

North College Urban Renewal Plan Area



BOARD:

- All City Councilmembers (*URA Board Chair is Mayor Arndt*)
- PSD Rep: Kristen Draper
- Larimer County: Kristin Stephens (*serves as URA Board Vice Chair*)
- Taxing Districts: Matt Schild (*Poudre Libraries Board President*)
- Mayoral Appointee: Dan Sapienza, Esq.

STAFF:

- Acting Executive Director: Josh Birks
- Redevelopment Manager: Andy Smith
- Attorney: Caitlin Quander (*Brownstein Hyatt Farber Schreck*)
- Sue Beck-Ferkiss, Erin Sporer, Wendy Bircher, City Clerk's Office

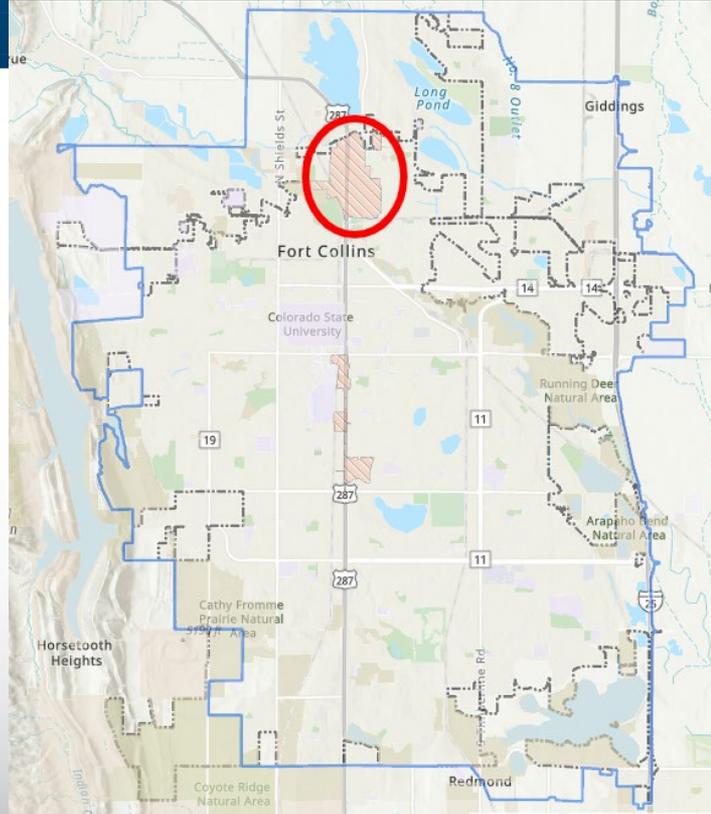
Albertson's: Transformation of a Blighted Big-Box into a Community Gathering Place

302 Conifer: Innovation to Promote Middle-Income Housing

Public Nuisance Properties: Blight Mitigation Fundamentals

Ped/Bike Infrastructure: Vine/Jerome Partnership

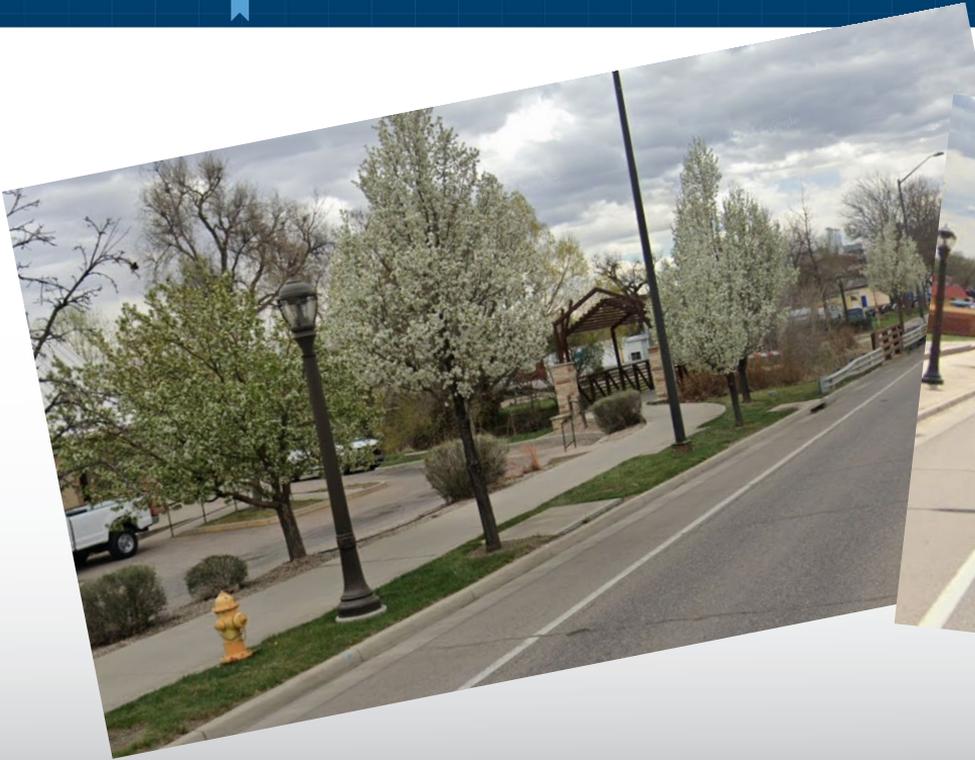
North College URPA

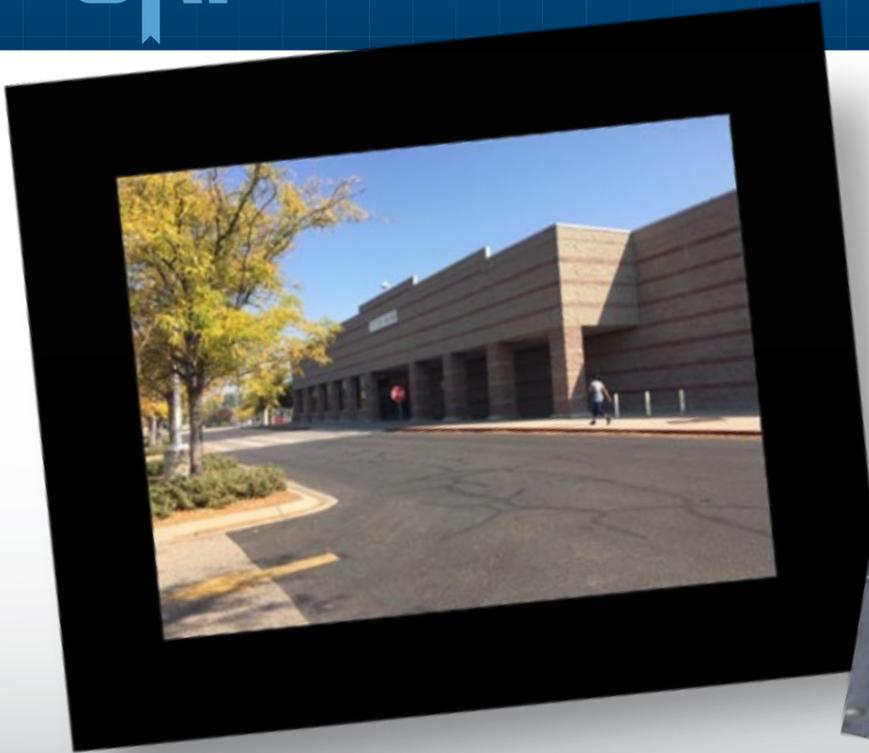


North College











Albertson's

- 50K SF on 4.63 Acres
- Community Investment Plan & Community Center Biz Plan
- Due Diligence thru June
- Big Vision: Mixed Use, 1st & Main?



- **76-unit dwelling units for low-moderate and middle-income residents (100% deed-restricted)**
- **59 of the dwelling units (77%) restricted to 80% or less of Area Median Income (AMI).**



- **Revolving mezz debt loan: \$3.2M for 12 years, I/O**
- **Leverages Prop 123 equity award**
- **July 2024, 302 Conifer awarded \$7.0 million in initial round (1 of 7 statewide and only project from Larimer County)**



- **31-room motel on .72 acres**
- **~ 330 FCPD calls in 2023, 180 in 2024**
- **10 rooms red-tagged due to methamphetamine contamination**





Base Project Summary			
Base Project Cost	\$	890,165	100%
City Contribution	\$	350,000	39%
Unfunded	\$	540,165	61%
URA Contribution	\$	293,076	33%
DDA Contribution	\$	247,088	28%

Thank you, DOLA!





HEALTH EQUITY UPDATES

Cassi Niedziela, Health Equity Strategist



Agenda

- Health Equity Definition
- Health Equity Strategic Plan
- Board Survey

2024-2025 Health District Strategic Plan Priority Areas



HEALTH EQUITY DEFINITION

THE WHY

- ▶ Alignment with the Strategic Plan

GOAL 1



Develop and implement a definition of *health equity* for the Health District.

- ▶ Actionable and Health District specific
- ▶ Understandable and evergreen
- ▶ Common language and understanding to support common goals
- ▶ Provide a foundation for ongoing guidance

THE PROCESS

- ▶ Evidence- and team-informed process
- ▶ Reviewed definitions from 15+ external sources to identify key themes
- ▶ Met with Client Services Collaborative 2x
- ▶ Presented at 9 team meetings and gathered input from 70+ team members (~80% of staff)

What word or phrase comes to mind when you hear the word "equity?"

42 responses



THE FINAL DEFINITION

At the Health District of Northern Larimer County, health equity means that every person has a fair opportunity to achieve their highest level of health and well-being.

It's our responsibility to:

- **Support Total Well-being:** Many factors affect overall health and well-being. We work to provide services that meet each person's needs.
- **Find and Address Barriers:** We work to make changes to unfair systems that create barriers to better health.
- **Center Community:** Our community guides our work. Building trust and working together helps us improve health for everyone.

We're committed to those we serve and our team. We'll listen, learn, act, and keep improving.

PROGRESS TO DATE

Support Total Well-Being

- Promoting culturally and linguistically appropriate services by providing notice of free interpreter services for clients

Find and Address Barriers

- Dental Data Enhancement Workgroup working to refine what demographic information we collect about clients

Center Community

- Community Impact Team hired a Community Projects Coordinator to focus on health-related social needs in our community

Organizational Culture

- Embedding equity presentations and discussions into each monthly Management Academy meeting



2025 HEALTH EQUITY STRATEGIC PLAN

2025 HEALTH EQUITY STRATEGIC PLAN

Purpose: Develop a health equity strategy that aligns with and supports the achievement of the Health District's mission: to enhance the health of our community.

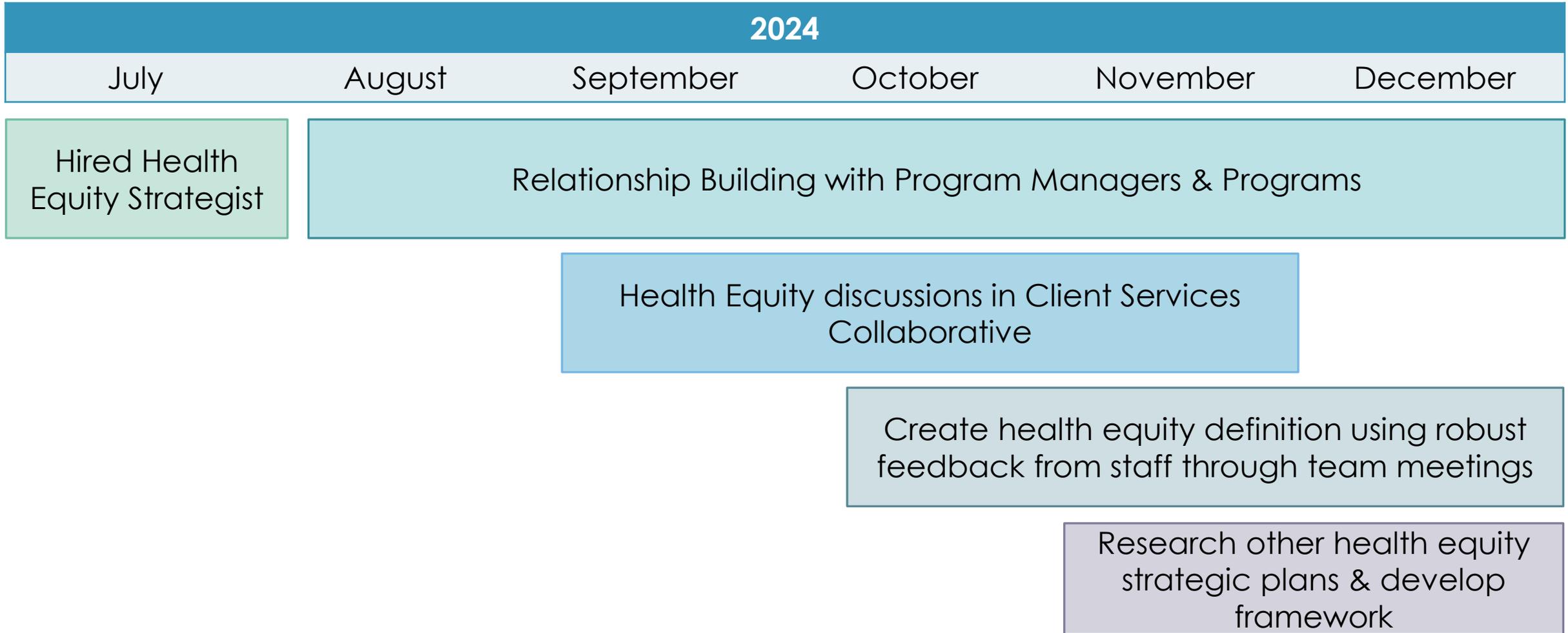
Data-informed, mission-driven, and actionable

Structured based on the health equity definition categories

Will utilize wide range of sources and expertise, including:

- ▶ State and federal guidelines / best practices
- ▶ Team meetings
- ▶ Other health equity strategic plans

2024 PROGRESS



2025 PROGRESS & PLANNED TIMELINE





2025 BOARD HEALTH EQUITY SURVEY

2025 BOARD HEALTH EQUITY SURVEY

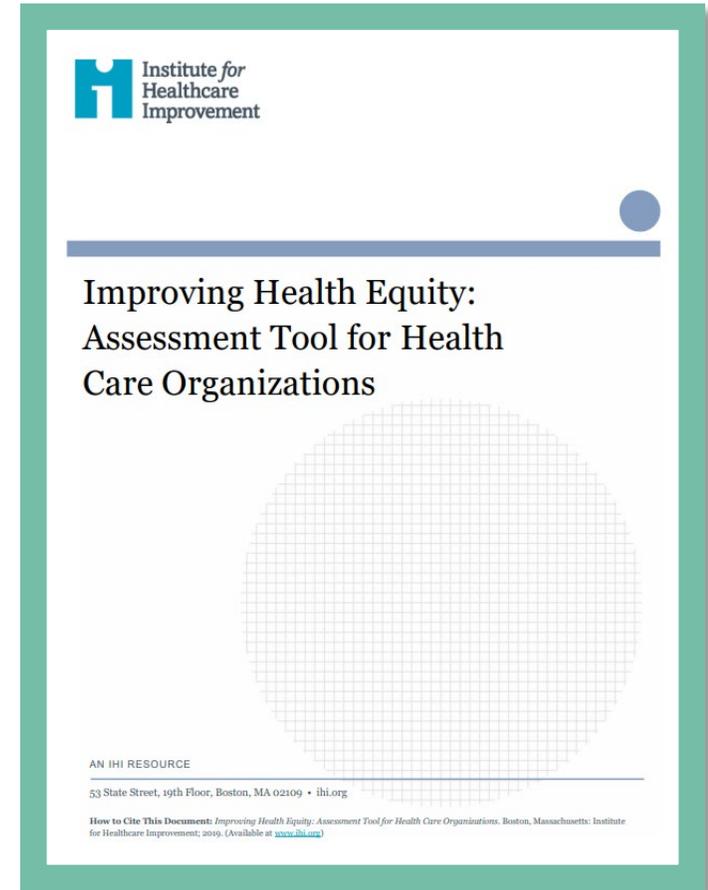
Background:

- Validated, evidenced-based tool from the Institute for Healthcare Improvement (IHI)
- Comes with an evaluation guide to understand the results
- Results will be reflected in Health Equity Strategic Plan
- Completed annually to assess progress over time

Length: 30 questions

Time Needed: 10-15 minutes

Survey Open: Now – March 14





QUESTIONS?

Medicaid Billing & Electronic Health Record (EHR) Implementation Update



Mental Health Connections (MHC) Program

Board of Directors Meeting

February 2025

Strategic Plan & Commitment to Mental Health Connections

Priorities, Objectives, Strategies



Great Governance | Strategy 2.1.1: Evaluate existing programs, systems, and processes, and update them for quality improvement, fiscal sustainability, and transparency as needed.



Organizational Excellence | Strategy 2.1.2: Develop operational plans to enhance efficiency.



Organizational Excellence | Strategy 2.1.3: Monitor and evaluate workflow and process changes.



Organizational Excellence | Strategy 4.1.2: Determine strategies, policies, and procedures to enhance data collection.



Health Equity | Strategy 2.2.1: Ensure equity measures are embedded into data systems and establish benchmarks.



A Brief History



Project Approach

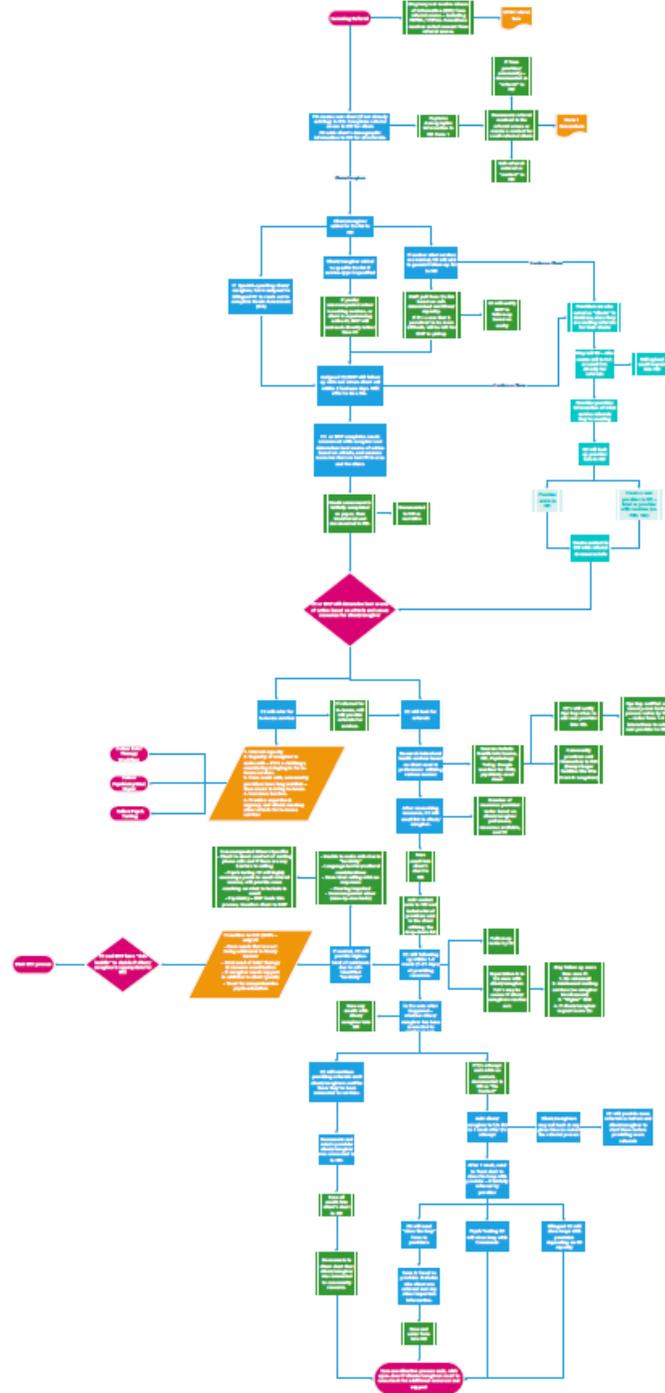
Medicaid Billing & EHR Implementation	Project Timeline																	
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25		
Project Involvement by Role																		
Health Services Director	[Dark Green]																	
Health Services Coordinator	[Dark Green]																	
MHC Program Manager	[Light Green]				[Dark Green]													
MHC Operations & Care Supervisor			[Light Green]		[Dark Green]													
Child Psychiatrist	[Light Green]				[Dark Green]				[Light Green]				[Dark Green]		[Light Green]			
CAYAC Front Desk Associate			[Light Green]		[Dark Green]			[Light Green]				[Dark Green]		[Light Green]				
Adult Front Desk Associate			[Light Green]										[Dark Green]		[Light Green]			
Psychiatric Care Coordinator					[Light Green]										[Dark Green]		[Light Green]	
Psychologist						[Dark Green]				[Light Green]				[Dark Green]		[Light Green]		
Psychological Testing Care Coordinator						[Dark Green]		[Light Green]						[Dark Green]		[Light Green]		
Behavioral Health Provider							[Dark Green]		[Light Green]				[Dark Green]		[Light Green]			
Care Coordination Specialist							[Dark Green]	[Light Green]										
BHA Care Coordination Specialist					[Light Green]		[Dark Green]	[Light Green]										
Remainder of MHC Team					[Light Green]										[Dark Green]		[Light Green]	
Quality Improvement Projects Manager			[Dark Green]										[Light Green]					
Research & Evaluation Manager			[Dark Green]				[Light Green]				[Dark Green]							
Dep. Director of Operations					[Light Green]			[Light Green]										
Dep. Director of Administration			[Dark Green]		[Light Green]								[Light Green]					
PPRE Director									[Light Green]								[Light Green]	
Finance Accountant			[Dark Green]		[Light Green]													
Applications/Database Programmer			[Dark Green]						[Light Green]								[Light Green]	
IT Manager			[Dark Green]		[Light Green]													
Finance Director			[Dark Green]		[Light Green]									[Light Green]				

KEY
≤1 hour/week
>1 hour/week

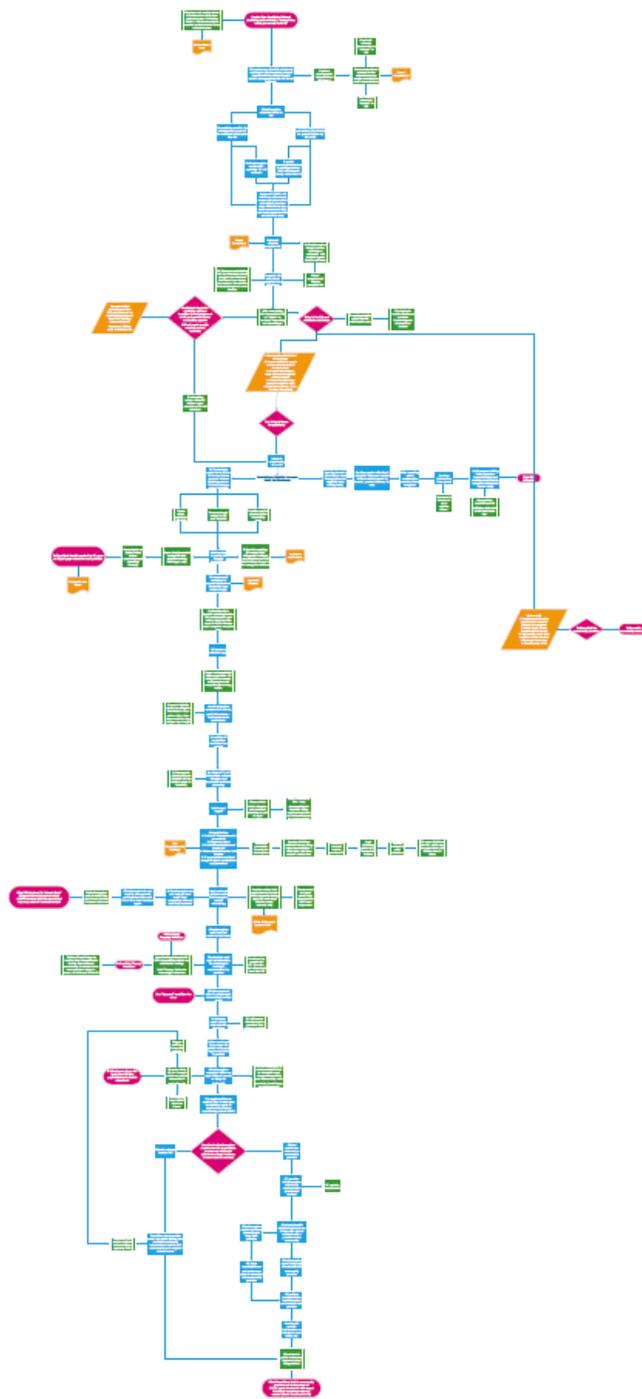


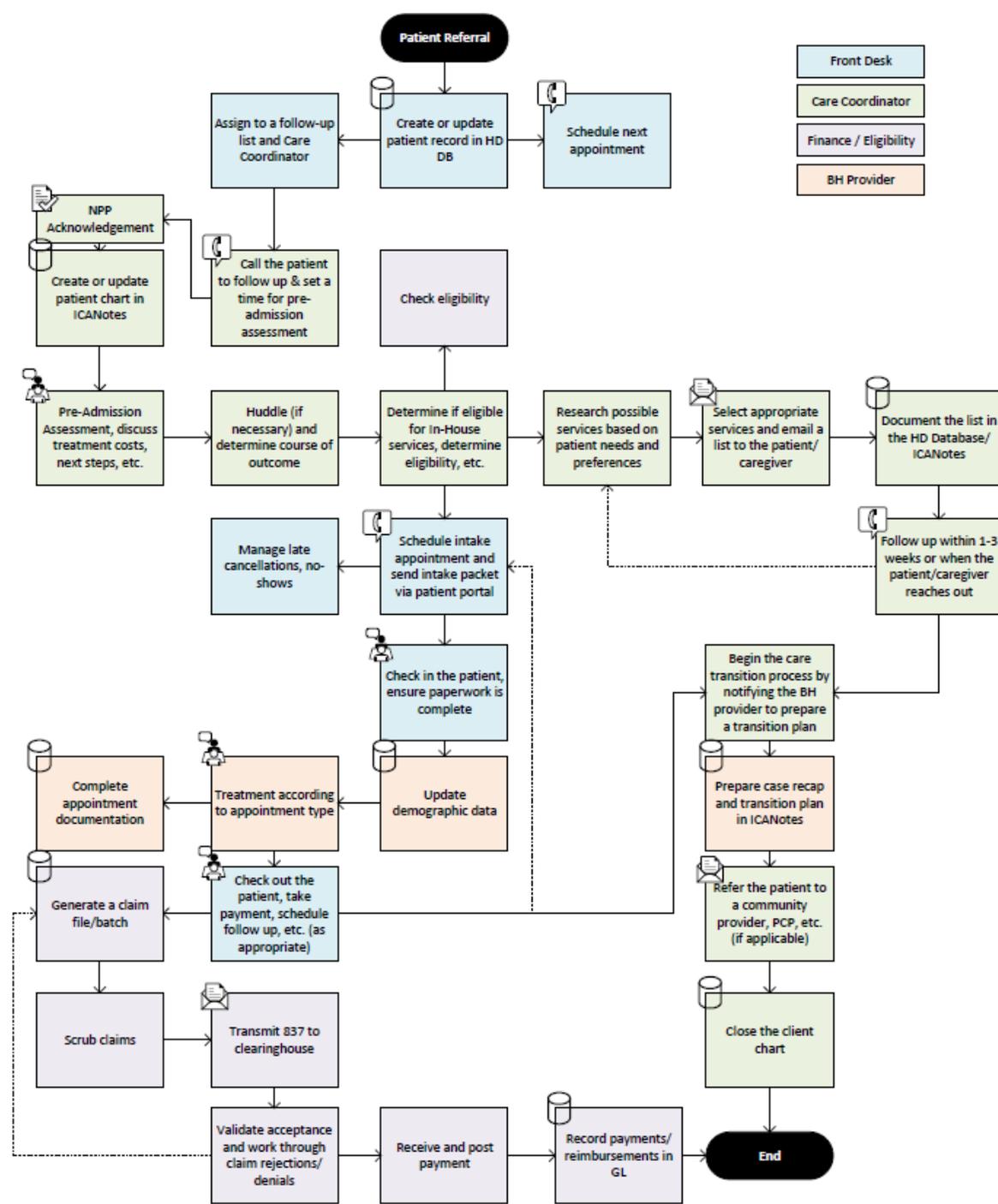
Key Learnings

Care Coordination Workflow



Psychiatry & Medication Management Workflow

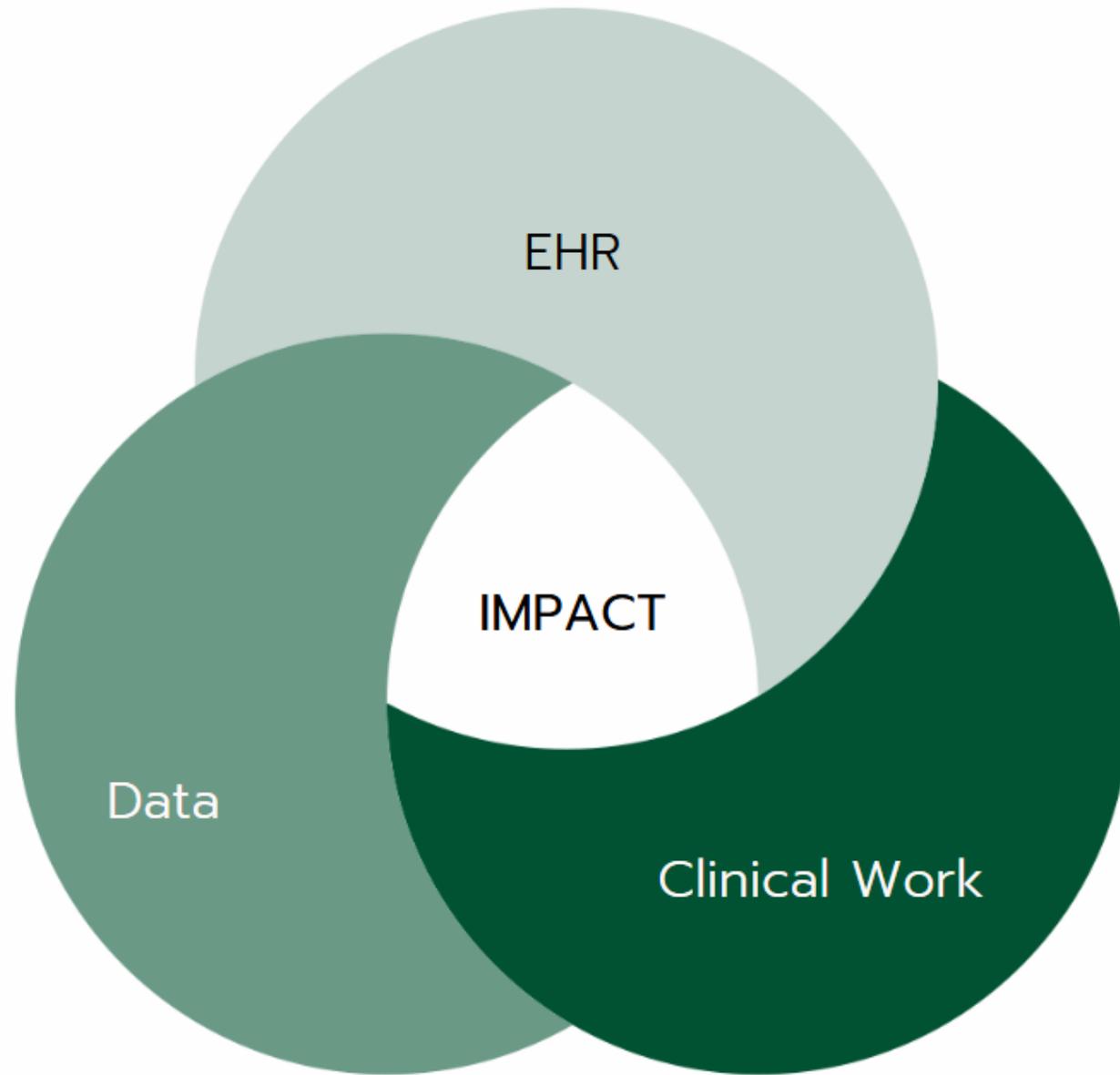




Revised Workflow



Key Accomplishments & Impact



Clinical Work Accomplishments

This effort **enhances the patient experience** in our Mental Health Connections program by improving service delivery and access, standardizing service definitions and processes, accurately documenting clinical work, and setting us up for providing high-quality clinical care through:

- Service definitions & structure
- Behavioral health best practices
- Updated standard operating procedures
- Role-based scheduling templates
- Opportunities for quality and process improvement



Electronic Health Record & Medicaid Billing Accomplishments

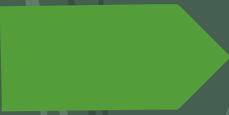
The implementation of a new electronic health record (EHR) and contracting with Rocky Mountain Health Plans (RMHP) has been a pathway to **enable access, equity, and outcomes** in the Mental Health Connections program through:

- Accurate documentation
- Workflow mapping and current-state assessment
- Future-state workflow and associated comprehensive EHR Workflow Manual
- Successful contract negotiations

Data Accomplishments

Considering the importance of data for quality improvement, the creation of this infrastructure establishes the foundation for us to **understand client characteristics, improve operations, evaluate outcomes, and ensure equitable service delivery** to all patients by accurately capturing:

- Patient characteristics
- Operational data
- Patient outcomes data
- Health equity data



Looking Forward



Questions?

Financial Report for year ending December 31, 2024



Financial Summary

Governmental Fund Balance

	2025 Projected	2025 Actual
Beginning Balance	9,240,046	11,473,650
Budgeted Change in Net Position	(69,977)	(69,977)
	9,170,069	11,403,673
Appropriation:		
Nonspendable - Prepaids	-	94,867
Restricted Funds	448,356	448,356
Committed Funds	-	-
Assigned Funds	7,472,610	7,472,610
Capital Funds	1,232,874	1,232,874
Unassigned Funds	16,229	2,224,943
	9,170,069	11,473,650

Statements of Net Position as of year ending 12/31/2024

Health District Of Northern Larimer County

Statements of Net Position

As of Year Ended December 31, 2024

ASSETS	December 2024	December 2023	Change
CURRENT ASSETS			
Cash & Cash Equivalents	10,925,959	7,671,495	3,254,464
Investments	1,068,089	1,032,378	35,711
Accounts Receivable, Net	738,086	66,258	671,828
Taxes Receivable	10,836,473	10,727,766	108,707
Prepaid Expenses	94,867	79,068	15,799
TOTAL CURRENT ASSETS	23,663,474	19,576,965	4,086,510
NON-CURRENT ASSETS			
Leases Receivable	59,306,388	59,529,666	(223,278)
Capital Assets, Net	9,737,338	9,847,199	(109,861)
Leased Assets, Net	179,966	57,632	122,334
Construction in Progress	16,246	-	16,246
TOTAL NON-CURRENT ASSETS	69,239,938	69,434,497	(210,806)
TOTAL ASSETS	92,903,412	89,011,462	3,875,704
LIABILITIES			
CURRENT LIABILITIES			
Accounts Payable	173,420	175,561	(2,141)
Payroll Liabilities	318,646	357,245	(38,599)
Deposits	14,389	21,905	(7,517)
Unearned Revenue	138,919	315,276	(176,357)
TOTAL CURRENT LIABILITIES	645,373	869,987	(224,614)
NON-CURRENT LIABILITIES			
Compensated Absences	317,233	365,790	(48,557)
Subscription Liability	117,534	49,990	67,544
TOTAL NON-CURRENT LIABILITIES	434,766	415,780	18,986
TOTAL LIABILITIES	1,080,140	1,285,767	(205,627)
DEFERRED INFLOWS			
Dental Services	767,633	-	767,633
Tax Revenues	10,776,854	10,685,198	91,656
Leases	59,306,352	59,529,667	(223,314)
TOTAL DEFERRED INFLOWS	70,850,839	70,214,865	635,974
NET POSITION			
Beginning Net Position	17,510,830	15,762,077	1,748,754
Change in Net Position	3,461,604	1,748,754	1,712,850
TOTAL NET POSITION	20,972,434	17,510,830	3,461,604
TOTAL LIABILITIES & NET POSITION	92,903,412	89,011,462	3,891,951

Unaudited - For Management Use Only

Balance Sheets – Governmental Fund

Health District Of Northern Larimer County

Balance Sheets - Governmental Fund

As of Year Ended December 31, 2024

	<u>December 2024</u>	<u>December 2023</u>
ASSETS		
Cash & Investments	11,994,048	8,703,873
Receivables		
Patients, Net of Allowance	664,152	60,575
Property Taxes	10,775,197	10,685,119
Specific Ownership Taxes	61,277	42,647
Leases	59,306,388	59,529,666
Grants & Other	73,933	5,682
Prepaid Expenses	94,867	79,068
TOTAL ASSETS	82,969,863	79,106,631
LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE		
LIABILITIES		
Accounts Payable	173,420	175,561
Payroll Liabilities	318,646	357,245
Deposits	14,389	21,905
Unearned Revenue	138,919	315,276
TOTAL LIABILITIES	645,373	869,987
DEFERRED INFLOWS		
Dental Services	767,633	-
Tax Revenues	10,776,854	10,685,198
Leases	59,306,352	59,529,667
TOTAL DEFERRED INFLOWS	70,850,839	70,214,865
FUND BALANCE		
Nonspendable - Prepaid Expenses	94,867	79,068
Restricted Funds - TABOR	448,356	383,596
Assigned Funds - Subsequent Year	7,472,610	937,249
Capital Funds - Subsequent Year	1,232,874	-
Unassigned Funds	2,224,943	6,621,866
TOTAL FUND BALANCE	11,473,650	8,021,779
TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	82,969,863	79,106,631

Reconciliation: Balance Sheets to Statements of Net Position

Health District Of Northern Larimer County

Reconciliation: Balance Sheets to Statements of Net Position

As of Year Ended December 31, 2024

	<u>December 2024</u>	<u>December 2023</u>	<u>Change</u>
TOTAL GOVERNMENTAL FUND BALANCE	11,473,650.40	8,021,779.13	3,451,871
Amounts included in Statements of Net Position but excluded from Governmental Activities:			
Capital Assets	9,933,550	9,904,831	28,719
Long-Term Liabilities - SBITAs	(117,534)	(49,990)	(67,544)
Compensated Absences	(317,233)	(365,790)	48,557
TOTAL NET POSITION	20,972,434	17,510,830	9,732

Unaudited - For Management Use Only

Statements of Activities as of year end 12/31/2024

Health District Of Northern Larimer County

Statement of Activities

As of Year Ended December 31, 2024

	<u>December 2024</u>	<u>2024 Total</u>
REVENUE		
Property Taxes	(1,657)	10,646,298
State of Colorado Backfill	-	998,987
Specific Ownership Taxes	61,277	707,964
Lease Revenue	210,310	1,546,333
Interest Income	59,862	624,535
Fee for Service Income	48,704	291,122
Third Party Income	(467,400)	437,250
Grant Income	113,055	497,254
Donations	-	60
Miscellaneous Income	915	26,542
TOTAL REVENUE	<u>25,065</u>	<u>15,776,344</u>
EXPENSES		
Administration	122,781	1,338,302
Board Expenses	8,048	123,058
Mental Health Connections	173,550	2,411,986
Dental Services	255,411	3,800,361
Integrated Care (MHSA/PC)	97,691	1,120,624
Health Promotion	46,018	575,798
Community Impact	89,249	797,960
Program Assessment & Evaluation	(1,841)	307,916
Health Care Access	83,468	928,663
Resource Development	3,696	46,251
Leased Offices	18,470	157,614
Contingency - Operational	(9,750)	26,616
Grants	19,969	348,721
Depreciation & Amortization	84,140	330,872
TOTAL EXPENSES	<u>990,899</u>	<u>12,314,741</u>
CHANGE IN NET POSITION	<u>(965,834)</u>	<u>3,461,604</u>

Statement of Activities (Actual to Budget Comparison)

Health District Of Northern Larimer County Statement of Activities

Actual to Budget Comparison
As of Year Ended December 31, 2024

	Current Month				Year to Date				Annual Budget	Remaining Funds
	Budget	Actual	Variance	%	Budget	Actual	Variance	%		
REVENUE										
Property Taxes	28,538	(1,657)	(30,195)	-106%	10,685,198	10,646,298	(38,900)	0%	10,685,198	38,900
State of Colorado Backfill	-	-	-	0%	1,031,897	998,987	(32,910)	-3%	1,031,897	32,910
Specific Ownership Taxes	95,399	61,277	(34,122)	-36%	650,000	707,964	57,964	9%	650,000	(57,964)
Lease Revenue	127,667	210,310	82,643	65%	1,531,998	1,546,333	14,335	1%	1,531,998	(14,335)
Interest Income	20,000	59,862	39,862	199%	415,000	624,535	209,535	50%	415,000	(209,535)
Fee for Service Income	15,212	48,704	33,492	220%	182,543	291,122	108,579	59%	182,543	(108,579)
Third Party Income	82,286	(467,400)	(549,686)	-668%	987,429	437,250	(550,179)	-56%	987,429	550,179
Grant Income	284,858	113,055	(171,803)	-60%	895,620	497,254	(398,366)	-44%	895,620	398,366
Donations	-	-	-	0%	-	60	60	0%	-	(60)
Miscellaneous Income	2,050	915	(1,135)	-55%	24,600	26,542	1,942	8%	24,600	(1,942)
TOTAL REVENUE	656,010	25,065	(630,945)	-96%	16,404,285	15,776,344	(627,941)	-4%	16,404,285	627,941
OPERATING EXPENSES										
Administration	113,664	122,781	(9,117)	-8%	1,365,171	1,338,302	26,869	2%	1,365,171	26,869
Board Expenses	38,253	8,048	30,204	79%	173,032	123,058	49,974	29%	173,032	49,974
Mental Health Connections	276,693	173,550	103,143	37%	3,289,543	2,411,986	877,557	27%	3,289,543	877,557
Dental Services	395,500	255,411	140,089	35%	4,746,000	3,800,361	945,639	20%	4,746,000	945,639
Integrated Care (MHSA/PC)	114,037	97,691	16,347	14%	1,362,252	1,120,624	241,628	18%	1,362,252	241,628
Health Promotion	70,566	46,018	24,548	35%	843,104	575,798	267,306	32%	843,104	267,306
Community Impact	96,758	89,249	7,509	8%	1,157,452	797,960	359,492	31%	1,157,452	359,492
Program Assessment & Evaluation	65,222	(1,841)	67,063	103%	535,161	307,916	227,245	42%	535,161	227,245
Health Care Access	107,733	83,468	24,265	23%	1,236,564	928,663	307,901	25%	1,236,564	307,901
Resource Development	4,941	3,696	1,245	25%	59,293	46,251	13,042	22%	59,293	13,042
Leased Offices	11,634	18,470	(6,837)	-59%	170,605	157,614	12,991	8%	170,605	12,991
Contingency - Operational	500,000	(9,750)	509,750	0%	500,000	26,616	473,384	0%	500,000	473,384
Grants	792,383	19,969	772,415	97%	1,377,309	348,721	1,028,588	75%	1,377,309	1,028,588
TOTAL OPERATING EXPENSES	2,587,383	906,760	1,680,624	65%	16,815,486	11,983,869	4,831,617	29%	16,815,486	4,831,617
CHANGE IN NET POSITION FROM OPERATIONS	(1,931,373)	(881,695)	1,049,679	54%	(411,201)	3,792,475	4,203,676	-1022%	(411,201)	

Does not include Depreciation & Amortization expenses.

Unaudited - For Management Use Only

Statement of Cash Flows as of year end 12/31/2024

Health District Of Northern Larimer County

Statement of Cash Flows

As of Year Ended December 31, 2024

	<u>December 2024</u>
CASH FLOWS FROM OPERATING ACTIVITIES	
Total Change in Net Position	3,461,604
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities:	
Depreciation & Amortization	330,872
Accounts Receivable	(557,258)
Prepaid Expenses	(15,799)
Accounts Payable	(2,141)
Payroll Liabilities	(38,599)
Accrued Liabilities	11,470
Deferred Revenue	(176,357)
Deferred Inflows of Resources	635,974
Net Cash Provided by (Used in) in Operating Activities	3,649,765
CASH FLOWS FROM INVESTING ACTIVITIES	
Investments	(35,711)
Purchase of Fixed Assets	(359,591)
Net Cash Provided by (Used in) Investing Activities	(395,301)
CASH FLOWS FROM FINANCING ACTIVITIES	
Net Change in Debt	-
Net Cash Provided by (Used in) Financing Activities	-
Net Cash Increase (Decrease) for Period	3,254,464
Beginning Cash & Cash Equivalents	7,671,495
Ending Cash & Cash Equivalents	10,925,959

Thank you!

2025 Health District Board Election Timeline - Communications

January 24 - 31

-  Published election information
-  Call for Nominations
-  Call for nominations

March

- 3/2** –  Write-in candidate deadline notice
- 3/7** –  Candidate orientation
- 3/10** –  Website banner update
- 3/24** –  Website banner, update: link to profiles
- 3/24** –  Profiles
- 3/31** –  Absentee ballot and election notice postcards

May

- 5/5** –  Election day 5/6
- 5/6** –  Website banner update,  election day
- Ongoing** –  Yard & facility signage



KEY

-  Advertising
-  Direct Mail
-  Email
-  Event
-  Geotargeted
-  Signage
-  Social Media
-  Radio
-  Web

February

- 2/10** –  Website banner update, nominations deadline reminder
- 2/12, 13, 14** –  KUNC sponsorship/"ad" encouraging nominations (Morning Edition, All Things Considered)
- 2/13** –  Nominations deadline reminder to partner organizations
- 2/21** –  Nominations deadline reminder (Coloradoan)
- 2/23** –  Nominations deadline reminder (N40 News)
- 2/24, 2/28** –  Nominations deadline reminder

April

- 4/7** –  Website banner updated,  ballots mailed on 4/14
- 4/14** –  Website banner re: ballots mailed, request absentee ballots by 4/24
-    Ballots mailed and return info
- 4/17** –  Absentee ballot and election/polling notice postcard (QR code)
- 4/21** –  Election/polling notice (QR code)
- 4/24** –  Absentee ballot request deadline
- 4/27** –  Election/polling place ads (Coloradoan, N40 News)
- TBD** –  Candidate profiles (KUNC)



UPDATE: Immigration Enforcement Protocol at the Health District

February 27, 2025

Board of Directors Meeting

BACKGROUND & OBJECTIVE

- ▶ **Background:** To maintain privacy and safety for Health District clients, staff, and community members in light of the federal government’s changes to “sensitive locations” policy that limited immigration enforcement activities in health care facilities, schools, and similar locations.
 - ▶ This change allows law enforcement agencies, including Immigration and Customs Enforcement (ICE), greater access to these facilities.
 - ▶ Health District clients and staff expressed uncertainty and concern regarding the privacy and protections to which Health District clients, staff, and community members are entitled.
- ▶ **Objective:** Health District leadership collaborated with legal counsel and managers to develop organizational guidance in case of legal or immigration enforcement actions at Health District facilities.

RESOURCES FOR STAFF

- One-page overview with response scripts for all staff
- Guidelines for reception
- Detailed guidance document for managers

Handling ICE and Other Law Enforcement Visits: Healthcare As of 2/14/2025 – For internal use by Health District

Definitions

- **Law Enforcement (LE):** Federal, state, or local agency who is empowered to investigate legal violations. Includes ICE, FBI, local police, and other agencies. *Policy should ideally apply to handling all law enforcement actions.*
- **Public Areas:** LE is free to enter areas that are open to the public. LE does not need a warrant or permission to be present in such places. This includes lobby areas, cafeteria, gift shop, parking lots, and waiting areas without check-in/reception.
- **Private Areas:** Require a judicial warrant for access. These are areas where public access is limited because of privacy concerns, operational needs, or safety

FOR INTERNAL USE
As of 2/14/2025



Brief Guide to Addressing Law Enforcement at the Health District

Previous “sensitive locations” rules protected patients, staff, and others in places like health care facilities and schools against immigration enforcement. These protections have been pulled back, making it easier for law enforcement (including Immigration & Customs Enforcement, or ICE) to enter these locations.

This is a brief guide to **protecting privacy and safety** for Health District clients, staff, and community members in case of legal or immigration enforcement actions.

Key phrases:

- “I do not have the authority to answer your questions, give you information, or provide you access to private areas of our facility.”
- “My manager will be here shortly to speak with you.”

1. Working together on preparedness

Handling ICE and Other Law Enforcement Visits: Healthcare As of 2/14/2025 – For internal use by Health District

For Reception Staff

1. When LE Arrives:

- Remain calm and professional.
- Ask for agents’ or officers’ badge numbers and get their business cards. Take down important information and ask about the nature of the visit.
- Request any documents (warrant or subpoena) so you can tell your manager, director, and legal counsel.
- Immediately request the presence of your manager who will act as point of contact.



RESOURCES FOR CLIENTS & THE PUBLIC

- Know Your Rights cards (“red cards”)
- In progress: Informational posters for waiting rooms





QUESTIONS?