



BOARD OF DIRECTORS BUDGET HEARING AND MEETING

Health District of Northern Larimer County

Virtual Meeting

See connection details at end of agenda

Tuesday, November 9, 2021

4:00 p.m.



AGENDA

BOARD OF DIRECTORS BUDGET HEARING AND MEETING

November 9, 2021

4:00 pm

Virtual Meeting (See connection details at end of agenda)

- 4:00 p.m. Call to Order; Introductions; Approval of Agenda..... Michael Liggett**
- 4:05 p.m. PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.
- 4:10 p.m. BUDGET PRESENTATION & PUBLIC HEARING**
- Health District 2022 Budget Presentation and Public Hearing.....
 - Budget Presentation..... Carol Plock, Laura Mai
 - Public Hearing/Public Comment Michael Liggett
 - Board Discussion and Questions Michael Liggett
- 4:55 p.m. PRESENTATION & DISCUSSION**
- COVID-19 Update..... James Stewart
- 5:25 p.m. BOARD DISCUSSION & DECISION**
- Resolution 2021-16, Election Resolution, Polling Place Election..... Chris Sheafor
 - Compass Advisory Committee Nomination..... Julie Estlick
 - Isolation/Recovery and Quarantine Facility Temporary Reinstatement..... Carol Plock
 - 2022 Board Meeting Schedule..... Carol Plock
- 5:40 p.m. UPDATES & REPORTS**
- Executive Director Updates Carol Plock
 - Liaison to PVHS/UCHealth North Report Celeste Kling
- 5:45 p.m. PUBLIC COMMENTS (2nd Opportunity) See Note above.**
- 5:50 p.m. CONSENT AGENDA**
- Approval of the July 27, 2021; September 28, 2021; and October 28, 2021 Regular Meeting Minutes
- 5:55 p.m. ANNOUNCEMENTS**
- November 15?, 4:00 pm – Board of Directors Work Session/Special Meeting
 - December 13, 4:00 pm – Board of Directors Regular Meeting & Budget Approval
 - January 10?, 8:00 am – 12:00 pm / 1:30 – 5:00 pm, Board of Directors Work Session
 - January 25, 4:00 pm – Board of Directors Regular Meeting
- 6:00 p.m. ADJOURN**

Join Zoom Meeting

Registration is required. Click this link to register:

<https://healthdistrict.zoom.us/meeting/register/tZYlcOupqzstG9X-MEUOr936ceV4wFokZPFo>

After registering, you will receive a confirmation email containing information about joining the meeting.

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

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Budget Documents

For:

January 1 – December 31, 2022

Draft Budget for Review by the Board of Directors

October 28, 2021

HealthDistrict

OF NORTHERN LARIMER COUNTY

Budget for 2022 BUDGET MESSAGE

The Health District of Northern Larimer County in 2022 will continue to provide health services that fulfill its mission "to enhance the health of our community." It will provide health services from seven sites in Fort Collins - four owned facilities and one leased Health District space, as well as shared space with two other facilities where Health District staff work collaboratively with staff from other organizations, including Salud Family Health Centers and the Family Medicine Center.

The Health District's goal for 2022 and beyond is to focus on health programs and services that will have the greatest impact on improving health. In 2020, the Health District Board of Directors reviewed multiple factors that contribute most heavily to ill health and premature death among district residents during its triennial community health assessment process. Utilizing information from the Health District's 2019 Community Health Survey, vital statistics, and other sources, the factors were examined from a variety of perspectives. For key factors, the Board reviewed the relative burden on health; trends over time; gaps between our community's health indicators and the national Healthy People 2020 goals and other benchmarks; the level of need and demand in the community; evaluations of current services; and the potential and availability of effective and cost-effective interventions.

As a result of the 2020 review, the Health District set several priorities based on their potential to have significant impact on the health of the community. For 2022, the key focus areas include goals to: 1) Improve the ability of the community to effectively address mental illness and substance use disorders, including providing certain behavioral health services, connecting community members to other services, and organizing community partners to make long term improvements in MH/SUD services and approaches; 2) Maintain and boost the number of people who have health insurance, and help community members understand their health insurance options and what might work best for them; and 3) Provide dental care for those with low incomes. Other services will help people quit tobacco; identify and control risky blood pressure and cholesterol levels, and help people understand how to complete advance care directives in order that health care providers will understand their preferences at the end of life.

Given the continued significant impact of the COVID-19 pandemic on the community, the Health District will continue to provide time-limited COVID-related services as needed, including in areas such as providing COVID vaccinations; assisting the Larimer County Department of Health with contact tracing and case investigation; providing nurse health care coordination for people experiencing homelessness who are in need of isolation, recovery, and/or quarantine (IRQ) due to COVID; and providing enhanced Connections to address the increased need for assessments and connections to appropriate mental health and substance use services.

The Health District will also continue its focus on enhancing Equity, Diversity, and Inclusion (EDI) both internally and in our community. EDI work will include continued education and awareness, improving relationships and communications, updating policies and procedures, program adjustments, recruitment and retention, assessment of internal and community needs, and encouraging/assisting others to enhance the health of our community by giving everyone the opportunity to achieve their highest level of health.

In addition to the approaches listed above, the specific services to be provided by the Health District in 2022 will include the following:

Access to Health Care

The Health District will continue to address equity in part by promoting access to health care for those with low incomes. In particular, the Health District will directly provide the following services either solely or in partnership with other organizations and providers: family dental services; prescription assistance; psychiatric medication evaluations and consults; mental health and substance use assessments and treatment (which includes services at two primary care "safety net clinics" that serve residents with public insurance or who cannot afford the full cost of health care, as well as at Connections and CAYAC: Child, Adolescent, Young Adult Connections); assistance for those who suffer from co-occurring mental illness and substance use disorders; and a program that connects consumers to therapists and psychiatrists offering mental health care at reduced rates. Each program offers discounted care or sliding fee scales to help make health care more affordable.

For residents of all incomes in need of finding mental health and/or substance use services, or of understanding mental illness or substance use disorders, the Mental Health & Substance Use Connections program will offer assistance and enhanced information and referrals by phone, Internet or in person. Connections provides services for adults, and also focuses on youth through the CAYAC program, which places additional focus on early identification and intervention for children and youth ages 0-24 who are potentially impacted by mental illness or substance use disorders, working closely with their families, schools, and primary care providers to connect them to appropriate assessments and, when indicated, treatment. CAYAC assessment services include child and adolescent psychiatry and psychological testing, when indicated, which assists in determination of referrals to the most appropriate interventions.

For residents of all incomes who are in need of affordable health insurance, the Health District (through its Larimer Health Connect program) will offer health coverage assistance services to help residents understand their options for obtaining and keeping health insurance, and to help them apply for coverage and assistance when appropriate.

For those who have disabilities so severe that they must receive their dental care under general anesthesia (and who qualify for a relevant state Medicaid waiver), the Health District and a partnership of a variety of public and private partners will continue to offer limited care locally.

The Health District will continue to organize and participate in community-based planning aimed at restructuring local mental health and substance use disorder services, and to raise community awareness and action around mental illness and substance use disorders. In 2022, the Health District will work in partnership with Larimer County Behavioral Health Services and Summitstone Health Partners, along with a multitude of other partners (both organizations and consumers), to update and expand the community assessment of mental health and substance use service needs originally completed in 2016. This work is expected to lead to a new "Solutions to Behavioral Health Services Gaps" community plan. Work will also continue on helping our community advance in utilizing the most effective interventions for those with substance use disorders through training for behavioral health providers and criminal justice and human services professionals, as well as community awareness development.

Health Promotion

The Health District will provide the following general preventive care and treatment services: evidence-based services to help people quit using tobacco; and community screenings for high blood pressure, cholesterol, and glucose (as an indicator of diabetes) – focusing on populations at higher risk,

followed by intensive nurse counseling for those whose results indicate potential high health hazard. As needed, staff will assist in providing COVID-related services such as COVID-19 vaccinations and contact tracing and case investigation. In order to help maintain health by preventing the spread of COVID-19, the Health District anticipates using primarily grant funding to provide nurse health care coordinators to assist people experiencing homelessness who need to be in isolation/recovery from COVID, who need to quarantine after an exposure, or, if a community solution emerges, are at high risk of complications from COVID and need a temporary shelter that provides adequate distancing.

Assessment

As noted above, the Health District is committed to making informed decisions based on the most current and relevant information and will continue to gather and share such information with the community. The Health District will perform its tenth triennial community health needs assessment in 2022, which includes a random-sample survey, community discussion groups and/or panels, and collection of a variety of data.

System-wide Improvements

The Health District continues to support system-wide changes that will significantly enhance the ability of local consumers and providers to improve the community's health status. In collaboration with partner agencies, it will work to maximize the impact of the state's Medicaid Accountable Care approach on the health of community residents and the delivery of cost-effective services, particularly in the midst of rapid change due to COVID-19 impacts. The Health District is also involved in monitoring changes (or potential changes) in health and health care brought about by policy changes at the national and state levels, and will continue to assist the community in adapting to changes. The Health District works with multiple partners in disaster preparedness planning and response.

Other

In 2022, the Health District plans a significant renovation of its building at 425 W. Mulberry, Fort Collins, which currently houses the Connections and CAYAC programs. The building will house Larimer Health Connect in the future.

In addition to providing health services, the Health District continues to have responsibility in two other areas: to fulfill its legal obligations as a Special District and as the owner of Poudre Valley Health System's (PVHS) portion of the University of Colorado Health (UCH) System's real estate and other assets. Revenue from lease payments from PVHS/UCH (the operators of the hospital and related health services) covers administrative expenses, and helps to provide local health services.

Revenues for providing health services are generated through property and special ownership taxes, fees, third party payers, lease payments, interest, contracts, and grants.

Budget

The attached Budget for the Health District of Northern Larimer County includes a three-year and one-year budget listing all proposed expenditures for administration, operations, maintenance, and capital projects; anticipated revenues for the budget year; and estimated beginning and ending fund balances. Attached are explanatory schedules, which give more detail on both revenues and expenditures.

The financial statements and records of the Health District of Northern Larimer County are prepared using the accrual basis of accounting. This budget has been prepared using the modified accrual basis of accounting.

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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

Budget

For:

January 1 – December 31, 2022

Health District of Northern Larimer County
2022 Budget

Revenues:	
Property & Specific Ownership Taxes	\$ 9,330,396
Lease Revenue	1,219,076
Investment Income	65,000
Operating Revenue (fee income)	1,115,294
Grant and Partnership Revenue	1,274,586
Miscellaneous Income	23,004
Total Revenues	<u>\$ 13,027,355</u>
Beginning Balance	\$ 6,744,399
Total Available Resources	<u><u>\$ 19,771,754</u></u>
 Expenditures:	
Operating Expenditures	
Board Expenditures	\$ 47,744
Election Expenditures	32,000
Administration	962,318
Program Operations:	
<i>Mental Health/Substance Issues Services</i>	4,361,460
- Connections: Mental Health/Substance Issues Services	2,330,958
- Integrated Care (MHSA/PC)	1,276,610
- Community Impact	\$ 753,892
Dental Services	3,890,662
Health Care Access	1,317,718
Health Promotion	855,373
Assessment/Research/Evaluation	269,188
Resource Development	197,534
Mulberry Office	176,820
Grants, Partnerships and Special Projects	4,379,382
Total Operating Expenditures	<u>\$ 16,490,198</u>
Non-Operating Expenses	
Capital Expenditures	1,290,987
Contingency	249,644
Total Non-Operating Expenditures	<u>\$ 1,540,631</u>
Total Expenditures	<u><u>18,030,829</u></u>
 Reserves	
Emergency & General (State Required)	540,925
Emergency & General (Board)	1,000,000
Capital Replacement (flexible)	200,000
Total Reserves	<u>\$ 1,740,925</u>
Total Expenditures & Reserves	<u><u>19,771,754</u></u>

Health District of Northern Larimer County
Three Year Budget Summary 2022

	Prior Year 2020 Actual *	Current Year 2021 Budget	2022 Proposed Budget
Revenues:			
Property & Specific Ownership Taxes	\$ 7,827,327	\$ 8,924,968	\$ 9,330,396
Lease Revenue	1,083,135	1,183,569	1,219,076
Investment Income	164,678	130,000	65,000
Operating Revenue (fee income)	1,133,519	1,048,747	1,115,294
Grant and Partnership Revenue	947,040	1,428,883	1,274,586
Miscellaneous Income	35,004	20,225	23,004
Total Revenues	\$ 11,190,703	\$ 12,736,392	\$ 13,027,355
Beginning Balance	\$ 6,343,442	\$ 8,200,429	\$ 6,744,399
Total Available Resources	\$ 17,534,145	\$ 20,936,821	\$ 19,771,754
Expenditures:			
Operating Expenditures			
Board Expenditures	\$ 29,515	\$ 46,523	\$ 47,744
Election Expenditures	297	29,000	32,000
Administration	781,674	931,470	962,318
Program Operations:			
<i>Mental Health/Substance Issues Services</i>		4,055,483	4,361,460
- Connections: Mental Health/Substance Issues Services	1,351,460	2,122,111	2,330,958
- Integrated Care (MHSA/PC)	995,836	1,219,791	1,276,610
- Community Impact	599,305	713,580	753,892
Dental Services	3,491,207	3,865,495	3,890,662
Health Care Access	985,568	1,198,739	1,317,718
Health Promotion	739,561	865,158	855,373
Assessment/Research/Evaluation	198,061	265,194	269,188
HealthInfoSource	73,455	-	-
Resource Development	153,425	193,262	197,534
Mulberry Office		191,529	176,820
Grants, Partnerships and Special Projects	1,596,562	4,137,418	4,379,382
Total Operating Expenditures	\$ 10,995,926	\$ 15,779,271	\$ 16,490,198
Non-Operating Expenditures			
Capital	\$ 32,030	\$ 3,072,275	\$ 1,290,987
Contingency	-	310,416	249,644
Total Non-Operating Expenditures	\$ 32,030	\$ 3,382,691	\$ 1,540,631
Total Expenditures	\$ 11,027,956	\$ 19,161,962	\$ 18,030,829
Reserves			
Emergency & General (State Required)	\$ 536,180	\$ 574,859	\$ 540,925
Emergency & General (Board)	1,150,000	1,000,000	1,000,000
Capital Replacement (flexible)	200,000	200,000	200,000
Total Reserves	\$ 1,886,180	\$ 1,774,859	\$ 1,740,925
Total Expenditures & Reserves	\$ 12,914,136	\$ 20,936,821	\$ 19,771,754

*Based on year-end audited financial statements

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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

Explanatory Schedules

For:

January 1 – December 31, 2022

**Health District of Northern Larimer County
Annual Operating and Reserve Expenditure Summary
2022**

**Summary of Revenues Used for Operating Expenditures
(Non-GAAP)**

Sources of Revenue

Property & Specific Ownership Taxes	\$	9,330,396
Lease Revenue		1,219,076
Fee for Service Income		1,115,294
Grant Revenue		1,246,442
Anticipated grant revenue	\$	746,442
Potential grant revenue		500,000
Partnership Revenue		28,144
Investment Income		65,000
Miscellaneous Income		23,004
Total Revenues	\$	13,027,355

A Operating Expenditures

Board Expenditures	\$	47,744
Election Expenditures		32,000
Administration		939,559
Program Operations		10,673,467
Special Projects - Operations		60,000
Special Projects - Partnerships		28,144
Grant Expenditures		1,246,442
Total Operating Expenditures	\$	13,027,355

B	Expenditures From Reserves	\$	3,464,072
	Special Projects	\$	3,044,796
	Operations	\$	419,276
C	Total Expenditures (A + B)	\$	16,491,427
D	Capital Expenditures (Reserve)		1,290,987
E	Total Reserve Expenditures (B + D)	\$	4,755,059

Health District of Northern Larimer County

2022 Capital Expenditures

120 Bldg 1st Floor Reconfiguration	\$	30,000
Mulberry Office Building Improvements		
Elevator		340,000
Restroom (ADA compliance)		160,000
Office Space Reconfiguration		524,500
New rooftop HVAC Units		66,000
Mulberry Office Exterior signs		18,000
120/202 building signs		28,000
Equipment/Software		74,487
Contingency		50,000
	TOTAL	<u>\$ 1,290,987</u>

Non-Capital Improvements from Reserves

Technology	\$	132,840
Office Furniture/Equipment		41,346
Building Improvements		108,100
Software		116,990
Contingency		20,000
	TOTAL	<u>\$ 419,276</u>

**Health District of Northern Larimer County
2022 Program Revenues & Expenditures**

	50	51	53	56	58	59	61	62	65	72	90		2021	%	\$	
	Admin.	Board/ Election	Connections: MH/SI	Dental	MH/SA/PC	Health Promo	Community Impact	Prog. Eval.	Health Care Access	Res Dev	Mulberry Office	Total	Operational Budget	Change	Change	
Revenues:																
Fee for Service	\$ -	\$ -	\$ 37,000	\$ 129,271	\$ -	\$ 750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 167,021	\$ 167,081	-0.04%	(60)	
3rd Party Payments	-	-	-	598,661	231,419	1,720	-	-	-	-	116,473	\$ 948,273	\$ 881,666	7.55%	66,607	
Sponsorships/Fundraising												\$ -	\$ -			
Misc Income	10,500			12,204		300						\$ 23,004	\$ 20,225	13.74%	2,779	
TOTAL REVENUE	\$ 10,500	\$ -	\$ 37,000	\$ 740,136	\$ 231,419	\$ 2,770	\$ -	\$ -	\$ -	\$ -	\$ 116,473	\$ 1,138,298	\$ 1,068,972	6.49%	\$ 69,326	
Expenditures:																
Salaries & Wages	\$ 473,097	\$ 8,000	\$ 1,537,790	\$ 2,433,930	\$ 904,955	\$ 532,240	\$ 513,669	\$ 186,036	\$ 838,877	\$ 134,696	\$ 27,818	\$ 7,591,109	\$ 7,251,322	4.69%	339,787	
Benefits & Taxes	121,631	612	416,270	695,608	230,198	151,913	142,239	47,421	239,527	36,848	6,905	\$ 2,089,171	\$ 2,018,514	3.50%	70,657	
Recruitment/Infection Control	7,500	-	8,000	4,000	6,000	7,523	4,000	2,000	4,500	1,550		\$ 45,073	\$ 36,479	23.56%	8,594	
Temporary Help	-	5,000	-	4,961	-	-	-	-	-	-		\$ 9,961	\$ 15,107	-34.06%	(5,146)	
Interns & Residents	-	-	4,500	-	1,000	-	4,500	1,500	-	-		\$ 11,500	\$ 12,000	-4.17%	(500)	
Consultants & Contracted Dr.s	59,894	4,000	45,829	17,942	4,982	5,924	2,704	822	16,694	692		\$ 159,482	\$ 148,285	7.55%	11,197	
Mileage	1,200	100	1,700	800	1,000	100	2,500	120	5,900	200		\$ 13,620	\$ 14,175	-3.92%	(555)	
Staff Training	7,733	-	12,370	17,387	5,074	3,792	3,446	1,048	6,282	882		\$ 58,014	\$ 49,351	17.55%	8,663	
Conferences/Retreats/Fundraising	21,145	14,300	7,076	12,457	11,977	9,750	7,024	4,108	11,468	4,716		\$ 104,022	\$ 108,481	-4.11%	(4,459)	
Membership/Dues/Licenses	10,630	1,025	13,175	11,728	7,575	927	1,560	1,580	1,735	295		\$ 50,230	\$ 55,434	-9.39%	(5,204)	
Publications/Subscriptions	2,358	300	11,182	1,550	600	968	1,150	3,240	3,631	1,000		\$ 25,979	\$ 26,611	-2.37%	(632)	
Meetings	1,500	4,800	15,000	1,000	600	1,250	2,500	300	2,950	280		\$ 30,180	\$ 28,550	5.71%	1,630	
Wellness/Recognition	1,174		4,233	7,473	2,181	1,630	1,481	450	2,571	379		\$ 21,573	\$ 20,455	5.46%	1,118	
Volunteer Recognition	54	600	1,696	2,045	101	225	368	21	494	18		\$ 5,622	\$ 5,550	1.30%	72	
Rent & Lease Payments	760	-	2,739	4,835	1,411	1,055	958	291	1,664	245		\$ 13,959	\$ 16,500	-15.40%	(2,541)	
Utilities	3,567	-	1,625	26,785	6,260	5,461	4,948	1,171	3,000	827	8,231	\$ 61,875	\$ 85,930	-27.99%	(24,055)	
Custodial Services	4,289	-	-	32,208	7,527	6,567	5,950	1,408	8,400	994	22,000	\$ 89,343	\$ 76,736	16.43%	12,607	
Leased Space Operational Costs												\$ -	\$ -			
Insurance	3,166	7,957	14,695	25,187	10,161	4,968	3,720	2,084	6,826	926	4,610	\$ 84,299	\$ 83,966	0.40%	333	
Office Supplies	2,500	700	7,800	5,842	1,500	1,500	1,500	300	2,600	320		\$ 24,562	\$ 24,690	-0.52%	(128)	
Office Equipment	-	-	-	-	-	-	-	-	-	-		\$ -	\$ 250	-100.00%	(250)	
Office Furniture	-	-	-	-	-	-	-	-	-	-		\$ -	\$ -		-	
Computer Equipment	-	-	-	-	-	-	-	-	-	-		\$ -	\$ -		-	
Computer Software	-	-	15,900	-	-	-	-	-	-	-		\$ 15,900	\$ 16,912	-5.98%	(1,012)	
Telephone, E-mail & Internet	3,482	-	16,950	26,700	6,119	6,041	5,151	1,148	11,967	814		\$ 78,372	\$ 71,462	9.67%	6,911	
Postage	1,300	250	1,250	1,000	100	2,816	300	100	1,600	750		\$ 9,466	\$ 10,820	-12.51%	(1,354)	
Printing/Copying/Binding	1,200	100	4,000	500	615	3,174	1,000	200	6,275	300		\$ 17,364	\$ 19,121	-9.19%	(1,757)	
Community Education	8,151	-	79,468	59,369	11,030	32,496	7,811	3,071	43,373	1,743		\$ 246,512	\$ 204,201	20.72%	42,311	
Repair & Maintenance	5,320	-	19,175	33,847	9,879	8,383	6,709	2,040	13,565	1,716	23,383	\$ 124,016	\$ 136,254	-8.98%	(12,238)	
Building Upgrades											60,000	\$ 60,000	\$ 98,500	-39.09%		
Medical Supplies	-	-	-	127,000	-	13,855	-	-	-	-		\$ 140,855	\$ 120,991	16.42%	19,864	
Medical Equipment	-	-	-	-	-	240	-	-	-	-		\$ 240	\$ 240	0.00%	-	
Prescriptions	-	-	-	-	2,000	19,000	-	-	29,500	-		\$ 50,500	\$ 52,000	-2.88%	(1,500)	
Lab & X-ray Fees	-	-	-	133,500	-	-	-	-	-	-		\$ 133,500	\$ 119,000	12.18%	14,500	
Client Assistance	-	-	4,500	12,500	1,500	1,890	-	-	4,500	-		\$ 24,890	\$ 23,220	7.19%	1,670	
Follow-up Care	-	-	-	35,000	-	-	-	-	-	-		\$ 35,000	\$ 35,000	0.00%	-	
Bad Debt	-	-	2,000	9,049	-	100	-	-	-	-		\$ 11,149	\$ 13,256	-15.89%	(2,107)	
Fees & Exp.	11,300	-	-	1,650	-	-	-	-	-	-		\$ 12,950	\$ 12,950	0.00%	-	
Treasurer Fees	186,608										23,874	\$ 210,482	\$ 206,196	2.08%	4,286	
Reserve Expenditures **	22,759		82,036	144,809	42,264	31,585	28,702	8,728	49,820	7,343	1,229	\$ 419,276	\$ 394,344	6.32%	24,932	
Election Expenses	-	32,000	-	-	-	-	-	-	-	-		\$ 32,000	\$ 29,000	10.34%	3,000	
TOTAL EXPENDITURES	\$ 962,318	\$ 79,744	\$ 2,330,958	\$ 3,890,662	\$ 1,276,610	\$ 855,373	\$ 753,892	\$ 269,188	\$ 1,317,718	\$ 197,534	\$ 178,049	\$ 12,112,046	\$ 11,641,853	4.04%	\$ 508,693	
Net Expenditure	\$ 951,818	\$ 79,744	\$ 2,293,958	\$ 3,150,526	\$ 1,045,191	\$ 852,603	\$ 753,892	\$ 269,188	\$ 1,317,718	\$ 197,534	\$ 61,576	\$ 10,973,748	\$ 10,572,881	3.79%	\$ 439,367	

**To be spent from reserves

FTE by Program - 2022

Program/Department	Authorized Regular Positions		
	2021 Authorized	2022 Budget	2022 Change
Administration	5.479	5.554	0.075
Mental Health Connections	18.920	20.020	1.100
Dental	36.374	35.339	(1.035)
Mental Health/Substance Abuse/Primary Care	10.064	10.314	0.250
Health Promotion	8.018	7.708	(0.310)
Community Impact	6.705	7.005	0.299
Program Evaluation	2.130	2.130	-
Health Care Access/Policy	11.458	12.158	0.700
Resource Development	1.792	1.792	-
Mulberry		0.300	0.300
	100.940	102.320	1.379

**Health District of Northern Larimer County
2022**

Special Projects - Reserves

	HD	Partnerships	Total
MHSU Connections	\$ 40,200		\$ 40,200
Psychiatric Services	\$ 90,022		\$ 90,022
BHP Adult Connections (.8 FTE; 2 FTE in ops)	\$ 67,927		\$ 67,927
Connections Program Assistant - Adult (.5 FTE;.5 FTE in ops)	\$ 32,750		\$ 32,750
BHP (Connections, Bilingual) (1.0 FTE)	\$ 84,046		\$ 84,046
Adult Team Care Coordinator (.75 FTE)	\$ 55,360		\$ 55,360
Psychologist (CAYAC) (.65 FTE or 1.0 FTE post grad)	\$ 78,350		\$ 78,350
Marketing Search Engine Optimization	\$ 65,000		\$ 65,000
Web improvements	\$ 27,500		\$ 27,500
Evaluation Consulting	\$ 25,000		\$ 25,000
MHSU Expansion of Critical Behavioral Health Services	\$ 125,400		\$ 125,400
MHSU SUD Transformation Project (Providers)	\$ 32,000		\$ 32,000
Community Mental Health/SU (ED Discretionary)	\$ 65,000		\$ 65,000
Community Mental Health/SU Alliance - HD	\$ 65,000		\$ 65,000
Community Mental Health/SU Alliance - Partners	\$ -	\$ 28,144	\$ 28,144
SUD Public Awareness Campaign	\$ 51,000		\$ 51,000
Health Clinic for PEH	\$ 15,000		\$ 15,000
MHSU Pay for Success/Frequent Utilizer Approach	\$ 5,000		\$ 5,000
MHSU Crisis Intervention Training, Law Enforcement	\$ 3,000		\$ 3,000
Pain Management Project	\$ 5,000		\$ 5,000
Oral Surgeon/Endo	\$ 15,000		\$ 15,000
OAP Dental Client Assistance (Restricted)	\$ 16,498		\$ 16,498
Dentist loan repayment	\$ 10,000		\$ 10,000
Meaningful Use (future Dental MU expenses)	\$ 97,500		\$ 97,500
Targeted Program Outreach	\$ 60,000		\$ 60,000
Larimer Health Connect	\$ 199,666		\$ 199,666
Health Equity Initiative	\$ 20,000		\$ 20,000
Health Equity Implementation Manager (.75 FTE; .25 FTE in ops)	\$ 69,763		\$ 69,763
Mental Health Special Legal Consultation	\$ 3,500		\$ 3,500
IC Behavioral Health Provider - FMC (.3 FTE; 7 FTE in ops)	\$ 25,350		\$ 25,350
CDDT/ACT Facility Repairs/Contingency	\$ 10,000		\$ 10,000
AD Project Manager/Consultant	\$ 31,800		\$ 31,800
Connect for Health Colorado Indirects	\$ 12,950		\$ 12,950
Advance Care Planning Project	\$ 37,153		\$ 37,153
Policy Specialist (.5 FTE - 5 months)	\$ 14,500		\$ 14,500
Accountant (.4 FTE; .6 FTE in ops)	\$ 32,500		\$ 32,500
HPSA	\$ 7,000		\$ 7,000
Microsoft Dynamics Consultant - HR Module	\$ 4,000		\$ 4,000
HR Consultants (e.g. HR audits/investigations/Sharepoint)	\$ 16,000		\$ 16,000
Contracts/Compliance Consultant	\$ 20,000		\$ 20,000
Community Health Needs Assessment	\$ 166,693		\$ 166,693
Transition Management	\$ 136,634		\$ 136,634
Assisant to ED for Special Projects	\$ 133,966		\$ 133,966
Specialized program training/health care reform training	\$ 100,735		\$ 100,735
Health Information Sharing & Health Reform Changes (ED)	\$ 10,000		\$ 10,000
Implementation of Community/New Projects Process & Plans (ED)	\$ 25,000		\$ 25,000
Unforeseen Community Health Needs	\$ 200,000		\$ 200,000
RIHEL - Leadership Institute (2 attendees)	\$ 12,000		\$ 12,000
Emergency Preparedness	\$ 10,000		\$ 10,000
Intermediate Medical Leave	\$ 25,000		\$ 25,000
New intensive staff recruitment and relocation costs	\$ 250,000		\$ 250,000
Wellness Program	\$ 6,000		\$ 6,000
Public Awareness & Name Changes	\$ 65,000		\$ 65,000
Health District websites redevelopment	\$ 45,000		\$ 45,000
Communication Specialist (.25)	\$ 15,968		\$ 15,968
New Community Health Data Project	\$ 30,000		\$ 30,000
Evaluation Services for Grants/Projects	\$ 27,065		\$ 27,065
COVID Related Needs	\$ 150,000		\$ 150,000
Total	\$ 3,044,796	\$ 28,144	\$ 3,072,940

Grants

	Grants	Total
DC Fundraising (OOD)	\$ 4,968	\$ 4,968
Dental Client Assistance - Children	\$ 7,692	\$ 7,692
Dental Client Assistance - Adults	\$ 27,169	\$ 27,169
Project Smile	\$ 474	\$ 474
Lion's Club Diabetes Program	\$ 3,249	\$ 3,249
Connect for Health FY 22	\$ 98,100	\$ 98,100
Connect for Health (new) FY 23	\$ 112,041	\$ 112,041
ACP Partner/Fundraising	\$ 4,679	\$ 4,679
RWJF Culture of Health Leaders - Health Equity YR 3	\$ 20,000	\$ 20,000
Denver Foundation MAT YR 3	\$ 117,832	\$ 117,832
Delta Dental Specialty Care YR 3	\$ 28,282	\$ 28,282
Expanding Connections/CAYAC Svcs Countywide (1A)	\$ 75,555	\$ 75,555
United US	\$ 4,000	\$ 4,000
United CO	\$ 5,000	\$ 5,000
Quit Tobacco - Out of District	\$ 1,600	\$ 1,600
Larimer County BHS Solutions 2.0	\$ 150,000	\$ 150,000
ARPA Funding	\$ 60,000	\$ 60,000
Potential Grants	\$ 500,000	\$ 500,000
Total	\$ 1,246,442	\$ 1,246,442

Special Projects - Operations

	Health District	Grants	Partnerships	Total
Special Projects Contingency	\$ 60,000			\$ 60,000
Operational Contingency	\$ -			\$ -
Total	\$ 60,000	\$ -		\$ 60,000

***Bold** indicates expenditures requiring Board approval of special projects proposals



2022 PROPOSED BUDGET
PUBLIC HEARING

NOVEMBER 13, 2021

HEALTH DISTRICT'S MISSION

. . . to enhance the health of
our community

HEALTH DISTRICT'S AUTHORIZATION

. . . to establish and operate facilities providing health (and personal) care services

- Colorado State Statutes

2022: Still Interesting Times

Planning Services and Budget

Amidst Myriad Continued Challenges
Brought About by the COVID-19 pandemic

Setting the Health District up for its Best Success with a
New Executive Director in 2022





Overview of Services

SERVICES ~ REGULAR (Operational)

Mental Health / Substance Use Issues



- **MH/SU Connections, CAYAC**

Helping people find behavioral health services that meet their needs

Meeting significantly increased demand

- **Integration of MH/SU Care into Primary Care**

FMC (pain clinic), Salud

Psychiatrist – Counselors – MAT

- **Community Dual Disorders Tx**

Psychiatric Care, nurse, building

SERVICES ~ REGULAR (Operational)

Accessing Health Care

- **Larimer Health Connect**

Helping residents understand and apply for health insurance

COVID Medicaid changes: Increased outreach

- **Prescription Assistance**

- **Medicaid Accountable Care Collaboration**

Facilitation for care coordination

Involvement in statewide changes

2018: RAE's: Integration of Primary Care and BH

2020: HCPF: Risk Stratification, Complex Needs

2022: COVID-19: Payment changes, staff challenges; etc.



SERVICES ~ REGULAR (Operational)

Dental Care



■ Family Dental Clinic

■ Dental Home

COVID Protocols (still impacts capacity)

Patient Care Coordination Approach

■ Senior Dental Care

Priority

■ Care Under Anesthesia

■ Specialty Dental Care

- Community dentists (limited in COVID)

SERVICES ~ REGULAR (Operational)

Mental Health / Substance Use Issues

Community Impact Team: Helping Services Evolve

■ MH/SU Alliance

- Substance Use Disorders Transformation: Providers and Community Perceptions; MAT in Jail, etc.
- New Funding Emerging out of COVID changes
- Competency Restoration Mapping
- Frequent User Systems Engagement
- What Will It Take? 2.0 - A Comprehensive Behavioral Health System in Larimer County: mapping strengths and gaps; facilitating priority setting



SERVICES ~ REGULAR (Operational)

Health Promotion & Preventive Services



- **Tobacco Cessation**
- **Heart Health Program**
- **Internal Infection Control**
- **COVID-19**
 - COVID Vaccinations; High risk PEH connections to health care nurses, oversight/backup for IRQ; etc.

SERVICES ~ OPERATIONAL AND RESERVES

Advance Care Planning

- Educate the community about the importance of determining and communicating your end of life wishes
- Provide direct assistance to individuals and families in getting them completed and filed
- Train providers, volunteers, and community groups to assist
- COVID: more teleconsults, virtual employee campaigns



SERVICES ~ REGULAR (Operational)

Other

- Communications
- Policy
- Resource Development
- Assessment / Research / Evaluation



SERVICES ~ TIME LIMITED (Reserve & Grants)

Big Projects

- **Connections/CAYAC**
 - Expands FTE for Behavioral Health Provider, Psychologist, Psychiatric Nurse Practitioner, Care Coordinator, Program Assistant
 - Countywide (grant)
- **Larimer Health Connect & HC Access**
 - Full Staffing, Expanded Outreach
- **Community Health Triennial Needs Assessment**
- **Prescription Assistance: AUD (jail)**



Yes, you!

If you don't have **health insurance**, you may qualify for financial help.

Larimer Health Connect can help.

And our help doesn't cost you anything. **Se habla español.**

With the headlines out of Washington, you may have questions about what the latest developments mean for you and your coverage. We want to make sure you have the facts and know that Larimer Health Connect is still here to help you get the health coverage you need!

SERVICES ~ TIME LIMITED (Reserve & Grants)

Other Key Services

- **Dental Care**

Senior Care, Specialty Care
Client Assistance
Wheelchair Accessible Dental Chair

- **Community Impact Team**

MH/SU Alliance
SUD Transformation, MAT in Jail
Special Projects

- **Integrated Care (BHP)**

- **Advance Care Planning**



SERVICES ~ TIME LIMITED (Reserve & Grants)

Community Planning & Change, Training

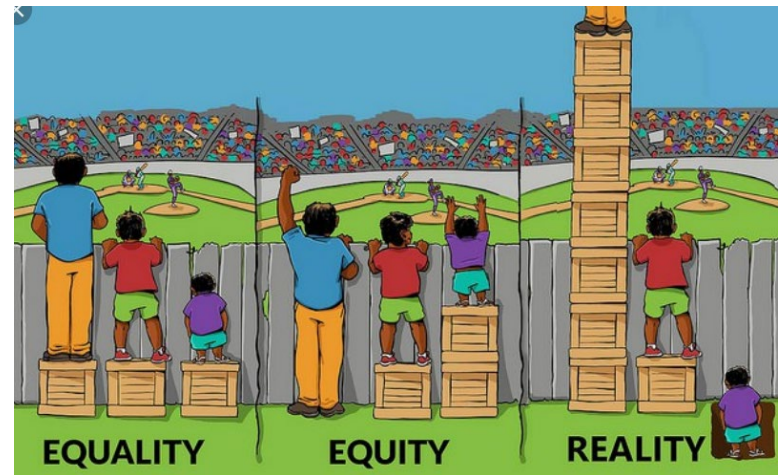
- **Health Equity**

Health Equity, Diversity, Inclusion Activities
Health Equity Implementation Manager
Special Culture of Health Scholarship and
Project
Bilingual BHPs, Recruitment

- **Unforeseen Community**

Health Needs, Community Health Data, etc.

- **Community & Staff Specialized Training**



SERVICES ~ TIME LIMITED

(Reserve & Grants)

Other

- Targeted program outreach
- Intensive staff recruitment
- Renovation of 425 W. Mulberry (LHC Move)
- Website update, possible name change, outreach
- COVID-19 (Vaccination, Nurse Case Mgr for PEH)
- Emergency Preparedness
- Transition management, special projects



SERVICES ~ TIME LIMITED

Reserve & Grants)

As Needed

- New Health District Projects Implementation
- Dentist Loan Repayment
- Preventive Medicine Resident
- CDDT/ACT Facility Repairs Contingency
- Consultants: HR, technology, contracts, compliance
- Grant matches & obligations



PROPOSED BUDGET

TIMELINE & DEADLINES

- **October 15, 2021**– Proposed budget submitted to Board of Directors
- **November 9, 2021** – Budget Hearing
- December 10, 2021 – Final assessed valuation due from County
- **December 13, 2021** – Board of Directors meet to adopt Budget and appropriate money
- December 15, 2021 – Deadline for Board of Directors to adopt 2022 Budget and appropriate money
- December 15, 2021 – Deadline for Certification of Mill Levy to County Commissioners

SOURCES OF REVENUE

	2022	2021
Property & Ownership Tax	\$9,330,396	\$8,924,968
Lease Revenue	1,219,076	1,183,569
Fee Income	1,115,294	1,048,747
Investment Income	65,000	130,000
Grant Revenue	1,246,442	1,404,188
Partnership Revenue	28,144	24,695
Miscellaneous Income	23,004	20,225
TOTAL	\$13,027,353	\$12,736,392

CERTIFICATION OF TAX LEVIES

	2022	2021
Gross assessment	\$9,203,769	\$8,726,869
Less: Tax Increment Financing	(498,373)	(451,901)
Net revenue to District	\$8,705,396	\$8,274,968

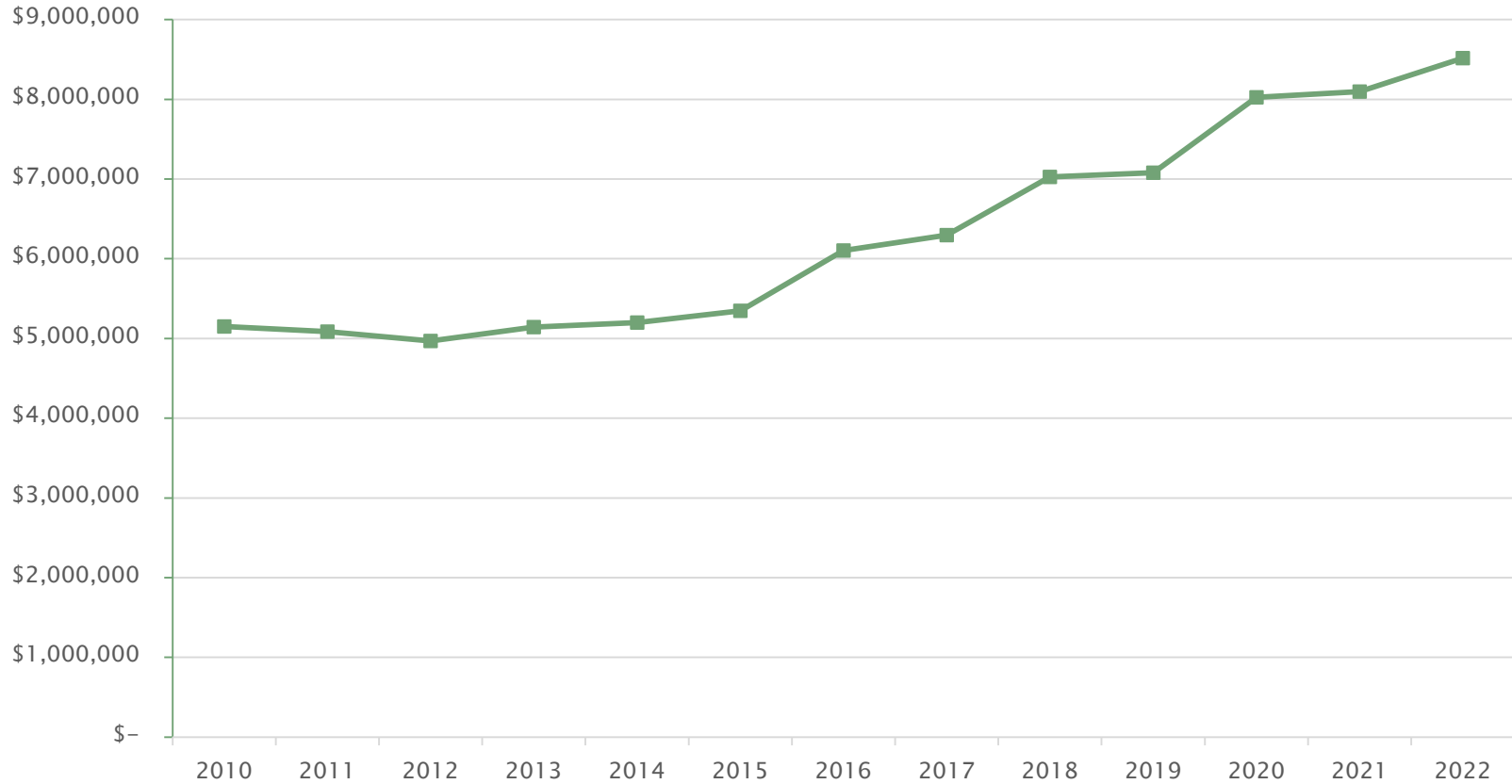
TAX REVENUE: Property & Ownership

	2022	2021
Property Tax	\$8,705,396	\$8,274,968
Specific Ownership Tax	625,000	650,000
Less: County collection Fees	(186,608)	(178,499)
Net revenue to District	\$9,143,788	\$8,746,469

MILL LEVY

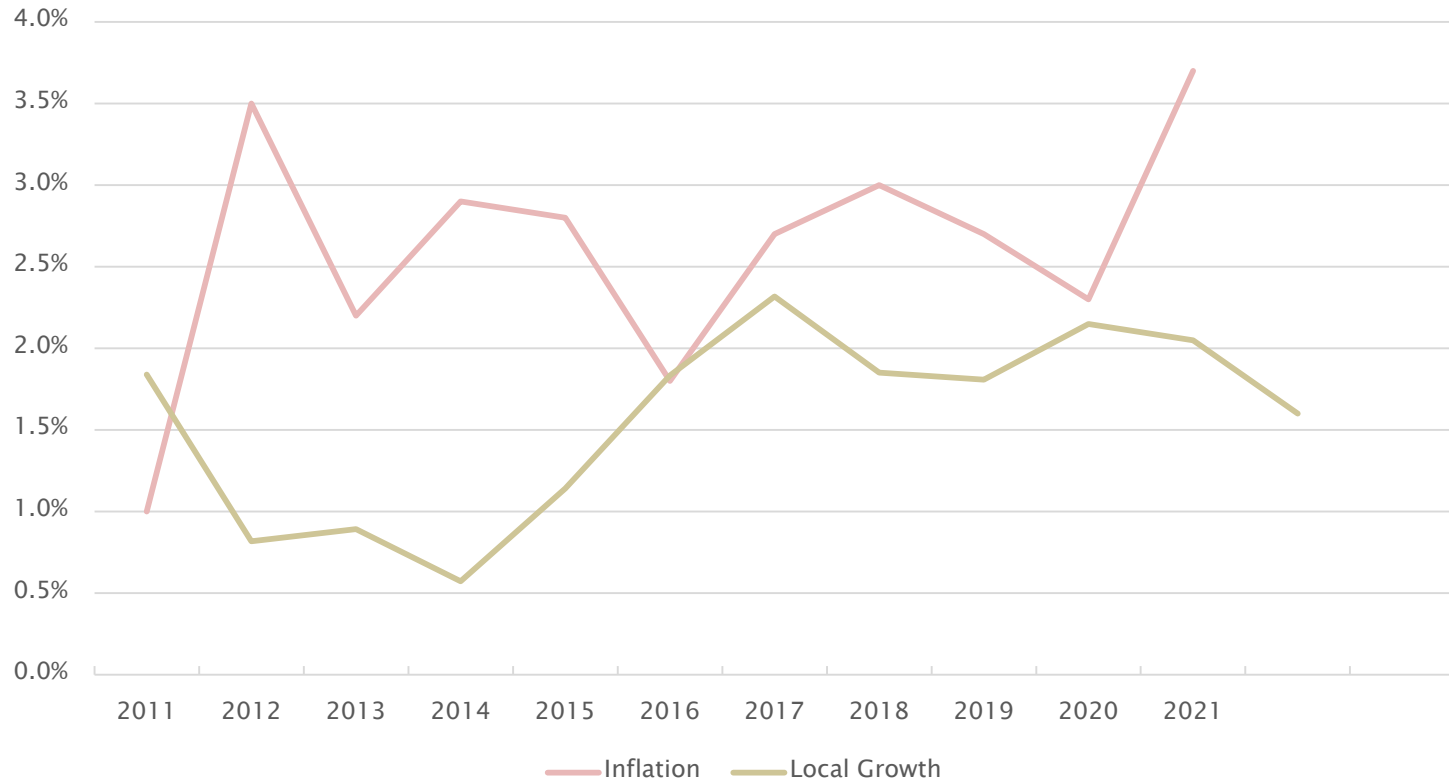
- 1995 – 2.304
- 1996 thru 1999 - 2.197
- 2000 thru 2009 - 2.167
- 2010 thru 2022 - 2.167

PROPERTY TAX REVENUES



*Amounts for 1995-2021 based on actual revenue (net of fees) – 2021 based on anticipated revenue (net of fees) – 2022 based on budgeted revenue (net of fees)

INFLATION (CPI) & LOCAL GROWTH



KEY CHANGES in Revenue

Increases in:

Property tax

Fee income

Decrease in:

Investment income

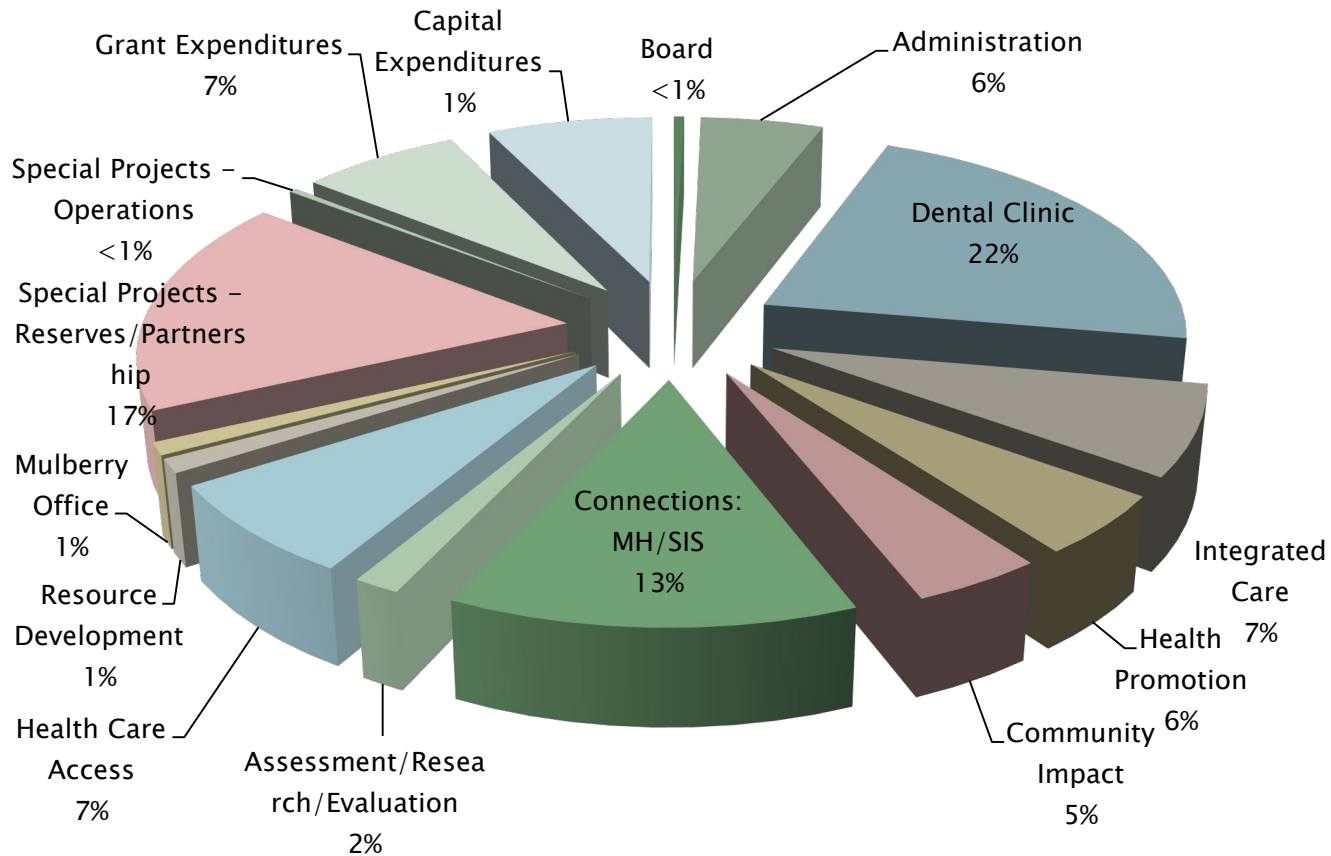
Specific ownership tax



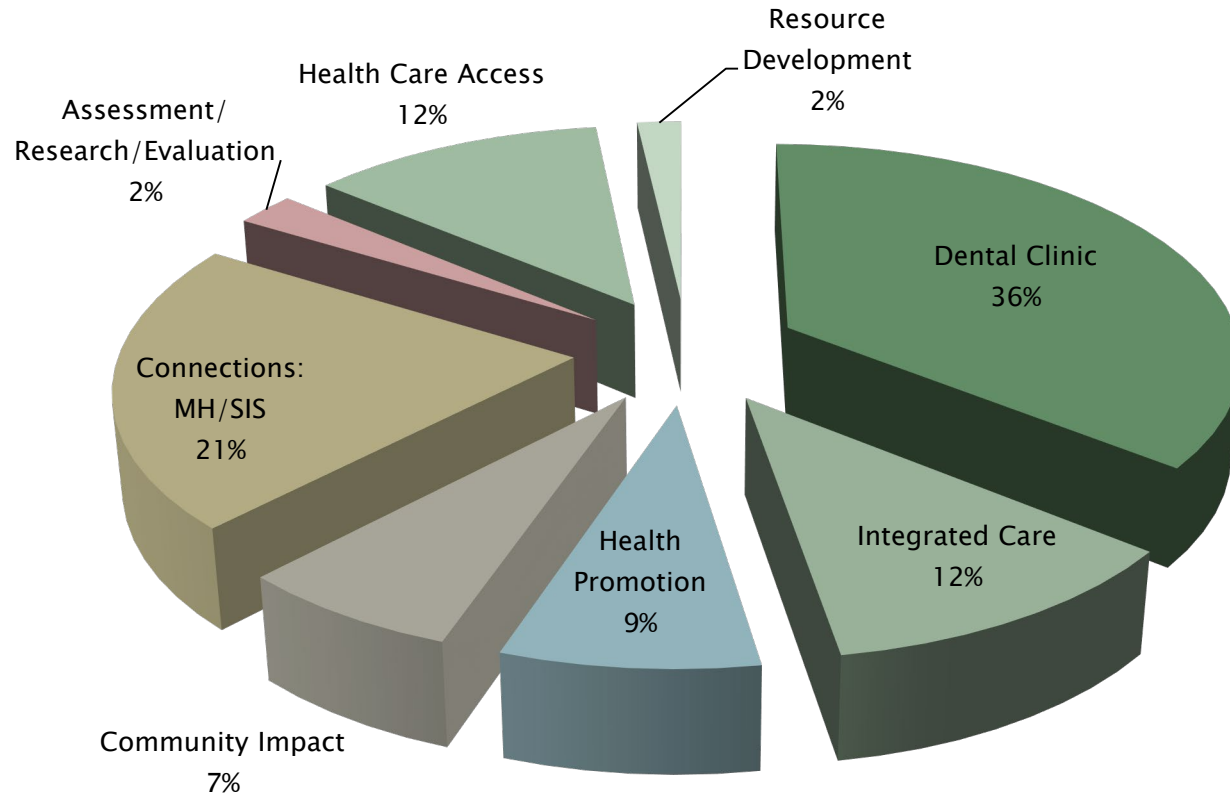
KEY CHANGES in Expenditures

- **Renovation of 425 Mulberry**
- **Increased investment in behavioral health services**
- **Triennial community health needs assessment**
- **2.5% fixed pay increase; market adjustments**
- **Increases in fixed costs**
- **COVID-related changes** (staff recruitment, COVID-related services, etc.)

TOTAL EXPENDITURES



PROGRAM EXPENDITURES



QUESTIONS?



Health District

OF NORTHERN LARIMER COUNTY

ELECTION RESOLUTION POLLING PLACE ELECTION Resolution 2021-16

§32-1-804, §1-13.5, C.R.S.

WHEREAS, the term of office of Directors Molly Gutilla, Michael Liggett, Johanna Ulloa Giron, and Joseph Prows shall expire after their successors are elected at the Regular Special District election ("Election") to be held on May 3, 2022 and take office; and

WHEREAS, in accordance with the provisions of the Special District Act ("Act") and the Colorado Local Government Election Code ("Code"), the Election must be conducted to elect three (3) Directors to serve for a term of three years, and one (1) Director to serve a term of one (1) year.

NOW, THEREFORE, be it resolved by the Board of Directors of the Health District of Northern Larimer County ("District") in Larimer County, State of Colorado that:

1. The regular election of the eligible electors of District shall be held on May 3, 2022, between the hours of 7:00 A.M. and 7:00 P.M. pursuant to and in accordance with the Act, Code, and other applicable laws. At that time, three (3) Directors will be elected to serve three-year terms, and one (1) Director will be elected to serve a one-year term.

2. District shall consist of one (1) election precinct for the convenience of the eligible electors of the district, the boundaries of which are identical to the boundaries of the District, and there shall be two polling places at the following locations:

Health District of Northern Larimer County
120 Bristlecone Drive
Fort Collins, CO 80524

Spirit of Joy Lutheran Church
4501 South Lemay Avenue
Fort Collins, CO 80525

situated in Larimer County, State of Colorado. The polling place located at 120 Bristlecone Drive shall also be the polling place for disabled electors and for eligible electors not residing within the District. If the Designated Election Official deems it to be more expedient for the convenience of the eligible electors of the District (who are also eligible electors in other special districts with overlapping boundaries which are conducting elections on Election Day), the Election may be held jointly with such special districts in accordance with coordinated election procedures as set forth in an agreement between all participating special districts. In such event, the election precincts and polling places shall be as set forth in such agreement. The Designated Election Official is authorized to execute such agreement on behalf of the District, which agreement shall include provisions for the allocation of responsibilities for the conduct and reasonable sharing of costs of the coordinated Election.

3. The Board of Directors hereby designates Chris Sheafor as the Designated Election Official on behalf of District who is hereby authorized and directed to proceed with any action necessary or appropriate to effectuate the provisions of this Resolution and of the Act, Code, or other applicable laws. The Election shall be conducted in accordance with the Act, Code, and other applicable laws. Among other matters, the Designated Election Official shall publish the call for nominations, appoint election judges as necessary, appoint the Canvassing Board, arrange for the required notices of election and printing of ballots, and direct that all other appropriate actions be accomplished.

4. Applications for mail-in voter's ballots may be filed with the Designated Election Official at 120 Bristlecone Drive, Fort Collins, Colorado, no later than the close of business on the Tuesday preceding the election (5:00 P.M. on Tuesday, April 26, 2022).

5. Self-Nomination and Acceptance Forms are available at the Designated Election Official's office located at the above address. All candidates must file a Self-Nomination and Acceptance Form with the Designated Election Official no later than 5:00 P.M. on Friday, February 25, 2022. Interested candidates, who miss the February 25, 2022 deadline, may still apply to run for director by filing an Affidavit of Intent To Be a Write-In Candidate no later than 5:00 P.M. on Monday, February 28, 2022.

6. If the only matter before the electors is the election of Directors of the District and if, at 5:00 P.M. on Tuesday, March 1, 2022, there are not more candidates than offices to be filled at the Election, including candidates timely filing of Affidavits of Intent To Be a Write-In, the Designated Election Official shall cancel the Election and by Resolution declare the candidates elected. Notice of such cancellation shall be published and posted in accordance with the Code. The Notice, and this Resolution, signed by the Board President, shall be filed with the Division of Local Government.

7. If any part or provision of this Resolution is adjudged to be unenforceable or invalid, such judgment shall not affect, impair or invalidate the remaining provisions of this Resolution, it being the Board's intention that the various provisions hereof are severable.

8. Any and all actions previously taken by the Designated Election Official or the Board of Directors or any other person acting on their behalf pursuant to the Act, the Code, or other applicable laws, are hereby ratified and confirmed.

9. All acts, orders, and resolutions, or parts thereof, of the Board which are inconsistent or in conflict with this Resolution are hereby repealed to the extent only of such inconsistency or conflict.

10. The provisions of this Resolution shall take effect immediately.

Adopted and approved this November 9, 2021, by the Board of Directors of the Health District of Northern Larimer County.

Attest:

Michael Liggett, President

Molly Gutilla, Vice President

Celeste Kling, Liaison to PVHS Board

Joseph Prows, M.D., Treasurer

Johanna Ulloa-Giron, Secretary



November 5, 2021

To: Health District Board of Directors
From: Julie Estlick, Communications Specialist, Compass Editor
Re: Prospective *Compass* Advisory Committee members

We are pleased to present to you two candidates to fill unexpected vacancies on the Health District *Compass* Advisory Committee. The committee's charter states that the Health District Board of Directors must give final approval of all committee members.

The committee, which meets quarterly, gives the communications team useful feedback and story ideas for future issues of *Compass*.

The committee has eight members, including myself as editor, Kristen Gilbert as graphic designer, and two other Health District representatives. The remaining four are interested members of the community. Terms are staggered to keep a mix of veterans and newcomers. The current vacancies are for two community members.

We propose the following people to fill these vacancies:

Paul Matthews is a local realtor and a former public relations director for Banner Health in Northern Colorado. A parent of two young children, he also serves on the board of Dementia Together and is a member of the Loveland Mountain View Rotary Club. Paul will bring his knowledge of quality, engaging content, and experience as a writer and editor for a health-care system and newspapers to the committee.

Anne Moyer RN, BSN is a Childcare Health Consultant who trains staff at daycare and early-childhood facilities on health and safety issues. A mother of two elementary-aged boys, Anne was recently hired as a substitute nurse for the Poudre School District to ensure coverage when health office staff is out. In addition to her experience in health care and education, she has copyedited website content for a large tech company and is an avid reader of *Compass*.

The other current advisory committee members are:

- **Julie Estlick**, *Compass* editor
- **Kristen Gilbert**, *Compass* graphic designer
- **Roy Ramirez**, Certified Health Coverage Guide for Larimer Health Connect at the Health District
- **Jeri Newlin**, Tobacco Treatment Specialist for the Health District, mental health
- **Carol Seest**, Larimer County Office on Aging /Aging and Disability Resource Center Case Manager and Options Counselor
- **Diane Cohn**, Program manager for the Volunteers of America's Caregiver Support Program

**Re-opening the COVID-19 Isolation/Recovery and Quarantine Facility (IRQ)
For People Experiencing Homelessness
(Myrtle Houses)**

A Temporary (Approximately Six Month) Approach

Created by the Health District of Northern Larimer County
November 3, 2021

The Need

A critical need during the COVID-19 pandemic is to have a place where people who are experiencing homelessness can shelter should they need to isolate and recover due to having COVID symptoms (until test results come in) or testing positive for COVID, or to quarantine due to being in close contact with someone else while they were contagious. In addition to meeting their needs, it is important that they have a place isolated from congregate shelter or public areas in order to prevent the spread of COVID.

Due to the new and extreme need, with no other options in the community, the Health District temporarily operated an Isolation/Recovery and Quarantine (IRQ) facility (Myrtle) from May 2020 through May 2021. By May 2021, COVID case rates in Larimer County were among the lowest they had been since the start of the pandemic, vaccinations had become readily available, and low spread seemed likely. Homeward Alliance had funds to place small numbers in motel rooms, and staff to make regular visits and assure food. Health District staff who had been redeployed to staff the IRQ needed to get back to their jobs. With what seemed like a solution in place, the Myrtle facility was closed.

By August of 2021, with the advent of the Delta variant of COVID-19, which spreads much faster than the original Delta virus, case rates started to climb significantly in Larimer County, followed by a notable rise in cases of those experiencing homelessness. Homeward Alliance's budget and staff capacity were not able to keep up with the need. Other options to isolate people in existing shelters, or place people in motels have been tried, with the help of Larimer County and the Salvation Army, but no reliable, stable option for more than one or two cases at a time has been identified. Providers of services for those who are unhoused are experiencing the highest demand for services that they have ever seen, and as they head into winter months, their staffs are stretched to their limits (and beyond).

There is a clear need for a stable IRQ, separate from the existing shelters, to be re-developed temporarily.

Proposed Approach/Partners

The proposed approach is to redevelop the community partnerships and re-open the Myrtle IRQ facility. The location is available, and the owners are willing to lease it.

If funding for the project can be obtained through Larimer County, the following seems possible: The Health District has facility staff who can get the facility itself up and running again. If an appropriate Project Coordinator can be located, the Coordinator would be responsible for the project under the direction of the Health District, and would hire 1-2 assistants. Funding for a part time Nurse Case Manager, to be supervised by the Health District's Medical Director, would provide the necessary health assessments and coordination. The amount of security provided when guests are available would be increased in order to require less staff time than in the first iteration. The shelters would work closely with the IRQ to share information regarding transfers from location to location, and the Fort Collins Rescue Mission can provide transfer to the IRQ for their guests. It is anticipated that the project would again work closely with the hospitals and Larimer County Health Department for appropriate referrals back and forth, and in certain cases, for appropriate medication as individuals are discharged from the hospital.

Proposed Timeline

If things fell into place quickly, including funding and finding a Project Coordinator, the IRQ could likely be in commission by the first part of December, and run through May 2022.

This approach is considered to be a short-term approach. The community is closing in on an intermediate-term (that would start within a year, and last for perhaps 3 or 4 years) solution for expanded shelter that could be developed to include an isolated area, with separate restroom facilities, for isolation/quarantine needs. In the long run, the community is working on a new, well-designed shelter (and services) for those experiencing homelessness; it will be critical that isolation/quarantine space be developed into that facility.

Remaining Challenges

At this point, the key challenge is to locate a Project Coordinator. A second challenge will be to secure a reliable transportation method; the option used during the first iteration of the IRQ is no longer available. The third challenge is to be able to hire a part time Nurse Case Manager, since nurses are in high demand.

Estimated Budget

The level of need, and subsequent costs, for this type of project vary greatly. It is estimated that the project could cost as much as \$224,000, though it is possible that it would cost considerably less (or, if the number of cases increased even more, could cost a bit more).



BOARD OF DIRECTORS 2022 Meeting Schedule

UNDER TITLE 32 SPECIAL DISTRICT ACT OF THE COLORADO STATUTES

Regular meeting dates are generally the fourth Tuesday at 4:00 p.m. of each month, with the exception of November and December. Additional special meetings and/or work sessions may be scheduled by the Board on an AS NEEDED basis.

Meeting Location: 120 Bristlecone Drive, Fort Collins, CO

*NOTE: Meetings may be cancelled or dates and times may change.
Please contact Ms. Anita Benavidez at 224-5209 to confirm any Board meeting.*

MEETING DATES		COMMENTS
January 10,	Tuesday, 8:00 am – 12:00 pm 1:30 – 5:00 pm	Special Meeting
January 25	Tuesday, 4:00 pm	
February 8	Tuesday, 4:00 pm	Special Meeting
February 22	Tuesday, 4:00 pm	
March 8	Tuesday, 4:00 pm	Special Meeting
March 22	Tuesday, 4:00 pm	
April 14	Thursday, 4:00 pm	Special Meeting
April 26	Tuesday, 4:00 pm	
May 24	Tuesday, 4:00 pm	
June 28	Tuesday, 4:00 pm	
July 26	Tuesday, 4:00 pm	
August 23	Tuesday, 4:00 pm	
September 27	Tuesday, 4:00 pm	
October 27	Thursday, 4:00 pm	Presentation of next year's Budget
November 14	Monday, 4:00 pm	Budget Hearing
December 13	Monday, 4:00 pm	Budget Approval

OTHER IMPORTANT DATES/EVENTS

TBD – Annual Board Retreat TBD – Joint Board Meeting with UCHealth North/PVHS Board April 4 – 5, 2022 – National Health Policy Conference November 6 – 9, 2022 – American Public Health Association Annual Conference

Board Approved:
Updated:

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
July 27, 2021

Health District Office Building
120 Bristlecone Drive, Fort Collins
Poudre River and Longs Peak Conference Rooms

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 (by Zoom)
Molly Gutilla, MS DrPH, Board Vice President
Johanna Ulloa Giron, Psy.M., MSW, Board Secretary
(by phone, for brief portion of meeting)

Staff Present:

Carol Plock, Executive Director
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Richard Cox, Communications Director
Kristen Cochran-Ward, Connections Director
Lorraine Haywood, Finance Director
Brian Ferrans, CIT Director

Staff Present:

Lin Wilder, Special Projects Director
Laura Mai, Assistant Finance Director
MJ Jorgensen, CIT Strategy & Impl. Coordinator
Anita Benavidez, Executive Assistant

Public Present:

Diana Dwyer

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 add a letter to the Fort Collins City Council under Discussion & Actions and a second Public Comment before the Consent Agenda

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

PUBLIC COMMENT

None

PRESENTATIONS

Legislative Wrap-up: What Passed? Key bills with notable implications – Karen Spink

The 2021 Legislative Session was unique – with the trifecta of Democrats holding the majority in both houses and a democratic governor, significantly more bills were passed than in other years - 81% of the 623 bills put forth this year were passed. Of the 28 bills for which the Health District took a position, one was PI'd (killed); all the rest were passed.

Big themes in this session were the state budget, health care and behavioral health, gun safety and access, transportation, environmental issues, criminal justice, and housing. With better than expected revenues and critical investments made possible through the American Rescue Plan Act (ARPA), most cuts made in the 2020 session were restored and it allowed an increase in funding for key priorities in health care and other issues. The State received \$3.8B in ARPA funds. Lawmakers spent \$2B of those funds while setting aside \$1.8B for future needs. ARPA funds have to be allocated by 2024 and spent by 2026. The SDA is

advocating strongly to not wait until the 2022 Legislative Session to determine if there are funds available to special districts.

The FY21-22 Long Bill included \$180M for a 2.5% community provider rate increase including most Medicaid providers; \$707.5M for Medicaid medical and long-term services; and \$5.9M to address health disparities for Medicaid patients, as well as \$48M to CDPHE for health equity grants. Funding on other key items important to the Health District include the restoration of the annual dental benefit back to \$1,500 and \$1M in the General Fund for a low income senior dental program; \$910K for improved hotline and mobile crisis services for youth and children; and \$550M for other behavioral health. In addition to ARPA funds going to the state, counties and cities also receive ARPA funding according to formulas; the use of those dollars is up to the entity, within federal parameters.

Bills of direct relevance to the Health District focused on health care cost, coverage & affordability, prescription drugs, behavioral health, and special district and employment law. SB21-293: Property Tax Classification and Assessment will have a direct impact on HD funding.

HB21-1232: The Colorado Option bill changed significantly over the session. In its final form, the State Division of Insurance will create a Standardized (health insurance) Plan for Colorado by January 2022, allowing consumers and businesses to easily compare plans. In 2023, the Colorado Option will be available to all Coloradans who buy their health insurance on the individual market, as well as small businesses with less than 100 employees. The bill requires the reduction of health insurance premiums from 2022 rates: 5% less in 2021; 10% less in 2024; and 15% less in 2025. It will require a federal waiver to go into effect. The State will convene six stakeholder meetings to discuss the framework with an eye to improving health equity, reducing disparities, and incentivizing high value services. The State is encouraging people who represent diverse communities – race, ethnicity, immigration status, age, ability, sexual orientation, gender identity, or geographic region – to participate along with physicians and other members of the health care industry.

HB21-1198: Health Care Billing Requirements for Indigent Patients. Beginning in June 2022, hospitals will screen all low-income patients for certain health care options and for hospital charity care eligibility. It limits the amount that those with low incomes pay for certain health services, and prohibits hospitals from sending a patient to collections, with some exceptions. Qualified patients will be those with incomes under 250% FPL.

SB21-175: Prescription Drug Affordability Board establishes a new Drug Affordability Board starting April 1, 2022. This board can review medication costs and set upper payment limits for all payers, but only for twelve drugs per year over a three-year period. Triggers for review include an increase of more than 10% over a one-year period for a one-year supply; brand-name drug costs of more than \$30K per year; and generic drug costs at \$100 or more per month. Coloradans can petition for a review as well. Four other bills focused on the high cost of prescription drugs passed as well: HB21-1237, HB21-1297, HB21-1307, and SB21-123.

HB21-1097: Establishes the Behavioral Health Administration (BHA). A plan for creation and establishment of the administration must be submitted by November 1, 2021 with the BHA established by July 1, 2022. It will be the single agency tasked with the responsibility for the centralized administration of most state behavioral health programs (with the exception of Medicaid), with the goals of coordinating and distributing funding, improving access, and integrating behavioral health care with physical health care. It will also become the sole source for monitoring, evaluating, and reporting behavioral health outcomes. Several other bills related to behavioral health passed: HB21-1021, SB21-154, HB21-1258, HB21-1085, HB21-1030, and HB21-1068. HB21-1068 provides insurance coverage for mental health wellness exams.

SB21-293: Property Tax Classification and Assessment Rates – reduces assessment rates, for two years, on residential and agricultural property as well as property used for renewable energy production; the impact would be felt in the Health District budget in 2023 and 2024. Multi-family property tax rates will drop

from the current 7.15% to 6.5%, while all other residential property taxes, currently at 7.15%, will drop to 6.95%. There is an initiative to put the issue of reduced property taxes on the fall ballot in Colorado; the language of that initiative would be to make similar cuts ongoing, which would have a far greater impact on the Health District over time. Eight other bills directly impact the HD: HB21-1025, SB21-160, SB21-256, HB21-1051, HB21-1108, HB21-1075, SB21-199, and HB21-1278 regarding Special District Meeting Requirements. The SDA supports HB21-1278 and Title 32 has been updated to clarify that special district meetings (regular and special) can be held telephonically, electronically, or physically (in-person).

Brief status update: COVID, Stimulus – Carol Plock

COVID: Larimer County is starting to move out of the green COVID rate indicator (rates go from green as the lowest indicator of rates/100,000: <35, to blue (36-100), yellow (101-300), orange (301-500), and red (501+), and 56.5% of residents are fully vaccinated. Many counties in Colorado have moved from green to blue and there are some counties in yellow and orange. The 7-day case rate/100,000 is up 25% from last week, the rate of those testing positive has risen to 3.7%, and hospitals are seeing consistent COVID patients.

The significant concern right now is the Delta variant, which is increasing by leaps and bounds; 90% of the variants in the state are the Delta variant (compared to 3% at the end of April, and 41% in June). Delta is driving a worldwide resurgence of the COVID pandemic; it is far more contagious than the original COVID strain, contagious earlier, and those infected with it have been found to have a viral load 1000 times higher than the original strain.

Vaccinations are critical and Larimer County has given about 400K doses. Statistics gathered by race/ethnicity in Larimer County show that those who are non-white and non-Latinx have the highest rates of vaccination at 63%, followed by white non-Latinx at 57%, and showing a concerning gap for the Latinx population, at 24%. Although education sessions have been well-attended, questions and concerns among this group remain.

Health care facilities are starting to move towards requiring vaccination for their workers. While 96% of physicians nationally say they are vaccinated, a recent estimate was that 1 in 4 hospital workers are not. The VA has issued a vaccine mandate for its health care workers, and New York City and California will require workers to be vaccinated. Forty significant national medical groups have called for mandatory vaccination of US health care workers, including the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Association, American Nurses Association, American Public Health Association. Locally, Banner has said they will go to mandated vaccinations. While monitoring the changes, staff would like Board input on the subject when needed.

STIMULUS: *Housing:* One of the key social determinants of health is housing, and the good news is that there is significant funding available to Colorado for housing that has not been available before. ARPA housing funding (close to \$1B in Federal funds) will provide funding for additional emergency rental assistance, homeowner assistance, emergency housing vouchers, and other funding to address the housing needs of populations, households, and geographic areas disproportionately impacted by the pandemic. In addition to ARPA funding, there are four other sources of funding that will quadruple funding from 2020 to 2022 for certain housing programs in Colorado, and two new state programs. Together, communities will have far greater ability to impact housing, at least for the short run.

Behavioral Health: Strides have also been made in behavioral health funding: The \$20M in cuts made in 2020 have been restored. Of the new ARPA funding, \$550M has already been appropriated for the State Behavioral Health Fund, with \$99.3M of that going to urgent needs and system supports, BH workforce support, and an expansion of BH capacity and systems. An interim task force is being created to make recommendations on the use of the remaining \$450M. This funding, however, will not be permanent.

DISCUSSION AND ACTIONS

Letter to City Council

Late last week the Health District received a request from homeless provider partners to share with the Fort Collins City Council the importance of looking at solutions for overnight shelter space and coordinated services. The Health District's experience was shared in a letter, reviewed and signed by the Board President. It was sent to the council last night and two very positive responses have been received from the Mayor and a Council member. A Board member asked what part the Health District would take and if incoming funds would be eligible to be used for this kind of effort; the response was that our letter was simply intended to share our experience with the need for adequate shelter, and that it is important for city and county staff to study the housing funding carefully to see what might be applied to this need.. A request was made that, when a letter or communication is being sent to community leaders, a copy be sent simultaneously to all Board members.

MOTION: To ratify the letter/email dispatched on July 26 to the Fort Collins City Council supporting the development of a new and improved overnight shelter space for men, and the inclusion of best practice 24/7 shelter and coordinated services for people experiencing homelessness.

Moved/Seconded/Carried Unanimously

A board comment was that since we have significant experience and credibility, it was important for us to share the information.

Policy: Medicare Coverage, Dental Care

There is an increasing push nationally to get federal legislators to add dental care to Medicare coverage. Staff is seeking Board consent to develop advocacy letters supporting the inclusion of dental care in Medicare to Colorado's federal legislators. The Board agreed by consensus.

Resolution 2021-03: 4th Amended LETA IGA – Chris Sheafor

The Larimer Emergency Telephone Authority (LETA) was established to create 911 in Larimer County. At one time, the Health District provided emergency services, and has remained on the IGA. This Fourth Amended Intergovernmental Agreement (IGA) was a rewrite of the previous IGA – mostly updates as well as some streamlining and language clarification. Participants increased from 24 to 30, the IGA now allows new members to be added by the Board, and it clarifies how board members are selected. Assets are now prorated back to the members (for those who have contributed to it). All members agreed on the updated IGA. Our consent requires a signature from the Board president and needs to be finalized by November 1. There is no budget consequence to the Health District.

MOTION: To approve Resolution 2021-03, Amending the 2009 Third Amended Intergovernmental Agreement of Larimer Emergency Telephone Authority and to Authorize a Signature on the Proposed 2021 Fourth Amended IGA of LETA

Moved/Seconded/Carried Unanimously

Compass Advisory Committee Nominations – Richard Cox

Three new members to the Compass Advisory Committee are being put forth: Jeri Newlin, tobacco treatment specialist at the Health District; Diane Cohn, a program manager for the Volunteers of America's Caregiver Support Program, and Carol Seest, case manager and options counselor with the Larimer County Office on Aging/Aging and Disability Resource Center. The Committee convenes shortly after the publication of Compass.

MOTION: To approve the recommended candidates for the Compass Advisory Committee.

Moved/Seconded/Carried Unanimously

Board Retreat

The 2021 Annual Board Retreat will be held August 23, 2021 at Tapestry House. Topics for this retreat will include a review of the past 18 months and an update for the first six months of 2021 (the 2020 annual

report will be part of the packet, as well as data for the first six months of 2021). Historically, the annual retreat is a time for directors to look at programs and priorities to see if any adjustments are needed. Equity, Diversity, and Inclusion is a relatively new focus so Board members can consider how they make decisions with an equity lens, and whether it is time for changes to the Health District Mission, Vision, and Values. The retreat notebook will be to the Board at least a week prior to the retreat. .

OTHER UPDATES & REPORTS

Executive Director Update

Ms. Plock has just returned from four weeks' medical leave. There were fewer applicants for Finance Director than anticipated; additional recruitment methods will be used. The 'return to office' shift is in process, with all office moves accomplished and staff either back in the office, or moving in that direction.. Significant effort is going into balancing the needs of the organization, clients, and staff regarding remote work. Most staff will be in the office most of the time. Programs are reviewing the key elements of their work to determine what worked well and what didn't over the past year. Some of the hard-working staff who put in many, many hours during the span of the pandemic are finally taking recovery time off. As expected, some things are delayed due to that time off. Updates to COVID policies have recently been made.

Liaison to PVHS/UCHealth North Report

The Board did not meet in July but will in August. Nothing to report at this time.

Awards

Carol Plock has been selected as the state Special District Association's 2021 Special District Manager of the Year for leadership and dedication to the district. The award will be presented at the Special District Association's annual conference on September 14. Congratulations were expressed.

The Health District got the Gold Category in the League of American Bicyclists, largely due to the work of Sue Hewitt.

PUBLIC COMMENT (2nd opportunity)

None

CONSENT AGENDA

- Approval of Minutes for the June 17, 2021 Regular Board Meeting
- March 2021 Financials

MOTION: To approve the consent agenda

Moved/Seconded/Carried Unanimously

ANNOUNCEMENTS

- August 23, 2021, 8:00 am – 8:00 pm, Board of Directors Annual Retreat, Tapestry House
- September 28, 4:00 pm, Board of Directors Regular Meeting
- October 28, 4:00 pm – Board of Directors Regular Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of Personnel Matters pursuant to §24-6-402(4)(f) of the C.R.S.

Moved/Seconded/Carried Unanimously

The Board retired to Executive Session at 5:19 p.m.

The Board came out of Executive Session at 6:10 pm. No decisions were made.

ADJOURN

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

The meeting was adjourned at 6:12 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 and Liaison to UCH-North and PVHS Board

Joseph Prows, MD MPH, Board Treasurer

Johanna Ulloa Giron, Psy.M., MSW

Health District

OF NORTHERN LARIMER COUNTY

BOARD OF DIRECTORS

REGULAR MEETING

September 28, 2021

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:

Carol Plock, Executive Director
Chris Sheafor, Support Services Director
James Stewart, Medical Director
Karen Spink, Assistant Director
Richard Cox, Communications Director
Kristen Cochran-Ward, MH/SU Director
Lorraine Haywood, Finance Director
Dana Turner, Dental Services Director
Laura Mai, Assistant Finance Director

Staff Present:

MJ Jorgensen, Project Implementation Coord.
Anita Benavidez, Executive Assistant

Public Present:

June Hyman-Cismosky

Guest Speakers:

Daniel Cummings, EFL Associates
Cindy Krebs, Alliance Resource Consulting
Heather Gantz, Raftelis (formerly known as the
Novak: Consulting Group)

CALL TO ORDER: INTRODUCTIONS & APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:00 p.m.

The July 27, 2021 Board of Directors Meeting Minutes were removed from the Consent Agenda.

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

PUBLIC COMMENT

None

EXECUTIVE SEARCH FIRM INTERVIEWS

Grounding: Karen Spink, Assistant Director, provided a review of the process taken to get to the three firms being presented for consideration for running the Executive Director search for the Health District. All shared a strongly stated value for diversity. Each firm will have a total of 50 minutes: 40 minutes to present, responding to the questions sent to them prior to the Board meeting; and 10 minutes for follow-up questions/discussion.

Interview #1 EFL Associates: Karen Spink introduced Daniel (Dan) Cummings, Senior VP and Managing Director for EFL's Denver office. EFL's approach to recruiting is consult first, search second. They are a national firm with broad reach and have provided executive talent solutions to the nonprofit and public sectors, locally and nationally, since 1978. Mr. Cummings gave a presentation responding to the questions sent in advance, added detail, and responded to Board questions.

Interview #2 Alliance Resource Consulting: Ms. Spink introduced Cindy Krebs, National Director for

Alliance, based in California. Their firm has experience with public service organizations and specializes in public sector recruitments. They are an Asian American Pacific Islander woman- owned business that started in 2004. Ms. Krebs gave a brief presentation and responded to Board questions.

Interview #3 Raftelis (previously TheNovak Consulting Group): Ms. Spink introduced Heather Gantz. The firm has extensive experience recruiting for health and human services and have been recruiting in the public sector for nearly 15 years. They have performed many searches in Colorado and are currently working with the cities of Fort Collins, Boulder, and Westminster. Ms. Gantz reviewed their answers to each question sent in advance, added detail, and responded to Board questions.

Following the interviews, the Board went into executive session to discuss the presentations and give negotiating instructions.

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, developing strategy for negotiations, and instructing negotiators pursuant to §24-6-402(4)(e) of the C.R.S.

Moved/Seconded/Carried Unanimously

The Board retired to Executive Session at 6:33 p.m.

The Board came out of Executive Session at 6:53 p.m.

UPDATES AND REPORTS

Brief Status Update, COVID and the Health District, Carol Plock

COVID: Ms. Plock reported that COVID continues to be a concern. The case rate in September is the highest it's been with the exception of November/December last year. The 7-day rate at its current high was 278/100k, compared to the 30's and 40's in June and early July. In the last three days, new cases have dipped under 200 but experts are unsure whether the case rate will settle into a valley or if it will rise again.

ICUs in Larimer County have been at or over capacity for about three weeks; yesterday, there were 71 COVID cases in the ICUs, they were at 102% of usual care levels, and 47% of the patients in ICUs were COVID patients. Ninety percent of COVID patients in the ICU are unvaccinated. While Larimer County had only two COVID deaths in July, there were 13 in August and 16 so far in September, including several people in their 50's and 60's. Outbreaks are mostly in schools and senior living residences, and a significant outbreak at one of the shelters for those experiencing homelessness. Pfizer filed for approval of their vaccine for ages 5 - 11.

Impact on the Health District: The Larimer County Health Department is having challenges keeping up with contact tracing, and asked for assistance, so we currently have two staff dedicating a total of 32 hours/week to help, and two more of our staff are in training and will provide some part time assistance if needed.

The plan for isolation/recovery and quarantine for those experiencing homelessness was working before the outbreak, but was not adequate to meet the needs during the outbreak. Homeward Alliance had funding and space in hotels for a few individuals, but doesn't currently have the time or the staff to meet the need. We are still gathering information, and everything is very fluid at this point. There is a chance that the Fort Collins Rescue Mission could, with FEMA or stimulus funding from the county/city, and some help from us to understand the process and help with health care coordination, re-open the IRQ at the Myrtle houses. The City is working very hard to try to find a larger space for more distanced shelter over the winter months. With the pandemic at its current high levels, it's important that the community not keep people experiencing homelessness in the current packed situation throughout the winter.

The Health District announced in early September that would be requiring COVID vaccinations; staff

have until this Friday (September 30) to have had their first shot, and October 30 for the second. It's a complicated process due to the law regarding possible accommodations. The decision followed Gov. Polis' requirement that health care workers in Colorado be vaccinated – though the law is for licensed facilities and doesn't include us, we strive to follow the same safety standards as health facilities. By complete coincidence, the decision was announced to staff on the same day that President Biden announced that employers over 100, and those accepting Medicaid and Medicare, would also be expected to require vaccination for their employees.

The high levels of COVID cases has been discouraging to many clients and staff, and led to increased stress and frustration.

Other Executive Director Updates

Leadership is deep into the budget, which is more complicated than usual as we are just receiving the results from our biennial salary survey. Ms. Plock welcomed the new Finance Director: Laura Mai, who has been serving as the Assistant Finance Director for the last five years. Laura has been with the Health District for 15 years and has performed nearly all of the finance functions. Lorraine will provide extensive focused training now, as well as periodic training as the year evolves.

Liaison to PVHS/UCHealth North Report, Celeste Kling

Ms. Kling reported that a key focus is on finances and contracts. While income is up locally, it is not at the same level as 2019. UCHealth has just signed a new contract to take over 911EMS emergency medical services for the City of Greeley. The PVH ambulance system has a much higher than national rate of saving lives in cardiac events. Gillette, Wyoming just joined the UCHealth network. Work has begun on the Master Plan for PVH - certain departments are moving around, improving internal resources. A recent USNews "Best Hospitals in Colorado" ranking listed UCHealth University of Colorado first, MCR second, and PVH fourth. UCHealth is the only hospital currently compliant with the hospital price transparency requirement.

ED and Urgent Care volume is up, and ICUs are exceeding their capacity. Due to COVID, the ICUs have had to move to triaging requests for transfers from other localities, and denying transfers. They had a day of accepting no patients - a first. They are seeing a lot of RSV showing up in kids. With the Delta variant of COVID, patients are sicker, staying longer, more often vented, and it is leading to higher mortality rates.

The new trial hospice program at UCH is going well; patients are transferred to hospice care within the hospital, and it is in high demand. Pathways Hospice is also building a new hospice facility; it is anticipated that there will be enough demand for both.

The biggest challenge continues to be staffing. Staff are exhausted and report that the last three weeks felt like a full year. They also report that some patients are on edge as well – which can manifest in rude and demanding behavior, making it even more difficult for staff. They are working on trying to increase salaries. On the mental health front, it has been determined that Mountain Crest Behavioral Health Center is not an adequate physical plant for current needs; it needs expansion and significant repairs. After looking carefully at four options, it looks like that they may move it back into PVH, which is better able to handle both physical and mental health issues, and where there may be less stigma and more access. PVH's co-responder program in the community is going well.

Board discussion after reports: A Board member expressed their concern about COVID and how it is affecting staff – it's been hard on everybody - teachers, nurses, and more, and other places are experiencing massive exodus of staff. They noted their concern about whether the Health District should be involved in an IRQ at the level that we were before, and whether the county and city could take on that role. They also asked whether there might be a state or local mask mandate, with rates going as high as they are.

Ms. Plock acknowledged that the Health District is likely to experience some staff turnover in these unusual times - most employers are experiencing higher than normal turnover. So far, however, turnover has been at about 17% between when COVID hit in 2020 and now, which is not much higher than a normal year at

16%. In terms of internal adjustments to the higher COVID rates, we are again adjusting our approaches. We have required masks in our offices since August, and have moved back to 6' distancing (except in programs like dental and certain mental health services where it is impossible). It is true that COVID uncertainties, the ED's retirement, and other COVID-related impacts like tighter job markets can cause stress. Getting people hired and in place is taking time, which can impact services. We may start working with search firms to help with some of the difficult-to-hire positions.

The City and the County are both involved in trying to develop solutions for people experiencing homelessness; the city working on overflow shelter space, and the county on funding for a stable IRQ solution. If the Health District needs to become involved with the IRQ, we would seek funding and hire new staff. Finally, as cases keep rising, we may see a local mask requirement again in Larimer County.

DISCUSSION AND POTENTIAL ACTION

Possible Change in Policy 99-5

There is a proposed change in a policy that formerly allowed small expenditures of funding for attendance at nonprofit funding events, to also allow small amounts of funding for nonprofit events when important health messaging opportunities exist. There was a request for funding to support the community Dia de Muertos (Day of the Dead) celebration, which honors ancestors. Staff thought that the opportunity to both support an important cultural event and also to share an important health message (in this case, the importance of vaccination) was appropriate. Ms. Ulloa Giron, who originally presented the request, noted that while she did not believe that she has a direct conflict of interest, there may be a perception of conflict, so she would abstain from voting.

MOTION: To approve revised Policy 99-5: District Sponsored Attendance at Nonprofit Fundraising Events or District Sponsorship of Nonprofit Events When Important Health Messaging Opportunity Exists
Moved/Seconded/Carried 4 - 0 with Director Ulloa Giron abstaining

CONSENT AGENDA

- June 2021 Financials and July 2021 Financials
- Approval of Amendment to Policy 99-01: Contract Signature Policy
- Approval of Amendment to Policy 10-01: Financial Accounts Signature Policy
- Approval of Resolutions 2021-04 through 2021-15 updating signature authority

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

PUBLIC COMMENT (2nd opportunity)

None

ANNOUNCEMENTS

- October 13, 2021, 5:00 pm-Board of Directors Special Meeting
- October 28, 2021, 4:00 pm- Board of Directors Regular Meeting
- November 9, 2021, 4:00 pm-Board of Directors Regular Meeting and Budget Hearing

ADJOURN

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

The meeting was adjourned at 7:15 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., Liaison to UCH-North and PVHS Board

Joseph Prows, MD MPH, Board Treasurer

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