

Health District of Northern Larimer Colorado

September 24, 2024

Kevin Unger

President and CEO, UCHealth Northern Colorado Region



Mission, Vision & Values

Mission

We improve lives. In big ways through learning, healing and discovery. In small, personal ways through human connection. But in all ways, we improve lives.

Vision


From health care to health.

Values

Patients first

Integrity

Excellence



Who we are
&
How we do it

Values in Action

- We **take care** of others by taking care of ourselves.
- We always **prioritize safety**.
- We **connect** with compassion and respect.
- We **act inclusively** so those with diverse ideas and perspectives are supported.
- We **speak up** when there's an opportunity to make things better.
- We provide extraordinary care and service by **being accountable** for our actions.
- We **strive for excellence** in our work and when we fall short, we learn and improve.

About UCHealth

14
Hospitals

4 Northern Colorado
4 Metro Denver
6 Southern Colorado

2K
Available

hospital beds
579 Northern Colorado
989 Metro Denver
562 Southern Colorado



Poudre Valley Hospital
Fort Collins



Medical Center of the Rockies
Loveland



Greeley Hospital
Greeley



Longs Peak Hospital
Longmont



Broomfield Hospital
Metro Denver



University of Colorado Hospital
Metro Denver



Highlands Ranch Hospital
Metro Denver



Memorial Hospital North
Colorado Springs



Grandview Hospital
Colorado Springs



Memorial Hospital
Colorado Springs



Pikes Peak Regional Hospital
Woodland Park



Yampa Valley Medical Center
Steamboat Springs



Parkview Medical Center
Pueblo



Parkview Pueblo West Hospital
Pueblo

More than

33K employees

108K surgeries

2.7M unique patients

7M outpatient, urgent care and
emergency room visits

15K babies
delivered

6K affiliated or
employed providers

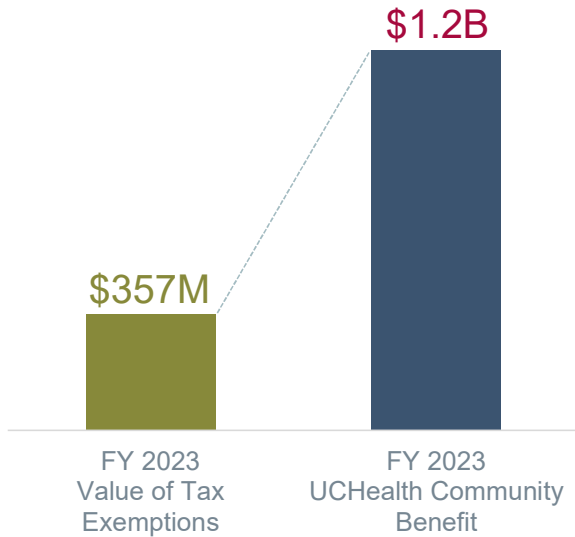
973 new patients per day

155K inpatient admissions and
observation visits

uhealth

Investing in our communities

UCHealth provides community benefits well beyond the value of our tax exemption¹



UCHealth is Colorado's largest provider of Medicaid

1.1M

Medicaid IP and OP annual visits²

29%

of Colorado's hospital Medicaid care is provided by UCHealth³

UCHealth is developing Colorado's health care workforce to fill critical jobs

1,750

enrolled in a career development program funded by UCHealth

1,300

physicians trained each year (200 are funded 100% by UCHealth)

¹ Community benefit based on Schedule H reporting and includes PVH, MCR and Greeley; tax value analysis based on methodology provided by Plante Moran

² UCHealth FY 2024 year-to-date through April annualized

³ FFY 2023 CHASE Report (published February 2024), based on Medicaid adjusted discharges

Our Community Health Needs Areas of Focus in Northern Colorado

Priorities identified in Community Health Needs Assessment
2022 – 2024



>115 community partners and organizations engaged directly or through collaboratives during the development of our CHNAs

¹ Community benefit based on Schedule H reporting and includes PVH, MCR and Greeley

FY 2023 community benefit¹

\$330M
total community benefit

\$160M
uncompensated care for uninsured and underinsured

Innovation



Unified Communications Program

Vision

We will build a communication platform **connected to the patient's electronic health record** that easily identifies the *right recipient, minimizes miscommunication and minimizes disruption* for all parties.

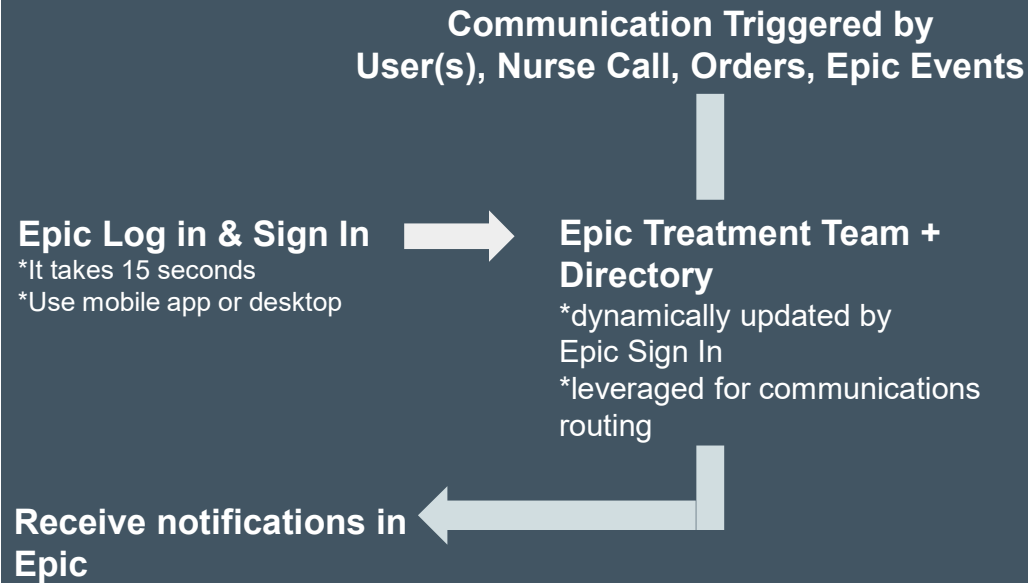
Objectives

1. Modernize and streamline.
2. Eliminate misdirected communications.
3. Remove unnecessary disruption.

Steer

Kelly Bookman Sr Medical Director, Diana Breyer CMO, Diann Christie IT Director, Mark Clark IT VP, Tamera Dunseth Rosenbaum CNO, Steve Hess CIO, Collin Hoffmann IT Program Director, Katherine Howell CNO, CT Lin CMIO, Katie Markley Sr Medical Director, Alice Pekarek IT Sr Director, Jonathan Pell Sr Medical Director, Margaret Reidy CMO, David Steinbruner CMO South

Coming Summer 2025 to the Northern Region!



New Capital Approved

Safety

MCR

- Cath Lab- Radiation Protection System
- Emergency Department- Belmont Rapid Infusers
- Emergency Department- Ultrasound

PVH

- Cath Lab- Radiation Protection System
- Garfield Clinic Sidewalks

GH

- Cath Lab- Radiation Protection System

Security

MCR

- Security- Medical Office Building Equipment Upgrade
- Women's Care- Elpas Infant Security System

PVHS

- Region Video Server Refresh

Quality

MCR

- Cardiovascular Sonography Epiq Ultrasound System
- Cath Lab- Pulse Select System
- Micro- Urinalysis Lab Analyzer
- Operating Room- Medistem MiraQ Equipment

PVH

- EMS- Zoll Case Review
- MRI Deep Resolve

GH

- Cath Lab- Volcano Core System
- Interventional Radiology- Phillips Azurion System Upgrade

Performance



Making a difference in our patients' lives each and every day

PVH-MCR-GH – FY2024

Sepsis survival rates

68

additional **lives saved** each year compared to average hospital

31

additional **lives opportunity** each year compared to top 5% hospitals

Readmission rates

831

fewer readmissions each year compared to average hospital

52

readmission opportunities each year compared to top 5% hospitals

Mortality and survival rates

178

additional **lives saved** each year compared to average hospital

151

additional **lives opportunity** each year compared to top 5% hospitals

Length of stay

17,125

additional days at home each year with family compared to average hospital

1,310

opportunity days at home each year with family compared to top 5% hospitals

Comparison to other Vizient cohort hospitals using 2022 academic risk model
Timeframe for sepsis, mortality and LOS: July 2023 to June 2024
Timeframe for readmissions: June 2023 to May 2024

Framework for High Reliability Healthcare

Culture: How we as individuals, teams and organizations model high reliability behaviors in our daily work and interactions

Knowledge: Transparent information sharing with a focus on using clinical, operational and cultural data to identify and respond to bright spots and opportunities

Learning: The continuous focus on understanding why problems occur and designing and scaling systems, processes and human interactions to minimize risk and avoid harm

Leadership: The skills, activities and behaviors needed to guide and manage a high reliability journey

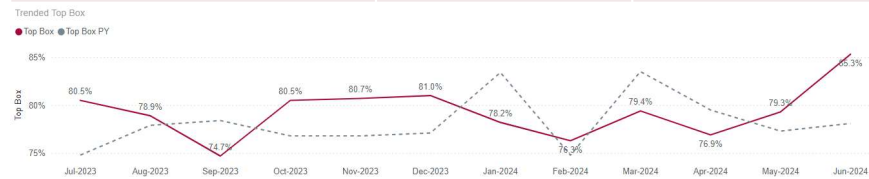
Management Systems: Visual management systems to advance a high reliability strategy, foster accountability, deploy strategic priorities to the front line, and drive continuous improvement.



Northern Colorado FY24 Key Questions & Dimensions

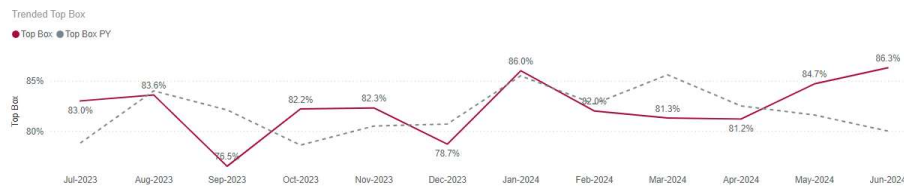
Overall Rate- FY24 Overall Rate increased +0.9% Top Box over FY23 ending with a 3-month upward trend.

Date Range	Score (Top Box)	FY24 Delta
FY24 (July not finalized)	79.2%	
FY23	78.3%	+0.9%



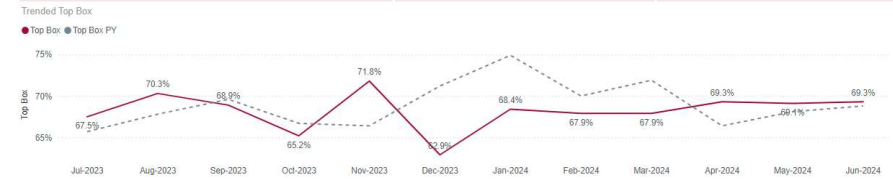
Would Recommend hospital- Increased +0.3% Top Box over FY23 ending with a 3-month upward trend.

Date Range	Score (Top Box)	FY24 Delta
FY24 (July not finalized)	82.2%	
FY23	82.0%	+0.2%



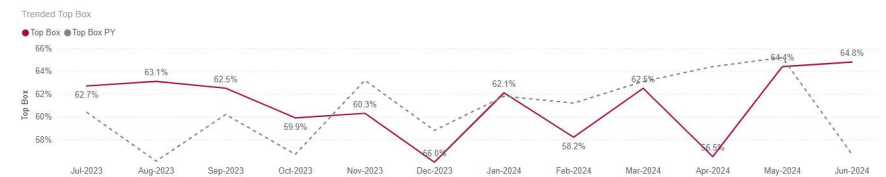
Ease of finding someone to talk to- FY24 decreased -0.9% Top Box over FY23 and is trending flat over the second half of the FY.

Date Range	Score (Top Box)	FY24TD Delta
FY24 (July not finalized)	68.1%	
FY23	69.1%	-1.0%



Responsiveness- FY24 increased +0.2% Top Box with high variability month-to-month. "After pressing call button, got help as soon as wanted" increased +0.5%, and "Help getting to bathroom" maintained it's FY23 score.

Date Range	Score (Top Box)	FY24 Delta
FY24 (July not finalized)	58.5%	
FY23	57.9%	+0.6%



UCHealth Strategic Objectives



North Region Three-year Strategic Priorities

- 1 Provide top quality, safety, and experience**
Achieve top decile performance in quality, safety and experience
- 2 Recruit, develop and retain top talent**
Recruit and develop top talent while maintaining an engaged workforce
- 3 Achieve Growth Objectives**
Implement targeted growth strategies for admissions, surgeries, emergency room and outpatient visits
- 4 Achieve financial targets**
Ensure North Region grows strategically significant programs, maintains labor efficiency and meets EBITDA and margin goals
- 5 Develop Plan for Strategic Expansion of Access and Real Estate**
Create regional plan to assess and evaluate access for Acute Care, Outpatient Services, and Diagnostics to support community needs



FY 2025 Strategic Initiatives

Clinical quality and patient safety

INITIATIVE DESCRIPTION

Provide top quality and safety across our sites of care

STRATEGIC PRIORITY

(1) Quality and experience



Staff Retention and Recruitment

Improve staff recruitment, development and retention

(1) Quality and experience
(2) Financial performance



Targeted Growth Strategies

Develop campus specific strategies for admissions, surgeries, Emergency Room visits and outpatient visits

(1) Quality and experience
(2) Financial performance
(3) Service line growth



Achieve Financial Targets

Continue to advance tactics around targeted growth, efficiency, labor and expense management

(1) Financial performance
(2) Service line growth



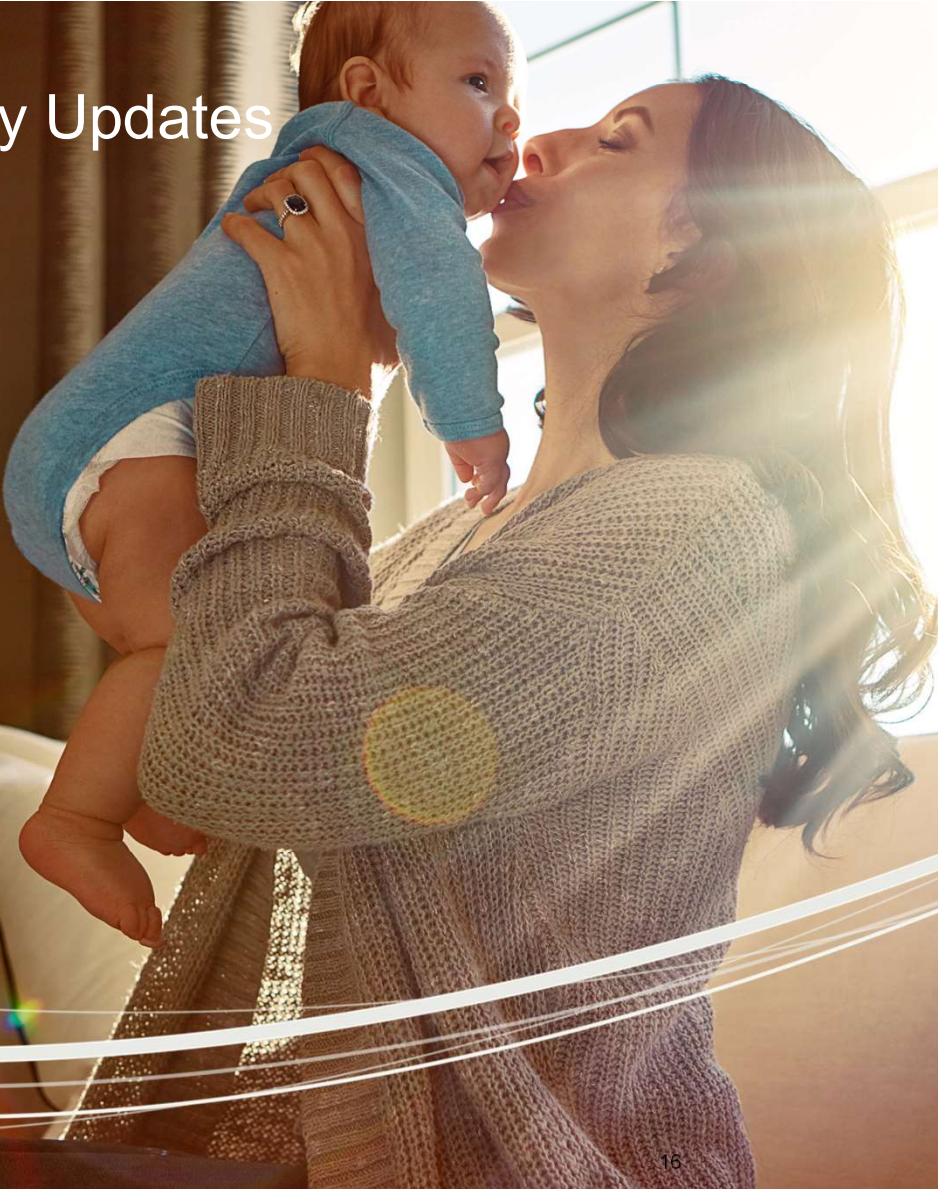
Assess Opportunities for Strategic Expansion

Evaluate access for Acute Care, Outpatient Services, and Diagnostics to support community needs

(1) Service line growth
(2) Financial performance



PVH Facility Updates



PVH Master Facility Plan

Milestones

- Main entrance opened 5/29/24
- Labor and Delivery unit activated 7/11/24
- Curtain wall construction scheduled to start 7/15/24

Next Steps

- Fire alarm replacement testing ongoing.
- Orthopedic unit moving to 5th floor, **go-live September 2024.**
- Women's Post Partum build out, **go-live December 2024.**
- Behavioral Health Inpatient Unit construction continues in the third-floor shell space.
- Behavioral Health procedural ECT services, **go-live January 2025**
- New Infusion Center construction starts in fall, **go-live June 2025**
- Finalizing last phase of parking re-alignment, landscaping, and resurfacing will be completed in early September, due to rain delays.



PVH Master Facility Plan

Before and After Entrance and new Lobby



PVH Master Facility Plan

Meditation Room and Fireplace



PVH Master Facility Plan

Heart Vascular Care, Waiting area and Main hallway



PVH Behavioral Health Unit

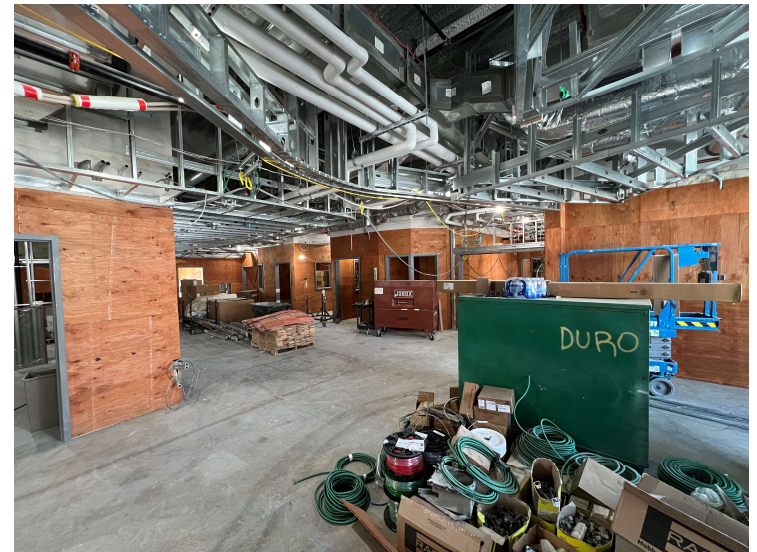
Project consists of renovations to relocate Neuro, Ortho, Inpatient Behavioral Health, Interventional Psychiatry, Infusion Services and Outpatient Services. (\$54 million)

Current State

- Behavioral Health Inpatient
 - Framing
 - Mechanical, Engineering, Plumbing (MEP) rough
 - Rough carpentry
 - Flooring Prep
 - Construction Completion August 2025
 - Go-Live October 2025
- Behavioral Health Electroconvulsive Therapy
 - Construction completion December 2024
 - Go-Live January 2025

Next Steps

- Behavioral Health Inpatient
 - Full mock-up room completion for review early September 2024.
 - Take over of existing Orthopedic unit September 2025.



PVH Ortho

Current Status:

- Ortho moved from existing location on 3rd floor to 5th floor on 9/3/24.
- Activation team working on moving additional items today, 9/4 along with removal of existing equipment, devices, etc. In preparation for demolition of existing 3rd floor space for the BH Inpatient project.



Old ED/Periop Entrance Demo - New Pre-Procedural Area



Old ED/Periop Entrance Demo



Old Lab/New Cardiac Center



Q&A



uhealth



August 2024 Financial Report

JESSICA SHAVER, YPTC

Financial Highlights

	August Actual	August Budget	YTD Actual	YTD Budget
Revenues	\$539k	\$518k	\$14.51M	\$14.55M
Expenses	\$973k	\$1.26M	\$8.23M	\$10.44M
Net Position	(\$434k)	(\$745k)	\$6.29M	\$4.10M

Change in Net Position is ahead of budget by 53% as of August 2024.

- 88% of all budgeted revenue for 2024 has already been recognized, including all Property Tax revenue.
- Expenses have been trending 23% below budget, but this is expected to change as vacancies are filled.
- The following visualization highlights how these two factors are projected to impact the Health District's Change in Net Position for the conclusion of 2024...

Financial Highlights

2024 Net Impact is Forecast at \$1.31M

Based on year to date actuals and a forecast derived from annual trends, Health District is projected to end the 2024 year with a positive change to net position of \$1.31M. (Depreciation is excluded.)

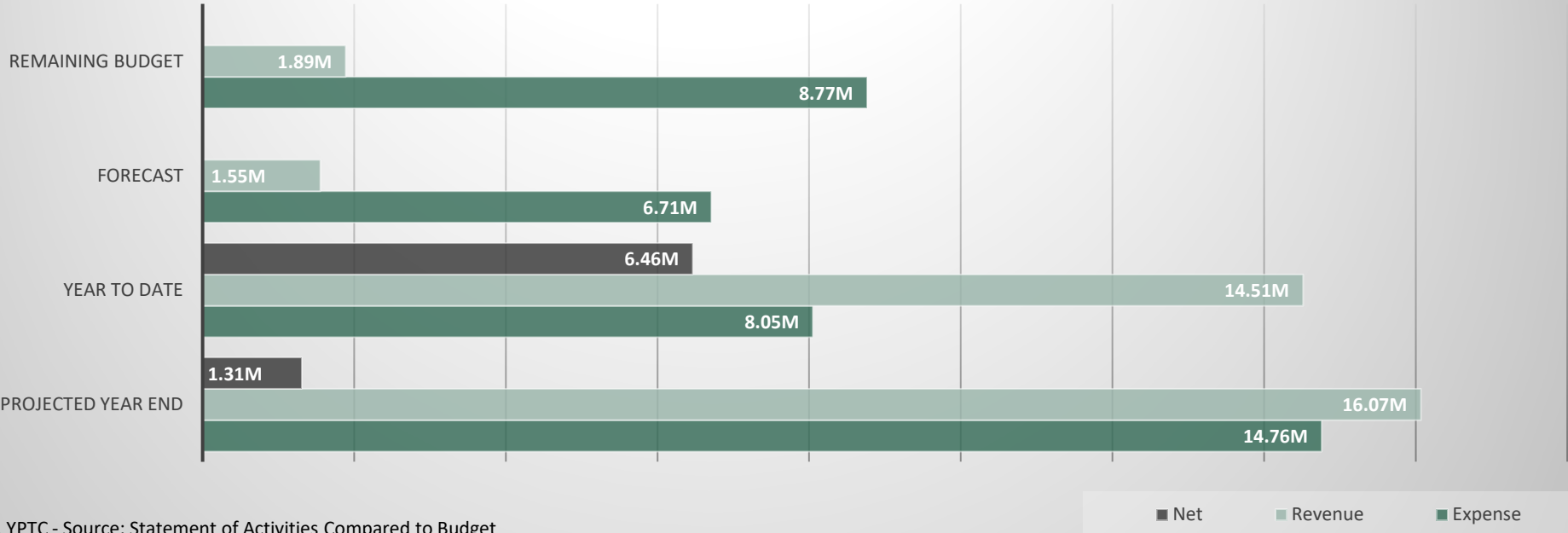


Chart: Jessica Shaver, YPTC - Source: Statement of Activities Compared to Budget

Recommendations & Progress Updates

Documentation of Finance Procedures

Improvements: segregation of duties, timeliness of information, information sharing.

In Progress: streamline, find efficiencies, documentation.

Accounting Software Transition

Health District will be transitioning to different accounting software.

Demonstrations are scheduled with top candidates; a decision and migration timeline are pending.

Chart of Accounts Restructure

The Chart of Accounts will be restructured to reduce overcomplexity and provide more meaningful financial information.

The project will begin once accounting software has been chosen.

Statements of Financial Position

As of Period Ended August 31, 2024

ASSETS	August 2024	August 2023	Change
CURRENT ASSETS			
Cash & Cash Equivalents	14,098,367	10,442,469	3,655,897
Investments	1,052,583	1,027,445	25,138
Accounts Receivable	302,816	138,462	164,353
Property Taxes Receivable	220,386	201,514	18,872
Prepaid Expenses	8,934	19,047	(10,113)
TOTAL CURRENT ASSETS	15,683,085	11,828,938	3,854,147
NON-CURRENT ASSETS			
Leases Receivable	58,942,321	59,144,691	(202,370)
Capital Assets, Net	9,741,538	9,915,632	(174,095)
Leased Assets, Net	57,632	-	57,632
TOTAL NON-CURRENT ASSETS	68,741,490	69,060,323	(318,833)
TOTAL ASSETS	84,424,575	80,889,261	3,535,314
LIABILITIES & NET POSITION			
LIABILITIES			
CURRENT LIABILITIES			
Accounts Payable	828,297	763,864	64,434
Deposits	21,905	15,261	6,644
Deferred Revenue	217,987	483,229	(265,241)
TOTAL CURRENT LIABILITIES	1,068,190	1,262,353	(194,163)
NON-CURRENT LIABILITIES			
Compensated Absences	6,621	19,061	(12,439)
Deferred Property Taxes	220,386	81,313	139,073
Deferred Leases	59,332,084	59,536,407	(204,323)
TOTAL NON-CURRENT LIABILITIES	59,559,091	59,636,781	(77,690)
TOTAL LIABILITIES	60,627,281	60,899,135	(271,853)
NET POSITION			
Retained Earnings	17,510,830	15,762,077	1,748,754
Net Income	6,286,464	4,228,049	2,058,414
TOTAL NET POSITION	23,797,294	19,990,126	3,807,168
TOTAL LIABILITIES & NET POSITION	84,424,575	80,889,261	3,535,314

Financial Discussions

Financial Discussions

Statement of Activities

As of Period Ended August 31, 2024

	<u>August 2024</u>	<u>Year to Date</u>
REVENUE		
Property Taxes	120,139	10,481,811
State of Colorado Backfill	-	998,987
Specific Ownership Taxes	62,122	406,511
Lease Revenue	118,842	1,094,756
Interest Income	64,806	401,107
Fee for Service Income	24,726	174,079
Third Party Income	122,583	713,262
Grant Income	26,099	223,786
Donations	-	60
Miscellaneous Income	-	20,448
TOTAL REVENUE	539,316	14,514,807
EXPENSES		
Overhead	(2,787)	-
Administration	91,255	872,665
Board Expenses	9,608	85,137
Connections: Mental Health/Substance Issues Services	188,534	1,651,824
Dental Services	316,180	2,589,859
Integrated Care (MHSA/PC)	95,173	744,370
Health Promotion	44,708	397,984
Community Impact	61,399	490,641
Program Assessment & Evaluation	24,509	197,790
Health Care Access	82,406	604,305
Resource Development	4,132	30,981
Leased Offices	9,569	104,660
Contingency - Operational	1,373	36,366
Grants	24,462	243,759
Depreciation Expense	22,968	178,002
TOTAL EXPENSES	973,489	8,228,343
CHANGE IN NET POSITION	(434,173)	6,286,464

Tax dollars account for 82% of Total Revenue

Health District has a Program Expense Ratio of 84%

Financial Discussions

Statement of Activities

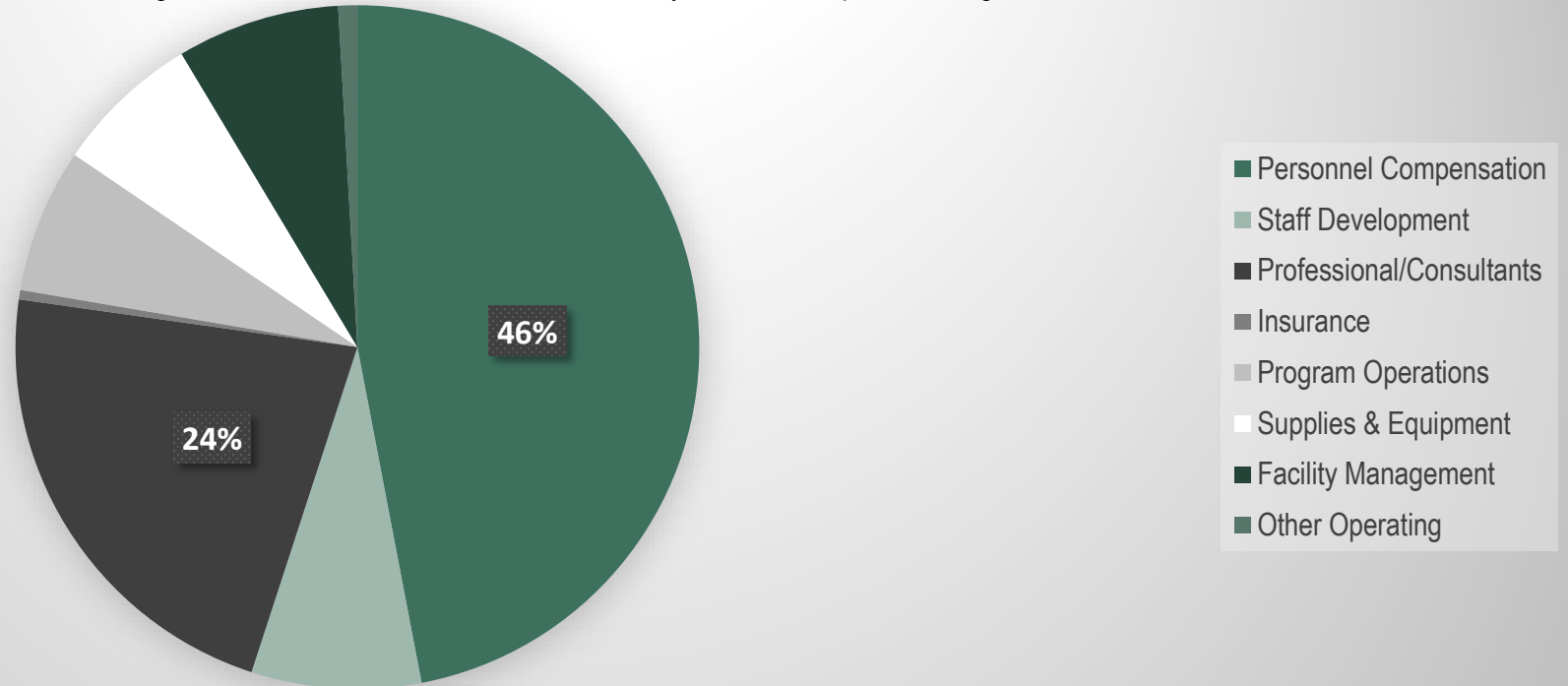
Actual to Budget Comparison
As of Period Ended August 31, 2024

	Current Month				Year to Date				Annual Budget	Remaining Funds
	Budget	Actual	Variance	%	Budget	Actual	Variance	%		
REVENUE										
Property Taxes	159,865	120,139	(39,726)	-25%	10,482,746	10,481,811	(935)	0%	10,685,198	203,387
State of Colorado Backfill	-	-	-	0%	1,031,897	998,987	(32,910)	-3%	1,031,897	32,910
Specific Ownership Taxes	61,412	62,122	710	1%	385,207	406,511	21,305	6%	650,000	243,489
Lease Revenue	127,666	118,842	(8,825)	-7%	1,021,332	1,094,756	73,424	7%	1,531,998	437,242
Interest Income	40,000	64,806	24,806	62%	292,500	401,107	108,607	37%	415,000	13,893
Fee for Service Income	15,212	24,726	9,514	63%	121,695	174,079	52,383	43%	182,543	8,464
Third Party Income	82,286	122,583	40,297	49%	658,286	713,262	54,976	8%	987,429	274,167
Grant Income	29,276	26,099	(3,177)	-11%	539,823	223,786	(316,037)	-59%	895,620	671,834
Donations	-	-	-	0%	-	60	60	0%	-	(60)
Miscellaneous Income	2,050	-	(2,050)	-100%	16,400	20,448	4,048	25%	24,600	4,152
TOTAL REVENUE	517,767	539,316	21,550	4%	14,549,886	14,514,807	(35,079)	0%	16,404,285	1,889,478
OPERATING EXPENSES										
Administration	113,664	88,468	25,196	22%	910,114	872,665	37,449	4%	1,365,171	492,506
Board Expenses	12,253	9,608	2,644	22%	98,021	85,137	12,884	13%	173,032	87,895
Connections: Mental Health/Substance Issues Services	273,711	188,534	85,177	31%	2,190,217	1,651,824	538,393	25%	3,289,543	1,637,719
Dental Services	395,500	316,180	79,320	20%	3,164,000	2,589,859	574,141	18%	4,746,000	2,156,141
Integrated Care (MHSA/PC)	113,438	95,173	18,265	16%	907,702	744,370	163,332	18%	1,362,252	617,882
Health Promotion	70,165	44,708	25,458	36%	562,272	397,984	164,288	29%	843,104	445,120
Community Impact	96,554	61,399	35,155	36%	771,432	490,641	280,791	36%	1,157,452	666,811
Program Assessment & Evaluation	42,722	24,509	18,212	43%	341,774	197,790	143,984	42%	535,161	337,371
Health Care Access	100,958	82,406	18,552	18%	811,908	604,305	207,603	26%	1,236,564	632,259
Resource Development	4,941	4,132	810	16%	39,529	30,981	8,548	22%	59,293	28,312
Leased Offices	11,634	9,569	2,065	18%	124,070	104,660	19,411	16%	170,605	65,945
Contingency - Operational	-	1,373	(1,373)	0%	-	36,366	(36,366)	0%	500,000	463,634
Grants	27,233	24,462	2,771	10%	518,864	243,759	275,106	53%	1,377,309	1,133,550
TOTAL OPERATING EXPENSES	1,262,772	950,521	312,251	25%	10,439,904	8,050,341	2,389,563	23%	16,815,486	8,765,145
CHANGE IN NET POSITION FROM OPERATIONS	(745,006)	(411,205)	333,801	45%	4,109,983	6,464,466	2,354,483	57%	(411,201)	

Financial Discussions

Actual to Budget Expense Variations

Personnel Compensation and Professional/Consulting Services account for 70% of the \$2.39M of year to date expense savings.



Statement of Cash Flows

As of Period Ended August 31, 2024

CASH FLOWS FROM OPERATING ACTIVITIES

August 2024

Total Change in Net Position	6,286,464
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities:	
Depreciation & Amortization	178,002
Accounts Receivable	10,858,167
Prepaid Expenses	70,134
Accounts Payable	(104,408)
Accrued Liabilities	(9,259)
Deferred Revenue	(10,759,684)
Net Cash Provided by (Used in) in Operating Activities	6,519,417

CASH FLOWS FROM INVESTING ACTIVITIES

Investments	(20,205)
Purchase of Fixed Assets	(72,341)
Net Cash Provided by (Used in) Investing Activities	(92,545)

CASH FLOWS FROM FINANCING ACTIVITIES

Net Change in Debt	-
Net Cash Provided by (Used in) Financing Activities	-

Net Cash Increase (Decrease) for Period

6,426,872

Beginning Cash & Cash Equivalents

7,671,495

Ending Cash & Cash Equivalents

14,098,367

Financial
Discussions



Concluding Thoughts

Health District is ahead of budget by \$2.35M so far this year.

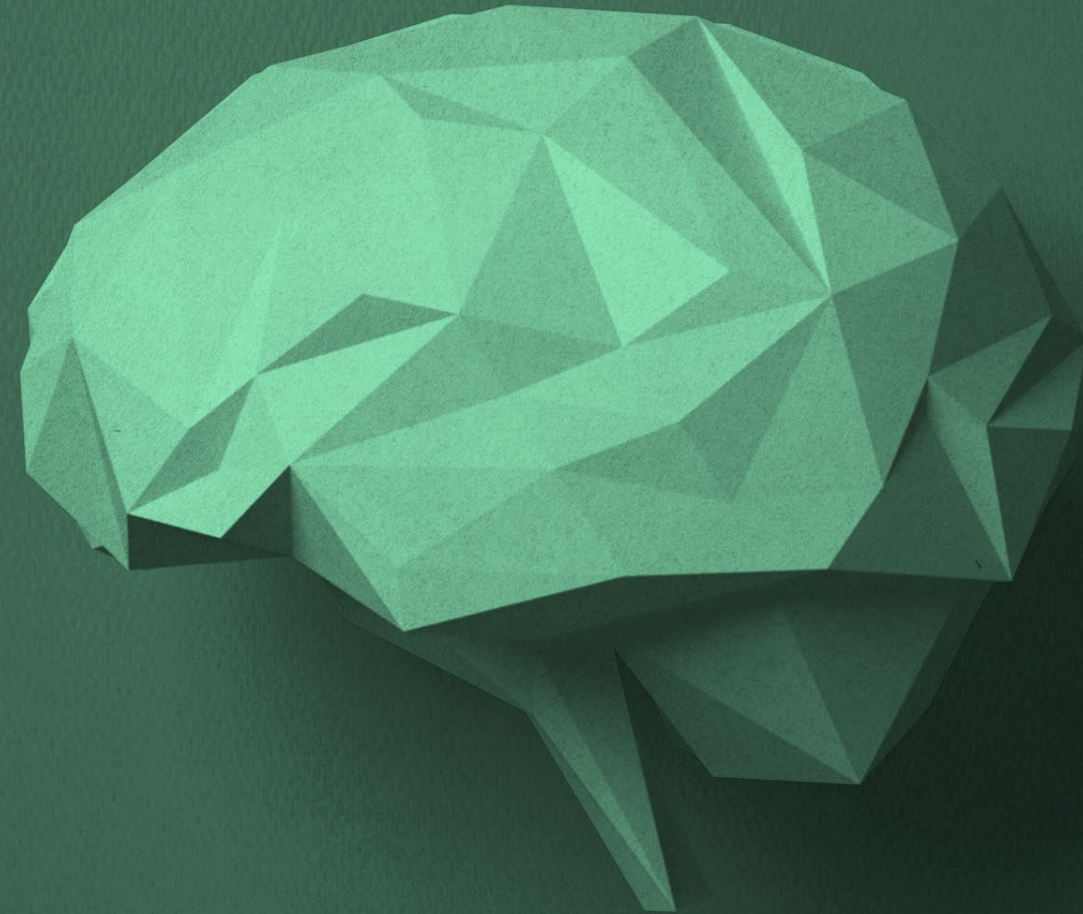
While it is projected that the organization will conclude the year ahead of budget, it is not anticipated to be at as high of a margin as current trends show.

The Finance team is investing substantial efforts into providing more transparency in our financial reporting to enable and empower the organization and the Board of Directors to make financially sound decisions as we navigate through the 2025 Budget Season and beyond.

Financial clarity is key to success as the Health District of Northern Larimer County embarks on new strategic initiatives to enhance the health of our community.

Mental Health Connections Project Updates

Board of Directors
Regular Meeting
September 2024



Connecting this work to the Strategic Plan

Strategic Plan 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.



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



Partnerships | Objective 2.3: Cultivate partnerships with organizations that represent and support the interests of priority populations and health-related social needs.

EHR Implementation & Medicaid Billing Project

Where did we start?



Medicaid billing at Mental Health Connections (MHC) has been years in the making.



In 2023, 62% of our CAYAC clients and 46% of adult clients had Medicaid coverage.



The project has started and stalled several times.

What does it take?

1. Leadership commitment to quality improvement



2. Significant investment in people, time, and dollars



3. Robust project planning

Why Now?



New EHR's ability to optimize functionality without undue additional cost to taxpayers.



Funding from Rocky Mountain Health Plan allows for no additional costs or impact to the Health District budget.



Technology investments enable Medicaid billing and operational efficiencies.



Change management investments prepare teams to maximize & improve access to services.



Strategic priorities will be met through iterative measurement of access, demand, and capacity for services.



Increased access to real-time data, allowing for informed service delivery.

Current State vs. Future State

Current State	Future State
<ul style="list-style-type: none">• Non-standardized legacy program model	<ul style="list-style-type: none">• Standardized program model that follows clinical best practices
<ul style="list-style-type: none">• Unknown impact on community behavioral health services gaps	<ul style="list-style-type: none">• Clear understanding of access, demand, and impact of the services we provide
<ul style="list-style-type: none">• Homegrown service definitions and parameters	<ul style="list-style-type: none">• Distinct and defined delineation of services provided to the community
<ul style="list-style-type: none">• Overlapping staffing roles	<ul style="list-style-type: none">• Staff practicing to the full scope of their licensures and positions
<ul style="list-style-type: none">• Significant operational inefficiencies	<ul style="list-style-type: none">• Modernized and efficient workflows, processes, and practices that enable high-quality service provision, compliant Medicaid billing, and data-driven programmatic decision-making

Benefits of the Future State



Financial
Optimization



Compliance
Confidence



Operational
Efficiency



Enhanced Client Care
and Access



Promoting Health
Equity with Enhanced
Data Collection



Data-Driven Decision
Making

Partnerships

Behavioral Health Partnership Planning Collaboration (BHPPC)



Cross-Organizational
Team



Streamlined
Referrals



Improved
Communication



Reduced Care
Transitions

Strategic Plan

Connecting this work to the Strategic Plan

Strategic Plan 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.



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



Partnerships | Objective 2.3: Cultivate partnerships with organizations that represent and support the interests of priority populations and health-related social needs.

Thank you!



mhsu alliance

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Strategic Planning Update

September 24, 2024



MHSU Alliance 101

The Mental Health and Substance Use Alliance (“the Alliance” or “MHSU Alliance”) is an unincorporated non-profit association.

The Alliance was established in 1999, meaning our community has been collaborating around behavioral health gaps and opportunities for 25 years.

The Health District Community Impact Team (CIT) facilitates and convenes the Alliance. When doing Alliance work, CIT refers to ourselves as “Alliance Staff”.

We are happy to share more on the history and key accomplishments of the Alliance outside of this presentation.





Key Alliance Accomplishments in 2024

- ✓ **January 2024** : Reconvened the Mental Health and Substance Use Alliance
- ✓ **April 2024** : Hosted Strategic Planning Retreat and kicked off official process; Identified Alliance priorities; updated Alliance's vision and values to reflect current community context
- ✓ **June & July 2024**: Convened Restructure Workgroup; developed and shared Priority Data Packets to inform strategic planning
- ✓ **August 2024**: Alliance Steering Committee adopted 4 themes (broad areas of focus) and restructure proposals by consensus
- ✓ **October 2024**: Alliance Strategic Plan published + celebrated at Release Party! (Details forthcoming!)



2024 Strategic Planning Roadmap

Steering
Committee

April

Strategic Planning Retreat - attend or provide input virtually. Prioritize CMP recommendations. Share meeting availability and cadence preferences.

Alliance
Staff

Synthesize recommendations and priorities from retreat. Determine new meeting cadence and timing. Begin research into strategies.

Restructure
Workgroup

X

May

Goal: Finalize changes to vision/values to inform next steps in strategic plan and Restructure Workgroup.

Strategy research.

Begin coordinating Restructure Workgroup.

First workgroup meeting by end of May.



June

Goal: Alliance staff to present potential strategies to consider, based on retreat feedback.

Establish new meeting time/cadence.

Additional strategy research & refinement.

Support Restructure Workgroup.

**First Restructure
Workgroup Meeting!**

June 21st

2024 Strategic Planning Roadmap

Steering
Committee

July

Goal: To Be Determined.

Continue refining strategies based on priorities identified at retreat.

No Meeting in July. Office Hours Thursday, July 11th from 2:30 – 3:30 pm.

Alliance
Staff

Support Restructure Workgroup to propose recommendations to Steering Committee.

Begin coordinating Alliance Staff Strategy.

Restructure
Workgroup

Second Restructure Workgroup Meeting!

July 19th

August

Goal: Discuss and vote on recommendations from the Restructure Workgroup.

Steering Committee Meeting August 8th will be in person only!

Continue drafting strategic plan.

Support implementation and operationalization of accepted restructure proposals.

Potential for some implementation support for restructuring.

September

Goal: MHSU Alliance Strategic Plan finalized and published.

Workgroups established.

Celebrate!



Finalize and publish strategic plan. Support implementation of working groups, including facilitation and reporting tools. Continue coordinating Alliance Staff Strategy.





mhsu alliance

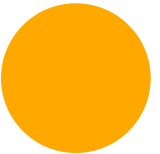
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Our Vision

Behavioral health is holistic, affirming, valued, and resourced as an essential aspect of whole-person health.

Our Values

Sustainable Change and Improvement | Whole Person Health
Lived & Living Expertise | Health Equity Within and Across Systems
Open-Mindedness & Respect



Structural Changes



Key Changes to Alliance Structure:

1. Alliance Membership – created “General Member” category
2. Steering Committee - Lived & Living Expert positions explicit
3. Clarified meeting cadence & Member expectations
4. Clarified consensus-based decision-making
5. Clarified and expanded resource contribution from Members

Many of these changes are still in progress!



The Strategic Planning Process

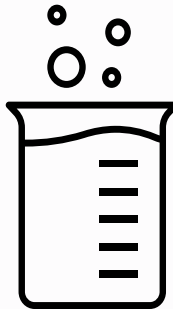


Behavioral Health Landscape - Elevating, Not Duplicating

MHSU Alliance Priorities, Vision & Values

Data Packets, Alliance Restructure

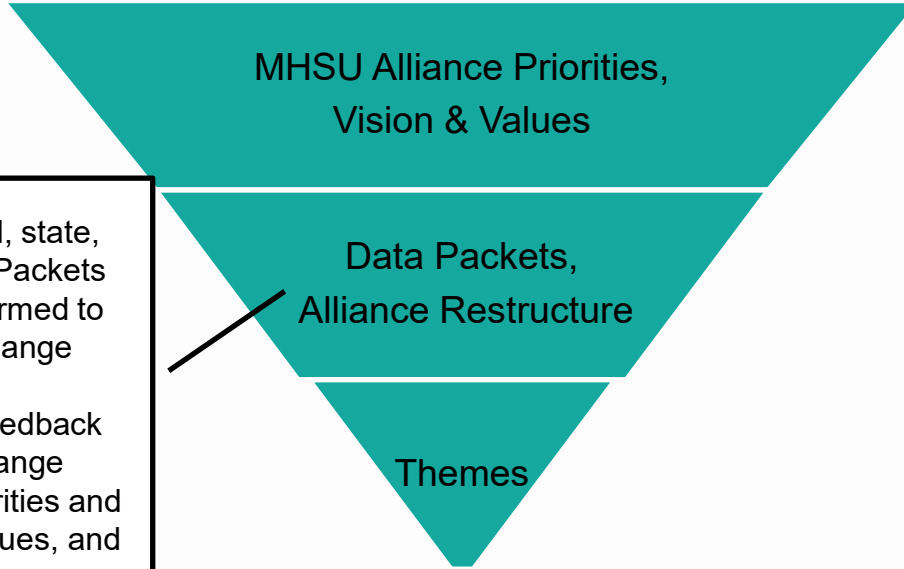
Themes



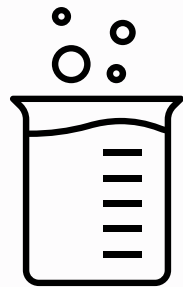
MHSU Alliance Strategic Plan



- Scan of existing community plans, recommendations, and other collaborative strategies (NoCoCAREs Strategic Plan, CHIP, Community Master Plan, Youth Behavioral Health Assessment, etc.)
- Member discussion and feedback
- April Strategic Planning Retreat
- MHSU Alliance history & accomplishments



- Compiled and shared local, state, and federal data via Data Packets
- Workgroup of Members formed to deep dive into structure change recommendations
- Member discussion and feedback
- Research into systems change strategies that impact priorities and are aligned with vision, values, and data



MHSU
Alliance
Strategic Plan





MHSU Alliance Priorities,
Vision & Values

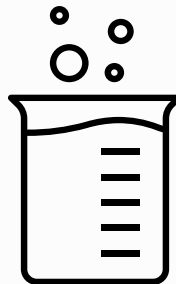
Data Packets,
Alliance Restructure

Themes

In August, seven themes (or broad areas of focus) were proposed to the MHSU Alliance and they adopted the following four themes by consensus:

1. Coordination of Care
2. Data Infrastructure
3. Clinical Systems + Infrastructure
4. Promoting Behavioral Health through Nonclinical Methods

The four adopted themes are being incorporated into the Strategic Plan and will be further refined into locally-tailored strategies throughout the rest of 2024 and beginning of 2025.



MHSU
Alliance
Strategic Plan



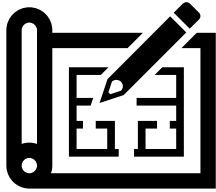


More on the Strategic Plan

The MHSU Alliance Strategic Plan IS...	The MHSU Alliance Strategic Plan IS NOT...
<p>A living document; the Strategic Plan can and will change as our community continues to learn and grow together around behavioral health efforts.</p> <p>A template for future work plans and progress on specific strategies and initiatives.</p> <p>A communication tool for updates to Alliance Members and the broader community.</p> <p>An invitation to any individual or organization/entity who wants to help improve behavioral health in Larimer County.</p> <p>Collaborative and consensus-based.</p>	<p>A static report that will sit on a shelf.</p> <p>The only effort to address or improve behavioral health, mental health and/or substance use in the community. There are many wonderful groups and partners who are also working on this issue.</p> <p>Perfect, complete, or all encompassing of all the needs, gaps, and opportunities for behavioral health care in Larimer County and/or Colorado.</p>



What's Next



Finalize Strategic Plan

CIT is in the final stages of drafting the Strategic Plan document.



Celebrate, Share & Recruit

We will unveil the Strategic Plan to the public and invite all to join the Alliance.



Refine Strategies & Implement

Workgroups will form to shift themes into strategies and the work will begin!

Save the Date!

**We are thrilled to invite
Health District Board of
Directors to the
Strategic Plan Release
Party on October 10th!**

It is a drop -in event, so you don't have to plan to make the whole time.

This event is public. All are welcome.



mhsu alliance
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It's a party with a purpose!

Join us to celebrate the unveiling of our collaborative strategic plan and learn how you can be a part of the Alliance!

Mark your calendars for October 10th.

All are invited. We encourage you to bring your colleagues, clients/patients, or friends!



**Don't miss the big reveal.
Event details coming soon.**

**Thursday, October 10
2:30 pm to 4:00 pm**

Email us at CIT@healthdistrict.org for more information.



Thank you! Questions?



30th Anniversary Open House

Goal: Affirm brand identity and reinforce service awareness with key partners and community members.

Audiences: Community partners (primary), Health District staff, friends and family, community members

Event Agenda & Details

- **Date:** Wednesday, October 16th
- **Location:** Comms Suite, Lobby and Longs Peak Conference Room
- **Theme:** 30 Years of Caring

Agenda:

- **Open House** | 4-7pm
- **Remarks** | 4:30pm & 6:30pm
- **Family Dental Clinic Tours** | Offered every 15-20 minutes from 5-6pm

Details:

- Visitors will be able to browse historical displays spanning the Health District's 30 years in the lobby, Communications Suite, and Longs Peak Conference Room.
- Volunteer staff ambassadors will be posted at each display location to answer questions, including an additional greeter in the lobby.
- Dental Clinic tours will be conducted by volunteers from dental staff.
- Light snacks, treats and refreshments will be available, planning for up to 125 people.
- Swag bags will be available for visitors.
- Copies of the 2024-2025 Strategic Plan will be available in Longs Peak for visitors to flip through.
- Changing Minds will have a table at the event.

Promotion

Invitations

- Save The Dates and Invites mailed
- e-Invitations distributed for sharing

Social Media

- '30 Ways' campaign began in May
- Open House promoted twice

Internal

- '30 Ways' campaign on intranet
- Staff Outlook invite

Traditional

- Reaching out to Coloradoan about op-ed opportunities

30th Anniversary & Budget Messaging

Goal: Communicate expected reduction in organizational budget and introduce anticipated shift in organizational strategy.

Audiences: Community partners (primary), former Board members, Health District staff, community members

Communications Timeline & Key Events

May -June

- 30th Anniversary featured in Spring 2024 *Compass*
- *30 Ways to a Healthier Community* campaign launched and ongoing

August

- Open House save-the-dates mailed

September

- Open House invitations & e-Invite distributed to Board of Directors and staff
- Hard copies of Strategic Plan shared with Board and Leadership

October

- 10/01 - Open House press release to be posted to website and distributed
- 10/01 - Board President to receive draft remarks for Open House prep
- 10/09 - Target date for op-ed from Health District Board Chair
- 10/10 - Board of Directors to receive communications prep kit and Open House run-of-show
- 10/15 - Board of Directors to receive draft FY2025 budget
- 10/15 - Health District Board and Alumni Gathering
- 10/16 - 30th Anniversary Open House with remarks from Board President (4:30 and 6:30 pm)
- 10/22 - FY2025 Board meeting and Budget study session

November

- Fall 2024 *Compass* to publish with photos and recap from Open House
- 11/12 - FY2025 Budget Hearing

December

- 12/10 - FY2025 Budget Approval

Resources

E-Invites

- e-Invitations distributed for sharing with community contacts

Prep Packets

- Support materials, including talking points, provided for alignment

Comms

- Social media and op-ed will help share key messaging

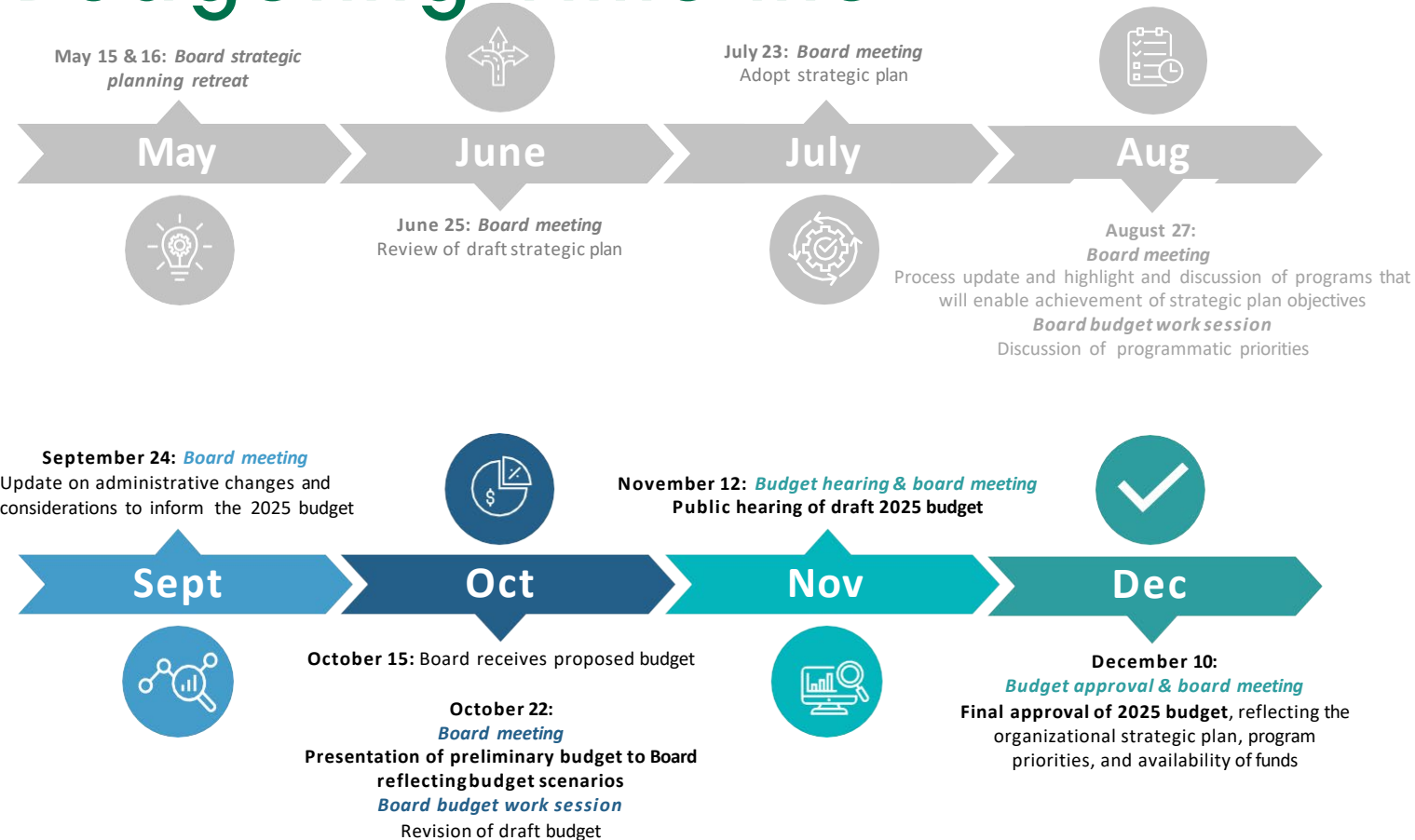
Partnerships

- Gathering with previous Board members in advance of Open House

2025 Budget Planning Timeline and Update



2024 Strategic Planning & Budgeting Timeline



2025 Budget Considerations

- Revisions to budget based on direction from Board of Directors
- Budgeting for Capital Maintenance and Projects
- Changes to Chart of Accounts
- Compensation Increases (includes Benefits)

2024 Legislative Special Session Review and Revenue Forecasting

September 24, 2024



2024 Legislative Special Session Overview

During the regular 2024 legislative session, the Colorado legislature passed SB24-233, reducing statewide property tax collections by \$1.3 billion. During the 2024 Special Session, HB 24B-1001 was passed which will cut an additional \$254 million.

- Assessment rates will decrease progressively beginning in 2025.
- Revenue caps will take effect for local governments (10.5% per assessment cycle).
- No changes to property tax revenue until 2026 as new provisions take effect for Property Tax Year 2025.

Revenue Implications from Property Tax Changes

Property tax cuts are not set to influence revenue until 2026 due to changes taking effect in Property Tax Year 2025. However, there are immediate considerations for 2025 and beyond.

- In 2024, the Health District received ~\$1 million in backfill.
- In 2025, we will not receive backfill, leading to a functional reduction of \$1 million in operating revenue.
- Revenue implications for 2026 and beyond are not yet known, but property tax revenue will decrease unless other legislative action occurs.