Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS REGULAR MEETING

Health District of Northern Larimer County

120 Bristlecone Drive

Fort Collins, CO

Tuesday, March 22, 2022

4:00 p.m.

Health District
OF NORTHERN LARIMER COUNTY

AGENDA

BOARD OF DIRECTORS REGULAR MEETING
March 22, 2022
4:00 pm

4:00 p.m. **Call to Order; Introductions; Approval of Agenda……..** Michael Liggett

4:03 p.m. **PUBLIC COMMENT**
Note: If you choose to comment, please follow the "Guidelines for Public Comment" provided on the back of the agenda.

4:08 p.m. **DISCUSSION & ACTIONS**

- Policy ..... Lisa Ward
    - State Legislative Proposals
        - SB22-147: Concerning Behavioral Health Care Integration Services for Children
        - HB22-1278: Creation of the Behavioral Administration (Review of Pt 1, Definitions)
        - HB22-1281: Concerning a Program to Fund Behavioral Health Services
        - Brief Overview of Other Relevant Bills and Update on Priority Bills
        - Federal Policy Update
        - Other Policy Issues That May Arise
- Employee Handbook Revisions ..... Karen Spink

4:50 p.m. **PRESENTATIONS**

- Brief Review of Key Points from Fair Campaign Practices Act ..... Karen Spink
- Looking Ahead: Challenges and Opportunities ..... Carol Plock

5:10 p.m. **OTHER UPDATES & REPORTS**

- Other Executive Director Updates ..... Carol Plock
    - Financials – preliminary Dec 2021 (Laura Mai)
- Liaison to PVHS/UCHealth North Report ..... Celeste Kling

5:25 p.m. **PUBLIC COMMENT (2nd opportunity)** See Note above.

5:30 p.m. **CONSENT AGENDA**

- Approval of the February 23, 2022 Special Meeting Minutes; March 8, 2022 and October 29, 2020 Regular Meeting Minutes

5:35 p.m. **ANNOUNCEMENTS**

- April 14, 4:00 pm – Board of Directors Special Meeting (Policy)
- April 26, 4:00 pm – Board of Directors Regular Meeting
- May 24, 4:00 pm – Board of Directors Regular Meeting (seating of elected board members)

5:40 p.m. **EXECUTIVE SESSION**

- Executive session concerning the purchase, acquisition, lease, transfer or sale of any property interest, pursuant to §24-6-402(4)(a), C.R.S.

5:55 p.m. **ADJOURN**

6:00 p.m. **RETIREMENT CELEBRATION – Carol Plock, Executive Director**

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. **Public comments or input are taken only during the time on the agenda listed as 'Public Comment.'** If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**

MISSION

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

VISION

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

STRATEGY

The Health District will take a leadership role to:

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

VALUES

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

Health District
OF NORTHERN LARIMER COUNTY

3/22/2022

STAFF: ALYSON WILLIAMS & LISA WARD POLICY ANALYSIS

SB22-147: BEHAVIORAL HEALTH-CARE SERVICES FOR CHILDREN

Concerning behavioral health-care integration services for children.

Details

Bill Sponsors:	House – *Young (D) & Pelton (R)* Amabile (D), Bradfield (R), Gonzales-Gutierrez (D), Michaelson Jenet (D), Van Beber (R) Senate – *Kolker (D) & Sonnenberg (R),*
Committee:	Senate Health & Human Services
Bill History:	3/7/2022- Introduced in Senate
Next Action:	3/23/2022- Hearing in Senate Health & Human Services Committee

Bill Summary

The bill creates the Colorado pediatric psychiatry consultation and access program (CoPPCAP) to support primary care providers in identifying and treating mild to moderate behavioral health conditions in children in primary care practices or school-based health centers. There is $4.6 million to appropriated to CoPPCAP. Additionally, $5 million is appropriated to the behavioral health care professional matching grant program to expand access to behavioral health-care services for children and families; and $1.5 million to the school-based health center grant program.

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 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. The consequences of inadequate or delayed treatment are far-reaching. According to the US Department of Education, only 40 percent of students with emotional, behavioral, and mental health disorders graduate from high school, compared to the national

[1] American Psychological Association, "Children's Mental Health" 2009. https://www.apa.org/pi/families/children-mental-health
[2] Centers for Disease Control and Prevention (CDC), "Children's Mental Health", March 22, 2021. https://www.cdc.gov/childrensmentalhealth/basics.html
[3] The World Health Organization, "Improving the mental and brain health of children and adolescents" 2021. 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

average of 76 percent.[5] Lack of treatment can also be fatal: suicide was the 2nd leading cause of death for youth ages 10-24 in 2017.[6] The rate of teen suicide has nearly doubled since 2010 in Colorado (2010: 11.5 per 100,000; 2019: 21 per 100,000).[7] From 2013 to 2017, there were 320 suicide deaths of Colorado youth ages 10 to 18.[8]

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.[5]

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

The CDC reports that the COVID-19 pandemic has exacerbated youth mental health conditions. Public health policies over the past two years have required social distance to minimize spread of the virus. However, social distancing and other requirements to minimize community spread have also largely prevented social contact outside of the home. Schools closed and required children to learn from virtual classes and child care 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 the transition of youth to virtual services and education in the effort to minimize the spread of COVID-19, some children have been put at heightened mental health risk.

Health District CAYAC Program

The Child, Adolescent, and Young Adult Connections (CAYAC) Team was developed by the Health District of Northern Larimer County after an extensive planning process with parents/caregivers, our local school district, primary care providers, and health and human service organizations. CAYAC offers assessment and connection to the behavioral health treatment in the community best able to meet the particular needs of the child or youth. For a few years the CAYAC program was directly connected to a designated Poudre School District behavioral health navigator. Working in partnership with a dedicated school behavioral health navigator, the team was able to identify the mental health needs of students early and prioritize those that needed immediate access to needs assessments and behavioral health screenings. Having the ability to

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[5] U.S. Department of Education. (2001). *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act.* Retrieved from https://www2.ed.gov/about/reports/annual/osep/2001/index.html

[6] Heron, M. (June 24, 2019). Deaths: Leading Causes for 2017*. National Vital Statistics Reports. (68)*6. CDC: Division of Vital Statistics. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf

[7] Kids Count Data Center, "Teen Suicides" 2020. 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

[8] 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

[9] CDC, "Data and Statistics on Children's Mental Health. March 22, 2021. https://www.cdc.gov/childrensmentalhealth/data.html

[10] CDC "COVID-19 Parental Resources Kit – Childhood", December 28, 2020. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/parental-resource-kit/childhood.html

provide assessments within the school increased student access to the right services in the community quickly and played a critical role in closing the communication loop between parents/caregivers, behavioral health providers, and teachers to best support student's needs.

However, due to funding cuts in 2018, our local school district was unable to maintain the in-house behavioral health navigator position. Although CAYAC assigned a staffperson to work directly with the schools, it was impossible for it to be as effective as having an internal school district person working directly with CAYAC. Referrals for needs assessments from schools dropped, and it has taken far more staff time to reach the appropriate school contacts and coordinate care.. It is also much harder to understand which youth to prioritize for in-depth assessments and to bridge the information necessary to provide timely access to services. Additionally, the communication loop is harder to close between parents, providers, teachers, and school resource/support staff, putting more students at risk of falling through the cracks.

This Legislation

Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP)

The program is established within the University of Colorado. The CoPPCAP has seven specific aims outlined in the legislation:

- Support primary care providers to identify and treat mild to moderate pediatric behavioral health conditions in primary care practices or school-based health centers;
- Provide support and assistance to primary care providers with the integration of pediatric behavioral health screening and treatment into primary care practices;
- Provide peer-to-peer consultations with primary care providers and integrated behavioral health clinicians;
- Identify evidence-based resources and care coordination to support diagnosis, treatment, and referrals for children with behavioral health and substance use needs;
- Support all patients seen in Colorado primary care practices regardless of payer or ability to pay;
- Create ongoing educational opportunities focused on pediatric behavioral health conditions; and
- Create digital resources focused on pediatric behavioral health conditions.

The program is explicitly given the ability to enter into agreements with the Colorado Department of Public Health and Environment (CDPHE) regarding the provision of programs from the federal Health Resources and Services Administration (HRSA). CoPPCAP may collaborate with state agencies, school-based health centers, primary care providers, integrated behavioral health clinics, and community-based social service or behavioral health providers to provide assessments and treatment to children and families. The program is allowed to seek, accept, and expend gifts, grants, and donations from both private and public sources for implementation.

For state fiscal year 2022-23, $4.6 million is appropriated to the Board of Regents of the University of Colorado to fund the program. These funds must be at least obligated by December 31, 2024 and the funds obligated by December 31, 2024 must be expended by December 31, 2026. The Board of Regents and the program must comply with all requirements specified by the Office of State Planning and Budgeting (OSPB).

Behavioral Health Care Professional Matching Grant Program

For the 2022-23 budget year, $5 million is appropriated to the Department of Education (CDE) to fund the program for the benefit of increasing the presence of school health professionals in schools to respond to the pandemic and its negative public health impacts. These funds must be at least obligated by December 31, 2024 and the funds obligated by December 31, 2024 must be expended by December 31, 2026. CDE and the grantees must comply with all requirements specified by the OSPB.

School-Based Health Center Grant Program

For the 2022-23 budget year, $1.5 million is appropriated to CDPHE to fund the grant program for the benefit of school-based health centers to respond to the pandemic and its negative public health impacts. These funds must be at least obligated by December 31, 2024 and the funds obligated by December 31, 2024 must be expended by December 31, 2026. CDPHE and the grantees must comply with all requirements specified by the OSPB.

The bill is effective upon the Governor's signature or if the Governor allows it to become law without their signature.

Reasons to Support

This bill is a strong strategy to addressing the huge mental health need across the youth of our state. Data from the CDC regarding youth treatment demonstrates that not all children are receiving help and schools can play a critical role in helping youth to care. Reports indicate there is a greater mental health need due to the pandemic, and though this is one-time funding, existing critical needs could be addressed during the grant period, and may give organizations like schools the time to build funding for services into their budgets.

The Behavioral Health Care Professional Matching Grant Program could encourage funding for school-based behavioral health professionals, such as the previous behavioral health navigator, in the Poudre School District to work with the CAYAC team after funding was lost in 2018.

Supporters

- Colorado Association for School-Based Health Care
- Colorado Behavioral Healthcare Council
- Colorado Children's Campaign
- Colorado Hospital Association
- Colorado Psychiatric Society
- Denver Health & Hospital Authority

Reasons to Oppose

Grantees awarded money shall spend or obligate any money by December 31, 2024 and must be expended by December 31, 2026. Therefore, sustainability of the programs established with this one-time funding may be difficult.

Opponents

- No opposition has not been made public at this time.

About this Analysis

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

Health District
OF NORTHERN LARIMER COUNTY

Memo

To: Board of Directors, Health District of Northern Larimer County

From: Lisa Ward, Policy Coordinator

Date: March 22, 2022

Re: Staff Recommendation on SB22-147: Behavioral Health-care Services For Children

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The Health District Public Policy Strategy Team recommends the Board of Directors support SB22-147.

Health District
OF NORTHERN LARIMER COUNTY

Memo

To: Board of Directors, Health District of Northern Larimer County

From: Lisa Ward, Policy Coordinator

Date: March 22, 2022

Re: HB22-1278 Behavioral Health Administration, Bill Definitions

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At the March 8, 2022 board meeting, staff presented a brief overview of the 232 page bill that creates the new Behavioral Health Administration (BHA) in the department of human services to create a coordinated, cohesive, and effective behavioral health system in the state. During discussion, it was noted that the definitions contained within the bill will determine its impact. This summary is not an analysis of the full bill, but rather includes the summarized list of what the BHA is required to do, and the definitions contained in the bill.

Health District
OF NORTHERN LARIMER COUNTY

3/22/2022

STAFF: ALYSON WILLIAMS & LISA WARD POLICY SUMMARY

HB22-1278: BEHAVIORAL HEALTH ADMINISTRATION

Concerning the creation of the behavioral health administration.

Details

Bill Sponsors:	House – Young (D) and Pelton (R) Senate – Lee (D) and Simpson (R)
Committee:	House Pubic & Behavioral Health & Human Services
Bill History:	3/2/2022- Introduced in House
Next Action:	3/25/2022- Hearing in House Pubic & Behavioral Health & Human Services Committee

Bill Summary

The bill creates the behavioral health administration (BHA) in the department of human services (department) to create a coordinated, cohesive, and effective behavioral health system in the state. The BHA will handle most of the behavioral health programs that were previously handled by the office of behavioral health in the department. The bill establishes a commissioner as the head of the BHA and authorizes the commissioner and state board of human services to adopt and amend rules that previously were promulgated by the executive director of the department.

By July 1, 2024, the bill requires the BHA to establish:

- A statewide behavioral health grievance system;
- A behavioral health performance monitoring system;
- A comprehensive behavioral health safety net system;
- Regionally-based behavioral health administrative service organizations;
- The BHA as the licensing authority for all behavioral health entities; and
- The BHA advisory council to provide feedback to the BHA on the behavioral health system in the state.

The bill transfers to the department of public health and environment responsibility for community prevention and early intervention programs previously administered by the department.

The bill makes extensive conforming amendments

Definitions

This policy summary is only intended to provide a review of the definitions included in this bill.

Alcohol Use Disorder"

A chronic relapsing brain disease characterized by recurrent use of alcohol causing clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Alcohol Use Disorder Program

A program for diagnosis, treatment, and rehabilitation of a person with an alcohol use disorder.

Behavioral Health

Refers to an individual's mental and emotional well-being and actions that affect an individual's overall wellness. Behavioral health issues and disorders include substance use disorders, mental health disorders, serious psychological distress, and suicide and range from unhealthy stress or subclinical conditions to diagnosable and treatable diseases. The term also describes service systems that encompass promotion of emotional health and prevention and treatment services for mental health disorders and substance use disorders.

Behavioral Health Administration or BHA

The Behavioral Health Administration established in this bill.

Behavioral Health Disorder

An alcohol use disorder, a mental health disorder, or a substance use disorder.

Behavioral Health Entity

A facility or provider organization engaged in providing community-based health services, which may include services for a behavioral health disorder, but does not include residential child care facilities, or services provided by a licensed or certified mental health care provider under the provider's individual professional practice act on the provider's own premises.

Behavioral Health Safety Net Provider

Any and all behavioral health safety net providers, including comprehensive behavioral health safety net providers and essential behavioral health safety net providers.

Behavioral Health Safety Net Services

The specific behavioral health services for children and adults that must be provided statewide, as required in the bill.

Commissioner

The Commissioner of the Behavioral Health Administration, as appointed by the Governor.

Community-Based

Outside of a hospital, psychiatric hospital, or nursing home.

Comprehensive Behavioral Health Safety Net Provider

A licensed behavioral health entity approved by the BHA to provide the following behavioral health safety net services, either directly or through formal agreements with behavioral health providers in the community or region: (a) emergency and crisis behavioral health services; (b) mental health and substance use outpatient services; (c) behavioral health high-intensity outpatient services; (d) clinical case management; (e) outreach, education, and engagement services; (f) mental health and substance use recovery supports; (g) care coordination; and (h) outpatient competency restoration.

Essential Behavioral Health Safety Net Provider

A licensed behavioral health entity or program approved by the BHA to provide at least one of the behavioral health safety net services: : (a) emergency and crisis behavioral health services; (b) mental health and substance use outpatient services; (c) behavioral health high-intensity outpatient services; (d) clinical case management; (e) outreach, education, and engagement services; (f) mental health and substance use recovery supports; (g) care coordination; and (h) outpatient competency restoration.

Mental Health Disorder

One or more substantial disorders of the cognitive, volitional, or emotional processes that grossly impairs judgment or capacity to recognize reality or to control behavior.

Primary Prevention

Activities and strategies used to intervene before health effects occur through measures that prevent the onset of addiction, delay initial use of alcohol and tobacco, deter the use of illegal drugs, and promote health and wellness.

Priority Populations

People experiencing homelessness; people involved with the criminal justice system; people of color; American Indians and Alaska Natives; veterans; people who are lesbian, gay, bisexual, transgender, or queer or questioning; older adults; children and families; and people with disabilities, including people who are deaf and hard of hearing, people who are blind and deafblind, people with brain injuries, people with intellectual and developmental disabilities, and people with other co-occurring disabilities.

State Agency

Any state department, state office, or state division in Colorado that administers a behavioral health program. This term does not include the judicial branch of state government.

Substance Use Disorder

A chronic relapsing brain disease, characterized by recurrent use of alcohol, drugs, or both, causing clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Substance Use Disorder Program

A program for the detoxification, withdrawal, maintenance, or treatment of a person with a substance use disorder.

About this Summary

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This summary is not a complete analysis of this policy issue. This summary is accurate to staff knowledge as of date printed. For more information about this summary or the Health District, please contact Lisa Ward, Policy Coordinator, at (970) 224-5209, or e-mail at lward@healthdistrict.org

Health District
OF NORTHERN LARIMER COUNTY

3/22/2022

STAFF: ALYSON WILLIAMS & LISA WARD POLICY ANALYSIS

HB22-1281: BEHAVIORAL HEALTH-CARE CONTINUUM GAP GRANT PROGRAM

Concerning a program to fund behavioral health-care services.

Details

Bill Sponsors:	House – *Gonzales-Gutierrez (D),* Amabile (D), Bradfield (R),Michaelson Jenet (D), Van Beber (R) Senate – *Winter (D) & Rankin (R),*
Committee:	House Public & Behavioral Health & Human Services Committee
Bill History:	3/7/2022- Introduced in House
Next Action:	4/5/2022- Hearing in House Health & Human Services Committee

Bill Summary

The bill establishes the community behavioral health-care continuum gap grant program in the Behavioral Health Administration (BHA). The BHA may award community investment grants to support services along the continuum of behavioral health care and children, youth, and family services grants to expand youth-oriented and family-oriented behavioral health-care services. A community-based organization, local government, or nonprofit organization is eligible for a grant award. The bill appropriates $90 million for the grant program.

Issue Summary

Prevention

Prevention encompasses a wide range of activities, which are distributed into three distinct categories: primary, secondary, and tertiary. Primary prevention aims to prevent injury or disease before it occurs by preventing exposure, altering behaviors, and increasing resistance to disease or injury.[1] Secondary prevention aims to reduce the impact of disease or injury that has occurred by early intervention, altering behaviors to prevent recurrence/re-injury, implementing programs to improve health, and preventing long-term problems. Finally, tertiary prevention aims to soften the impact of an ongoing injury or illness by helping people manage long-term issues that tend to be complex.

Medication-Assisted Treatment (MAT)

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines medication-assisted treatment (MAT) as medications utilized with counseling and behavioral therapies to treat substance use disorders and to prevent opioid overdose.[2] Currently, there are three classes of medications that that have been approved by the Food and Drug Administration (FDA) to treat opioid use disorders: methadone, buprenorphine, and naltrexone.[3] Methadone is an opioid agonist that reduces the symptoms of opioid withdrawal while blocking the euphoric effects of most opioids, including heroin. Methadone is required to be administered daily in an office setting for the first few years of maintenance treatment. Federal rules require methadone to be prescribed and dispensed by a certified Opioid Treatment Program. Buprenorphine is an opioid partial agonist that can reduce the effects of withdrawal but it produces effects

[1] Institute for Work and Health (April 2015). *Primary, secondary, and tertiary prevention.* Retrieved from https://www.iwh.on.ca/what-researchers-mean-by/primary-secondary-and-tertiary-prevention

[2] Substance Abuse and Mental Health Services Administration (2015). *Medication and Counseling Treatment.* Retrieved from https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat

[3] California Health Care Foundation (Sept. 2017). *Why Health Plans Should Go to the "MAT" in the Fight Against Opioid Addiction.* Retrieved from https://www.chcf.org/wp-content/uploads/2017/12/PDF-Why-Health-Plans-Should-Go-to-the-MAT.pdf

such as euphoria or respiratory depression. Since buprenorphine has these effects it is often produced in combination with naloxone to reduce the potential for misuse.[4] With naltrexone, an opioid antagonist, the medication blocks both the euphoric and sedative effects of opioids; additionally, a patient is to abstain from opioids for 7-10 days for beginning the medication. Injectable naltrexone must be administered in a health care setting by a licensed provider, which includes pharmacists. Naltrexone can also be utilized to treat alcohol use disorders (AUD). Studies have shown the effectiveness of naltrexone in decreasing cravings and improving outcomes.[5,6] Evidence has demonstrated the effectiveness of MAT, yet only 10 percent of those that seek this treatment can access it in the United States.[2] The barriers can range from a shortage of buprenorphine prescribers[7], to restrictive health plans, to stigma. Since methadone can only be administered by a certified Opioid Treatment Program, this places yet another barrier to treatment for patients. Insurance barriers can include dosage limits, authorization requirements, inadequate counseling coverage, cost-sharing requirements, and "fail-first" criteria.[8]

Treatment in Colorado

In 2019, there were 43,731 treatment admissions for substance use disorder in Colorado, 276 more admissions than in the previous year.[9] Alcohol is the substance with the largest number of treatment admissions, a trend that has continued since 2009. Heroin treatment admissions have increased by 52 percent since 2015 while methamphetamine admissions have increased by 31 percent. Nearly half of treatment admissions (42%) were for heroin or meth.

Peer Support

Peer support workers work with people in recovery to assist them in following their own recovery paths.[10] They bring in their own lived experience of living with mental health disorders or substance use disorders (SUDs) in order to support others' progress to recovery. Peer support workers may practice in a variety of practice settings from recovery residences to criminal justice settings. Research compiled by the Substance Abuse and Mental Health Services Administration (SAMHSA) has found that peer support increases self-esteem and confidence, the sense that treatment is responsive and inclusive of needs, the sense of hope and inspiration, engagement in self-care and wellness as well as decreases psychotic symptoms, reduces hospital admission rates, and decreases substance use and depression.

Housing

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness. The approach is guided by the principle that an individual needs a basic necessity like housing before they can address other issues like a substance use disorder, obtaining a job, or learning how to budget.[11] The housing in this approach is intended to be permanent but the types of housing provided varies by program. Services that are provided include screening, needs assessment, housing

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[4] Substance Abuse and Mental Health Services Administration (2015). *Medication and Counseling Treatment.* Retrieved from https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat

[5] Anton, R.F. (May 3, 2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence: the COMBINE study: a randomized controlled trial. *JAMA. 295*(17). Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/16670409

[6] Helstrom, A.W. (Sept. 2016). Reductions in Alcohol Craving Following Naltrexone Treatment for Heavy Drinking, *Alcohol and Alcoholism 51*(5). Retrieved from https://academic.oup.com/alcalc/article/51/5/562/1740449

[7] Office of Inspector General, U.S. HHS (Jan 2020). *Geographic Disparities Affect Access to Buprenorphine Services for Opioid Use Disorder.* Retrieved from https://oig.hhs.gov/oei/reports/oei-12-17-00240.asp

[8] "Fail-First" can require detox before medication coverage or failure of another medication before coverage is allowed.

[9] Substance Abuse Trend and Response Task Force (Jan. 2021) *Annual Report.* Retrieved from https://coag.gov/app/uploads/2020/12/2021-Annual-Report-Substance-Abuse-Trend-Response-Task-Force.pdf

[10] SAMHSA (2017) *Value of Peers.* Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

[11] National Alliance to End Homelessness (Apr. 2016). *Fact Sheet: Housing First.* Retrieved from http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf

assistance, support services, case management, and sometimes on-site medical or behavioral health care.[12] In this approach SUD services are usually offered, although abstinence and/or treatment are not required for participation. A study found that individuals with SUD report less housing stability that those without a SUD. It further found that participants in the Housing First group were 17 times more likely than those in a "treatment as usual" group to report sustained housing and high scores on community functioning.[13] It is important to note that all types of SUDs do not respond the same to the Housing First model; one study has shown that stimulant users, such as cocaine, have somewhat less successful housing outcomes than individuals with other SUDs.[14]

Harm Reduction

Naloxone is a commonly used opioid antagonist utilized to reverse an opioid overdose in order to save a person's life. There are four methods to administer the drug: intramuscular, auto-injectable, intravenous, and nasal spray. The intramuscular, auto-injectable, and nasal spray can be used by the lay public. Paramedics utilize intravenous naloxone. Syringe Access Programs (SAPs) were illegal in Colorado until 2010, as the distribution of needles to individuals violated drug paraphernalia distribution laws. In 2010, SB10-189 was passed, exempting volunteers and staff from those drug paraphernalia laws if the needles were provided as part of a local board of health authorized program, which also provides referrals to drug treatment program, encourages and facilitates use of primary and mental health care, and follows safety protocols for the safe disposal of used syringes.

This Legislation

Definitions

Behavioral health administration or ***BHA*** means the behavioral health administration

Behavioral health-care services assessment tool means the assessment tool developed by the BHA to identify regional gaps in behavioral health-care services.

Care access point means a location at which a person seeking behavioral health care can receive care coordination.

Community-based organization means a nonprofit or for-profit organization that provides behavioral health-care services to clients who are receiving public benefits.

Grant program means the community behavioral health-care continuum gap grant program

Local education provider means a school district, a charter school, an institute charter school, or a board of cooperative services.

Local government means a county, municipality, city and county, federally recognized Indian tribe, or local education provider.

Medication-assisted treatment or ***MAT*** means a combination of behavioral therapy and medications, such as buprenorphine and all other medications and therapies, approved by the federal food and drug administration to treat opioid use disorder.[15]

Nonprofit organization means an organization that is exempt from taxation under section 501 (c)(3) of the federal "Internal Revenue Code of 1986."

Continuum Gap Grant Program

The grant program is established to provide grants to local governments, community-based organizations, and nonprofit organizations for programs and services along the behavioral health care continuum in areas

[12] Kertesz, S. G., Crouch, K., Milby, J. B., Cusimano, R. E., & Schumacher, J. E. (2009). Housing first for homeless persons with active addiction: are we overreaching?. *The Milbank quarterly*, *87*(2), 495-534.

[13] Division of Addiction, Cambridge Health Alliance (Jan. 24, 2018). *Substance Use: Housing First or treatment as usual?* Retrieved from https://www.basisonline.org/2018/01/stash-vol-14-1-substance-use-housing-stability.html

[14] Edens, E.L., Tsai, J., & Rosenheck, R.A. (2014). Does stimulant use impair housing outcomes in low-demand supportive housing for chronically homeless adults?. *Am J Addict*, *23*(3), 243-248. doi: 10.1111/j.1521-0391.2014.12089.x.

[15] As defined in C.R.S. 23-21-803

of need. The BHA administers the grant program and must create an application process and make the process publicly available on its website prior to accepting applications. The BHA must begin accepting grant applications no later than December 31, 2022. Additionally, the BHA shall provide grant application support to an applicant, upon request, from a grant application writing professional who is independent from the grant program. A behavioral health care services assessment tool must be created to identify regional gaps in services on the behavioral health service continuum and made publicly available on its website prior to accepting grant applications. The BHA can award two types of grants: (1) community investment grants to address identified behavioral health care needs with supporting services along the continuum of behavioral health care; and (2) children, youth, and family services grants to expand services targeted to those specific groups.

Grant Type: Community Investment Grants

A community-based organization, local government, or nonprofit organization is eligible for a community investment grant. An awarded grant may be used for evidence-based or evidence-informed services along the continuum, including prevention, treatment, crisis services, recovery, harm reduction, care navigation and coordination, transitional housing, supportive housing, and recovery homes, and for capital expenditures related to providing these services. Additionally, an award can be used to expand capacity for existing treatment, programs, or services within the grant recipient's jurisdiction or service area. If the grant recipient is a nonprofit organization that is a hospital, it may the award to redesign access to SUD treatment, create telehealth partnerships with an approved provider to support MAT and outpatient services, and fund start-up costs for mobile MAT units that serve rural areas.

Grant Type: Children, Youth, and Family Services Grants

The BHA shall award children, youth, and family services grants to expand population-specific services with the goal of establishing a care access point in each health services area, as designated by the federal Health Resources and Services Administration (HRSA). A community-based organization; local government; local collaborative management program, local juvenile services planning committee; or nonprofit organization is eligible for this type of grant. This type of grant can be used for:

- establishing and operating an access point oriented towards children, youth, and families, that is physically connected to a family resource center, or a facility that provides behavioral health treatment;
- navigation and coordination services oriented toward children, youth, and families;
- expanding evidence-based or evidence-informed treatment, including SUD treatment, for children, youth, and families;
- intensive outpatient services, including high-fidelity wraparound youth mobile response and expanded caregiver interventions;
- capital expenditures related to providing the treatment and services described above

Grant Application

In order to receive a grant, an entity must use the BHA developed assessment tool to identify gaps in services in the region served by the grant award and submit an application to the BHA. At a minimum, the application must include:

- whether the grant is a community investment grant or a children, youth, and family services grant
- the requested amount of the grant award and a description of the service that will be provided with the grant award;
- a demonstration of the need for the service that will be provided, including whether the service addresses a gap in services identified by the applicant;
- the source of contributing funds or nonfinancial contributing resources, or whether the applicant is requesting a waiver from the contributing funds requirement;

- whether the intended use of the grant award aligns with a regional opioid settlement plan, if applicable, or a local public health needs assessment for the area in which the services will be provided;
- a commitment to sustain the services provided with a grant award beyond the duration of the grant, if applicable;

The BHA shall accept and review grant applications and award grants. Preference must be given to applicants providing a service that addresses a gap in services identified with the behavioral health care services assessment tool. Grants are only to be awarded to applicants that have identified a source of contributing funds or nonfinancial contributing resources in an amount determined by the BHA. Although, the BHA may waive the requirement for an applicant that is requesting a grant award of less than $50,000. In determining the amount of contributing funds required for an applicant, the BHA shall consider the size of the applicant organization, including available staff and annual operating budget. Nonfinancial contributing resources may be any nonmonetary resources, including in-kind local government services that directly support the services provided with an award. A grant recipient shall spend or obligate any grant money by December 31, 2024. Any money obligated by December 31, 2024, must be expended by December 31, 2026. A grant recipient may use no more than 10% of a grant award for administrative costs associated with receipt of the award.

Reporting Requirements

Each grant recipient shall submit a report to the BHA following the expiration of the grant term. The report must include:

- information about the use of the grant award, including the services provided with a grant award and where those services were provided;
- the amount of contributing funds or nonfinancial contributing resources that supported the services;
- aggregated demographic information of the individuals who receive services funded with a grant award;
- whether the recipient is continuing to provide the services, and any other information requested by the BHA.

In its annual report to the committees of reference pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act", the Department of Human Services (DHS) must provide information about the grant program, including information on the type of services funded with a grant award and where those services were provided.

Grant Program Funding

$90 million are appropriated to DHS to implement the grant program. Of these funds, the BHA shall award $45 million for community investment grants and $45 million for children, youth, and family services grants. DHS, the BHA, and any person who receives money from the BHA, including each grant recipient, shall comply with all requirements established by the Office of State Planning and Budgeting (OSPB) and the state controller. In order to be eligible to receive grant money for a capital expenditure, the applicant must submit to the BHA a written justification as set forth in Federal Regulations[16] except that this requirement does not apply if the BHA determines that the written justification is not required based on how the expenditures will be reported to the U.S. Department of the Treasury.

The grant program is repealed effective January 31, 2027.

The bill is effective upon the Governor's signature or if the Governor allows it to become law without their signature.

[16] 31 CFR 35.6 (b)(4)

Reasons to Support

This bill creates a large fund for Colorado communities to utilize to address the systematic gaps within the behavioral health care system. This allows for community and population-specific interventions to be implemented.

The Mental Health and Substance Use Alliance of Larimer County recently issued top priorities for utilization of ARPA time-limited funding to make significant long-term differences in behavioral health locally (and those priorities were endorsed by the Health District Board of Directors). Of their top priorities, two appear to be directly related to this proposed legislation: 1) Recovery Support Housing, which has been identified as a major gap in our local continuum of substance use disorder services (relevant to the Community Investment Grant category, to support services along the continuum of behavioral health care), and 2) Pediatric Mental Health and Substance Use Infrastructure, including a Center of Excellence and Integrated Health Care Centers with School Based Teams (relevant to Children, Youth, and Family Services Grants to expand youth and family-oriented behavioral health services).

Supporters

- City of Boulder
- Colorado Alliance of Boys & Girls Clubs
- Colorado Association for School-Based Health Care
- Colorado Hospital Association
- Colorado Municipal League
- Denver Health & Hospital Authority
- Young Invincibles

Reasons to Oppose

This bill is funded with American Rescue Plan Act (ARPA) federal funding; therefore, this funding is time-limited. It may be hard to sustain any interventions or strategies past the end of these funds. The grant application must contain a commitment to sustain the services provided beyond the duration of the grant.

Opponents

- Any opposition has not been made public at this time.

Other Considerations

The definition of local government does not include a special district. The Health District of Northern Larimer County may fall under the definition of community-based organization but including special districts in the definition of local government would provide more clarity.

The list of activities that a community investment grant does not explicitly include peer support services. Although these services may be fall under another activity, having these services clearly stated would ensure that all behavioral health services along the continuum are included.

The bill specifically states if the grant recipient is a nonprofit organization that is a hospital, it may use a grant award to fund telehealth partnerships and to support MAT services and mobile MAT unit start-up costs that serve rural areas. There are nonprofit organizations other than hospitals that can provide these services and should be eligible for funding.

Amending Position

- Colorado Counties, Inc.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a

special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Lisa Ward, Policy Coordinator, at (970) 224-5209, or e-mail at lward@healthdistrict.org

Health District
OF NORTHERN LARIMER COUNTY

Memo

To: Board of Directors, Health District of Northern Larimer County

From: Lisa Ward, Policy Coordinator

Date: March 22, 2022

Re: Staff Recommendation on HB21-1281: Behavioral Health-Care Continuum Gap Grant Program

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The Health District Public Policy Strategy Team recommends the Board of Directors take an amend position on HB22-1281. Suggested amendments include:

- Including special districts into the definition of 'local government.'
- Adding 'peer support services' into the list of approved uses for an awarded Community Investment Grant.
- Expanding grant eligibility for MAT treatment and mobile MAT units beyond nonprofit hospitals to include other nonprofit organizations able to offer these services.

If the amendments are accepted, staff recommend a Board Position of 'Strong Support.'

If the amendments are not accepted, staff recommend a Board Position of 'Support.'

MEMO

TO: Health District Board of Directors

FROM: Karen Spink, Assistant Director of the Health District

DATE: March 18, 2022

RE: Employee Handbook – Updates to Section 100.00 Employment

Attached are a few changes to **Section 100.00 Employment,** which focuses on relevant employment laws. The proposed changes align our policies with current state and federal laws and provide some clarification.

These changes are another step in a series of revisions to update our Employee Handbook. Other changes that were recently made and approved by the board included removing gender bias (replacing the use of he/his/she/hers with they/their) and updating the Time Off/Leaves of Absences section which included changes to our PTO policies, the addition of Public Health Emergency Leave for all employees, and the addition of sick time for employees not otherwise eligible for benefits as required by the to incorporate information on the Healthy Families and Workplaces Act.

Board approval is needed for any changes to the policies contained in the Employee Handbook.

100.00 Employment

100.01 EQUAL EMPLOYMENT OPPORTUNITY (EEO)

The Health District of Northern Larimer County complies with applicable state and federal anti-discrimination laws and it is our policy not to discriminate against any individual, exclude people, or treat them differently on the basis of race, color, ethnic or national origin, ancestry, age, sex, pregnancy, disability, genetic information, veteran status, gender, marital status, sexual orientation, gender identity or expression, religion (creed), political beliefs, or any other characteristic protected by applicable federal, state or local laws in employment, or in the admission or access to, treatment or participation in, or receipt of the services and benefits under any of its programs, services and activities.

100.02 AMERICAN WITH DISABILITIES ACT (ADA) AND RELIGIOUS ACCOMMODATIONS

The Health District will make reasonable accommodations for qualified individuals known disabilities, unless doing so would result in undue hardship on the operation of the business or cause a direct threat to health or safety. The Health District will make reasonable accommodations for employees whose work requirements interfere with a religious belief, unless doing so poses more than a de minimus hardship on the operations of the business.

Employees who may require a reasonable accommodation should contact the Designated EEO/ADA compliance officer or the Human Resources Department to initiate the interactive process for review of their request.

100.03 ACCOMMODATIONS FOR PREGNANCY

Employees have the right to be free from discriminatory or unfair employment practices because of a pregnancy, a health condition related to pregnancy, or the physical recovery from childbirth. The Health District will make reasonable accommodations for employees and applicants for conditions related to pregnancy or physical recovery from childbirth if the employee requests a reasonable accommodation, unless the requested accommodation would impose an undue hardship on the Health District's business. If an applicant or an employee requests such an accommodation, the Health District will engage in a timely, good-faith, and interactive process to determine if effective, reasonable accommodations can be made. The Health District may require an employee or applicant to provide a note stating the necessity of a reasonable accommodation from an applicable licensed health care provider before providing such a reasonable accommodation.

100.04 WORKPLACE ACCOMMODATIONS FOR NURSING MOTHERS

Under Colorado law, employees are allowed reasonable time for mothers to express milk at work for up to two years after the birth of the child. If paid break and/or meal time is not sufficient for this, then the employee must take PTO, unpaid time, or the employee may be required to begin working earlier and/or leave work later to make up for the time spent expressing milk beyond meal and break times. The Health District will make every reasonable effort to provide a private space that is not a bathroom, is shielded from view, is free from intrusion from coworkers and the public, and is in close proximity to the work area.

100.05 HARASSMENT AND SEXUAL HARASSMENT

The Health District strives to maintain a work environment free from unlawful harassment. In doing so, the Health District prohibits unlawful harassment because of race, color, religion, sex, national origin, age, disability, sexual orientation, genetic information, or any other applicable status protected by federal, state or local law.

Unlawful harassment includes verbal or physical conduct that has the purpose or effect of substantially interfering with an individual's work performance, or creating an intimidating, hostile or offensive work environment. Actions based on race, color, religion, sex, including gender identity and pregnancy, national origin, age, disability, sexual orientation, genetic information, or any other applicable status protected by federal, state or local law will not be tolerated. Prohibited behavior may include, without limitation, the following:

- Written form such as cartoons, email, posters, drawings or photographs.
- Verbal conduct such as epithets, derogatory comments, slurs or jokes.
- Physical conduct such as assault, or blocking an individual's movements.

This policy applies to all employees including managers, supervisors, co-workers, and non-employees such as interns, volunteers, customers, clients, vendors, and consultants.

Sexual Harassment

Because sexual harassment raises issues that are to some extent unique in comparison to other harassment, the Health District believes it warrants separate emphasis. The Health District strongly opposes sexual harassment and inappropriate sexual conduct. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and engagement in any other unwelcome or offensive verbal or physical conduct of a sexual nature, including, without limitation:

- Submission to such conduct is made explicitly or implicitly a term or condition of employment;
- Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or.
- Such conduct having the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

All employees are expected to conduct themselves in a professional and businesslike manner at all times. Conduct which may violate this policy includes, without limitation, sexually implicit or explicit communications whether in:

- Written form such as cartoons, posters, calendars, notes, letters, email.
- Verbal form such as comments, jokes, foul or obscene language of a sexual nature, gossiping, or questions about another's sex life, or repeated unwanted requests for dates.
- Physical gestures and other nonverbal behavior, such as unwelcome touching, grabbing, fondling, kissing, massaging, and brushing up against another's body.

100.06 EEO COMPLAINT PROCEDURE

If an employee experiences or observes a violation of the EEO policy or the harassment as outlined in Section 100.05, including sexual harassment, please use the following complaint procedure. The Health District expects employees to make a timely complaint to enable the Health District to investigate and correct any behavior that may be in violation of this policy.

The incident should be reported to the employee's supervisor or, if the supervisor is involved in the harassment, to the next level supervisor. Supervisors must report all incidents to their director, if the director is not involved. The Designated EEO/ADA Officer and the Executive Director must also be informed by the supervisor of all sexual harassment complaints. The incident will be promptly investigated and corrective action will be taken where appropriate. Employee's complaints will be kept as confidential as practicable, to the extent confidentiality is consistent with a thorough investigation and any corrective action necessary.

The Health District prohibits retaliation against any employee for filing a complaint under this policy or for assisting in a complaint investigation. If an employee believes there has been a violation of the Health District EEO or retaliation standard, the employee should follow the complaint procedure outlined above. The situation will be investigated.

If the Health District determines that an employee's behavior is in violation of this policy, disciplinary action will be taken, up to and including termination of employment.

Fair Campaign Practices Act:
Guidelines for Health District Board Members

May 2016

The campaign activities that may be undertaken by the State or a political subdivision are strictly limited by the Fair Campaign Practices Act (FCPA). This pertains to any situation involving any:

- Candidate for election to or retention of office;
- Statewide ballot issue once it has been submitted for title setting;
- Local ballot issue that has a title fixed;
- Referred measure at the time the measure has been submitted; or
- Elected official recall

Below are guidelines that apply to you as elected, policy-making officials of the Health District.

You May

As a board:

- Pass an advocacy resolution on a local or state ballot issue and report or distribute that resolution, but distribution may ONLY be through "customary means, other than paid advertising, by which information about other proceedings…is regularly provided to the public" (for example, the web site, so long as there is a precedent for doing that)
- Direct staff to prepare and/or disseminate a factual summary (including arguments both for and against) on any issues **of official concern.** An issue of official concern shall be limited to issues that will appear on a ballot for a Health District election. Preparation of factual summaries by staff is not permitted for any issues or questions that appear on any other ballot in any other jurisdiction. Any factual summaries prepared by staff for potential dissemination should be reviewed by legal counsel prior to dissemination.
- If an issue appears on a ballot in another jurisdiction, the board may ask staff to pass along to the board any factual summaries that staff receive that are created by others, if they are balanced and include arguments both for and against. Staff may not be asked to disseminate them to others (though staff may answer questions directly posed to them from the public about the existence of such balanced summaries).

Individually (board members):

- In your **official capacity,** respond to **unsolicited questions** about ballot questions or issues or candidates.
    - In responding to such questions, you would be permitted to relate any official Health District Board stance. For example, if asked
        - "Has the Health District taken a position on Amendment X?," you could reply, "Yes, the Board passed a resolution in support of [or opposition to] Amendment X" or "the Board has not taken a position on Amendment X."
        - "Does the Health District support candidate X," you could reply "The Health District is not allowed to take a position on candidates for elected positions."

- Spend up to $50 in public funds in the "form of letters, telephone calls, or other activities incidental to expressing (your) opinion on any such issue." This provision is intended to help public officials avoid technical violation of the FCPA and should not necessarily be viewed as an affirmative authority to spend public funds. Consultation with legal counsel is recommended if this is being considered.
- As a **private citizen**, express your opinion regarding a ballot issue or candidate as long as you state you are **not** speaking on behalf of the Health District. This could include:
    - Accepting invitations to appear in panel discussions or public forums
    - Giving interviews to news reporters
    - Writing letters to the editor
    - Submitting newspaper opinion columns ("Soapboxes")
- In doing so, you may identify yourself as a Health District Board Member *as long as you state or imply that you are **not** speaking on behalf of the Health District.*

You May Not

As a board:

- Report or disseminate an advocacy resolution through your customary means, including without limitation through paid advertising, except as provided above.
- Direct staff to expend public funds, including staff time or use of office equipment, except to prepare the factual summary listed above.

Individually:

- As a representative of the Health District, solicit opportunities to express your opinion on a ballot issue or candidate
- Spend more than $50 of Health District funds incidental to the lawful expression of your opinion on ballot issues, referred measures, and recalls of any officer. See above.
- Express your opinion for or against a ballot issue or candidate and state or imply that you are speaking on behalf of the Health District or the Health District Board of Directors

HEALTH DISTRICT
of Northern Larimer County
December 2021
Summary Financial Narrative

Revenues

The Health District is 0.1% ahead of year-to-date tax revenue projections. Interest income is 88.1% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings decreased slightly from 0.16% to 0.15% (based on the weighted average of all investments). Fee for service revenue from clients is 9.1% behind year-to-date projections and revenue from third party reimbursements is 16.4% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 0.05% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 16.6% behind year-to-date projections. Program variances are as follows: Administration 8.3%; Board 66.0%; Connections: Mental Health/Substance Issues Services 16.3%; Dental Services 14.7%; MH/SUD/Primary Care 16.5%; Health Promotion 12.4%; Community Impact 26.6%; Program Assessment and Evaluation 9.0%; Health Care Access 18.0%; and Resource Development 7.9%.

Capital Outlay

Capital expenditures are 7.0% behind year-to-date projections.

ASSETS

Current Assets:	
Cash & Investments	$6,042,658
Accounts Receivable	98,169
Property Taxes Receivable	8,694,074
Specific Ownership Tax Receivable	44,053
Prepaid Expenses	96,117
Total Current Assets	14,975,073
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,206,150
Equipment	1,240,097
Accumulated Depreciation	(3,151,787)
Total Property and Equipment	9,887,054
Total Assets	24,862,127

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	1,027,133
Deposits	8,332
Deferred Revenue	796,799
Total Current Liabilities	1,832,265
Long-term Liabilities:	
Compensated Absences Payable	42,785
Total Long-term Liabilities	42,785
Deferred Inflows of Resources	
Deferred Property Tax Revenue	8,700,766
Total Deferred Inflows of Revenues	8,700,766
Total Liabilities & Deferred Inflows of Resources	10,575,816
EQUITY	
Retained Earnings	13,900,525
Net Income	385,785
TOTAL EQUITY	14,286,311
TOTAL LIABILITIES AND EQUITY	24,862,127

	Current Month	Year to Date
Revenue		
Property Taxes	(6,692)	8,250,113
Specific Ownership Taxes	44,053	663,415
Lease Revenue	99,598	1,183,569
Interest Income	868	15,485
Fee For Service Income	11,039	151,853
Third Party Income	111,846	1,026,083
Grant Income	100,025	714,513
Special Projects	3,000	6,345
Miscellaneous Income	1,029	22,366
Total Revenue	364,766	12,033,742
Expenses:		
Operating Expenses		
Administration	89,870	846,018
Board Expenses	849	25,714
Connections: Mental Health/Substance Issues Svcs	250,443	1,776,342
Dental Services	398,820	3,293,615
Integrated Care (MHSA/PC)	125,367	1,018,895
Health Promotion	95,354	758,109
Community Impact	58,359	523,919
Program Assessment & Evaluation	30,990	241,253
Health Care Access	108,411	994,609
Resource Development	22,496	177,993
Mulberry Offices	20,704	104,289
Special Projects	198,963	971,028
Grant Projects	150,845	674,392
Total Operating Expenses	1,551,471	11,406,176
Depreciation and Amortization		
Depreciation Expense	20,582	241,781
Total Depreciation and Amortization	20,582	241,781
Total Expenses	1,572,053	11,647,957
Net Income	(1,207,287)	385,785

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 12/31/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	$34	($6,692)	($6,726)	$8,274,968	$8,250,113	($24,855)	$8,274,968	$24,855
Specific Ownership Taxes	57,507	44,053	(13,454)	650,000	663,415	13,415	650,000	(13,415)
Lease Revenue	99,598	99,598	0	1,183,569	1,183,569	0	1,183,569	0
Interest Income	30,000	868	(29,132)	130,000	15,485	(114,515)	130,000	114,515
Sales Revenue	50	0	(50)	600	0	(600)	600	600
Fee for Services Income	13,923	11,039	(2,885)	167,081	151,853	(15,228)	167,081	15,228
Third Party Reimbursements	107,685	111,846	4,162	881,666	1,026,083	144,417	881,666	(144,417)
Grant Revenue	655,635	100,025	(555,610)	1,404,188	714,513	(689,675)	1,404,188	689,675
Partnership Revenue	2,058	3,000	942	24,695	6,345	(18,350)	24,695	18,350
Miscellaneous Income	1,635	1,029	(606)	19,625	22,366	2,741	19,625	(2,741)
Total Revenue	$968,125	$364,766	($603,359)	$12,736,392	$12,033,742	($702,650)	$12,736,392	$702,650
Expenditures:								
Operating Expenditures								
Administration	$60,117	$89,870	($29,753)	$922,767	$846,018	$76,749	$922,767	$76,749
Board Expenses	26,168	849	25,318	75,523	25,714	49,809	75,523	49,809
Connections: Mental Health/Substance Issues Svcs	178,721	250,443	(71,721)	2,121,411	1,776,342	345,069	2,121,411	345,069
Dental Services	318,780	398,820	(80,041)	3,860,795	3,293,615	567,180	3,860,795	567,180
Integrated Care (MH/SUD/PC)	101,321	125,367	(24,046)	1,219,791	1,018,895	200,896	1,219,791	200,896
Health Promotion	71,775	95,354	(23,579)	865,158	758,109	107,049	865,158	107,049
Community Impact	59,075	58,359	716	713,580	523,919	189,661	713,580	189,661
Program Assessment & Evaluation	21,955	30,990	(9,035)	265,194	241,253	23,941	265,194	23,941
Health Care Access	107,254	108,411	(1,157)	1,212,842	994,609	218,233	1,212,842	218,233
Resource Development	16,105	22,496	(6,391)	193,262	177,993	15,269	193,262	15,269
Mulberry Office	15,961	20,704	(4,743)	191,529	104,289	87,240	191,529	87,240
Contingency (Operations)	60,000	0	60,000	60,000	0	60,000	60,000	60,000
Special Projects	714,200	198,963	515,237	2,673,230	971,028	1,702,202	2,673,230	1,702,202
Grant Projects	700,501	150,845	549,656	1,404,188	674,392	729,796	1,404,188	729,796
Total Operating Expenditures	$2,451,933	$1,551,471	$900,461	$15,779,270	$11,406,176	$4,373,094	$15,779,270	$4,373,094
Net Income	($1,483,807)	($1,186,705)	$297,102	($3,042,878)	$627,566	$3,670,444	($3,042,878)	($3,670,444)

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 12/1/2021 to 12/31/2021

	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								
Building	-	-	-	2,818,500	2,750,131	68,369	2,818,500	68,369
Construction in Progress	-	25,278	(25,278)	-	34,902			
Capital Equipment	-	-	-	14,300	-	14,300	14,300	14,300
General Office Equipment	20,000	-	20,000	60,000	-	60,000	60,000	60,000
Medical & Dental Equipment	-	-	-	121,775	80,626	41,149	121,775	41,149
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	57,700	27,419	30,281	57,700	30,281
Total Non-Operating Expenditures	$ 20,000	$ 25,278	$ (5,278)	$ 3,072,275	$ 2,893,079	$ 214,099	$ 3,072,275	$ 214,099

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 12/31/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Administration								
Revenue:								
Miscellaneous Income	$875	$0	($875)	$10,500	$7,469	($3,031)	$10,500	$3,031
Total Revenue	875	0	(875)	10,500	7,469	(3,031)	10,500	3,031
Expenditures:								
Salaries and Benefits	47,970	68,873	(20,903)	575,638	554,393	21,245	575,638	21,245
Supplies and Purchased Services	12,147	20,997	(8,850)	347,129	291,625	55,504	347,129	55,504
Total Expenditures	60,117	89,870	(29,753)	922,767	846,018	76,749	922,767	76,749
Board of Directors								
Expenditures:								
Salaries and Benefits	0	0	0	8,612	8,120	493	8,612	493
Supplies and Purchased Services	3,168	849	2,318	37,911	17,594	20,317	37,911	20,317
Election Expenses	23,000	0	23,000	29,000	0	29,000	29,000	29,000
Total Expenditures	26,168	849	25,318	75,523	25,714	49,809	75,523	49,809
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	2,083	2,162	79	25,000	34,024	9,024	25,000	(9,024)
Total Revenue	2,083	2,162	79	25,000	34,024	9,024	25,000	(9,024)
Expenditures:								
Salaries and Benefits	137,724	204,527	(66,803)	1,784,687	1,567,316	217,371	1,784,687	217,371
Supplies and Purchased Services	40,997	45,916	(4,918)	336,724	209,026	127,698	336,724	127,698
Total Expenditures	178,721	250,443	(71,721)	2,121,411	1,776,342	345,069	2,121,411	345,069
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	54,982	72,368	17,387	659,779	799,165	139,386	659,779	(139,386)
Total Revenue	54,982	72,368	17,387	659,779	799,165	139,386	659,779	(139,386)
Expenditures:								
Salaries and Benefits	260,167	336,191	(76,024)	3,122,009	2,741,097	380,912	3,122,009	380,912
Supplies and Purchased Services	58,612	62,629	(4,017)	738,786	552,518	186,268	738,786	186,268
Total Expenditures	318,780	398,820	(80,041)	3,860,795	3,293,615	567,180	3,860,795	567,180

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 12/31/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Integrated Care (MHSA/PC)								
Revenue:								
Fees, Reimbursements & Other Income	51,319	38,484	(12,835)	205,275	195,369	(9,906)	205,275	9,906
Total Revenue	51,319	38,484	(12,835)	205,275	195,369	(9,906)	205,275	9,906
Expenditures:								
Salaries and Benefits	90,153	114,411	(24,258)	1,081,834	935,045	146,789	1,081,834	146,789
Supplies and Purchased Services	11,168	10,956	212	137,957	83,850	54,107	137,957	54,107
Total Expenditures	101,321	125,367	(24,046)	1,219,791	1,018,895	200,896	1,219,791	200,896
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	51,732	46,278	5,455	620,789	476,176	144,613	620,789	144,613
Supplies and Purchased Services	7,343	10,677	(3,334)	92,791	46,339	46,452	92,791	46,452
Total Expenditures	59,075	56,955	2,121	713,580	522,514	191,066	713,580	191,066
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	18,778	27,019	(8,242)	225,333	216,939	8,394	225,333	8,394
Supplies and Purchased Services	3,177	3,970	(793)	39,861	24,314	15,547	39,861	15,547
Total Expenditures	21,955	30,990	(9,035)	265,194	241,253	23,941	265,194	23,941
Health Promotion								
Revenue:								
Fees, Reimbursements & Other Income	700	180	(520)	8,402	1,338	(7,064)	8,402	7,064
Total Revenue	700	180	(520)	8,402	1,338	(7,064)	8,402	7,064
Expenditures:								
Salaries and Benefits	57,328	78,035	(20,707)	687,936	646,643	41,293	687,936	41,293
Supplies and Purchased Services	14,447	17,319	(2,872)	177,222	111,466	65,756	177,222	65,756
Total Expenditures	71,775	95,354	(23,579)	865,158	758,109	107,049	865,158	107,049

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 12/31/2021

	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	81,971	105,134	(23,163)	983,647	883,116	100,531	983,647	100,531
Supplies and Purchased Services	25,283	3,277	22,006	229,195	111,493	117,702	229,195	117,702
Total Expenditures	107,254	108,411	(1,157)	1,212,842	994,609	218,233	1,212,842	218,233
Resource Development								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	13,946	20,965	(7,019)	167,352	165,703	1,649	167,352	1,649
Supplies and Purchased Services	2,159	1,531	628	25,910	12,290	13,620	25,910	13,620
Total Expenditures	16,105	22,496	(6,391)	193,262	177,993	15,269	193,262	15,269
Mulberry Offices								
Revenue:								
Fees, Reimbursements & Other Income	13,335	10,720	(2,615)	160,016	159,985	(31)	160,016	31
Total Revenue	13,335	10,720	(2,615)	160,016	159,985	(31)	160,016	31
Expenditures:								
Salaries and Benefits	0	0	0	0	0	0	0	0
Supplies and Purchased Services	15,961	20,704	(4,743)	191,529	104,289	87,240	191,529	87,240
Total Revenue	15,961	20,704	(4,743)	191,529	104,289	87,240	191,529	87,240

Health District of Northern Larimer County

Investment Schedule
December 2021

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	$ 1,383	0.024%	0.02%	N/A
Local Government Investment Pool	COLOTRUST	$ 4,235,117	73.672%	0.05%	N/A
Flex Savings Account	First National Bank	$ 238,527	4.149%	0.05%	N/A
Certificate of Deposit	Advantage Bank	$ 142,351	2.476%	0.40%	12/27/2023
Certificate of Deposit	Advantage Bank	$ 115,063	2.002%	0.25%	9/2/2022
Certificate of Deposit	Points West	$ 115,931	2.017%	0.28%	6/12/2023
Certificate of Deposit	Points West	$ 157,318	2.737%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	$ 241,929	4.209%	0.35%	10/7/2023
Certificate of Deposit	Cache Bank & Trust	$ 250,000	4.349%	0.50%	1/9/2023
Certificate of Deposit	Farmers Bank	$ 250,955	4.366%	0.65%	6/27/2022
Total/Weighted Average		$ 5,748,575	100.000%	0.15%	

Notes:

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper, money market funds and repurchase agreements backed by these same securities.

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
REGULAR MEETING
October 29, 2020

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

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Board Secretary
Molly Gutilla, MS DrPH, Board Vice President
Faraz Naqvi, MD, Liaison to UCH-North/PVHS Board

Staff Present:
Carol Plock, Executive Director
Karen Spink, Assistant Director
James Stewart, Medical Director
Lorraine Haywood, Finance Director
Laura Mai, Asst. Finance Director
Chris Sheafor, Support Services Director
Richard Cox, Communications Director
Brian Ferrans, CIT Director

Staff Present:
Sue Hewitt, Evaluation Coordinator
Suman Mathur, Evaluator & Data Analyst
Cheri Nichols, Clinical Nurse Manager
Shaeyla Davis, Public Health Associate
Anita Benavidez, Executive Assistant

Public Present:
Erin Hottenstein
June Hyman

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 6:17 p.m. The May 26 and September 22 Board Meeting Minutes were removed from the Consent Agenda.

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

PUBLIC COMMENT

Erin Hottenstein voiced curiosity about the process used for sharing information from the triennial health assessment, and setting priorities and budget in support of those priorities. Ms. Plock noted that staff is starting to put results online, including topical summaries. The next issue of *Compass* should have highlights. It is the Health District's intent to share key points with public audiences if COVID allows. There was a shortened, follow-up survey to consider the impact of COVID; staff is in the process of summarizing that data. The public Budget Hearing is scheduled for November 10 and comments can be made at that time. June Hyman-Cismoski introduced herself as an observer from the League of Women Voters. Staff introduced a new CDC Public Health Associate, Shaeyla Davis.

PRESENTATIONS & DISCUSSION

2021 Draft Budget: Key Factors

Ms. Plock reviewed the History of Health District property tax revenues. In this time of COVID, preliminary reports indicate just a .29% ($25K) net increase in estimated tax revenues for 2021. The next step in estimating the amount of funds available to allocate was to estimate overall revenues in a

year that is likely to include COVID. Based on the impact of last years' experience with COVID, a decrease in overall revenues of about $110K is anticipated, along with an increase in fixed costs of about $113K, resulting in about $223k less in funding available to allocate than in 2020. The estimated income does not account for a major shutdown. Future challenges include the continuing uncertainty in health, mental health, and the economy due to COVID. Revenues and expenses are less certain than ever, and could change at any time. Should property valuations go down, property tax revenues could impact the future for the next few years. Another potential budget challenge is the Gallagher Amendment. If the repeal of Gallagher does not pass, there would be a significant reduction in revenues in 2022.

The top focus with the remaining funds for the coming year includes maintaining key health services, including limited expansion in areas deemed critical for community health; assuring limited funding from reserves for time-limited work to impact health during COVID-19, focusing on mental health and services for those experiencing homelessness; maintaining enough in reserves to weather an economic downturn if necessary; and determining an alternative to the formerly planned expansion of owned space.

In 2021, key programmatic changes included in the budget: Connections/CAYAC – fully fund a 1 FTE psychiatrist and add a .5 FTE marketing specialist; from reserves, have two additional time-limited FTEs to maintain the extended COVID Mental Health response, and add time-limited psychologist time. The changes secure psychiatric care and psychological testing in CAYAC. Larimer Health Connect – increased budget for outreach and the anticipated cliff-effect when people lose Medicaid as the emergency ends. Dental – add .5 FTE hygienist to address re bottleneck in services; reduce supplies, labs, imaging budget by 30% due to reduced capacity from COVID adjustments. Advance Care Planning – reduce operations budget by $24K. Assessment – funding included for a repeat Community Health Assessment in 2021 to capture COVID-19 impact. Due to projections, the draft budget includes an across the board 2020 pay increase at 1.5% beginning in December with no pay-for-performance in 2021. In reserves, there is funding for a Health Equity Coordinator, and $300K is set aside for any unforeseen community health needs. Space will be a challenge; the original plan was to use reserves to purchase a building in 2023, but that may not be possible. Final decision on the budget will be at the December 11 Board meeting.

COVID-19:

Current Status of COVID-19

Dr. Stewart updated the Board noting over 9M confirmed cases in the US; we are now in a third peak in the number of cases - the worst week for case count since COVID began. Death rates are once again on the rise. There is uncontrolled spread in the majority of states including Colorado. Our 14-day trend nearly doubled, making contact tracing difficult. We are on track to exceed spring hospitalizations with a peak in November, and with the upcoming holidays we could see significant reduction in transmission control. ICU capacity could be reached by late December. Larimer County positivity rates have been climbing, hitting 15% on Oct. 26. Testing turnaround time is at three days or longer. Larimer County Health Department issued a new Emergency Public Health Order limiting all gatherings to no more than ten people or two households and encouraging work at home. A Board member wondered how the picture would differ if it could be viewed through a health equity lens.

BRIEF UPDATES & REPORTS

Executive Director Updates

Ms. Plock announced that the HD Connections and CAYAC teams have, as part of the Mental Health Care Team, been call-out for response to the fire disaster. Teams are going out to Red Cross evacuation sites (4 hotels). Staff attempted to respond to a request for help with fire fighters around

COVID prevention and isolation needs, however, because the Health District is not on the national system, they couldn't call us out. Staff will investigate the process to get registered on the national system.

The Clearview Behavioral Health Facility has closed; it is a significant loss to the community in mental health beds. Thus far, over 100 people experiencing homelessness have received flu shots; staff have been working in partnership with the Larimer County Health Department, Homeward Alliance, and the Rescue Mission. Going into colder weather, there will be a day shelter at one of the churches. Health District staff will likely assist with protocols at the shelters. The Myrtle House COVID isolation/recovery and quarantine facility for people experiencing homelessness has had continuous demand. Interest in Advance Care Planning is increasing due to COVID, and they are preparing an email campaign, as well as a significant employee campaign with Poudre School District.

Liaison to PVHS/UCHealth North Report

Hospital admissions are about 10% lower, with outpatient services about the same as last year. Financial margins are higher than the modified budget. The Denver UCH inpatient facility is full, with a positivity rate of 9%. UCHealth is currently reviewing test kit supplies to ensure adequate availability. Since the beginning of COVID reporting, UCH (systemwide) has had over 500 employees test positive. Fire fighters are also seeing a high infection rate. It looks like the Pfizer vaccine will be approved by the end of the year, with health care workers set to be the first immunized. UCH will be consolidating test sites to one location at The Ranch. They continue to see a significant increase in violent patients across the state.

PUBLIC COMMENT (2nd opportunity)

None

CONSENT AGENDA

- Approval of the March 10, 2020 Board Meeting Minutes
- Approval of the August 2020 Financials

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

ANNOUNCEMENTS

- November 10, 4:00 pm, Budget Hearing and Board of Directors Regular Meeting
- December 11, 4:00 pm, Board of Directors Regular Meeting (and possible work session?)

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of discussion of Contract Negotiation positions, strategy, and instructions, under § 24-6-402(4)(e), C.R.S.; and pursuant to § 24-6-402(4)(a), C.R.S., concerning the purchase, acquisition, lease, transfer, or sale of any real, personal, or other property interest; and for the purpose of Personnel Matters, for review of the Executive Director, under § 24-6-402(4)(f), C.R.S..

Moved/Seconded/Carried Unanimously

The Board retired to Executive Session at 7:15 p.m.
The Board came out of Executive Session at 8:20 pm. No decisions were made.

ADJOURN

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

The meeting was adjourned at 8:23 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
SPECIAL MEETING
February 23, 2022

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

MINUTES

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

Staff Present:
Karen Spink, Assistant Director

Public Present:
Beth Thurston, League of Women Voters

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 5:03 p.m.

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

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of determining positions relative to matters that may be subject to negotiations, develop a strategy for negotiations, and/or instruct negotiators, pursuant to C.R.S. § 24-6-402(4)(e), regarding the appointment of a new Executive Director. Special meeting will adjourn without re-convening, when Executive Session is adjourned.
Moved/Seconded/Carried Unanimously

The Board retired to Executive Session at 5:05 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Johanna Ulloa Giron, PsyM, MSW, Board Secretary

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

Joseph Prows, MD, MPH, Board Treasurer

Health District
OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS
SPECIAL MEETING
March 8, 2022

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

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

Staff Present:
Carol Plock, Executive Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
James Stewart, Medical Director
Karen Spink, Assistant Director
Laura Mai, Finance Director
Richard Cox, Communications Director

Staff Present:
Xochitl Fragoso, Asst. Finance Dir.
Anita Benavidez, Executive Assistant
Chris Roth, IT/Network Manager
Sue Hewitt, Evaluation Coordinator

Public Present:
Nicole "Coco" Peterson
Ann Yanagi
Hauna Kelly-Ontiveros

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:00 p.m.
The agenda was amended to strike "Financials" from the agenda.

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

PUBLIC COMMENT

None

DISCUSSION & ACTIONS

Appointment of New Executive Director and Approval of Employment Agreement

MOTION: To appoint Robert Williams as the new Executive Director of the Health District, and to approve the related Employment Agreement.
Moved/Seconded/Carried Unanimously

A Board member thanked the Board for their hard work on a decision that really matters - using both head and heart. Thanks were also extended to the staff who helped with the process and the staff and community members who gave input.

Mr. Williams will begin on April 11, 2022.

Appointment of Interim Director
The recommendation is to appoint Karen Spink act as the Interim Executive Director from April 2 – April 10, 2022.

MOTION: To approve and appoint Karen Spink as the interim executive director between April 2 and April 10, 2022
Moved/Seconded/Carried Unanimously

Policy
Karen Spink introduced the new policy coordinator, Lisa Ward. Lisa joins the Health District with a Master's Degree in healthcare policy as well as experience in a similar position at Denver Health.

State Legislative Proposals
The legislature is in their second regular session of the 73rd General Assembly, convening on January 12, 2022 with a scheduled adjournment on May 11, 2022. There are currently a total of 424 bills proposed, with 54 bills that have been died. The remote testimony option remains in effect throughout the 2022 session.

HB22-1064: Prohibit Flavored Tobacco Regulate Synthetic Nicotine. A bill with bi-partisan support in the Senate, it would prohibit the sale, display and marketing of all flavored tobacco products in Colorado, including menthol and mint. It also establishes a $10M grant fund to help users stop smoking in targeted communities. An amendment is being considered regarding the implementation date (currently 2024) and to exempt Hookah shops, due to their cultural importance. Staff recommendation is to support.

MOTION: To support HB22-1064: Prohibit Flavored Tobacco Regulate Synthetic Nicotine.
Moved/Seconded/Carried Unanimously

SB22-040: Actuarial Reviews for Health Insurance Mandates. This bill creates a process for actuarial review of proposed legislation that may create a new health benefit mandate on health insurance plans. The process allows the review of up to five bills each Legislative Session related to cost, utilization, health benefits, and impact on premiums. One impact of the bill is that reviews could delay the enactment of positive insurance changes. A key question was whether a meaningful examination could be completed in the 120 day timeline. The bill ensures that reviews will be done in a "timely manner" but there is no definition of "timely manner". The bill requires that an actuarial firm be vetted. The concern was whether it would be possible to be both timely and adequate. The fiscal note is slightly higher than the failed 2021 legislative bill. Staff recommendation is to monitor the bill.

MOTION: To monitor SB22-040: Actuarial Reviews for Health Insurance Mandates.
Moved/Seconded/Carried Unanimously

Brief Overview of Other Relevant Bills
SB22-077: Interstate Licensed Professional Counselor Compact. This bill permits Colorado to join a multi-state compact, allowing a licensed professional counselor who joins to practice in each member state, including via telehealth, which could help with recruitment of mental health providers. It needs ten states before it becomes effective and two have passed thus far. Effective Date is July 2023. Costs will be paid through a yearly fee levied on professional counselors who choose to participate.

SB22-081: Health Exchange Education Campaign Healthcare Services. This bill appropriates a total of $25M over five years, paid with insurance company donations (revenue neutral) to develop new marketing and education materials regarding a health insurance exchange education campaign. Target population are those eligible but not enrolled. Funding would go to Connect for Health Colorado for navigator programs.

HB22-1152: Prohibit Employer Adverse Action Marijuana Use. The bill prohibits employers from taking adverse actions against employees or applicants who use medical marijuana, both on duty and off,

or retail marijuana, off duty. Any company that operates heavy equipment is excluded and there are other concerns, including operating a motor vehicle. Several amendments are anticipated, and it may move towards a study, or may die.

Two Major New Bills Introduced Last Week

HB22-1278: Creation of the Behavioral Health Administration. This bill is the legislation giving authority to the new Behavioral Health Administration; the concept for the BHA passed last year. It is a 232 p. bill with significant complexity. The BHA integrates mental health services, substance use disorders services, and crisis services, and uses a regional model. The BHA Commissioner has already been appointed, and it is important that the bill pass this year. Groups are just beginning to look closely at the wording and definitions. One key area of discussion is that the bill creates two new types of providers: Comprehensive Behavioral Health Safety Net Provider and Essential Behavioral Health Safety Net Provider, which changes previous community mental health center language, which is concerning to CMHCs. In discussion, it was noted that all definitions need a close look, and there was a request to share the definitions with the board.

HB22-1279 Reproductive Health Equity Act. This Bill will be introduced on March 9. Its language states that every individual has a fundamental right to use or refuse contraception; every pregnant individual has a fundamental right to continue the pregnancy and give birth or to have an abortion; and that a fertilized egg, embryo, or fetus does not have independent or derivative rights under the laws of the state. There was a board comment that the Supreme Court has previously left it to the states to define fetus viability, and a question about whether a fetus is defined using any level of viability in this law; staff will investigate.

Not Yet Introduced Bills

Public Entity Collective Bargaining – may not be introduced this session; there has been significant opposition, and the governor has indicated he will veto this bill. **Out of Network Billing Alignment** – There are questions around definitions of balanced billing. **Workforce Package:** A large coalition has been working on this package. It includes data and policy changes, wellness and support, training, recruitment, and retention.

Some of the **ARPA Funding Bills** were introduced yesterday, with more to come on housing. The **Behavioral Health Transformation Taskforce** recommends $450M of ARPA funds be allocated; these funds must be obligated by December 24, 2024 and spent before the end of 2026. Relevant bills related to their recommendations include **SB22-147: Behavioral Health Care Services for Children; SB22-48: Colorado Land-Based Tribe Behavioral Health Services Grant Program; HB22-1283: Youth and Family Behavioral Health Care;** and **HB22-1281: Behavioral Health Care Continuum Gap Grant Program.** Proposed funding for these four bills is $100M. ARPA funding must also encompass housing.

Microsoft 365 Enterprise Purchase

As presented in the Memo to the Board, staff recommends moving to Microsoft 365 Enterprise with many benefits. It would provide technology updates for collaboration, communication, and consistent software upgrades across the organization. It also has world-class security. The term is three years, with an annual subscription. Board approval is required due to the cost of the transition.

The Board noted that they may need some training on how to use Microsoft Teams. One question asked about flexibility to share documents. The Board portal discussed in prior meetings has been developed and is scheduled for review at a future Board meeting; it is to be determined whether it will be part of Teams. Another board question was 'how is it an upgrade?' Staff response was that it is great for collaboration, as well as phasing in and rolling out upgrades across the organization, then doing automatic upgrades. In answer to a question about 'what level of protection (security) it offers, staff noted that it will be stored on the special government control cloud' which has the highest security available on clouds. Staff noted that not everything would be shifted, and that vital documents would remain in-house.

This will keep everything up-to-date and reduces cost by combining four different products. Current plans are to discontinue Zoom in favor of Microsoft teams after some piloting. A board comment was tha it would be important to evaluate whether to use Zoom or Teams based on the type of meeting, such as access to public meetings. People are used to Zoom, it is easy to use, and Zoom allows the use of interpretation easily. We will retain a HIPAA Compliant Zoom license and the ability to use Zoom as appropriate, will retain the budget for it, and will look into what we need for interpretation.

MOTION: To approve the contract for the purchase of Microsoft 365 Enterprise, as included in the board packet.

Moved/Seconded/Carried Unanimously

Community Health Survey Print/Mail Contract

The Evaluation Coordinator, Sue Hewitt, noted that 2022 is the year for the next Triennial Assessment. Staff is nearly ready to launch the survey; it was moved to the spring as formerly approved by the Board. A smaller follow-up survey is anticipated in the fall. Staff need general approval of the contract to print/mail the survey due to the size of the contract.

A Board member question was whether the new Executive Director should have some say before the survey goes out. Ms. Plock responded that the issue was in timing; if the survey is delayed, it would likely be impossible for results to be ready in time for the board retreat, usually held in August, which is important in order to have the board's direction prior to the development of the 2023 budget. There is also concern that a summer fielding could limit participation from one of the hardest populations to include – young adults. It was noted that the new Executive Director would arrive in time to both help craft, and participate in, the community discussions, and that if there are new questions to be asked, there is still the opportunity of the fall survey.

Other board comments were that some populations get asked for their opinion regularly, and was there a way to combine with other organizations as they do their surveys (like the hospital, and the health department), and that for the discussion groups, it's important to invite marginalized populations far in advance (more like six weeks than two weeks. Although the different organizations measure different things, there is some coordination, and this year the health department had input into the questions. There was also a request that when the survey came out, the board receive a copy of the cover letter, the survey, and get an update on the timeline for the rest of the year. It was also noted that staff are still looking at alternative ways to gather information, such as probability based paneling.

MOTION: To give general approval to the Community Health Survey Print/Mail Contract as requested.

Moved/Seconded/Carried Unanimously

PRESENTATIONS

COVID Update – Dr. James Stewart, Medical Director

This report is almost two years to the day that Dr. Stewart gave his first COVID-19 report. Although this is a nasty virus that has been devastating, and some devastation continues, there is good news to share. Two weeks ago with Omicron surging, the 7 day case rate/100k was 1,287; now it is 50.9. The test positivity rate was 28.4% -- this morning that number has dropped to 4.5%. The latest numbers show a 70% decrease from last week. Omicron moved through quickly – peaked fast, and dropped fast.

The CDC has established new parameters for low, medium, and high community spread and the majority of the state has moved into blue (the lowest color under the old measures). Experts are seeing similar trends around the world - with the exception of Hong Kong, South Korea, and New Zealand. Norway has completely eliminated their travel restrictions.

The other good news is that the NIH website now reflects an arsenal of treatment tools. Non-Pharmaceutical supplies (rapid tests, respirator masks) are ample; preventive measures include mRNA vaccinations, DNA and a new recombinant protein (pending approval) that builds on the technology; pre-exposure prophylaxis (for high risk) in the form of evushield; post exposure prophylaxis and early treatment in the form of paxlovid and molnupiravir (which need to be started early); outpatient treatment in the form of monoclonal antibodies; and inpatient treatments including remdesivir and immuno-modulators. Although we can't predict the future, we anticipate peaks and valleys, and potentially seasonal fluctuations going forward.

A board comment was that since it is impossible to predict variants, it was a mercy that Omicron turned out to be less severe than prior variants. It was noted that while there is considerable immunity now, there are still people who remain vulnerable due to no or waning immunity. A board question was whether there are now improved processes for the next 'critter' that might come along. Dr. Stewart noted that there has been much improvement in pandemic understanding and preparedness, and great vigor in creating institutions and processes that will enhance response in the future. Ms. Plock noted that strategic stockpiles are likely to be significantly improved from these lessons, and that regional debriefings on what has been learned are underway.

COVID and the Health District – Carol Plock, Executive Director

Executive Director Carol Plock, shared her excitement at seeing the 7 day/100k case rate numbers drop below 100 – for the first time since the end of July 2021. The leadership team will take up the issue of modifying office policies and begin discussions on returning again to more in-person work. In a recent presentation from the Health Department, they noted that while this is a very bright light, COVID isn't totally over – they are recommending a "step down" on precautions rather than jumping off the cliff; a transition rather than a flip of the switch. They recommended the continued use of ventilation, spacing, shortened time periods with others, and avoiding crowds. They do predict an uptick in the fall.

COVID-Related Funding and Expenditures

Resource Development Coordinator Jessica Shannon provided an overview of COVID-related needs funding. She began with a summary of the Health District's major COVID response activities. In Spring 2020, key activities included supporting the emergency COVID-19 shelter for people experiencing homelessness at Northside Aztlan, and creating a community behavioral health response, including partnering with SummitStone on a 24/7 emotional support warm-line and extended hours. By summer 2020 the Health District had opened the Isolation, Recovery and Quarantine (IRQ) for those experiencing homelessness, and conducted a special COVID-related behavioral health outreach campaign. By winter 2020, staff was assisting the Larimer County Department of Health with contact tracing, and by December needed to respond to IRQ overflow by organizing a temporary move into a hotel. By January 2021, the Health District was preparing to operate COVID-19 vaccination clinics, which continued through the year. In June of that year the IRQ site was closed, but due to increasing cases was re-opened at the end of December.

Expenses incurred in COVID response included the costs of transitioning our services to new ways of doing business, and providing new services due to the COVID pandemic. They included hard costs (costs excluding the re-allocation of staffing), and re-allocated staffing costs: the costs of re-assigning staff from their normal duties to new duties). Total COVID-19 expenses were $1,243,803. Through several funding sources, a total of $751,019 in external funding was received. The Health District incurred $706,352 in hard costs (not including re-allocated staffing), of which $532,398 (75%) was externally funded, requiring expenditures of just over $170,000 from reserves. The cost of staff re-allocated to new COVID-related duties was $372,845, of which $218,621 (41%) was externally funded. Overall, 60% of total costs were externally funded.

Staff worked incredibly hard to adjust to COVID needs and expenditures, to develop and maintain the right record-keeping to track expenditures, and to respond to funding opportunities. Some opportunities had as little as one day notice. Staff were thanked for their efforts.

Elections Update
Designated Election Official Chris Sheafor reported that there will be an election – there is a total of nine candidates for four positions: six for the three 3-year terms and three for the one 1-year term. If people want to vote by mail, they must request an absentee ballot through an application, unless they have already done so in previous Health District elections and at that time requested to be on the permanent mail ballot list. Applications for an absentee ballot are available on the Health District website, will be published in *Compass*, or are available by phone call, email, in-person, US mail, or fax. On April 4, ballots will start to be mailed to those who have submitted new requests or are already on the permanent mail ballot list.

Compass will come out at about the same time, and will include profiles on all candidates. There will also be a League of Women Voters Candidate Forum at the City Council Chambers that will be viewable via Fort Collins City TV; details are still being determined. A candidate orientation will be held on March 23. May 3 is Election Day, with two in-person voting locations: at the Health District, 120 Building and Spirit of Joy Lutheran Church in south Fort Collins. Polls close at 7:00 pm and votes are immediately tallied, with results announced late that night. The Health District website now has a button for translating its general content into other languages (top right), and forms related to the election are available in Spanish.

Executive Director Updates and Quarterly Report
Larimer County is providing strong support to the IRQ, through funding from three different funding sources, all with different timing and differences in what they will cover. The facility will be operational at least through May with a possibility of continuing through August. With the very recent change in COVID rates, part of the funding allows for the use of a portion of the IRQ for people experiencing homelessness who are at high risk of serious illness if they were to get COVID, so one of the two houses will be transferred to serve that population – retaining the other for COVID positive or COVID quarantine needs. If the IRQ can go through August, it gives more time for the City's development of their planned temporary improved shelter, which is targeted to open next fall.

Liaison to PVHS/UCHealth North Report - Celeste Kling
Board liaison Kling reported that there has been discussion that it is time to resume the annual Joint Meeting between boards of UCHealth North/PVHS and the Health District Board. She suggested that the meeting wait until the arrival of the new Executive Director and the completion of elections; board members agreed. AT PVHS, construction is going well. Financials are good, though they took a hit in January due to Omicron. Incident Command protocols have ended, and they are now making good progress on hiring.

There is now approval for the Mountain Crest psychiatric hospital to move to the 3rd floor of PVH. It will be equipped with 50 beds, 42 of which are private (compared to a current 41 beds, two of which are private), and there will be an outdoor rooftop courtyard. Mental Health outpatient services currently provided at Mountain Crest will now be provided across Lemay in the medical office building. ECT (electroconvulsive therapy; most commonly used for patients with severe major depression or bipolar disorder that has not responded to other treatments) will be available; currently, the closest location for ECT is in Longmont. UCHealth, systemwide, now has a big focus on mental health. It is unknown what will be done with the old Mountain Crest facility; it is a part of the assets owned by the Health District.

PUBLIC COMMENT (2nd opportunity)
None

CONSENT AGENDA

- Approval of the November 9, 2021; December 13, 2021; and January 25, 2022 Regular Meeting Minutes; as well as the February 7, 2022, and February 21, 2022 Special Meeting Minutes

MOTION: To approve the consent agenda as amended

Moved/Seconded/Carried Unanimously

ANNOUNCEMENTS

- March 22 – 4:00 pm, Board of Directors Regular Meeting
- April 14 – 4:00 pm, Board of Directors Special Meeting
- April 26, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

A motion was made to adjourn the meeting at 6:00 pm.

MOTION: To adjourn the Special Meeting

Moved/Seconded/Carried Unanimously

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

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

Joseph Prows, MD MPH, Board Treasurer

Johanna Ulloa Giron, Psy.M., MSW, Board Secretary