals who administer assessment tools.
- Ways to expand crisis resolution teams statewide.
- Ways to expand intensive and moderate care coordination using high-fidelity wraparound services.
- Ways to revise the definition and qualifications of parent and youth support to be used in conjunction with other services.
- Means of identifying what intensive in-home and community-based services, in addition to multisystemic therapy and functional family therapy, should be included in the services offered.
- Means of identifying what out of home services, in addition to psychiatric residential treatment facilities, should be included in the services offered.
- Ways to address expanding access to trauma-specific services and substance use disorder services
- Ways to expand respite services statewide.
- Ways to remove cumbersome prior authorization and service location requirements, as well as other service limitations that hamper access to services.
- Ways to work with the DOI to implement a policy that requires commercial insurance plans to offer the same child behavioral health services as are provided under Medicaid.
- Ways to expand funding for school-based behavioral health services and ensure they maximize the use of Medicaid.
- Ways to reimburse or provide funding options to continue payment for services provided to families when a child becomes ineligible for Medicaid due to hospitalization or detention.
- Status and recommendations on ways to improve access to Medicaid waivers.
- Making recommendations for full-time employees needed for the Office.
- And recommendations concerning the expansion of funding for the new capacity- building center.

The capacity-building center must receive an annual appropriation of at least $10 million. The implementation plan will have specific requirements related to the center, including a student loan

forgiveness program, paid internships and clinical rotations, revisions to graduate medical education programs in Colorado, a financial aid program for youth transitioning out of foster care, and an expansion of current BHA efforts related to workforce support.

The BHA must develop a state-level process to monitor, report on, and promptly resolve complaints, grievances, and appeals available to all partners within the system of care, including providers and clients.

In addition, the Office must begin or contract for a cost and utilization analysis of the populations of child and youth who are included in the system of care by January 1, 2025, and report on the analysis by July 1, 2025.

HCPF must establish medical necessity criteria for all services in the system of care and by August 30, 2028, the BHA and DOI must determine whether they recommend that private insurers be required to adopt the same medical necessity criteria.

Further, HCPF must set standard rate and utilization floors for all services across all regional accountable entities (RAEs) by July 1, 2025. By that same deadline, HCPF and the BHA must establish a statewide fee schedule or rate frame for Medicaid and non-Medicaid behavioral health services for children and youth.

Each RAE and Behavioral Health Administrative Services Organization (BHASO) must contract with an adequate number of providers within accessible distances to serve all who are eligible for the system of care, including ensure in-person services are available and accessible. There also must be an annual review of whether additional provider specializations should be included in the contracts for the RAEs and BHASOs. RAEs and BHASOs are required to establish agreements with every qualified residential treatment facility or psychiatric treatment facility licensed in Colorado. Contracts with RAEs and BHASOs must also include that services are available to all children or youth who are eligible, such as child welfare or juvenile justice.

The Office must establish a data and quality team to identify key indicators of quality, identify requirements that create duplication or ineffectual reports, identify barriers to data sharing and solutions to the barriers, and determine how the data system will support meaningful data collection and sharing to facilitate the system's implementation.

The BHA will develop a website to provide regularly updated information regarding the goals, activities, progress, and timelines for the system of care. This must include a key performance indicators dashboard. The capacity-building center must work on an education campaign to further education providers, partners, youth, families, and others about the system of care implementation. Also the Office and the BHA must provide funding to state and local family and youth-run organizations to support awareness campaigns and engage families and youth in planning and participation in the system of care.

Fiscal Note

For state fiscal year (SFY) 2024-25, $3.8 million to multiple state agencies. The bill increases state expenditures by $568 million in SFY 2025-26, and $1.1 billion per year in SFY 2026-27 and future years. These costs are primarily paid from the state's General Fund supplemented in part by state cash funds and federal funds.

Reasons to Support

The bill aims to provide access to a comprehensive behavioral health system for children and youth in Colorado, regardless of their payer, insurance, or income status. This approach is intended to promote equity and ensure that under-resourced populations receive necessary care. This would also alleviate the

patchwork system of care that has been largely left to communities to address with limited funding and capacity.

Additionally, the establishment of the Office of the Children's Behavioral Health Statewide System of Care facilitates centralized governance and coordination among relevant state agencies. This coordinated approach is expected to enhance the efficiency and effectiveness of service delivery, reducing fragmentation and duplication of efforts.

The requirement to establish Leadership and Implementation Teams aims to ensure robust decision-making, oversight, and accountability, enhancing the success and sustainability of the system of care. Another critical component of the system is the capacity building center which would serve to bolster the growth and development of the behavioral health workforce.

Quality assurance measures, such as monitoring and resolving complaints, grievances, and appeals, are included to maintain high standards of service delivery and promote trust among stakeholders. Additionally, the emphasis on transparency through regular reporting and the development of a public website seeks to foster accountability and stakeholder engagement. Transparent communication ensures that all partners are informed about the goals, activities, and progress of the system of care, facilitating trust and collaboration. In addition, data system change may allow for more alignment between agencies regarding reporting, which could mean a decreased administrative burden for providers providing different measures to different state entities. The absence of centralized information poses a distinctive challenge within the children's system of care, hindering the ability to identify available services, locate contact details for essential personnel within programs, and access data crucial for making well-informed treatment decisions. Increasing access to this information may increase families' and caregivers' access to timely and appropriate care and support services.

Supporters

- ACLU of Colorado
- Adams County Board of County Commissioners
- American Academy of Pediatrics
- Arapahoe County
- Boulder County
- Colorado League of Charter Schools Action
- COMBINE
- Children's Hospital Colorado
- City and County of Broomfield
- Clayton Early Learning
- Colorado Association of Family and Children's Agencies (CAFCA)
- Colorado Counties Inc. (CCI)
- Colorado Cross Disability Coalition
- Colorado Education Association
- Colorado Hospital Association
- Colorado Society of School Psychologists
- Counties & Commissioners Acting Together (CCAT)
- Denver Health
- Envision: You
- Fostering Colorado
- Jefferson County Human Services
- Oliver Behavioral Consultants
- Raise the Future
- The Arc of Colorado
- Weld County

Reasons to Oppose

Overall, while the bill aims to address critical gaps and improve the behavioral health system for children and youth in Colorado, potential challenges and concerns regarding cost, bureaucracy, standardization, managed care, and data reporting need to be carefully considered and addressed during the legislative process. Some may argue that the bill's implementation represents a significant financial burden on the state budget. Critics raise concerns about the sustainability of funding and potential long-term costs.

The centralized coordination mandated by the bill may lead to bureaucratic complexity and administrative overhead. Critics may argue that the involvement of multiple state agencies and the creation of various teams and councils could result in inefficiencies, delays, and increased bureaucracy. While standardization efforts are emphasized in the bill, critics may raise concerns about the practical challenges of establishing medical necessity criteria, rate structures, and fee schedules for behavioral health services. While enhancing data tracking and reporting is essential for informed decision-making and improving outcomes, critics may raise concerns about the burden that could be placed on providers and agencies to collect, analyze, and report data.

Opponents

- No opposition has been reported.

Other Considerations

The bill requires HCPF to set standard rate and utilization floors for all services across all RAEs by July 1, 2025. The fiscal note does not include impacts for this as HCPF does not currently pay a set fee for service rate for care coordination. The RAEs pay for care coordination services from their per member per month allocation. If HCPF was to set rates for care coordination services, it would represent a major change in the current model and could drive significant fiscal impacts.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides behavioral health, dental care, preventive, and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact David Navas, Policy Analyst, at (970) 530-2736, or e-mail at dnavas@healthdistrict.org.

Health District
OF NORTHERN LARIMER COUNTY

AGENDA DOCUMENTATION

Meeting Date: 2/27/24

SUBJECT:

Special District Representation on Fort Collins URA Board

PRESENTER: Chris Sheafor

OUTCOME REQUESTED: __X__ Decision ____Consent ____Report

PURPOSE/ BACKGROUND

Under Colorado Law, Urban Renewal Authorities (URAs) can create Tax Increment Financing (TIF) districts which impact property tax revenues for special districts. Because of this, State law allows special districts to have a representative on the City's URA Board. This representative must be an elected board member from a district receiving property taxes in that city. How special districts select this representative is not spelled out in the State statute except that it must be by agreement of the special districts levying a tax within the URA.

In prior years, the Health District and the Poudre Library District have been the only two special districts with an interest in providing representation. All other districts already have representation, fund operations from fees rather than taxes, or are small Metro Districts that are not greatly impacted by TIF levies. For the past eight years, the URA representative has been a member of the Library Board. The current member, Fred Colby, is dropping off the Library Board after March. This leaves an opening for a new Special District representative to fill in April.

The Fort Collins URA holds monthly meetings and occasionally creates committees to look at specific issues like finance. There appears to be a moderate amount of work around reading and analyzing proposals outside of the regularly scheduled meetings.

Attachment(s): none

FISCAL IMPACT

None

STAFF RECOMMENDATION

If a Health District Board member is interested in fulfilling this role, staff can work with the Library District to come to an agreement about who will be the Special District representative to the Fort Collins URA.

Health District
OF NORTHERN LARIMER COUNTY

AGENDA DOCUMENTATION

Meeting Date: February 27th, 2024

SUBJECT: Health District Building Tour

PRESENTER: Chris Sheafor

OUTCOME REQUESTED: ____ Decision ____Consent _X___Report

PURPOSE/ BACKGROUND

Due to planned internal office moves, the Board of Directors Health District Building Tours will be postponed until April. Availability poll to follow.

Goals of office moves include:

Making it easier and more efficient for staff to serve clients, and to communicate and collaborate within and between teams.

Attachment(s): none

FISCAL IMPACT

None.

STAFF RECOMMENDATION

Health District
OF NORTHERN LARIMER COUNTY

Agenda Documentation

Meeting Date: February 27, 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 January 23, 2024 board meeting:

Families USA's Health Action Conference, advocacy for high quality accessible and affordable healthcare for all.

Tom Gonzales, Public Health Director, Larimer County

John Kefalas, Larimer County Commissioner – District 1 regarding Red Feather Lakes

Linda Crum, Executive Director, OtterCares and member of Women's Leader Networking group

Larimer County Human Services Building Re-opening

Kristin Todd, President and CEO, Community foundation of Northern Colorado and member of Women's Leader Networking group

Michael Allen, Chief Executive Officer, SummitStone Health Partners

Dr. Colleen Simpson, President, Front Range Community College

Paul Rennemeyer, Mayor, Town of Windsor

NoCo Community Foundation Intersections Report Kick-Off

Nicole Staudinger, President, FirstBank and member of Women's Leaders Networking group

Nicole Armstrong, Executive Director, Matthew's House

Joy Sullivan, CEO, United Way of Larimer County

Laura Walker, Human & Economic Health Director, Larimer County

Attachment(s): Departmental Summaries

Fiscal Impact None to the Health District

Staff Recommendation Informational Only

Staff Summary

Family Dental Clinic

The Family Dental Clinic is working through strategic planning for 2024.

The clinical and administrative teams actively engaged in the annual Rocky Mountain Dental Convention held in Denver learning and networking to improve patient care and operational efficiency. The team is now implementing these improved internal processes and procedures.

Dental screenings with the Poudre School District (PSD) Head Start program kicked off in January. The dental providers are committed to completing 18 days of screenings and will serve approximately 200 children, focusing on educating and introducing oral hygiene care to children aged 3-5.

The clinic successfully hired and onboarded a bilingual and experienced dental assistant, strengthening the clinic's capabilities and enhancing overall quality of patient care.

The Family Dental Clinic has the following vacancies:

1 (0.5 – 1.0 FTE) Dental Hygienist (currently posted)

Integrated Care

The Integrated Care Program Manager is actively recruiting for 2 Behavioral Health Clinical Therapist (BHCT) and concurrently working with existing staff to address workflow needs, e.g. conducted some brief screening interviews with candidates interested in the vacant one BHCT increased their hours from .5 FTE to .75 FTE to provide additional help while positions are open. .

The Program Manager participated in Family Medicine Center's (FMC) rank day meetings and contributed to process of identifying appropriate applicants to the residency. Match day will occur in mid-March.

The Program Assistant has been successfully onboarded and trained over the course of December and January. This has allowed the Clinical Care Coordinator to fully step into the new role supporting Medication Assisted Treatment (MAT) and Pain Clinic.

The Integrated Care team has the following vacancies:

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

Health Care Access (Larimer Health Connect, Prescription Assistance, Outreach & Education)

Larimer Health Connect (LHC) doors were open Tuesday evenings until 8pm and the first two Saturdays in January to increase access to services prior to open enrollment closing on January 15th.

The team continues to actively work in partnership with Rocky Mountain Health Plans (RMHP), reaching out to individuals and families whose Medicaid coverage was due for renewal. LHC's goal is to ensure Medicaid members take prompt action by submitting their renewals on time. The program is also assisting individuals who have lost coverage erroneously, helping them appeal the denials received. Appeals allow for Medicaid benefits to be reinstated within 72 hours while the process runs its course. LHC also continues assisting individuals in exploring other health coverage options if they no longer meet Medicaid's eligibility requirements.

The Jet Marketing campaign that encompasses Medicaid Public Health Emergency (PHE) Unwinding as well as Connect for Health Colorado's Open Enrollment period continued in the month of January. Advertising included social media, Google ads, and a printed billboard. The campaign has been successful in creating awareness of the objectives as intended. Advertising for Open Enrollment has concluded, as the deadline to enroll was January 15th.

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

Throughout January, the Outreach and Education team actively participated in community events, partner presentations, and coalition meetings. The strategic plan that encompasses the program's purpose, focus, objectives, goals, and scope of work was finalized and presented in the Joint Leadership/Management team meeting held in mid-January. The team later presented their plan to the Board of Directors on January 23rd. Both presentations were embraced with positive feedback.

The Health Care Access Team has the following vacancies:

1 (1.0 FTE) Health Coverage Guide (currently posted)

Mental Health Connections (Connections Adult & CAYAC)

Mental Health Connections (MHC) continues with parallel projects meeting requirements for the Behavioral Health Entity (BHE) and Medicaid billing as well as projects funded by 1A and Workforce grants. All providers, including the program manager, have submitted their individual contracts to Rocky Mountain Health Plans (RMHP), the Administrative Service Organization (ASO) for RAE 1 for credentialing with Medicaid. Significant effort has been made across various teams in support of reviewing and selecting a new Electronic Health Record (EHR) that suits the needs of MHC and Medicaid billing. In January, the Connections Adult team served 375 clients.

Within Child, Adolescent and Young Adult Connections (CAYAC), there is ongoing work and progress being made in collaboration with SummitStone Health Partners (SHP) and Poudre School District (PSD) in building the referral process to best support PSD staff, students, and families. This project utilizes grant funding to allow for the creation of two new positions, a full-time care coordinator specialist and part-time nurse practitioner, to help serve the needs of PSD students and families, increases access to care, and decreases wait times for behavioral health services. Both of these positions are currently posted. In January, the CAYAC team served 373 clients.

Connections and CAYAC have the following vacancies:

Clinical Care Coordination Specialist - Community Based (1.0 FTE)

Psychiatric Nurse Practitioner - Community Based (0.6 FTE)

Staff Summary

Quit Tobacco Program (QTP)

Rosi Davidson our Quit Tobacco Specialist has resigned her position with the Health District effective March 4th. We will not re-hire for the position, effectively ending the Quit Tobacco Program at this time.

We shared evaluation data from the QTP program with the Board in October 2023. Since that time, we have been closely following our hospital based QTP program, and despite Rosi meeting or exceeding the expectations of the PVH physician champion for the program, her large number of inpatient contacts did not translate to a significant number of continued outpatient visits and the majority of those were virtual. In addition, the State of Colorado Quit Line has become a much more robust service, offering a variety of virtual options to clients. At this time 80% of the District's QTP clients choose virtual visits, making QTP and the state's Quitline resource similar in both tobacco cessation process and outcomes.

Heart Health

No update.

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. Since the previous program update in January, the following progress has been made within those three domains.

Internal Program Evaluation: Final performance measures were selected, and outcome data was aggregated for 2023 year-end reports. A 2024 evaluation planning schedule was established with the goal of aligning all health services evaluation plans with updated strategic goals and process improvement objectives identified by health service programs.

Community Health Assessment Progress: Research into existing community surveys in Larimer County was initiated to prevent unnecessary duplication for the 2025 Larimer County Community Health Assessment cycle. Attendance by staff at regional assessment coordination meetings continued.

Dissemination: A presentation describing 2022 Larimer County Community Health Survey methods and findings was delivered to a group of CSU Public Health Students working with the dataset.

Community Impact Team (CIT)

In the first quarter of 2024, the focus of CIT has been on external partnerships and internal collaboration. The CIT Manager and Director of Planning, Policy, Research & Evaluation have met with a variety of community organizations and individuals (including Matthew's House, United Way of Larimer County, Alliance for Suicide Prevention, Fort Collins Community Action Network, Yarrow Collective, and Fuerza Latina, among others) 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 a cross-section of programs within the Health District. These conversations are being documented in order to share back with programs as well as highlight opportunities that will inform work over the next year.

Overdose Prevention Training/Changing Minds: Already in 2024, the CIT Manager and the Outreach & Education team delivered three trainings to 30 community members. The three presentations were for older adults and the staff who support them at a low-income housing residence. Additionally, CIT distributed over 150 Narcan kits to community organizations. Throughout January, the CIT Manager also focused on connecting 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 (MHSU Alliance): The first regular meetings of the MHSU Alliance have been well attended and have focused on sharing new data and reports (e.g. Youth Behavioral Health Assessment, Larimer County Behavioral Health Services Community Master Plan), providing legislative updates, and getting member feedback to inform the upcoming strategic planning

retreat, scheduled for April 9th. A significant focus of CIT over the next few months will be planning this retreat to inform the next few years of the Alliance.

Staffing Update: Community Project Coordinator (2 FTE positions vacant). These positions are not currently advertised to be filled, but CIT will be posting one of these positions for hire in late February/early March 2024 to support mental health and substance use work.

Resource Development & Special Projects

PSD SummitStone Referral Process Facilitation: The Resource Development & Special Projects Manager began facilitating partnership meetings with CAYAC, Poudre School District (PSD) and SummitStone Health Partners to co-create a cross-organizational care team to simplify the referral process and reduce transitions of care for PSD youth and families referred for behavioral health services.

Unite Us Launch Update: All health services programs are on the Unite Us platform and more than 100 internal program referrals were made since the platform launch in October. Phase two of the Unite Us pilot is underway and key Health District staff across all health services teams will be trained in February on using the Unite Us Platform to refer clients to external services and resources.

Health Coverage Outreach Campaign Update: The Health District continued to work with contracted vendor Jet Marketing to initiate a comprehensive 3-tiered campaign aimed at raising awareness and promoting action regarding the expanded Medicaid dental benefit, the Medicaid public health unwinding, and Connect for Health Colorado Open Enrollment. Jet Marketing completed both the expanded Medicaid dental benefit and the Connect for Health Colorado Open Enrollment campaigns. Final campaign reports will be complete in February. The Medicaid public health unwinding campaign will continue to run through May.

Policy

The 2024 Policy Agenda, approved during the January meeting of the Board of Directors, has kicked off the policy program's work for the state 2024 legislative session. The staff Policy Strategy Team has begun to regularly meeting, using the Policy Agenda statements to formulate position recommendations on the initial wave of bills.

Legislative Session: The 2024 legislative session has witnessed a flurry of activity as the first bills introduced to the General Assembly have begun to move along the legislative life cycle. Many have had their first committee hearing or are scheduled for it in the upcoming weeks. So far, as of Friday, February 9th, the 31st day the legislative session, 381 bills introduced, 228 in the House and 153 in the Senate.

Process Improvement: Significant efforts have been devoted to change management in the implementation of the new policy agenda processes. Implementation has necessitated the adoption of novel methods for tracking and disseminating information pertaining to policy matters, as well as the engagement of new collaborators. Key areas of focus for process improvement and change management include the prioritization of policy issues for discussion with the staff Policy Strategy Team

or Board Policy Committee, refinement of bill matrix formatting and data validation, and optimization of communication channels such as the weekly update or policy analysis documents.

Internal/External Collaboration: The Policy Analyst has continued to develop and maintain relationships with both internal programs and external collaborators. Groups like the Colorado Health Policy Coalition and the Colorado Consumer Health Initiative provide an ongoing stream of information about policy matters across the state and the many facets of the health care system. Internal collaboration was essential during development of the policy agenda, this collaborative work continues during implementation.

Health Equity

Staffing Update: The Health Equity Coordinator (1 FTE) has been posted and a hiring committee has begun to review candidates for interviews.

Staff Summary

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

As of February 12th, we have nine (9) open positions posted, two (2) are new positions and seven (7) are vacancies. There are two (2) positions in the que to be posted.

Looking forward:

Our compensation consultants, CBIZ, provided us with revised and re-formatted position descriptions the end of January. We will review and update in the near future.

The Request For Proposal (RFP) for a Human Resources Information System (HRIS)/Human Capital Management (HCM) system was sent out in December 2023. We received two responses to the RFP by the submission deadline of Friday, January 26th. Both vendors will present demonstrations of their solution the week of February 12th. Based on our selection criteria, including such factors as reputation and customer service, we will select the vendor that most closely meets our needs.

In coordination with Richard Cox, Communications Director, we have begun working on a schedule for Board of Directors Meeting presentations to allow programs to have time to plan and prepare for presenting.

Staff Summary

Finance is in the process of closing the 2023 year-end. Next steps include uploading the budget into the accounting system and updating the 2024 formatting for the monthly financials. 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 to acquire an updated accounting system.

Staff 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: Interviewed Liane Jollon for the final over-the-air installment of the Community at Work radio show on KRFC before the show transitions to an all-podcast format in late spring 2024. Began photographing staff for new name badges. Presented updated Compass plan, including revised mission, schedule, content, and home page, to Leadership Team. Continued meeting with ADA compliance vendors, including Level Access, EqualWeb and Colorado WCAG. Continued 30th Anniversary planning.

Websites: Revised Policy section of Health District website. Added option to upload presentations to Board of Directors meeting schedule. Added new Google Analytics filters to Health District websites. Researched ongoing maintenance options for Healthinfosource.

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

Staff Summary

Received bids and awarded the project for redesign of the 202 Building front desk area to improve ergonomics, ADA compliance and safety for the dental reception staff.

Began the process of leasing Suite 210 at the 425 West Mulberry building to bring in planned rent income.

Created a plan for reorganizing the office locations of Health District employees, largely in the 120 and 202 Bristlecone buildings. This will put teams and functions together that need close coordination and group administrative departments in the same building. Approximately 30 employees will be affected by this, and the actual move is planned for mid-March.

Started the 2024 computer equipment purchasing cycle with plan to start replacing workstation in February and March.

Information Technology closed 94 Help Desk work orders and closed 83 of them for a total of 22.55 hours spent on them and onboarded 6 new employees.