



Hybrid

BOARD OF DIRECTORS REGULAR MEETING

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

OR

Please click the link below to join the meeting:

[https://healthdistrict.zoom.us/webinar/register/
WN_3xGAoIEFQA_2Hb0YfeWB3Ag](https://healthdistrict.zoom.us/webinar/register/WN_3xGAoIEFQA_2Hb0YfeWB3Ag)

Note: You must register in advance of the meeting to receive
Zoom Link information.

Tuesday, August 22, 2023
5:00 p.m.



AGENDA

BOARD OF DIRECTORS REGULAR MEETING

August 22, 2023

5:00 pm

Please join us in person at 120 Bristlecone Dr., Fort Collins, CO 80524

OR

Please click the link below to join the meeting:

https://healthdistrict.zoom.us/webinar/register/WN_3xGAolEFQA2Hb0YfeWB3Ag

Note: You must register in advance of the meeting to receive Zoom Link information.

- 5:00 p.m. **I. CALL TO ORDER**.....Molly Gutilla
 - A. Roll Call of Board of Directors
 - B. Welcome Guests & Attendees
 - C. Conflict of Interest Statement
 - D. Approval of Agenda

- 5:05 p.m. **II. PUBLIC COMMENT**
 Note: If you choose to comment, please follow the “Guidelines for Public Comment”
 Provided on the back of the agenda.

- 5:10 p.m. **III. PRESENTATIONS**
 - Overview of 2024 Budget Process & Timeline.....Laura Mai

- 5:25 p.m. **IV. CONSENT AGENDA**
 - A. June 2023 Meeting Minutes
 - B. July 2023 Meeting Minutes
 - C. July 2023 Financials

- 5:25 p.m. **V. ACTION ITEMS**
 - A. Formal Vote Signature on Jackson County’s request to join LETA.....Chris Sheafor
 - B. Health Coverage Outreach Project RFP.....Jessica Shannon, Dana Turner
 - C. 2023 Meeting Schedule Changes.....Molly Gutilla

- 5:40 p.m. **VI. REPORTS**
 - A. Annual Cybersecurity Update.....Laura Mai
 - B. SB23-303: Reduce Property Taxes And Voter-approved Revenue Change....Alyson Williams
 - C. Update on Classification and Compensation Study and Analysis.....Lorraine Haywood
 - D. Liaison to PVHS/UCHealth North.....Celeste Holder Kling
 - E. Colorado Health Symposium.....Erin Hottenstein
 - F. Executive Director Staff Report.....Liane Jollon

- 6:00 p.m. VII. PUBLIC COMMENT (2nd opportunity)** See Note above.
- 6:05 p.m. VIII. ANNOUNCEMENTS**
- A. August 28, 8:00 am – Board of Directors Retreat
 - B. September 26, 5:00pm – Board of Directors Regular Meeting
- 6:10 p.m. ADJOURNMENT**

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



AGENDA DOCUMENTATION

Meeting Date: August 22, 2023

SUBJECT:

Overview of 2024 Budget Process & Timeline

PRESENTER: Laura Mai

OUTCOME REQUESTED: ___ Decision ___ Consent ___X___ Report

PURPOSE/ BACKGROUND

General overview of requirements, procedures, and internal/external timelines for the Health District budget. Key areas in the timeline will be noted for Board participation.

Health District Budget Timeline:

- **New position of Budget Analyst was filled internally in Finance at the beginning of 2023.** This position includes budget analysis and review, identification of budget variances, and the ability to work closely with both the Directors and Managers to understand governmental budgeting and program/grant financials.
- **New to 2023** – Meetings TBD with Board Treasurer/Assistant Treasurer.
- **August 1st** – Directors and Managers received the 2024 Year to Date budgets and guidance to complete estimated budget projections.
- **August 25th** – Larimer County Assessor certifies the Health District’s preliminary valuation for assessment.
- **September 1st** – All of the proposed budgets from the Directors and Managers are due to Finance Director.
- **September 8th** – Preliminary budget due to the Executive Director.
- **Work sessions** – Regular meetings to include Finance Director/Deputy Director/Executive Director. Directors/Managers must be available for questions throughout this time.
- **October 13th** – Final draft budget to Executive Assistant for the Board.
- **October 13th** – Executive Assistant posts notice of budget and hearing.
- **October 15th** – Proposed budget submitted to the Board.
- **October 24th** – Meeting to hear initial Board questions on proposed budget and set public hearing. **Board budget work session immediately after.
- **November 16th** – Public hearing on proposed budget.
- **December 10th** – Larimer County Assessor certifies Health District’s valuation for final assessment.
- **December 12th** – Meeting to adopt 2024 budget, appropriate money, and certify the mill levy.
- **December 15th** – Deadline for certification of mill levy to County Commissioners.
- **January 31st** – Budget due to Colorado Department of Local Affairs

Important Date to Watch –

- **November 7th** – Statewide general election where voters approve (or not) Prop HH.

If Prop HH passes – **May need to request additional Board meetings or change the timing of a previously scheduled date.

- **December 5th** – Truth in Taxation notice for exceeding property tax limit.
- **December 29th** – Larimer County Assessor Certifies Health District’s valuation for final assessment.
- **January 5th** – Certify mill levy to Board of County Commissioners.

**Key areas in the timeline are highlighted for Board participation*

Attachment(s): Colorado Department of Local Affairs Budget Timeline

FISCAL IMPACT: *None*

STAFF RECOMMENDATION *Informational Only*



LOCAL GOVERNMENT BUDGET CALENDAR

The budget calendar is a general listing of the deadlines for the budget, for an audit and for the property tax certification process. Some deadlines are not statutory, but reflect good budgeting practices. For details on the applicable statutes listed below, please refer to the most current Colorado Revised Statutes (“C.R.S.”)

DATE	EVENT / ACTIVITY
1-Jan	Start of Fiscal Year; begin planning for the budget of the next year.
10-Jan	Deadline for assessor to deliver tax warrant to county treasurer (C.R.S 39-5-129.)
31-Jan	A certified copy of the adopted budget must be filed with the Division. (C.R.S 29-1-113(1)). - If a budget is not filed, the county treasurer may be authorized to withhold the local government’s tax revenues. -
10-Feb	The Division sends notification to local governments whose budgets have not been filed with the Division.
1-Mar	The U.S. Bureau of Labor Statistics releases the Consumer Price Index (the “CPI”) for the Denver/Boulder area. This annual percent change is used with “local growth” to calculate “fiscal year spending” and property tax revenue limitations of TABOR. (Article X, Sec. 20, Colo. Const.)
15-Mar	The Division will authorize the county treasurer to withhold tax revenues until a certified copy of the budget is filed with the Division.
31-Mar	Deadline to request exemption from audit. (C.R.S 29-1-604(3)) Contact the Local Government Audit Division, Office of the State Auditor, (303) 869-2800. The Division notifies local governments of its determination that the entity has exceeded the statutory property tax revenue limit (the “5.5%” limit).
30-Jun	Deadline for auditor to submit audit report to local government governing body. (C.R.S 29-1-606(a)(1))
31-Jul	Deadline for submitting annual audit report to the Office of the State Auditor. (C.R.S 29-1-606(3)) Deadline for request for extension of audit. (C.R.S 29-1-606(4)) - If an audit is required but has not been filed, the county treasurer may be authorized to withhold the local government’s tax revenue -
25-Aug	Assessors certify to all taxing entities and to the Division of Local Government the total new assessed and actual values (for real and personal property) used to compute the statutory and TABOR property tax revenue limits. (C.R.S 39-5-121 (2)(b) and 39-5-128,.) If applicable, upon receipt of the Certification of Valuation, submit to the Division certifications of service impact from increased mining production and/or from increased valuation due to previously exempt federal property which has become taxable. Certifications of impact are required if the value is to be excluded from the tax revenue limit. If applicable, apply to the Division for authorization to exclude from the limit the assessed valuation attributed to new primary oil or gas production from any producing land or leaseholds.
15-Oct	Budget officer must submit proposed budget to the governing body. (C.R.S. 29-1-105) Governing body must publish “Notice of Budget” upon receiving proposed budget. (C.R.S. 29-1-106(1))
1-Nov	Deadline for submitting applications to the Division for an increased levy pursuant to 29-1-302, C.R.S. and applications for exclusion of assessed valuation attributable to new primary oil or gas production from the 5.5% limit pursuant to (C.R.S. 29-1-301 (1)(b))
10-Dec	Assessors’ changes in assessed valuation will be made only once by a single notification (re-certification) to the county commissioners or other body authorized by law to levy property tax, and to the DLG. (C.R.S. 39-1-111(5))
15-Dec	Deadline for certification of mill levy to county commissioners (C.R.S 39-5-128(1)). Local governments levying property tax must adopt their budgets before certifying the levy to the county. If the budget is not adopted by certification deadline, then 90 percent of the amounts appropriated in the current year for operations and maintenance expenses shall be deemed re-appropriated for the purposes specified in such last appropriation. (C.R.S. 29-1-108(2) and (3))
22-Dec	Deadline for county commissioners to levy taxes and to certify the levies to the assessor. (C.R.S. 39-1-111(1))
31-Dec	Local governments not levying a property tax must adopt the budget on or before this date; governing body must enact a resolution or ordinance to appropriate funds for the ensuing fiscal year. If the budget is not adopted by certification deadline, then 90 percent of the amounts appropriated in the current year for operations and maintenance expenses shall be deemed re-appropriated for the budget year. (C.R.S 29-1-108(4))

More information and contact information is available on our website – www.dola.colorado.gov/budgets



**BOARD OF DIRECTORS
REGULAR MEETING
June 27, 2023**

Health District Office Building
120 Bristlecone Drive, Fort Collins

Hybrid Meeting

MINUTES

BOARD MEMBERS PRESENT: Molly Gutilla, MS DrPH, Board President
Erin Hottenstein, Treasurer Assistant
John McKay, Secretary

Staff Present:	Public Present:
Lorraine Haywood, Interim Executive Director	June Hyman
Chris Sheafor, Support Services Director	
Laura Mai, Finance Director	
Richard Cox, Communications Director	
Chris Roth, IT/Network Manager	
Colton Frady, Assistant Finance Director	
Paul Mayer, Medical Director	
Alyson Williams, PPRE Director	
Misty Manchester, HR Director	
Dana Turner, Health Services Director	
Rosie Duran, Health Care Access Manager	
Lauren Jones, Executive Assistant	
Julie Estlick, Communications Specialist	
Jen Head, Behavioral Health Provider Lead	

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 5:05 p.m.

MOTION: To approve the agenda with two changes
Delay discussing meeting dates and time changes
Delay Alyson Williams presentation
Motion by Molly Gutilla / Second by John McKay / Carried Unanimously

PUBLIC COMMENT

None

CONSENT AGENDA

- Approval of May 23, 2023 board meeting minutes
- Approval of 2023-12 Resolution to Appoint A Health District/PVHS Board Liaison
- May Financials

DISCUSSION & ACTIONS

Classification and Compensation Study and Analysis – Lorraine Haywood

The Health District issued a Request for Proposal for Classification and Compensation Study and Analysis. All responses were reviewed and evaluated, and a consulting firm has been selected. The memo to the Board of Directors outlines the different phases of the study that will be completed over approximately twenty-two weeks. The cost will be between \$51,525 and \$63,515, depending on the need for additional optional services. A request was made for approval to proceed with the Classification and Compensation Study and Analysis and to enter into a consulting contract not to exceed \$63,515. The results will be presented to the board in November prior to the public hearing on the budget.

MOTION: To approve the Classification and Compensation Study and Analysis and to enter into a consulting contract not to exceed \$63,515 and to be signed by the Board President and Executive Director.

Motion by Erin Hottenstein / Second by John McKay / Carried Unanimously

Building Repair and Maintenance – Chris Sheafor

A memo was presented to the Board outlining building repairs and maintenance items that need to be addressed in the short term at the 425 West Mulberry St. and 2001 S. Shields St. buildings totaling approximately \$135,000. These were unforeseen repairs and were not included in the 2023 budget. Approval was requested to move \$135,000 from non-operating contingency funds to reserves to cover the cost of the repairs and, if the cost of any one item on the list is determined to be in excess of \$50,000, that the Board approve the Board President and Executive Director to sign a contract without having to bring the request back to the Board for approval.

MOTION: To approve moving \$135,000 from the non-operating expenditures contingency line item to the reserve expenditures line item in order to move forward with these needed repairs and authorize the Board President and Executive Director to sign a contract if the actual cost of a listed repair item is in excess of \$50,000.

Motion by Erin Hottenstein / Second by John McKay / Carried Unanimously

PRESENTATIONS

Annual Investment Report – Laura Mai

The Annual Investment Report was provided to the Board of Directors. Investment earnings in 2022 were \$122,785 which was an increase from the previous year. Yields fluctuated between 0.19% and 3.59%.

The May 2023 financials shows investment income of \$126,600 at the end of May and that we will probably surpass our budgeted amount of \$230,000 for 2023. The current yield across all investments is 4.65%. Funds are primarily held in the Colorado Trust investment portfolio with a current yield of 5.15%.

OTHER UPDATES & REPORTS

Dana Turner and Alyson Williams attended a recent MACC meeting and a representative from Rocky Mountain Health Plans shared that the first cohort in the Medicaid redeterminations had just been completed. They reported that 40% of those reviewed have become ineligible for benefits. There are concerns that current recipients are being notified by through the mail and some reported that they did not receive any communications. Current Medicaid recipients believe they have benefits, make appointments and find out at the appointment that they have no benefits. A review of will be conducted to determine how this will impact the services the Health District provides.

The Health District is in the process of reviewing IT needs and working on a multi-year plan to address software/hardware needs as well as determine which services would be better suited to be cloud-based.

PUBLIC COMMENT – 2nd Opportunity

Lexi Potter from Fort Collins adds that she appreciates what John McKay said earlier in the meeting about the living wage and that is appropriate for those living in Fort Collins.

ANNOUNCEMENTS

Tuesday, July 25th at 5:00pm – Board of Directors Regular Meeting

Tuesday, August 22nd at 5:00pm – Board of Directors Regular Meeting

ADJOURN OUT OF REGULAR MEETING

MOTION: To adjourn the Regular Meeting

Motion by Erin Hottenstein / Second by John McKay / Carried unanimously

The Regular Board Meeting was adjourned at 6:00pm.

Respectfully submitted:

Lauren Jones, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

Julie Kunce Field, JD, Board Vice President (excused absence)

Joseph Prows, MD MPH, Board Treasurer (excused absence)

Erin Hottenstein, Assistant Board Treasurer

John McKay, Board Secretary

DRAFT



**BOARD OF DIRECTORS
REGULAR MEETING
July 25, 2023**

Health District Office Building
120 Bristlecone Drive, Fort Collins

Remote Meeting

MINUTES

BOARD MEMBERS PRESENT:

Molly Gutilla, MS DrPH, Board President
Julie Kunce Field, JD, Board Vice President
Joseph Prows, MD MPH, Treasurer
Erin Hottenstein, Assistant Treasurer

BOARD MEMBERS EXCUSED:

John McKay, Secretary

ALSO PRESENT:

Celeste Holder Kling, Liaison to PVHS/UC Health North

Staff Present:

Liane Jollon, Executive Director
Lorraine Haywood, Deputy Director
Chris Sheafor, Support Services Director
Laura Mai, Finance Director
Richard Cox, Communications Director
Chris Roth, IT/Network Manager
Colton Frady, Assistant Finance Director
Paul Mayer, Medical Director
Alyson Williams, PPRE Director
Misty Manchester, HR Director
Dana Turner, Health Services Director
Rosie Duran, Health Care Access Manager
Lauren Jones, Executive Assistant
Julie Estlick, Communications Specialist
Jen Head, Behavioral Health Provider Lead
Jessica Shannon, Resource Manager
Tonya Kron, Connections Program Manager
Angela Castillo, Evaluation and Data Analyst

Public Present:

Ann Yanagi
Suzanne Kinney

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 5:04 p.m.

MOTION: To approve the agenda as presented

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

PUBLIC COMMENT

Ann Yanagi – Welcome to Liane Jollon for her first meeting.

DISCUSSION & ACTIONS

Nominees for Compass Advisory Committee – Julie Estlick

There are two vacancies on the Compass Advisory Committee and propose the following fill those vacancies: Erica Muller, front office supervisor for the Health District’s Family Dental Clinic and community member Kathy Hayes, retired owner of Kathy Hayes Writing and Editing Services in Fort Collins and a former freelancer for *Compass*.

MOTION: To approve the Nominees for Compass Advisory Committee

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

OTHER UPDATES & REPORTS

Executive Director Updates – Liane Jollon

Liane Jollon reported on her first three weeks in her role as Executive Director. Received a facilities tour by Chris Sheafor which will be part of the on-boarding process for employees.

Finance Team: The team is planning the 2024 process. There is a comprehensive process in place, we are halfway through 2023 and that will inform the 2024 budgeting process.

Human Resources: The team has new hires and is working across the agency to fill positions.

Health Services: Filled key positions and are continuing to recruit. Working hard on eligibility, referrals and alignment of programs and services. The team is addressing Medicaid enrollment changes due to the end of the Public Health Emergency. Team has been working hard to ensure that there is appropriate outreach education and health coverage guides for one of the most significant changes in pay source in America’s history. The team is also preparing for later in the fall when there is open enrollment and is working closely with the Communications Department about Medicaid Dental benefits changes.

Research and Evaluation: Sue Hewitt is retiring in the fall. There is recruitment for a new manager of Research & Evaluation.

Community Impact: The Community Impact Team has an opening for a manager position. Working toward the Overdose Awareness Events at the end of August. The team is also preparing for the next legislative session.

Erin Hottenstein poses questions:

- Can we track how many people are losing Medicaid benefits? How is the Health District doing in their efforts for those that are eligible and regaining coverage?
- Asked a follow up question about outreach and education efforts with community partners on this subject.

Staff committed to including available information in future reports.

- Expense variances due to vacancies and scope of agency staffing vacancies?

Staff stated agency has approximately 10 unfilled positions and will continue to provide available data in future reports.

Molly and Liane will be working together on planning the board retreat that is coming up on August 28th.

CONSENT AGENDA

- Approval of Resolutions 2023-02 to 2023-11 updating signature authority
- Approval of Resolution 2023-12 to Appoint a Health District/PVHS Liaison
- June Financials

MOTION: To remove the June Meeting Minutes from the Consent Agenda and to add to August Agenda

Motion by Julie Kunce Field / Second by Joseph Prows / Carried unanimously

MOTION: To approve the Consent Agenda including the Approval of Resolution 2023-12 and June Financials

Motion by Julie Kunce Field / Second by Erin Hottenstein / Carried unanimously

MOTION: To approve the Consent Agenda including the Approval of Resolutions 2023-02 to 2023-05 regarding the safety deposit boxes

Motion by Erin Hottenstein / Second by Joseph Prows / Carried unanimously

MOTION: To approve 2023-06 to 2023-11 updating signature authority

Motion by Julie Kunce Field / Second by Joseph Prows / Carried unanimously

PUBLIC COMMENT – 2nd Opportunity

None.

ANNOUNCEMENTS

August 22nd at 5:00pm – Board of Directors Regular Meeting

August 28th at 8:00am – Board Retreat

September 26th at 5:00pm – Board of Directors Regular Meeting

ADJOURN OUT OF REGULAR MEETING

MOTION: To adjourn the Regular Meeting

Motion by Julie Kunce Field / Second by Erin Hottenstein / Carried unanimously

The Regular Board Meeting was adjourned at 5:57pm.

Respectfully submitted:

Lauren Jones, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

DRAFT



AGENDA DOCUMENTATION

Meeting Date: August 22, 2023

SUBJECT:

July 2023 Financials

PRESENTER: Laura Mai

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

To monitor financial performance as a component of fulfilling the Board of Director’s fiduciary responsibilities.

Attachment(s): July 2023 Summary Financial Narrative, Balance Sheet, Statement of Revenues and Expenses, State of Revenues and Expenditures – Budget and Actual, Statement of Non Operational Expenditures – Budget to Actual, Statement of Program Revenues and Expenditures – Budget and Actual, Investment Schedule

FISCAL IMPACT

None.

STAFF RECOMMENDATION

Accept the Financial Reports as presented.

**HEALTH DISTRICT
OF NORTHERN LARIMER COUNTY
July 2023
Summary Financial Narrative**

Revenues

The Health District is .46% ahead of year-to-date tax revenue projections. Interest income is 119.1% ahead of year-to-date projections. Lease revenue is 9.4% ahead of year-to-date projections. Yield rates on investment earnings increased to 4.89% (based on the weighted average of all investments). Fee for service revenue from clients is 1.8% behind of year-to-date projections and revenue from third party reimbursements is 5.3% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants) are 2.5% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 22.1% behind year-to-date projections. Program variances are as follows: Administration 6.8% behind; Board 1.3% ahead; Connections: Mental Health/Substance Issues Services 27.7% behind; Dental Services 16.0% behind; MH/SUD/Primary Care 16.9% behind; Health Promotion 6.3% behind; Community Impact 47.3% behind; Program Assessment and Evaluation 32.8% behind; Health Care Access 47.1% behind; and Leased Offices 4.9% ahead.

Capital Outlay

Capital expenditures are 85.4% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 7/31/2023

ASSETS

Current Assets:	
Cash & Investments	\$11,970,680
Accounts Receivable	87,275
Property Taxes Receivable	221,309
Specific Ownership Tax Receivable	57,912
Prepaid Expenses	25,086
Total Current Assets	<u>12,362,261</u>
Other Assets:	
Lease Receivable	<u>59,059,218</u>
Total Other Assets	<u>59,059,218</u>
Capital Assets Not Being Depreciated	
Land	4,592,595
Construction in Progress	352,261
Capital Assets - Net of Accumulated Depreciation and Amortization	
Building and Equipment	<u>4,982,403</u>
Total Property and Equipment	<u>9,927,259</u>
Total Assets	<u><u>81,348,738</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	725,579
Deposits	15,261
Deferred Revenue	447,661
Total Current Liabilities	<u>1,188,501</u>
Long-term Liabilities:	
Compensated Absences	<u>19,061</u>
Total Long-term Liabilities	<u>19,061</u>
Deferred Inflows of Resources	
Property Taxes	135,839
Leases	59,548,863
Total Deferred Inflows of Resources	<u>59,684,702</u>
Total Liabilities & Deferred Inflows of Resources	<u>60,892,265</u>
EQUITY	
Retained Earnings	15,762,077
Net Income	4,694,397
TOTAL EQUITY	<u>20,456,473</u>
TOTAL LIABILITIES AND EQUITY	<u><u>81,348,738</u></u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 7/31/2023

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	85,469	8,489,326
Specific Ownership Taxes	57,911	383,588
Lease Revenue	119,884	928,607
Interest Income	50,678	217,099
Fee For Service Income	10,448	94,084
Third Party Income	68,777	526,325
Grant Income	17,893	142,929
Special Projects	0	1,160
Donations	10	70
Miscellaneous Income	0	12,866
Total Revenue	<u>411,071</u>	<u>10,796,055</u>
Expenses:		
Operating Expenses		
Administration	61,988	551,311
Board Expenses	7,839	89,804
Connections: Mental Health/Substance Issues Svcs	188,062	1,174,284
Dental Services	276,979	1,853,205
Integrated Care (MHSA/PC)	89,336	648,048
Health Promotion	62,119	392,679
Community Impact	36,294	249,981
Program Assessment & Evaluation	22,544	138,838
Health Care Access	53,094	325,259
Mulberry Offices	13,608	85,242
Special Projects	35,151	283,594
Grant Projects	16,732	166,088
Total Operating Expenses	<u>863,746</u>	<u>5,958,334</u>
Depreciation and Amortization		
Depreciation Expense	20,591	143,324
Total Depreciation and Amortization	<u>20,591</u>	<u>143,324</u>
Total Expenses	<u>884,337</u>	<u>6,101,659</u>
Net Income	<u>(473,266)</u>	<u>4,694,397</u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 7/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$129,044	\$85,469	\$43,574	\$8,461,744	\$8,489,326	(\$27,582)	\$8,625,165	\$135,839
Specific Ownership Taxes	59,050	57,911	1,139	370,391	383,588	(13,197)	625,000	241,412
Lease Revenue	121,286	119,884	1,402	849,003	928,607	(79,605)	1,455,433	526,826
Interest Income	24,769	50,678	(25,909)	99,077	217,099	(118,022)	230,000	12,901
Fee for Services Income	13,683	10,448	3,235	95,782	94,084	1,697	164,197	70,113
Third Party Reimbursements	71,384	68,777	2,607	499,687	526,325	(26,639)	856,606	330,281
Grant Revenue	12,358	17,893	(5,535)	232,308	142,929	89,379	1,065,178	922,249
Partnership Revenue	2,870	0	2,870	20,088	1,160	18,928	34,436	33,276
Donations Sponsorships/Fundraising	0	10	(10)	0	70	(70)	0	(70)
Miscellaneous Income	1,999	0	1,999	13,991	12,866	1,124	23,984	11,118
Total Revenue	\$436,442	\$411,071	\$25,371	\$10,642,070	\$10,796,055	(\$153,985)	\$13,079,999	\$2,283,944
Expenditures:								
Operating Expenditures								
Administration	\$84,482	\$60,850	\$23,631	\$583,343	\$543,802	\$39,541	\$999,427	\$455,625
Board Expenses	12,666	7,839	4,827	88,663	89,804	(1,141)	151,994	62,190
Connections: Mental Health/Substance Issues Svcs	229,904	183,211	46,693	1,579,822	1,142,273	437,549	2,710,028	1,567,755
Dental Services	314,055	270,345	43,710	2,153,129	1,809,427	343,703	3,708,379	1,898,952
Integrated Care (MH/SUD/PC)	109,125	87,335	21,790	764,375	634,844	129,531	1,310,500	675,656
Health Promotion	58,886	60,804	(1,918)	409,954	383,997	25,956	698,843	314,846
Community Impact	66,512	34,835	31,677	455,682	240,350	215,332	780,961	540,611
Program Assessment & Evaluation	29,278	21,938	7,340	200,752	134,836	65,915	343,786	208,950
Health Care Access	86,161	51,060	35,101	589,051	311,838	277,214	1,008,596	696,758
Leased Offices	11,576	13,578	(2,002)	81,035	85,044	(4,010)	138,917	53,873
Contingency (Operations)	0	0	0	0	0	0	128,954	128,954
Grant/Special Projects	15,228	16,732	(1,505)	252,396	167,248	85,148	1,099,614	932,366
Total Operating Expenditures	\$1,017,873	\$808,527	\$209,346	\$7,158,203	\$5,543,464	\$1,614,738	\$13,079,999	\$7,536,535
Net Income	(\$581,431)	(\$397,456)	(\$183,975)	\$3,483,867	\$5,252,591	(\$1,768,724)	\$0	(\$5,252,591)
Reserve Expenditures								
Special Projects	186,546	35,151	151,395	1,305,822	282,434	1,023,388	2,881,492	2,599,057
Reserve Expenditures	54,159	20,068	34,092	386,515	132,435	254,080	654,312	521,877
Total Reserve Expenditures	240,705	55,219	185,487	1,692,338	414,870	1,277,468	3,535,804	3,120,934

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 7/1/2023 to 7/31/2023

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual Budget</u>	<u>Annual Funds</u> <u>Remaining</u>
Non-Operating Expenditures								
Land	-	-	-	-	-	-	-	-
Building	-	-	-	150,000	-	150,000	150,000	150,000
Construction in Progress	-	10,055	(10,055)	-	157,153	-	-	-
Capital Equipment	-	-	-	50,000	-	50,000	50,000	50,000
General Office Equipment	-	-	-	-	-	-	-	-
Medical & Dental Equipment	3,212	-	3,212	54,212	33,603	20,609	264,212	230,609
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	6,000	-	6,000	78,860	15,178	63,682	154,860	139,682
Total Non-Operating Expenditures	<u>\$ 9,212</u>	<u>\$ 10,055</u>	<u>\$ (843)</u>	<u>\$ 333,072</u>	<u>\$ 205,934</u>	<u>\$ 284,291</u>	<u>\$ 619,072</u>	<u>\$ 570,291</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 7/31/2023

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Administration								
Revenue:								
Miscellaneous Income	\$1,000	\$0	\$1,000	\$7,000	\$7,702	(\$702)	\$12,000	\$4,298
Total Revenue	1,000	0	1,000	7,000	7,702	(702)	12,000	4,298
Expenditures:								
Salaries and Benefits	53,653	45,628	8,025	375,571	289,635	85,936	643,836	354,201
Supplies and Purchased Services	34,094	16,360	17,734	230,629	261,676	(31,047)	394,774	133,098
Total Expenditures	87,747	61,988	25,759	606,200	551,311	54,889	1,038,610	487,299
Board of Directors								
Expenditures:								
Salaries and Benefits	6,525	5,787	738	45,677	60,750	(15,074)	78,303	17,553
Supplies and Purchased Services	2,933	2,052	881	20,528	12,017	8,511	35,191	23,174
Election Expenses	3,208	0	3,208	22,458	17,037	5,421	38,500	21,463
Total Expenditures	12,666	7,839	4,827	88,663	89,804	(1,141)	151,994	62,190
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	4,333	1,360	2,973	30,333	22,840	7,493	52,000	29,160
Total Revenue	4,333	1,360	2,973	30,333	22,840	7,493	52,000	29,160
Expenditures:								
Salaries and Benefits	201,434	167,338	34,096	1,396,703	1,038,552	358,151	2,403,872	1,365,320
Supplies and Purchased Services	41,320	20,724	20,596	273,063	135,732	137,331	460,347	324,615
Total Expenditures	242,754	188,062	54,692	1,669,766	1,174,284	495,482	2,864,219	1,689,935
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	66,313	67,542	(1,229)	464,190	515,216	(51,025)	795,755	280,539
Total Revenue	66,313	67,542	(1,229)	464,190	515,216	(51,025)	795,755	280,539
Expenditures:								
Salaries and Benefits	255,555	215,105	40,450	1,788,884	1,475,747	313,137	3,066,658	1,590,911
Supplies and Purchased Services	76,821	61,874	14,948	499,893	377,458	122,435	865,974	488,516
Total Expenditures	332,376	276,979	55,398	2,288,777	1,853,205	435,572	3,932,632	2,079,427

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 7/31/2023

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	15,419	10,333	5,087	107,935	87,589	20,347	185,032	97,443
Total Revenue	15,419	10,333	5,087	107,935	87,589	20,347	185,032	97,443
Expenditures:								
Salaries and Benefits	100,330	78,606	21,724	702,307	584,957	117,350	1,203,954	618,997
Supplies and Purchased Services	14,096	10,730	3,366	99,169	63,091	36,078	170,147	107,056
Total Expenditures	114,425	89,336	25,089	801,476	648,048	153,427	1,374,101	726,053
<u>Community Impact</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	59,174	29,081	30,093	414,219	211,684	202,535	710,089	498,405
Supplies and Purchased Services	11,204	7,213	3,991	68,525	38,297	30,228	117,263	78,966
Total Expenditures	70,378	36,294	34,083	482,744	249,981	232,763	827,352	577,371
<u>Program Assessment & Evaluation</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	25,854	19,659	6,196	180,981	119,493	61,489	310,254	190,762
Supplies and Purchased Services	5,030	2,886	2,144	31,013	19,345	11,668	52,806	33,461
Total Expenditures	30,884	22,544	8,340	211,995	138,838	73,157	363,060	224,222
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	50,999	52,088	(1,089)	356,991	334,901	22,090	611,982	277,081
Supplies and Purchased Services	11,372	10,031	1,341	77,356	57,778	19,578	128,679	70,901
Total Expenditures	62,371	62,119	252	434,348	392,679	41,668	740,661	347,982

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 7/31/2023

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Health Care Access								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Expenditures:								
Salaries and Benefits	71,465	43,805	27,660	500,253	270,288	229,965	857,576	587,288
Supplies and Purchased Services	20,083	9,289	10,794	126,510	54,971	71,539	215,668	160,697
Total Expenditures	<u>91,548</u>	<u>53,094</u>	<u>38,454</u>	<u>626,763</u>	<u>325,259</u>	<u>301,504</u>	<u>1,073,244</u>	<u>747,985</u>
Mulberry Offices								
Revenue:								
Fees, Reimbursements & Other Income	15,623	21,955	(6,332)	109,360	150,294	(40,934)	187,475	37,181
Total Revenue	<u>15,623</u>	<u>21,955</u>	<u>(6,332)</u>	<u>109,360</u>	<u>150,294</u>	<u>(40,934)</u>	<u>187,475</u>	<u>37,181</u>
Expenditures:								
Salaries and Benefits	1,503	1,502	1	10,520	10,513	7	18,035	7,522
Supplies and Purchased Services	10,153	12,106	(1,953)	71,070	74,729	(3,659)	121,835	47,106
Total Expenditures	<u>11,656</u>	<u>13,608</u>	<u>(1,952)</u>	<u>81,591</u>	<u>85,242</u>	<u>(3,651)</u>	<u>139,870</u>	<u>54,628</u>

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Health District of Northern Larimer County

**Investment Schedule
July 2023**

	Investment	Institution	Current Value	%	Current Yield	Maturity
1527-4001	Local Government Investment Pool	COLOTRUST	\$ 1,441	0.013%	4.96%	N/A
1527-8001	Local Government Investment Pool	COLOTRUST	\$ 10,119,738	88.835%	5.29%	N/A
#35127351	Flex Savings Account	First National Bank	\$ 242,991	2.133%	2.48%	N/A
#714626	Certificate of Deposit	Advantage Bank	\$ 143,254	1.258%	0.40%	12/27/2023
#742487	Certificate of Deposit	Advantage Bank	\$ 115,519	1.014%	0.25%	9/2/2023
#40020603	Certificate of Deposit	Points West	\$ 116,427	1.022%	3.87%	7/13/2024
#40010448	Certificate of Deposit	Points West	\$ 158,736	1.393%	0.32%	4/2/2024
#23002918	Certificate of Deposit	Adams State Bank	\$ 243,413	2.137%	0.35%	10/7/2023
#30770027	Certificate of Deposit	Mountain Valley Bank	\$ 250,031	2.195%	3.50%	7/11/2024
	Total/Weighted Average		\$ 11,391,550	100.00%	4.89%	

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.

Liquid assets	\$	10,364,169	90.98%	55.00%
Less liquid assets	\$	1,027,380	9.02%	45.00%
	\$	11,391,550	100.00%	100.00%



AGENDA DOCUMENTATION

Meeting Date: August 22, 2023

SUBJECT: Formal Vote Signature on Jackson County’s request to join LETA

PRESENTER: Chris Sheafor

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

Larimer Emergency Telephone Authority (LETA) is the governmental authority for 911 in Larimer County providing oversight to 911 function, the equipment and the programs funded by LETA. In 1990, the cities, towns, county, fire and hospital districts within Larimer County signed an Intergovernmental Agreement (IGA) forming LETA. This included the Poudre Valley Hospital District because of their provision of ambulance services.

The Health District has not been an emergency services provider since the privatization in 1994, but has continued to be a member of the LETA IGA. We have been included in all the IGA amendments up to this point.

The amendment being proposed would expand LETA’s jurisdiction to include Jackson County in the local LETA 911 services. The majority of the LETA oversight committee appears to be in favor of the inclusion of Jackson County for the following reasons.

- Jackson cannot afford to improve systems by upgrading equipment on their own. LETA has a larger purchase power and LETA’s staff has greater knowledge of 911 programs.
- Jackson County would be part of the region from a 911 perspective, providing closer coordination/cooperation for emergency response.
- LETA would receive surcharges to offset managing the larger area of operation.

Attachment(s): 1) SIGNATORIES – Resolution to amended 2021 Fourth amended IGA (5239422),
2) Redline – LETA IGA – Fifth Amended Intergovernmental Agreement – v9

FISCAL IMPACT

None to the Health District

STAFF RECOMMENDATION

Staff recommends 1) the Health District Board authorize the Board President to sign the LETA Fifth Amended Intergovernmental Agreement, Establishment of Larimer Emergency Telephone Authority, by way of Resolution 2023-13 and 2) approve the IGA in order to add Jackson County.

RESOLUTION NO. 2023-13 OF The Health District of Northern Larimer County

BEING A RESOLUTION TO APPROVE AMENDING THE FOURTH AMENDED INTERGOVERNMENTAL AGREEMENT OF LARIMER EMERGENCY TELEPHONE AUTHORITY AND TO AUTHORIZE THE AGENCY'S SIGNATURE ON THE PROPOSED FIFTH AMENDED INTERGOVERNMENTAL AGREEMENT

WHEREAS, **The Health District of Northern Larimer County** is authorized under C.R.S. § 29-1-203 to cooperate or contract with others to provide any function, service, or facility lawfully authorized to each of the cooperating or contracting units, including the provision of emergency telephone service and emergency notification service;

WHEREAS, **The Health District of Northern Larimer County** is one of thirty signatories to the Fourth Amended Intergovernmental Agreement ("IGA") of Larimer Emergency Telephone Authority ("LETA") establishing LETA as a separate legal entity for the purpose of providing emergency telephone service and emergency notification service;

WHEREAS, the Fourth Amended IGA of LETA states that the IGA may be amended upon an affirmative vote of three-quarters (3/4) of the signatories; and

WHEREAS, the thirty signatories have been asked to consider whether to amend the Fourth Amended IGA of LETA to expand LETA's jurisdiction to include Jackson County on the terms and conditions set forth in the proposed Fifth Amended IGA and to add Jackson County as a thirty-first signatory to LETA's IGA.

NOW, THEREFORE, BE IT RESOLVED BY **The Health District of Northern Larimer County** AS FOLLOWS:

1. Per Article XII of the Fourth Amended IGA of LETA, **The Health District of Northern Larimer County** votes to amend the Fourth Amended IGA and to approve the proposed Fifth Amended IGA attached hereto, which expands LETA's jurisdiction to include Jackson County on the terms and conditions set forth in the proposed Fifth Amended IGA and adds Jackson County as the thirty-first Signatory to LETA's IGA; and

2. **The Health District of Northern Larimer County** authorizes **Molly Gutilla, Chair, Board of Directors** to sign the Fifth Amended IGA of LETA on its behalf.

Upon motion duly made, seconded and carried, the foregoing Resolution was adopted this 22nd day of August 2023.

The Health District of Northern Larimer County
By: _____
Molly Gutilla, Chair, Board of Directors

ATTEST:

John McKay, Secretary, Board of Directors

5239422.1

**~~FOURTH~~FIFTH AMENDED INTERGOVERNMENTAL AGREEMENT
FOR THE ESTABLISHMENT OF
LARIMER EMERGENCY TELEPHONE AUTHORITY**

This ~~Fifth~~fourth Amended Intergovernmental Agreement (“Agreement”) is entered into effective ~~November~~November 1, 202~~3~~1, by and between the following political subdivisions and public entities of the State of Colorado, which are referred to herein collectively as “Parties” and are referred to herein individually by name or as “Party.”

Counties (~~2~~)/Cities (2)/Towns (6)

County of Larimer

County of Jackson

City of Fort Collins

City of Loveland

Town of Berthoud

Town of Estes Park

Town of Johnstown

Town of Timnath

Town of Wellington

Town of Windsor

Hospital/Health Services Districts (3)

Health District of Northern Larimer
County

Park Hospital District

Thompson Valley Health Services
District

State (1)

Colorado State University

Fire Authorities (2)

Loveland Fire Rescue Authority

Poudre Fire Authority

Fire Protection Districts (15)

Allenspark Fire Protection District

Berthoud Fire Protection District

Crystal Lakes Fire Protection District

Estes Valley Fire Protection District

Front Range Fire Rescue Fire Protection District
(f/k/a Johnstown Fire Protection District)

Glacier View Fire Protection District

Livermore Fire Protection District

Loveland Rural Fire Protection District

Lyons Fire Protection District

Pinewood Springs Fire Protection District

Poudre Canyon Fire Protection District

Poudre Valley Fire Protection District

Red Feather Lakes Fire Protection District

Wellington Fire Protection District

Windsor-Severance Fire Protection District

WHEREAS, on or about November 14, 1990, multiple political subdivisions entered into an “Intergovernmental Agreement concerning the implementation of an E-911 Emergency Telephone Service” (“the IGA”) to form a separate legal entity to serve as a governing body to provide emergency telephone service and to establish, collect, and disperse the emergency telephone charge in Larimer County, and they named the new entity Larimer Emergency Telephone Authority (“LETA”);

WHEREAS, the IGA was thereafter amended ~~three~~four times effective July 7, 1999, April 5, 2002, ~~and~~ July 21, 2009, and November 1, 2021, with the November 1, 2021 July 21, 2009-amendment being known as the “Fourth Third-Amended IGA”;

WHEREAS, in Larimer County, there are also three volunteer fire departments organized as nonprofit corporations under Colorado law, which are not signatories to the IGA: Glen Haven Area Volunteer Fire Department, Rist Canyon Volunteer Fire Department, and Volunteer Fire

Department of Big Elk.

WHEREAS, in April of 2023, the Jackson County Sheriff's Office reached out to LETA for advice and counsel on matters related to emergency telephone service and emergency notification service within Jackson County, Colorado;

WHEREAS, after some initial exploratory conversations and subsequent due diligence, the Jackson County Board of County Commissioners made a formal request that LETA's jurisdiction be expanded to include Jackson County and that Jackson County become an additional signatory to LETA's IGA;

WHEREAS, subject to an affirmative vote of three-quarters (3/4) of the ~~25-thirty~~ (30) signatories to the ~~Third~~Fourth Amended IGA, the Parties desire to update the IGA, as amended, to reflect the expansion of changes LETA's jurisdiction to include Jackson County and the addition of Jackson County as a signatory to LETA's IGA in federal and state law, the signatories to the IGA, advancements in 911 call technology and infrastructure, and the intent and purposes as to Larimer Emergency Telephone Authority's operations;

WHEREAS, the Parties are authorized by Colorado statute (Title 29, Article 11, Part 1) to enter into a contract to establish a separate legal entity that serves as a governing body for the purpose of providing emergency telephone service and to establish and collect an emergency telephone charge in the jurisdiction Larimer County;

WHEREAS, the Colorado Constitution (Article XIV, Section 18) and Colorado statutes (Title 29, Article 1, Part 2) permit and encourage governments to make the most efficient and effective use of their powers and responsibilities by cooperating and contracting with each other; and

WHEREAS, C.R.S. § 29-1-203 authorizes government, as defined in C.R.S. § 29-1-202, to cooperate or contract with one another to provide any function, service, or facility lawfully authorized to each of the cooperating or contracting units if:

1. such cooperation or contracts are authorized by each party thereto with the approval of its legislative body or other authority having the power to so approve; and
2. any such contract shall set forth fully the purposes, powers, rights, obligations, and the responsibilities, financial and otherwise, of the contracting parties and may provide for the joint exercise of the function, service, or facility, including the establishment of a separate legal entity to do so.

NOW THEREFORE, in consideration of the mutual promises and covenants hereinafter contained, the Parties agree as follows:

I. PREAMBLE

The Parties agree that the recitals set forth above are true and correct and those recitals are hereby incorporated into the body of this Agreement.

II. SUPERSEDING PRIOR AGREEMENTS

The Parties agree that this Agreement shall supersede the IGA dated November 14, 1990, the amendments thereto dated July 7, 1999, ~~and~~ April 5, 2002, July 29, 2009, and the ~~Fourth~~Third Amended IGA.

III. DEFINITIONS

As used herein:

A. The definitions for the following terms shall be the same as set forth in C.R.S. § 29-11-101, as may be amended: “emergency telephone charge,” “911 access connection,” “911 call,” “911 surcharge,” “emergency notification service” “emergency service provider,” “public agency,” “public safety answering point” (“PSAP”), which is interchangeable with emergency communications center (“ECC”), “service supplier,” and “service user.”

B. “Agreement” means this ~~Fourth~~Fifth Amended Intergovernmental Agreement for the Establishment of Larimer Emergency Telephone Authority;

C. “Board” means the Board of Directors described in Section V in which the powers of the Governing Body are vested.

D. “Bylaws” means the bylaws of the Governing Body as described in Section V(7).

E. “Emergency telephone service” means the receipt and processing of 911 calls by the PSAP for the purpose of providing responses from emergency service providers, and may include providing 911 call-related applications, services, programs, and systems.

F. “Governing Body” means Larimer Emergency Telephone Authority, per the definition set forth in C.R.S. § 29-11-101(16), as may be amended.

G. “Governing Body's jurisdiction” means within the combined geographic boundaries of Larimer County and Jackson County, per the definition set forth in C.R.S. § 29-11-101(17), as may be amended. The Governing Body's jurisdiction differs from the Governing Body's emergency telephone service area.

H. “Governing Body's emergency telephone service area” means the collective boundaries of the emergency service providers that are used by the PSAPs for call routing and emergency response.

H.I. “Parties” means the signatories hereto, but, in the future, will not include any Party after the effective date of such Party’s withdrawal in accordance with Section X, and will include any new signatory admitted to this Agreement by the Board in accordance with Section VI(2)(q).

H.J. “Proportional basis” as used in Section X(3) means a percentage determined by the following formula: the number of 911 access connections within each boundary of the Identified Political Subdivisions divided by the total number of 911 access connections in Larimer County~~the Governing Body’s jurisdiction~~. The Board shall determine the data to use for this calculation based on the Board’s determination of the most reliable source(s) and representative timeframes. For the purpose of this definition only: (1) “Identified Political Subdivisions” means Larimer County and each city and town that is a Party, and excludes Jackson County, and (2) the boundary of Larimer County means within the unincorporated areas of the County. If, at the time of the calculation, Larimer County, a city, or a town is not a Party, then the Board shall establish the formula to allocate its percentage among the Identified Political Subdivisions who are Parties.

IV. ESTABLISHMENT OF LARIMER EMERGENCY TELEPHONE AUTHORITY

The Parties establish the separate legal entity and Governing Body known as Larimer Emergency Telephone Authority (“LETA”). The Governing Body may have also been referred to in prior intergovernmental agreements as the Larimer County Emergency Telephone Authority, which is hereby corrected. The Governing Body is created as a nonprofit, public entity established pursuant to C.R.S. §§ 29-1-203 and 29-11-102(1)(b), as may be amended. The Parties intend that the Governing Body be formed under the Colorado Governmental Immunity Act, C.R.S. § 24-10-101 through 120, as may be amended, and meet the Act’s definition of a “public entity.” The Parties further intend that the Governing Body meet the definition of a “nonprofit organization” under C.R.S. § 13-21-115.5, as may be amended (the Volunteer Service Act), C.R.S. § 13-21-115.7, as amended, and C.R.S. § 13-21-116, as may be amended.

The Governing Body is an independent legal entity, separate and distinct from the Parties. No debt, liability, or obligation of the Governing Body shall extend to or be an obligation of a Party, unless agreed to in writing.

The Governing Body is responsible for the installation, administration, management, operation, maintenance, upgrade, and enhancement of emergency telephone service and emergency notification service in the Governing Body’s jurisdiction. The Parties will provide reasonable assistance and cooperation to the Governing Body as it carries out the functions, services, and facilities described in this Agreement for the Parties.

The Parties believe that governing bodies created pursuant to Part 1 of Title 29, Article 11, including the Governing Body, are not subject to the revenue and spending limitations imposed by Article X, Section 20 of the Colorado Constitution (“Amendment 1”), and, to the extent that

Amendment 1 may be deemed to apply to governing bodies, the Governing Body created hereby shall operate as an enterprise within the meaning of Amendment 1 and shall thereby be exempt from all revenue and spending limitations imposed by said Amendment.

The Governing Body is formed in conformity with C.R.S. § 29-1-203.5. The provisions of C.R.S. § 29-1-203.5 apply to the Governing Body.

A Party whose boundaries include portions of Larimer County and another county may be signatories on another intergovernmental agreement related to emergency telephone service and emergency notification service in such other county.

V. THE BOARD OF DIRECTORS

1. **Board.** The business and affairs of the Governing Body shall be managed by a Board of Directors consisting of ~~seven (7)~~ eight (8) directors, each serving without compensation. The Board shall have the power to perform all acts necessary, to fulfill the purposes for which the Governing Body was established, whether express or implied.

2. **Qualifications of Directors.** Each director shall be either (a) a resident of Larimer County, or (b) an elected official in or full-time employee of a Party with an established scope of responsibility and delegated authority to make and implement policy-making or management-level decisions for the Party.

3. **Appointment to the Board.** Each director shall be appointed as follows:

a. The Larimer County Board of County Commissioners shall choose one (1) individual who meets the qualifications to serve as the director to represent Larimer County. The Larimer County Board of County Commissioners may determine the method for appointment from time to time and shall give to the Governing Body notice of any change in its method for appointment.

b. The Jackson County Board of County Commissioners appoints the Jackson County Sheriff, or the Sheriff's designee who meets the qualifications to serve as the director, to represent Jackson County.

b.c. The City of Fort Collins appoints the City Manager or the City Manager's designee as its one (1) individual who meets the qualifications to serve as the director to represent the City of Fort Collins. The City Council of the City of Fort Collins may change its method for appointment from time to time and shall give to the Governing Body notice of any change in its method for appointment.

e.d. The City Council of the City of Loveland shall choose one (1) individual who meets the qualifications to serve as the director to represent the City of Loveland. The City Council of the City of Loveland may determine the method for appointment from time to time and shall give

to the Governing Body notice of any change in its method for appointment.

~~d.e.~~ e. The Town of Estes Park appoints the Town Administrator or the Town Administrator's designee as its one (1) individual who meets the qualifications to serve as the director to represent the Town of Estes Park. The Board of Trustees of the Town of Estes Park may change its method for appointment from time to time and shall give to the Governing Body notice of any change in its method for appointment.

e.f. The Board as then-comprised at the time of the appointment shall solicit nominees, nominate individually or as a slate, and appoint three (3) additional qualified directors as follows:

1. A director to represent the Parties that are fire districts and fire authorities;
2. A director to represent the Parties that are hospital and health services districts; and
3. A director to represent the Parties that are Colorado State University and towns not otherwise represented on the Board, with preference given to a Party with a PSAP.

4. **Term and Removal.** Directors shall serve a term of two (2) calendar years. There is no prohibition on consecutive terms or on the number of terms. A director may be removed if permitted by and pursuant to the procedures set forth in the Bylaws.

5. **Voting and Quorum.** Each director shall have one (1) vote. No proxy voting shall be permitted. ~~Directors may participate in a meeting remotely by means of telecommunication that permits the director to hear and be heard by all individuals in attendance (audio and/or video) and shall be deemed present for a quorum and entitled to vote at the meeting.~~ A quorum of the Board shall consist of four (4) directors, except that, should there be four (4) or more vacancies at any time, then during that time, a quorum shall consist of three (3) directors. No official action may be taken by the Board on any matter unless a quorum is present. The affirmative vote of a majority of the Board shall be required for the Board to take action.

6. **Vacancy.** Any vacancy occurring as a result of a director's resignation, removal, death, disqualification, or any other reason shall be filled for the balance of that director's unfinished term in accordance with the applicable provision of the appointment process set forth in Section V(3).

7. **Bylaws.** The Board has promulgated Bylaws detailing all governance matters it deems necessary, including but not limited to: the scheduling and conduct of Board meetings, voting, and director removal; establishment and responsibilities of officer positions, their terms, and the filling of any vacancies; the establishment and responsibilities of committees; and Governing Body operating and fiscal procedures. Such Bylaws may be amended by the Board in accordance with the procedures set forth therein. In the event of a conflict, direct or indirect, between a provision in the Bylaws and this Agreement, this Agreement shall control.

VI. POWERS OF THE GOVERNING BODY

1. **Plenary Powers.** The Governing Body may carry out all purposes of this Agreement and may exercise all powers related thereto, including all incidental, implied, expressed, or such other powers as necessary, except as expressly limited in this Agreement. The Governing Body shall not have the power to levy taxes or the power of eminent domain.

2. **Enumerated Powers.** Without in any way limiting the plenary powers set forth in subsection (1) above, the Governing Body is specifically authorized to undertake all actions for the installation, administration, management, operation, maintenance, upgrade, and enhancement of emergency telephone service and emergency notification service within the Governing Body's jurisdiction that the Governing Body believes are necessary and appropriate and consistent with applicable law, including but not limited to:

a. imposing, collecting, and auditing all charges and surcharges in the Governing Body's jurisdiction as set forth in Part 1 of Title 29, Article 11, as may be amended, and expending such funds as authorized by statute and this Agreement.

b. owning, operating, maintaining, leasing (as Lessor or Lessee), selling, or otherwise disposing of any legal or equitable interest in real and personal property.

c. adopting budgets, maintaining bank accounts, and investing funds.

d. carrying over funds which have not been used in a given fiscal year to the following fiscal year.

e. negotiating, entering into, amending (if necessary), and performing contracts.

f. adopting, reviewing, and amending the Bylaws and passing resolutions not in conflict with this Agreement.

g. adopting, reviewing on an annual basis, and amending (if necessary) the Governing Body's intergovernmental agreements other than this Agreement, as well as policies, protocols, procedures, or rules and regulations (collectively, "Policies") related to the provision of emergency telephone service and emergency notification service within the Governing Body's jurisdiction on subjects including but not limited to:

- Human Resources
- cost sharing
- street naming
- pictometry
- geographic information systems (GIS)
- Master Street Address Guide (MSAG)
- 911 Call Flow/Routing
- use of the backup PSAP
- 911 network

- fiber optic cable (leasing and owning)
- customer-premises equipment (CPE) and other equipment
- computer aided dispatch (CAD) system
- Combined Regional Information Systems Project (CRISP)
- insurance for PSAP equipment owned by the Governing Body and located at a facility owned by a Party
- emergency alert systems (selection and use)
- complex emergency events
- records retention and compliance with applicable law
- training, accreditation, and certification
- Emergency Medical Dispatch (EMD)
- call boxes
- finances and investments

In the event of a conflict, direct or indirect, between a provision the Policies and this Agreement, this Agreement shall control.

h. determining who is authorized to send emergency alerts and the circumstances under which they may be sent.

i. adopting a policy regarding street naming after collaboration with the Parties in whose jurisdiction the street is located.

j. adopting systems (software, hardware, and protocols) for Emergency Medical Dispatch (EMD).

k. conducting joint, partnership, cooperative, or other operations with other individuals and entities.

l. employing agents, accountants, attorneys, engineers, consultants, and other advisors.

m. incurring and paying debts, liabilities, or obligations, including borrowing and executing documents incidental thereto.

n. issuing bonds, notes, or other obligations payable from the revenues derived or to be derived from the revenue of the Governing Body as permitted by applicable law.

o. suing and being sued in its own name.

p. receiving contributions, gifts, bequests, grants, cash, equipment, or services from the Parties or any other public or private individual or entity.

q. after a formal Resolution of the Board, admitting a new signatory to this Agreement

who becomes a Party without formal amendment of this Agreement, so long as each new signatory qualifies under C.R.S. §§ 29-1-202 and 203, has the approval of its legislative body or other authority having the power to so approve, and signs a document memorializing its admission.

r. participating in committees, groups, and organizations at the federal, state, and local level whose work relates to emergency telephone service and emergency notification service, including laws, regulations, and rules related thereto.

s. any other act which the Governing Body believes is reasonably necessary for the exercise of its powers and the performance of its obligations under this Agreement.

VII. BOOKS AND RECORDS

The Governing Body shall keep accurate and correct books of account on a modified accrual basis, showing in detail the capital costs, costs of services, installation, maintenance and operating costs, and the financial transactions of the Governing Body. The Governing Body's books of account shall also correctly show any and all revenues, fund balances, costs, or charges, as well as all funds received by and all funds expended by the Governing Body. The Governing Body's books and records shall be open to inspection during normal business hours upon reasonable notice by a Party, its attorneys, accountants, or agents. The books and records of the Governing Body shall also be made available to the public in accordance with the provisions of Colorado's Open Records Act, as may be amended.

The Governing Body shall cause an annual audit to be conducted by an independent Certified Public Accountant licensed to practice in the State of Colorado. The Governing Body shall comply with the Colorado Local Government Audit Law, C.R.S. § 29-1-601 through 608, as may be amended. The Governing Body shall comply with all other applicable federal and state financial reporting requirements.

The Governing Body shall maintain an asset inventory list for any and all real and personal property acquired by the Governing Body in whole or in part.

On and after the effective date of this Agreement, Jackson County will promptly deliver, transfer, and assign to the Governing Body:

1. the entire balance of funds it holds for purposes of providing emergency telephone service and emergency notification service in Jackson County, but no less than \$55,000.00;
2. the entire balance of any funds it receives or has received from the state or federal government or grants for purposes of improving emergency telephone service and emergency notification service in Jackson County, but no less than \$70,000.00;
3. all rights, title, and interest to all charges and surcharges due Jackson County for

emergency telephone service under Colorado statute (Title 29, Article 11, Part 1) and deliver the same to the Governing Body, and Jackson County will execute all documents necessary for carriers and the Public Utilities Commission to deliver directly to the Governing Body all such charges and surcharges in the future; and

4. unencumbered title to any PSAP equipment or other assets owned by Jackson County that would assist the Governing Body in its administration and/or operation emergency telephone service and emergency notification service. Jackson County shall execute any documents reasonably necessary to effectuate the transfer of title.

Similar to Agreements with the Governing Body's other PSAPs, Jackson County agrees to (a) insure the Governing Body's equipment located in a PSAP in Jackson County, and (b) provide proof of insurance promptly upon the Governing Body's written request.

The Governing Body will not become a successor to or assignee of any contracts currently in place for purposes of providing emergency telephone service and emergency notification service in Jackson County, with the exception of the current tariff in place for the provision of basic emergency service in Colorado.

VIII. REPORTS TO PARTIES

On an annual basis, the Governing Body shall submit a comprehensive annual report to the Parties summarizing the activities of the Governing Body during the preceding year and make available information concerning the finances of the Governing Body.

IX. DURATION OF AGREEMENT

The Agreement and the Governing Body shall have perpetual existence as permitted by C.R.S. § 29-1-203(1), as may be amended, unless sooner terminated in accordance with this Agreement.

X. WITHDRAWAL, TERMINATION, AND DISSOLUTION

1. **Withdrawal.** Any Party may withdraw from this Agreement by providing notice to each other Party and to the Governing Body. The withdrawal shall not be effective until at least one calendar year after the last notice is delivered.

2. **Termination by Mutual Agreement of the Parties.** Upon a three quarters (3/4) majority vote of all then-Parties, this Agreement shall be terminated and the Governing Body dissolved so long as, at the time of the vote, at least three quarters (3/4) of the Parties have also agreed in writing as to one or more entities who will succeed the Governing Body and undertake all actions for the continued installation, administration, management, operation, maintenance, upgrade, and enhancement of emergency telephone service and emergency notification service within the Governing Body's jurisdiction. The effective date of termination shall be December 31st in the

calendar year ending no less than six months after the three quarters (3/4) majority vote for termination.

3. **Dissolution of Governing Body.** Upon the termination of this Agreement pursuant to subsection (2) above, the Board and the Parties shall take such actions necessary to finalize and conclude the Governing Body's operations, effect the orderly dissolution of the Governing Body, and transition emergency telephone service and emergency notification service to the entity or entities who will succeed the Governing Body, at the discretion of the Board. All assets of the Governing Body located within Larimer County shall be distributed on a proportional basis pursuant to Section III(J) either in-kind or after liquidation, at the discretion of the Board, except for any assets that the Board determines should be distributed to the entity or entities who will succeed the Governing Body. For purposes of this Agreement, all cash, bank, and investment accounts of LETA are deemed to be located within Larimer County. All assets of the Governing Body located within Jackson County shall be distributed to Jackson County either in-kind or after liquidation, at the discretion of the Board, except for any assets that the Board determines should be distributed to the entity or entities who will succeed the Governing Body. The Board shall be responsible for inventorying the assets of the Governing Body, distributing or liquidating any assets as appropriate, concluding the affairs of the Governing Body, and transitioning emergency telephone service and emergency notification service to the entity or entities who will succeed the Governing Body. Subject to the exercise of the Board's discretion, a Party which has previously made a contribution toward the purchase of a jointly owned asset may receive full ownership of the asset upon termination; however, the Party must account to the Governing Body for the amount that the Governing Body contributed toward purchase of the asset upon distribution of the other assets of the Governing Body. The Parties' rights related to distribution of assets shall survive termination of this Agreement.

XI. LIABILITY OF THE BOARD OF DIRECTORS, OFFICERS,
AND EMPLOYEES OF THE GOVERNING BODY

The Governing Body and its directors, officers, and employees shall be immune from suit and civil liability as provided by applicable law because the Governing Body is a nonprofit, public entity and political subdivision of the State of Colorado established pursuant to C.R.S. §§ 29-1-203 and 29-11-102(1)(b), as amended; the Governing Body is a public entity under the Colorado Governmental Immunity Act, C.R.S. § 24-10-101 through 120, as amended; and the Governing Body is a "nonprofit organization" under C.R.S. § 13-21-115.5, as amended (the Volunteer Service Act), C.R.S. § 13-21-115.7, as amended, and C.R.S. § 13-21-116, as amended.

In addition, the Governing Body shall purchase insurance for the Governing Body and its Board, officers and employees which insurance will provide reasonable coverage against any claims, suit or proceeding arising out of or relating to any act or omission under this Agreement.

XII. AMENDMENTS

This Agreement may be amended upon the affirmative vote of three-quarters (3/4) of the

then-Parties to this Agreement.

XIII. NOTICE

Notice to a Party is given by delivering a writing to its current address as listed by the Department of Local Affairs. The Notice shall be addressed as follows: (a) to the Board of County Commissioners in the case of Larimer County and Jackson County, (b) to the Board and its Chief Executive Officer in the case of a special district, a fire authority, or the Governing Body, (c) to the City Council in the case of cities, and (d) to the Town Board, Town Council, or Board of Trustees in the case of Towns. A courtesy copy shall also be delivered to the attorneys for Larimer County, Jackson County, cities, and towns. Failure to deliver courtesy copies to the attorneys shall not invalidate a notice otherwise properly delivered as provided in this Agreement. Notice to a director is given by delivering a writing addressed to the director to the Governing Body's current address. Notice shall be effective upon receipt if hand-delivered or three (3) days after mailing if sent by first-class or certified U.S. mail.

XIV. SEVERABILITY

In the event any provision of this Agreement is determined to be illegal or invalid for any reason, all other provisions of this Agreement shall remain in full force and effect unless and until otherwise determined by a Court of competent jurisdiction. The illegality of any provision of this Agreement shall in no way affect the legality and enforceability of any other provision of this Agreement.

XV. SUCCESSORS AND THIRD PARTIES

This Agreement shall be binding upon and shall inure to the benefit of the successors of the Parties. This Agreement is not intended to, and does not, inure to the benefit of non-Parties to this Agreement.

XVI. ASSIGNMENT AND DELEGATION

No Party shall assign any of the rights nor delegate any of the duties created by this Agreement without the written approval of three-quarters (3/4) of the other then-Parties to this Agreement.

XVII. COUNTERPARTS

This Agreement may be executed by original, scanned, or digital counterpart signatures and shall have the same force and effect as if all signatures appeared on the same original.

IN WITNESS WHEREOF, the Parties have caused their representatives to affix their respective signatures hereto.

<p>COUNTY OF LARIMER STATE OF COLORADO</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p><u>William Ressue, County Attorney</u></p> <p>Date: _____</p>	
<p>COUNTY OF <u>JACKSON</u> STATE OF COLORADO</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>ALLENSPARK FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>Jill Allington, President</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>CITY OF FORT COLLINS, COLORADO</p> <p>By: _____ Jeni Arndt, Mayor</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p><u>Cyril Vidergar</u></p> <p>Date: _____</p>	<p>BERTHOUD FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>Dan Hershman, President</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>

<p>CITY OF LOVELAND, COLORADO</p> <p>By: _____ <u>Jacki Marsh, Mayor</u>Stephen C. Adams, City Manager</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____ Laurie Stirman</p> <p>Date: _____</p>	<p>CRYSTAL LAKES FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>Jody Sandquist, President</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____ Date: _____</p>
<p>TOWN OF BERTHOUD, COLORADO</p> <p>By: _____ <u>William Karspeck, Mayor</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____ Date: _____</p>	<p>ESTES VALLEY FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>Jon Hodde, President</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____ Date: _____</p>
<p>TOWN OF ESTES PARK, COLORADO</p> <p>By: _____ Wendy Koenig-Schuett, Mayor</p> <p>ATTEST: _____ <u>Jackie Williamson, Town Clerk</u></p> <p>APPROVED AS TO FORM (if applicable): _____ Dan Kramer</p> <p>Date: _____</p>	<p>FRONT RANGE FIRE RESCUE FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>Darrin Rutt, President</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____ Date: _____</p>

<p>TOWN OF JOHNSTOWN, COLORADO</p> <p>By: _____ <u>Gary Lebsack, Mayor</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>GLACIER VIEW FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>David Burk, President</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>TOWN OF TIMNATH, COLORADO</p> <p>By: _____ <u>Mark Soukup, Mayor</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>LIVERMORE FIRE PROTECTION DISTRICT</p> <p>By: _____</p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>TOWN OF WELLINGTON, COLORADO</p> <p>By: _____ <u>Troy Hamman, Tory Whanau, Mayor</u></p> <p>ATTEST: _____ <u>Krystal Eucker, Town Clerk</u></p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Dan Sapienza</p> <p>Date: _____</p>	<p>LOVELAND RURAL FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>Jeff Swanty, President</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>

<p>TOWN OF WINDSOR, COLORADO</p> <p>By: _____ <u>Paul Rennemeyer, Rosa Reynoza, Mayor</u></p> <p>ATTEST: _____ Karen Frawley, Town Clerk</p> <p>APPROVED AS TO FORM (if applicable): _____ Ian McCargar</p> <p>Date: _____</p>	<p>LYONS FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>Paul Davidovich, President</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____ _____</p> <p>Date: _____</p>
<p>HEALTH DISTRICT OF NORTHERN LARIMER COUNTY</p> <p>By: _____ <u>Michael D. Liggett, Molly Gutilla, Board President</u></p> <p>ATTEST: _____ <u>Anita Benavidez, Asst. to E.D.</u></p> <p>APPROVED AS TO FORM (if applicable): _____ _____</p> <p>Date: _____</p>	<p>PINEWOOD SPRINGS FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>Michael Graham, President</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____ _____</p> <p>Date: _____</p>
<p>PARK HOSPITAL DISTRICT</p> <p>By: _____ <u>Gary Hall, CIO/COO, Estes Park Health</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____ _____</p>	<p>POUDRE CANYON FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>Gene Mericle, Pat Conway, President</u></p> <p>ATTEST: _____ <u>Paula Collins, Secretary</u></p> <p>APPROVED AS TO FORM (if applicable): _____ _____</p>

<p>Date: _____</p> <p>THOMPSON VALLEY HEALTH SERVICES DISTRICT</p> <p>By: _____ <u>Tom Blomquist, Chair</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>	<p>Date: _____</p> <p>POUDRE VALLEY FIRE PROTECTION DISTRICT</p> <p>By: _____ Derek Bergsten, Chief</p> <p>ATTEST: _____ <u>Sean Jones, Battalion Chief</u></p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p><u>THE BOARD OF GOVERNORS OF THE COLORADO STATE UNIVERSITY SYSTEM ACTING BY AND THROUGH COLORADO STATE UNIVERSITY</u></p> <p>By: _____ <u>Brendan Hanlon, VPUO</u></p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p><u>Linda Schutjer, Senior Legal Counsel</u></p> <p>Date: _____</p>	<p>RED FEATHER LAKES FIRE PROTECTION DISTRICT</p> <p>By: _____ <u>Dan Defibaugh, President</u></p> <p>ATTEST: _____</p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p>Date: _____</p>
<p>LOVELAND FIRE RESCUE AUTHORITY</p> <p>By: _____ Jeff Swanty, Board Chair</p> <p>ATTEST: _____ <u>Kristen Cummings</u></p> <p>APPROVED AS TO FORM (if applicable): _____</p> <p><u>Emily Powell</u></p>	<p>WELLINGTON FIRE PROTECTION DISTRICT</p> <p>By: _____ Gary Green, Chief <u>David Pierson, Vice President</u></p> <p>ATTEST: _____ <u>Ashley Macdonald, Deputy District Manager</u></p> <p>APPROVED AS TO FORM (if applicable): _____</p>

Date: _____	Date: _____
POUDRE FIRE AUTHORITY	WINDSOR-SEVERANCE FIRE PROTECTION DISTRICT
By: _____ <u>David Pusey, Chair</u>	By: _____ <u>Andrew Rosen, President</u>
ATTEST: _____	ATTEST: _____
APPROVED AS TO FORM (if applicable): _____	APPROVED AS TO FORM (if applicable): _____
<u>Emily Powell</u>	
Date: _____	Date: _____

AGENDA DOCUMENTATION

Meeting Date: August 22, 2023

SUBJECT: Health Coverage Outreach Project RFP

PRESENTERS: Dana Turner, Jessica Shannon

OUTCOME REQUESTED: Decision Consent Report

PURPOSE

Board Policy 99-01 outlines that projects that are in the amount of \$50,000 to \$150,000 require general approval of the Board of Directors and the corresponding contract or other document will be signed by the Executive Director (or in their absence, a staff designee) and the Board President (or in their absence, the Board Vice President). “General approval” means that the Board has considered the general concept of the project in a board meeting and has voted to approve the expenditure.

BACKGROUND

Please see the following three conditions that impact members of our community:

Medicaid Unwinding

At the start of the pandemic, Congress enacted legislation that required Medicaid to keep people continuously enrolled through the end of the federal COVID-19 public health emergency (PHE). The PHE ended in May, and states – including Colorado – resumed the renewal process for Medicaid members. In Colorado, Medicaid renewals have occurred on a rolling basis over a 14-month period. Millions of people nationwide, and hundreds of thousands in Colorado, are expected to become disenrolled in Medicaid, losing their health coverage because they no longer qualify for the program, there are problems with their paperwork, or they failed to return documents or information within the required period. Both adults and children are at risk of becoming disenrolled and uninsured.

For the June 2023 renewal cohort, 34% of Colorado Medicaid members had become disenrolled due to procedural reasons (i.e., not completing renewal paperwork) and 15% were no longer eligible and were transferred to seek coverage from the marketplace. Regionally, it is reported that 48%-52% of redeterminations to date have resulted in disenrollment. Additionally, if Medicaid determines that someone no longer qualifies for benefits, they have a limited amount of time to act to get coverage before their special enrollment period with Connect for Health Colorado ends.

Connect for Health Colorado Open Enrollment

Connect for Health Colorado is the health insurance marketplace for private plans that offer financial assistance to qualifying individuals and families in the form of advance tax credits pegged to household income, and (depending on income) cost-sharing subsidies that lower out-of-pocket expenses. Although people may sign-up for a policy at any time during the year if they’ve had a major life change (through a special enrollment period), the only time to enroll with no preconditions is during the annual open enrollment period Nov. 1 – Jan. 15.

Larimer Health Connect is partially grant funded by Connect for Health Colorado and has contractual outreach requirements that must be met. In recent years, the Communications Team has budgeted for and contracted with a communications agency to support the development, implementation, and management of digital advertising to increase awareness of Open Enrollment and the assistance that Larimer Health Connect provides.

Medicaid Dental Benefit Cap

Medicaid began offering a dental benefit to enrolled adults in 2014, but annual benefits were capped at \$1,000. The annual limit rose through the years, eventually reaching \$1,500 per year. The annual benefit cap was removed in July 2023 - leaving no annual limit for adults with Medicaid in Colorado.

Similar to the initial implementation of the adult dental benefit, many Medicaid members are likely unaware of this recent change. The Colorado Department of Health Care Policy & Financing (HCPF) has not broadly communicated this information directly to Medicaid members, community organizations, or other entities that may work to address the health care needs of members.

Assessment

With recent changes to Medicaid coverage and benefits as well as the upcoming insurance open enrollment period, there is an immediate and compelling need for community members to understand:

- The ongoing Medicaid unwinding and the likelihood that covered individuals may become disenrolled and lose their health coverage if they do not promptly return the required renewal documents and required information.
- That Larimer Health Connect provides consumers assistance in finding, enrolling in, and understanding health insurance coverage options through Connect for Health Colorado for those losing their Medicaid coverage or for others needing to enroll through coverage during the open enrollment period.
- The recent end to annual dental benefit limits for adult Medicaid members and that the Health District Family Dental Clinic provides care to those with Medicaid and live within Health District boundaries.

Due to the size of the campaign, the timing of open enrollment, and the overlapping audiences and elements of the three campaign components, there is a need to partner on and contract with a communications agency with expertise and experience in developing and executing creative and effective public health awareness and marketing campaigns.

FISCAL IMPACT

CAMPAIGN AREA(S)	FUNDING SOURCE	BUDGETED/AVAILABLE FUNDING
<ul style="list-style-type: none"> • Medicaid Unwinding • Medicaid Dental Benefit Cap 	Funding secured from Rocky Mountain Health Plans	Up to \$200,000 Available
<ul style="list-style-type: none"> • Open Enrollment 	Connect for Health Colorado secured grant funding for open enrollment outreach	\$10,000
<ul style="list-style-type: none"> • Open Enrollment 	FY2023 amount budgeted operationally to support open enrollment outreach	\$14,000

NOTE: Due to secured grant funding and the Larimer Health Connect outreach costs planned for within the Communications Team operations budget, the proposed project can be fully implemented without additional costs or impact to the Health District budget

STAFF RECOMMENDATION

Staff recommends that the Board move to approve the general concept of the Health Coverage Outreach Project RFP and the use of secured grant funds and budgeted operational dollars, up to \$150,000.

AGENDA DOCUMENTATION

Meeting Date: August 22, 2023

SUBJECT: Board of Directors 2023 Meeting Schedule Changes

PRESENTER: Molly Gutilla

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

The Health District of Northern Larimer County is subject to Colorado Open Meetings Law.

Regular meeting dates are generally the fourth Tuesday at 5:00pm 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. The proposed schedule addresses November and December scheduling needs, as well as, proposes to move from 5:00pm start times to 6:00pm start times.

Meeting Location: Hybrid - 120 Bristlecone Drive, Fort Collins, CO 80524 or via Zoom

Current Meeting Dates Adopted November 14, 2022:

Tuesday, September 26th at 5:00pm, Regular Meeting
Thursday, October 26th at 5:00pm, Regular Meeting
Monday, November 13th at 5:00pm, Budget Hearing
Tuesday, December 12th at 5:00pm, Budget Approval

Proposed New Meeting Dates:

Tuesday, September 26th at 6:00pm, Regular Board Meeting
Thursday, October 26th at 6:00pm, Regular Board Meeting
Thursday, November 16th at 6:00pm, Budget Hearing
Tuesday, December 12th at 6:00pm, Budget Approval

Attachment(s): Updated 2023 Meeting Schedule

FISCAL IMPACT

None to the Health District.

STAFF RECOMMENDATION

Approval of the proposed new meeting schedule.

BOARD OF DIRECTORS
2023 Meeting Schedule
Adopted November 14, 2022

Regular meeting dates are generally the fourth Tuesday at 5:00 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 or Zoom

*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		COMMENT
January 24	Tuesday, 5:00 pm	Regular Meeting
February 14	Tuesday, 5:00 pm	Special Meeting
February 28	Tuesday, 5:00 pm	Regular Meeting
March 14	Tuesday, 5:00 pm	Special Meeting
March 22	Wednesday, 5:15 pm	Special Meeting
March 28	Tuesday, 5:00 pm	Regular Meeting
March 29	Wednesday, 8:00 am	Special Meeting
March 31	Friday, 8:00 am	Special Meeting
April 11	Tuesday, 5:00 pm	Special Meeting
April 13	Thursday, 8:00 am	Special Meeting
April 14	Friday, 8:00 am	Special Meeting
April 25	Tuesday, 5:00 pm	Regular Meeting
May 23	Tuesday, 5:00 pm	Regular Meeting
June 27	Tuesday, 5:00 pm	Regular Meeting
July 25	Tuesday, 5:00 pm	Regular Meeting
August 22	Tuesday, 5:00 pm	Regular Meeting
September 26	Tuesday, 6:00 pm	Regular Meeting
October 26	Thursday, 6:00 pm	Regular Meeting, Budget & Work Session
November 16	Thursday, 6:00 pm	Budget Hearing
December 12	Tuesday, 6:00 pm	Budget Approval

AGENDA DOCUMENTATION

Meeting Date: August 22, 2023

SUBJECT:

Annual Cybersecurity Update

PRESENTER: Laura Mai

OUTCOME REQUESTED: ___ Decision ___ Consent ___X___ Report

PURPOSE/ BACKGROUND

The Colorado Special Districts Property & Liability Pool automatically provides \$200K of property liability coverage at no cost to the Health District. In 2018, a new program was offered that allowed organizations within the Pool to complete an in-depth cybersecurity assessment that the Pool paid for. Upon successful completion of the assessment, the Pool provides an additional \$1 million in cyber insurance coverage at no cost. The Health District successfully completed the assessment in 2019. To maintain the higher \$1,000,000 sublimit, the Health District is required to annually update the Board of Directors in the following areas:

1. The Health District’s current exposure to Personally Identifiable Information (PII)
2. Progress made to any recommendations or findings identified in the initial cyber assessment
3. Steps to be taken over the next twelve (12) months regarding the district’s cybersecurity

The Health District has processes and procedures in place to protect our data including protecting the computers with a secured password; employees are not permitted to share passwords, and the password must be changed every 90 days. In addition, multifactor authentication is in use for every staff member. Employees are tested monthly with phishing tests; new training continues to be developed; network system security is always a high priority; and regular cloud-based data back-ups are in place and key to restoring data, computers, and devices. Personally Identifiable Information (PII) exposure risk is minimized within our IT systems with these cybersecurity measures.

The cyber assessment conducted in 2019 found no significant findings that the Health District needed to address. During 2022, the Health District worked with a state approved vendor, Istonish, to complete an IT audit to further our cybersecurity measures. All recommendations from that audit have been implemented during 2023.

The Health District continues to implement Microsoft365 within the organization. Steps over the next twelve (12) months regarding the Health District’s cybersecurity include moving our email storage to Microsoft Exchange Online. We also now require multifactor authentication for all Microsoft cloud licensed products and Outlook Web Access; both on our internal network and for those staff who connect remotely.

Attachment(s): none

FISCAL IMPACT *This update is a requirement with the cybersecurity coverage for the Health District.*

STAFF RECOMMENDATION *Informational Only*



AGENDA DOCUMENTATION

Meeting Date: August 22, 2023

SUBJECT: SB23-303: Reduce Property Taxes And Voter-approved Revenue Change

PRESENTER: Alyson Williams

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

The following legislative and possible electoral changes will have a direct impact on the Health District's future revenues from property taxes for the 2024 budgeting process and beyond.

In an effort to provide Colorado property owners relief on their dramatically rising tax bills, the legislature has passed multiple bills in the past three legislative sessions that cut property taxes that will have a direct impact on the Health District's revenues from property taxes for the nearly the next decade (until tax year 2032).

SB21-293 impacted property tax year 2022 (revenue to the district in 2023), while SB22-238 affects 2023 and 2024 tax years (revenue to the district in 2024 and 2025). This year the legislature passed SB23-303. This bill refers Proposition HH to the November 2023 ballot in order to have approval of the voters to impose a local government property tax revenue limit, reduce assessed valuations for most classes of real property (including new subclasses of property), allow the state to backfill some of the lost revenues to local governments by increasing the cap on tax revenues the state may retain (by reducing TABOR refunds to taxpayers), and allow the state to allocate up to \$20 million in funds towards rental assistance.

AGENDA DOCUMENTATION

Meeting Date: August 22, 2023

SUBJECT:

Update on Classification and Compensation Study and Analysis

PRESENTER: Lorraine Haywood

OUTCOME REQUESTED: ___ Decision ___ Consent ___X___ Report

PURPOSE/ BACKGROUND

At the June board meeting, it was anticipated that the consultants conducting the Classification and Compensation Study and Analysis would present their report to the Board in November in Executive Session prior to the public hearing on the budget.

Work began on the classification and compensation study with an initial meeting on July 27, 2023. The Human Resources team has provided the consultants with personnel information and job descriptions for all positions. Prior to submitting the job descriptions to the consultants, each employee had an opportunity to review their job descriptions for accuracy and then each supervisor had an opportunity to review all their staff's job descriptions.

It was determined at our initial meeting with the consultants that one of the tasks they had proposed would not be necessary. The decision was made to amend the scope of work to include a full review of benefits instead. The change in the scope of work did not change the Board approved contract amount.

As we move forward with the work involved in this in depth review, it appears unlikely that the study will be completed before the public hearing on the budget during the November Board meeting. There is a plan in place to account for this in our November draft budget. Once the consultants present their report to the Board, the final budget will incorporate the Board's decision based on their recommendations.

Prior Board Action:

June 27, 2023 – Motion was made to approve the Classification and Compensation Study and Analysis

Attachment(s): none

FISCAL IMPACT

None at this time.

STAFF RECOMMENDATION

None. Informational only.

AGENDA DOCUMENTATION

Meeting Date: August 22, 2023

SUBJECT:

Executive Director Staff Report

PRESENTER: Liane Jollon

OUTCOME REQUESTED: ___ Decision ___ Consent ___X___ Report

PURPOSE/ BACKGROUND

Please find the Executive Director Staff Report attached with current departmental summaries.

The 2023 Mid-Year Reports are also attached for your information.

Additionally, Liane Jollon attended the following events and met with the following external partners since the last board meeting:

- Larimer County Community Leaders Summit
- Medicaid Accountable Care Collaborative (MACC) Oversight Committee Meeting
- Colorado Health Foundation Symposium
- Aspen Institute VisionXChange
- Greg Soffe, VPI Consulting
- Kevin Patterson, CEO Connect for Health Colorado
- Larimer County Community Health Improvement Plan Update
- Carol Plock, Former Executive Director of the Health District
- Tom Gonzalez, Public Health Director of Larimer County
- Kevin Unger, President/CEO UHealth Northern Colorado Region
- Bruce Cooper, Former Medical Director of the Health District

Attachment(s): Departmental Summaries, 2023 Mid-Year Reports

FISCAL IMPACT *None to the Health District.*

STAFF RECOMMENDATION *Informational Only*

Health Services Department Summary by Program

Dental:

The Family Dental Clinic's work continued to focus on increasing access to care. Efforts included the implementation of a 3D digital scanner, and ongoing recruitment activities to fill key positions. The 3D intraoral scanner will ultimately improve the efficiency of our workflow by allowing us to take digital impressions for dentures, partials, and crowns in less time while also improving patient comfort. Staffing is continued to be prioritized in order to increase access for patients and provide more efficiency for clinical staff.

Positions filled since last month: 1 Dental Hygienist.

The Dental team has the following vacancies:

1 Dentist (offer extended and accepted)

2 Dental Assistants (2 offers extended and one accepted).

Larimer Health Connect:

In July, Larimer Health Connect staff met with 212 unduplicated clients seeking help with Medicaid, CHP+, Connect for Health CO, Medicare, and Prescription Assistance. Significant planning work was completed to prepare for a marketing campaign designed to educate and create awareness of the Medicaid unwinding and upcoming Open Enrollment period. Several statewide and local meetings were attended including Covering Kids & Families (CKF's) Assister Support Work Group, Unwind Work Group and Advisory Committee, and HCPF PHE Unwind Planning Webinar. In July, two new Health Coverage Specialists were hired and received training for Connect for Health Colorado and HCPF's Certified Application Assistance Site (CAAS). Multiple interviews were conducted for two Outreach and Education Specialist positions.

Positions filled since last month: 2 Health Coverage Specialists

The LHC team has following vacancies:

2 Outreach and Education Specialists (2 offers extended, one accepted, one pending).

1 Health Coverage Specialist (currently posted).

Health Promotion:

- The Health Promotion staff continued to attend planning meetings with SummitStone Health Partners regarding the new Murphy Center Medical Clinic. Heart Health Promotion has fully launched into the new version of the biometric screening program. The nurses worked with the Communications team to focus on promoting the routine cholesterol screenings to targeted under-resourced communities. The

new screening program includes completing blood sugar and blood pressure checks only at permanent supportive housing communities and the Murphy Center (full cholesterol screenings occur at each place one out of every four clinics each year). So far, 22% of our clients indicated having Medicaid, SNAP benefits or resources from another assistance program or both.

The Health Promotions team has no current vacancies.

Quit Tobacco:

The Quit Tobacco Program's bedside intervention project with PVH continued to expand as planned. Over past 30 days the tobacco treatment specialist (TTS) spent 9 hours per week at PVH and conducted 47 bedside consultations. Ongoing technology issues affecting outside referrals were identified and IT solutions for were explored. PVH IT and the Health District's IT team are meeting to discuss solutions intended to make it easier for providers to refer to the program electronically and remedy the long-standing challenges. As technological challenges likely contributed to lower referral numbers, the TTS is preparing to present at FMC's all-staff meeting in September to get referrals back on track.

The Quit Tobacco team has the following vacancies:

1 (.5) FTE TTS (not yet posted).

Connections & CAYAC:

Adult Connections had 1694 contacts and CAYAC had 1479 contacts From July 1st-August 11th. A care coordinator from Adult Connections and a behavioral health provider from CAYAC represented the Connections Team, as well as the Health District, at a Neighbor 2 Neighbor event on Aug. 8th sharing information about services available to the community. After a long-standing vacancy, the new Mental Health Connections manager was onboarded at the beginning of July. The Connections team spent time preparing for the expected influx of referrals and clients once the school year begins. Staffing key positions has proven difficult, however interviews for open behavioral health providers continued and one successful candidate was identified.

The Connections team has the following vacancies:

2 Behavioral Health Providers (1 offer extended and accepted, 1 currently posted).

1 Psychologist (currently posted)

1 (.5) FTE Care Coordinator (not yet posted).

Integrated Care:

The new intern class of medical residents started at FMC in July 2023. The Integrated Care staff is part of their orientation during their first 2 weeks at clinic. BHPs continue to see patients for therapy, cover behavioral attending shifts in clinic and provide support for MAT and Pain Clinic. The IC psychiatrist continues to see patients at both FMC and Salud. The Program Manager is working to fill the open BHP position; however, the applicant pool has been minimal with no qualified applicants to date.

The Integrated Care team has the following vacancies:

1 Behavioral Health Provider (currently posted)

Policy, Planning, Research & Evaluation Summary

Research & Evaluation

- The new Research & Evaluation Manager will be starting on the 21st to fill the upcoming vacancy due to Sue Hewitt's retirement. We are excited to have 2 weeks of overlap between the two so Sue can impart her years of knowledge to the new hire.

Community Impact Team

- Will be attending the Overdose Awareness Day event in Fort Collins on Saturday August 26th from noon-2pm in Old Town Square to both reintroduce the Changing Minds campaign to the community more as well as provide Health District resources to attendees.
- We encourage Board members to follow and share Changing Minds Larimer social media accounts (@ChangingMindsLarimer) both on Facebook and Instagram.
- Staffing- 3 current vacancies
 - CIT Manager
 - This position has been posted twice since May, with finalists identified, offered, then later declining the position. This position will be posted again after the Policy Analyst position has been filled.
 - There has been a high amount of interest (over 100 applicants) in the position through postings on LinkedIn and by communicating the vacancy with community partners
 - Community Project Coordinator (2 positions)
 - These positions are not being currently filled until the hiring of the CIT Manager

Policy

- Staffing- 1 current vacancy
 - Policy Analyst position has been posted and 5 interviews have been scheduled.

Resource Development

- Submitted an continuation grant application to the Larimer County 1A Impact Fund so that southern Larimer County youth, caregivers, and adults will maintain access to support in navigating to the right behavioral health care in the community for their circumstances, as well as access to interim treatment services through the Health District's Adult Connections and, Child, Adolescent, and Young Adult Connections (CAYAC) programs until long-term care in the community can be found.

Human Resources Department Summary

The Human Resources Team has been working to post vacancies, schedule interviews and testing for the candidates for the various programs/departments, and onboard new employees. The total number of new employees hired/onboarded as of the end of June was 19 external hires and 13 internal hires or reclassifications. We hired/onboarded 6 employees in July. The total number of employees who resigned/retired as of the end of June was 22 employees. There were no resignations/retirements in July.

We have six (6) candidates in various stages of onboarding with one of those individuals beginning work on Monday, August 21st (Research and Evaluation Manager). We currently have nine (9) vacancies posted and one (1) position pending reposting.

Looking forward:

The Human Resources team is continuing to work on finding a Human Resources Information System/Human Capital Management (HRIS/HCM) to replace manual processes. Several vendors have been contacted to make sure all needed features are included in the new system, i.e., application system, demographic information, benefits, leave balances, training platform, timekeeping and Payroll (in coordination with the Payroll and Finance team).

Human Resources will be transitioning benefits and leaves from Payroll over to HR oversight and implementation as well. The goal is to have this accomplished by the end of the 2023 calendar year.

Another item that the team is working on is implementing a standard process for Student volunteers and interns. This will allow us to partner with our local universities and community colleges to provide needed services for our patients and clients, and also to build a pipeline for recruitment of new employees in hard to fill areas such as Dental and Behavioral Health Providers.

Finance Department Summary

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

The Finance Department is fully-staffed.

Looking forward:

The focus of the Finance Team has trended towards the budget process and providing support to the Directors and Managers. The initial budget requests are in process and due by September 1. We continue to explore options for an HRIS system that will move HR away from a spreadsheet system and provide potential payroll/timekeeping options. In addition, we are set to prepare a formal RFP with our search for an updated accounting system which will potentially require a 5-month implementation process. We are also working on compliance with subscription-based IT arrangements that will be reported within the financial statements.

Communications Department Summary

After a two-week pause, digital advertising for blood pressure, cholesterol, and blood pressure testing continued on Meta. A new dental staff photo was taken and incorporated into a redesigned print ad for the Family Dental Clinic. Job opening posts for social media were redesigned for higher visibility and better brand consistency. Reach and impressions for Facebook and Instagram declined from their year-to-date highs in June that were driven by photo-heavy posts of special events and activities. The Director continued as part of the interview team for the Outreach and Education Specialist position and joined two new internal collaborative efforts: a committee tasked with reviewing and revising forms for consistency, branding, and accessibility; and a working group that will select an outside marketing consultant to produce three campaigns focusing on Medicaid outreach and Connect for Health Colorado open enrollment. The summer issue of Compass published with a four-page annual report and was mailed to 100K district residents in addition to being posted online. The July installment of the KRFC Community at Work show was a rebroadcast of an earlier show with Rosie Duran of Larimer Health Connect, who discussed the Public Health Emergency unwinding and its impact on those with Medicaid.

Communications currently has no staff vacancies.

Support Services Department Summary

The two biggest themes for this month are bidding repairs for our buildings and upgrading our information technology capabilities in addition to the day-to-day responsibilities around staffing our front desk, and completing IT, facility and equipment work orders to support the client facing functions.

Buildings

We have completed most of the engineering needed to fix four issues related to water and ongoing backflow issues at our buildings and are now bidding them out. First, we are bidding replacement of the sewer main at the 425 West Mulberry Building. Second, we are adding gutters to the roof and regrading the southeast exterior of 425 with the addition of a trench drain to divert water away from the building. Third, is a redesign and replacement of the backflow prevention valves in the 202 Bristlecone Building.

Also, the roof at 2001 South Shields, Building G is over 18 years old and hail damaged. We are working with our insurance company, and bids are going out next week.

Information Technology

We moved the Health District's Exchange Server to the cloud to better leverage the capabilities of Microsoft 365. Huge thank you's for maintaining functions of our systems during this transition.

As programs at the Health District change over time, data gathering and reporting systems need to undergo ongoing improvement in order to streamline processes for clients and staff.

Support Services is also supporting new hires by providing space, furniture, updated IT options, etc.



2023

Mid-Year Reports

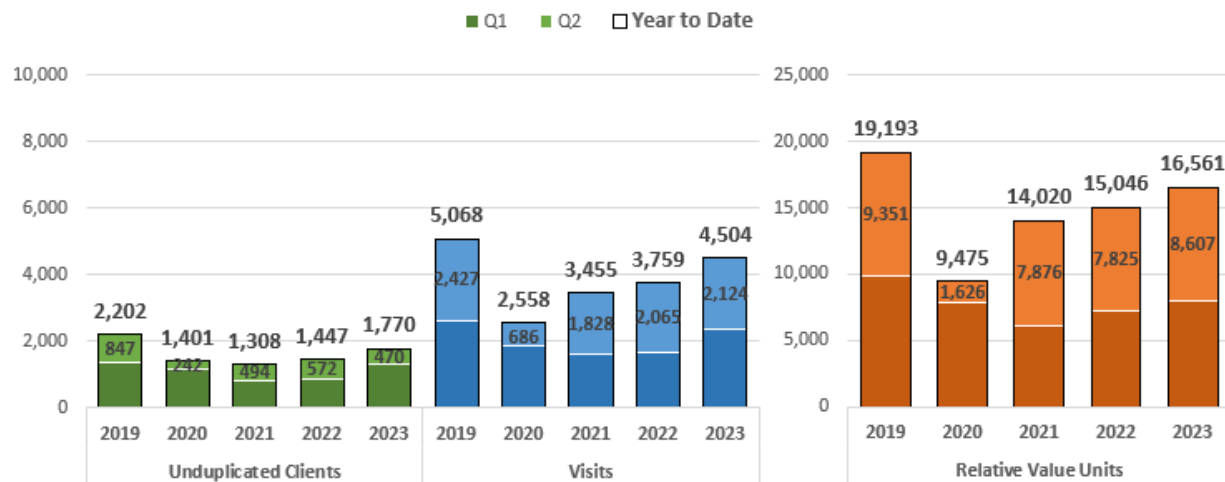
Program Introduction

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

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

Mid-Year Program Review

Program Activities



Reported values for 2019 may differ from original 2019/2020 reporting due to reporting methods. Variations are small and do not alter interpretations.

Client Satisfaction

Clients are contacted by email or by mail, if they do not have a listed email address, approximately one month after receiving services. During the first half of 2023, 60 completed surveys were collected.

- 97% report that staff were “quite a bit” or “a great deal” considerate and sensitive to their needs. 3% selected the option “not at all.”
- 95% report that they were helped “quite a bit” or “a great deal” by the services they received. 3% selected “a little bit” and 2% “not at all”
- 93% reported being overall “quite a bit” or a “great deal” satisfied with the services of the Family Dental Clinic. 7% were “a little bit” satisfied.

Discussion

The Family Dental clinic continued to see clinical staffing challenges, likely related to a national professional shortage of dental assistants and hygienists. At the same time, administrative staff vacancies were successfully filled resulting in a fully staffed administrative team. Recruiting to fill available hygienist FTE continued through the end of the second quarter, and recruiting to fill available dentist FTE began.

The team of dentists and dental assistants performed 185 dental screenings for Poudre School District students in the Head Start program. Of those screened, 18 cases were identified where the child needed to be seen by a dentist to address immediate oral health concerns.

The Family Dental Clinic partnered with La Familia, a resource center for the Latinx community in Northern Colorado, to expend a \$25K Delta Dental grant award. The team screened 16 pregnant women and children and to date have treated 13 of those screened patients who presented with extensive dental needs including fillings, cleanings, extractions, crowns, and biopsies. By the end of the second quarter, \$17,711 of the grant dollars were spent on treatment for a priority population with high dental needs.

GAP for developmentally disabled adults continued to provide services to patients while under general anesthesia in a hospital setting and is projected to serve 22 patients in 2023.

Larimer Health Connect

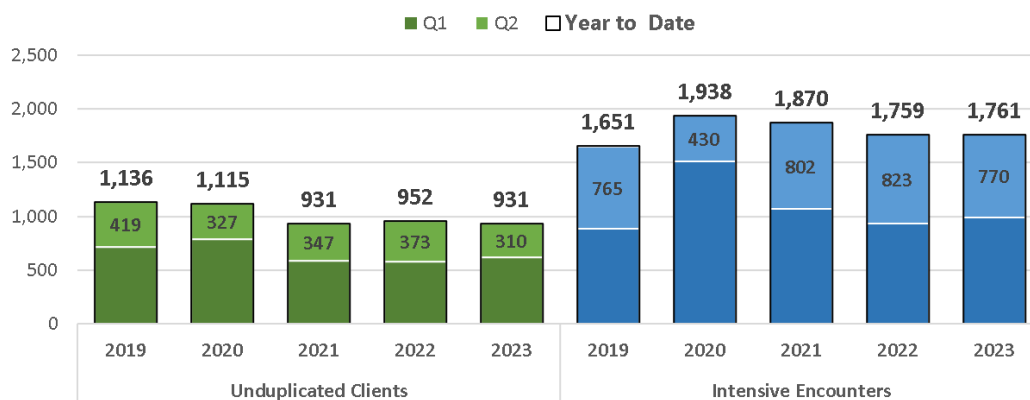
Program Introduction

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

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

Mid-Year Program Review

Program Activities



Reported values for 2019 may differ from original 2019/2020 reporting due to reporting methods. Variations are small and do not alter interpretations.

2022-2023 Open Enrollment (November 1 to January 17)

- 899 Appointments
- 503 Individuals enrolled in C4HCO Plans
- 92 Individuals enrolled in Medicaid
- 8 Individuals enrolled in CHP+

Note: These are enrollments that occurred at the time of the appointment and underrepresent the total number of community members served during open enrollment who did enroll.

Client Satisfaction

Larimer Health Connect staff give the survey instrument (hard copy with postage paid return envelope and online survey information) to clients of Larimer Health Connect. In the first half of 2023, 99 completed surveys were returned.

- 95% report that their Health Coverage Guide helped them “significantly” understand their insurance options. 3% selected “moderately.” 2% said it “does not apply”
- 92% report that their Health Coverage Guide helped them “significantly” to make a more informed decision about health insurance coverage. 5% selected “moderately.” 3% said it “does not apply”
- 87% said they “fully understand” what their next steps are regarding health insurance options. 13% said they “mostly understand.”
- 96% said they had a “very good” overall experience and 3% said they had a “good” experience working with the staff. 1% said it was “fair.”

Discussion

The first half of 2023 has been a time of transition for the Larimer Health Connect program. Staff transitioned from working remotely part of the time to being physically present in the office. Though we are providing in-person assistance, we continue to offer clients remote services, including appointments by phone and via Zoom. We've learned that having these options are very convenient in meeting our customers' needs, especially when transportation or available time is a challenge. We have experienced significant transitions within our staff. These transitions have included retirements, employees taking on different roles in other organizations, and one team member moving out of state. Throughout these transitions, our team has demonstrated resilience and a commitment to upholding the program's mission. Though we were short-staffed for some time, we're happy to have successfully hired a few new team members who have seamlessly blended with our existing team. Their presence will enrich our program's capabilities driving us to greater achievements in the future.

Despite staff transitions, our program remained dedicated in its commitment to serving the community. We have continued to participate in community events, attend local and statewide coalition meetings as well as meet with new and existing partners to see how we could work together to best serve our community. Some of the events attended included resource and wellness fairs, family fun nights at local schools, Colorado State University's Housing and Dining Conference and Expo, Saturday walk-in and enroll events held here at our Mason office (throughout open enrollment) and participating on the annual Project Homeless Connect event. Our local and statewide coalitions include Covering Kids and Families, Dept. of Health Care, Policy and Financing, Connect for Health Colorado's Board Advisory Group, Poudre School District's Health Advisory Committee and the Interfaith Council, among several others.

The program staff helped enroll just under 200 undocumented folks into Silver Enhanced Savings Plans via the OmniSalud program that included \$0 premiums and copays. This was a first as in past years undocumented individuals and families have not been able to access health insurance through the Connect for Health Colorado Marketplace.

An area we have put significant attention to is the current Medicaid unwinding, which is impacting individuals who have relied on continuous Medicaid coverage since March of 2020. We are dedicated to helping address the challenges faced by those affected, as many are experiencing various issues with their coverage. Challenges include loss of coverage which can pose significant consequences for individuals and their families. The backlog in the processing of verifications requested is causing many individuals to lose coverage erroneously. Lastly, loss of coverage is occurring due to renewal paperwork not being submitted by the due date. We are reaching out to our clients directly to help them through

this process and help retain coverage whether they are still eligible for Medicaid or need to find other options so as not to have a gap in coverage.

Larimer Health Connect Client Feedback

Every encounter I have had with Health Connect staff has been so helpful. It's a comfort to know this service is available and I have recommended it to many people. My friends and family who live in other states are envious and wish they had a similar advantage for help with navigating the ACA. Thank you for all you do!

I so appreciate the service that you all provide to the community! You work so hard to make sure that everyone feels seen, understood, and that clients understand the variety of services that are available to them. Thank you for making the process of finding/getting/keeping health insurance so much easier.

There's no limit on the number of glowing things I have to say about our experience with Larimer Health Connect. Without their help, I know our family would have faced much more headaches, uncertainty, and potentially lack of coverage, since the broader Colorado health system is pretty confusing on first contact.

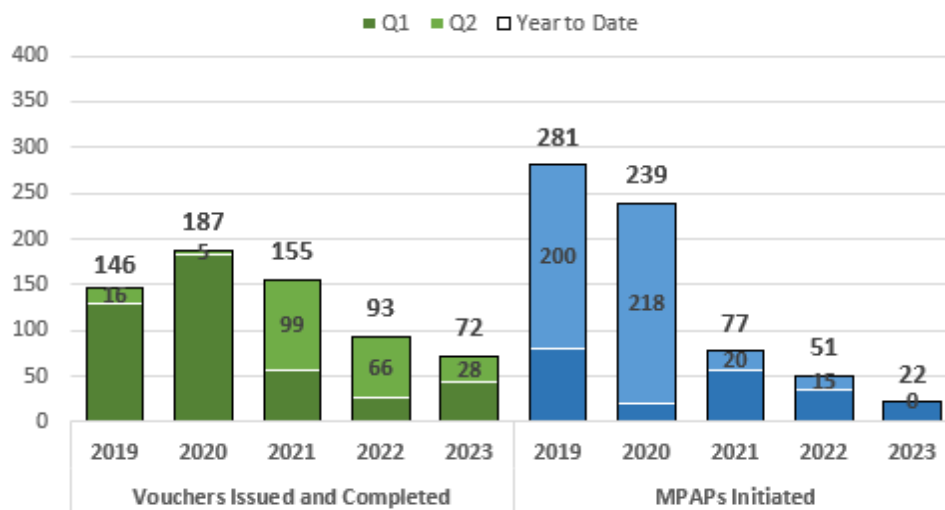
Prescription Assistance

Program Introduction

The Prescription Assistance (PA) program operates within LHC and helps Health District residents afford the cost of medications. Staff help consumers navigate options for lower cost medications, from discount cards to Manufacturers' Patient Assistance Programs (MPAPs). These options often require little to no financial assistance from the Health District. The program also meets the needs of clients by providing vouchers for prescriptions or assistance through RX Outreach, while helping explore health coverage options that will better meet prescription needs.

Mid-Year Program Review

Program Activities



Reported values for 2019 may differ from original 2019/2020 reporting due to reporting methods. Variations are small and do not alter interpretations.

Discussion

During the first half of 2023, the prescription assistance program (PA) underwent some planned changes. The most notable was the retirement of our original prescription assistance lead, the creation of a new hybrid health coverage guide/PA lead position, and the subsequent selection and training of her replacement. A seasoned health coverage guide was selected to fill the role.

Since March of 2020, customers enrolled in Medicaid were locked into coverage, regardless of their eligibility, due to the COVID-19 Public Health Emergency (PHE). Because of this, the demand for prescription assistance has been lower in the last few years as Medicaid provides prescription coverage at a minimal co-pay. With the conclusion of the PHE in May 2023, the process of Medicaid unwinding has begun. Many individuals may no longer meet the eligibility requirements and as a result, will need to explore other health coverage options. For some, this change may result in a temporary gap in coverage affecting their ability to obtain or afford prescriptions needed. Due to the Medicaid unwinding, our prescription assistance program anticipates an increase in demand for services.

Prescription Assistance Client Story

A customer came to see the program as she had lost Medicaid after her recent renewal period in June. She was confused and unsure why she had lost coverage. We explained that the PHE lock-in ended, which stopped Medicaid “force passing” cases. Based on her current income, she would be eligible for significant discounts in the Connect for Health Colorado Marketplace. So we researched her medications to make sure they were covered under the plan’s formulary and learned that 5 of her 7 medications would be covered at \$0. Because her plan would not start until August, we were able to provide vouchers for 3 of her medications, which she had already been out of.

Program Introduction

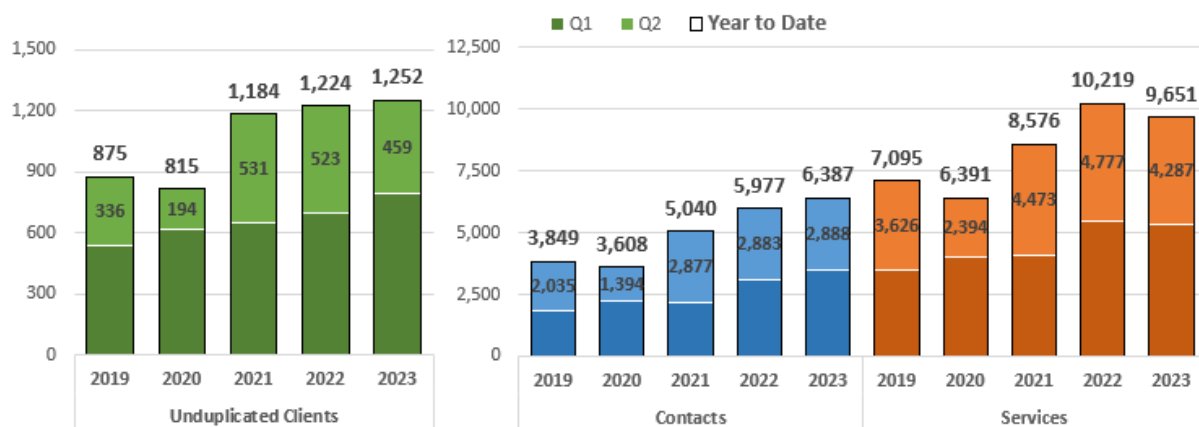
Child, Adolescent, and Young Adult Connections (CAYAC) provides youth ages 0 to 18 (and older high school students) and their families with low incomes and/or unable to receive services elsewhere in a timely manner due to high community demand with short-term and interim services. CAYAC is a multi-disciplinary team, providing youth and families with accurate assessments related to mental health and/or substance use needs and connections to appropriate services in the community and/or brief interim services through the CAYAC Team until long-term care can be established in the community.

CAYAC is staffed by behavioral health professionals, including licensed behavioral health clinicians, care coordinators, a child and adolescent psychiatrist, psychiatric nurse practitioners, and psychologists. They provide the following services:

- Initial behavioral health needs assessments for youth
- Education and information behavioral health treatment options
- Referrals and direct linkage to local providers and services
- Brief therapy and parent support
- Psychiatric evaluations, consultations, and medication management for youth needing psychiatric medication
- Psychological evaluations to aide in diagnosing conditions such as ADHD, autism, and mood disorders; · care coordination to connect families to appropriate services while identifying and removing barriers to treatment
- Collaboration and consultation with community partners such as schools, therapists, primary care physicians, and other providers regarding behavioral health needs of youth.

Mid-Year Program Review

Program Activities



Reported values for 2019 may differ from original 2019/2020 reporting due to reporting methods. Variations are small and do not alter interpretations.

Stakeholder Satisfaction

Approximately three to four months after services begin, the client or their parent/guardian is sent a Client Satisfaction Survey via email. There were 9 survey responses in the first half of 2023:

- All were somewhat or very satisfied with CAYAC services.
- 89% were connected or referred to counselors or other resources by CAYAC staff.
 - 50% found the connection or referral to be helpful.
- 88% feel more hopeful that they will receive help after their interaction with CAYAC.

In May, a counselor survey link was provided to Poudre School District (PSD) staff to distribute to counselors districtwide. Thirty-six PSD counselors submitted survey responses:

- 83% had referred one or more students to CAYAC during the past school year.
- 93% felt CAYAC was somewhat or very helpful for their work as counselors.
- 96% felt CAYAC was somewhat or very helpful for students or families who were referred.
- Of those who did not refer students during the past school year, 67% had referred to CAYAC in past years.

Discussion

The first two quarters of 2023 were busy for the CAYAC program with the continuation of the new model of care that started in the fall 2022. The team continued to focus on providing high quality services as staffing for key positions remained challenging. The recruiting and hiring process for the new program manager concluded at the end of June and the selected candidate was scheduled to join the team in early July, ending a long and intensive search. In January, selected staff members attended the PSD's State of Our Youth event with community stakeholders to address needs and gaps for children and adolescents in our community. The CAYAC psychiatrist and the CIT team continued to participate in workgroups with other committee members working to address identified needs in a creative manner. Care coordinators continued to be the first line of triage for families calling for services, thereby expanding the number of families being served for brief therapy by our therapists. Recruiting and hiring another fulltime psychologist to help meet testing demands and filling the remaining budgeted nurse practitioner FTE will be a focus early in the third quarter as the new school year approaches.

Client Story

Maverick* was referred to CAYAC by a school for concerns of impulsive behaviors and low self-esteem with the hope to link with a therapist. Maverick's case was brought to CAYAC's multidisciplinary team with the caregiver's interest in both psychological testing and therapy; and in consideration of community wait times and lack of options due to being covered by Medicaid. Maverick was scheduled for an intake with the psychological team, as well as given referrals for counseling resources within the community. Following the completion of psychological testing, Maverick was given diagnoses which provided the family with a roadmap for consistent parenting strategies and supported the need for formal support within the school. A psychiatric evaluation was complete within approximately a month to determine the appropriateness of incorporating medication into the treatment plan. During the time working with CAYAC, Maverick was observed by school professionals and caregivers as having a more positive attitude, more motivation to learn, and seemed more focused. Maverick has been connected to long term community-based services for psychiatry and therapy after CAYAC services.

**Name and identifying characteristics were changed/removed to protect client's privacy.*

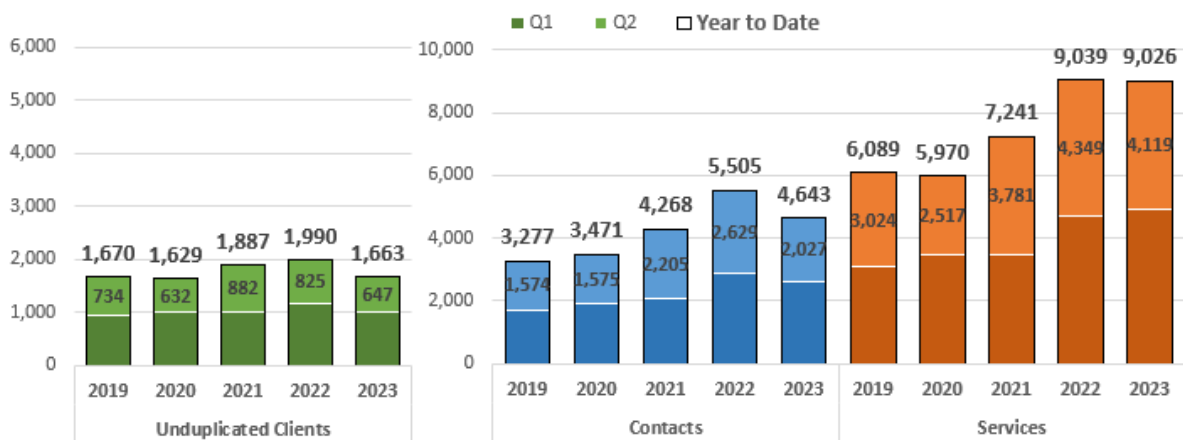
Program Introduction

Adult Mental Health Connections (Adult Connections) helps community members connect to the mental health and substance use disorder (SUD) treatment and support services that best meet their needs. Adult Connections helps people navigate a complex system of behavioral health care and overcome barriers to effective treatment by providing screening, assessment, information, connection to services, care coordination, follow-up, interim emotional bridge support, brief therapy, and other support options. Adult Connections is staffed by a range of behavioral health professionals, including licensed behavioral health clinicians and care coordinators. Other community services include:

- Working with primary care provider offices to connect patients to behavioral health resources in the community and facilitate communication between all care providers;
- Assisting community behavioral health providers and professionals in finding additional behavioral health services for clients, including but not limited to step down services, specialty providers, and/or higher levels of care.
- Offering educational presentations on a variety of behavioral health topics ;
- Assisting SummitStone Health Partners in organizing the CARE Team for mental health disaster response, and training CARE Team providers in Psychological First Aid and Incident Command Systems to assist survivors of disasters, critical incidents and emergencies; and deployment of the CARE Team during disasters; and
- Providing Critical Incident Stress Management (CISM) in the community when critical events like workplace deaths, bank robberies, or other critical incidents occur.

Mid-Year Program Review

Program Activities



Reported values for 2019 may differ from original 2019/2020 reporting due to reporting methods. Variations are small and do not alter interpretations.

Client Satisfaction

Approximately one to two months after services begin, the client is sent a Client Satisfaction Survey via email, or mail if no email address has been collected. There were 39 survey responses from clients in the first half of 2023:

- 92% were connected or referred to appropriate care by Connections staff.
 - 69% felt the connection or referral was helpful.
- 96% were somewhat or very satisfied with the services received from Connections.
- 71% feel more hopeful that they will receive help after their interaction with Connections.

Discussion

At the start of 2023, two full-time bachelors-level care coordinators were hired to assist with completing initial needs assessments for clients being referred from primary care offices. Licensed clinicians complete needs assessments for any referrals indicating complexity and/or safety concerns, however having care coordinators triage and send appropriate resources to clients for most referrals allows the clinicians to practice to the level of their license. Current staffing capacity has required extending the expected call return time from 24 to 48 business hours, yet in most cases, calls are returned the same or next day. A front desk associate was onboarded in June, replacing a vacancy from February. Filling this vacancy will allow clients to reach a live person when calling the program more quickly. Walk-in availability was paused due to staffing challenges and the model shifted to offering clients same-day or next day appointments as much as possible with current clinical staff capacity. Having some initial contact with the client over the phone before offering in-person services, can provide the opportunity to divert clients to other services, such as crisis and detox services when those are more appropriate than the level of care offered at Connections.

At the end of the first quarter, clinical staffing levels dropped to one full-time behavioral health provider (BHP). Recruiting for two open behavioral health provider positions proved challenging and both remained unfilled. In April, the BHP Lead provided a presentation on Mental Health 101 at the Fort Collins Country Club Health Fair. In attendance were many uninsured or underinsured country club staff.

The team continued to work hard to keep up to date with changes in insurance trends. A common challenge continues to be older adult clients with Medicare Advantage plans. Few local providers accept these plans, and many clients in this demographic either do not have the ability to access telehealth services or have a strong preference for meeting with providers in-person.

In May, the search for a new Mental Health Connections manager concluded and the selected candidate was scheduled to join the team in early July. The new manager will offer additional clinical oversight, coverage, and support for the team.

Client Story

A client with a Humana Medicare Advantage plan, which has been a particularly limited network of providers for behavioral health services, was referred to Connections. She was dealing with some family stressors, as well as depression and anxiety and a significant history of eating disorders that had returned due to their current situation. Since the client presented with elevated suicidal thoughts at the time of initial assessment, our BHP was able to offer some interim support through emotional bridge support to continue to assess and support the client's safety until we were able to get her connected

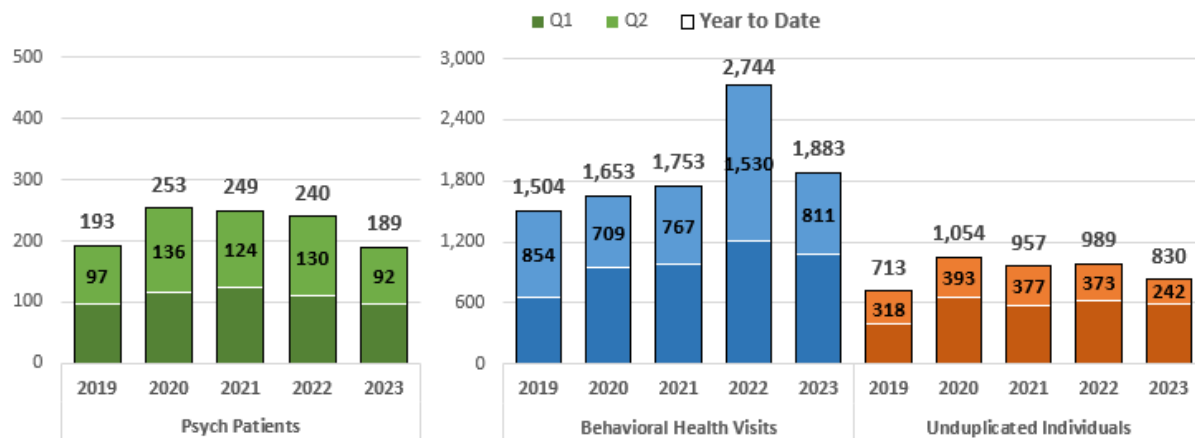
with a community provider. The team was able to facilitate a transfer to a community therapist who accepted her insurance for ongoing support around family stressors and identify another community provider with relevant experience in eating disorders who was willing to get paneled with Humana. Although the paneling process typically takes several months, the provider will eventually be another resource for other clients presenting with similar symptoms which is promising as referrals for older adults with concerns around disordered eating have increased.

Program Introduction

The Health District’s Integrated Care (IC) program provides behavioral health services within two safety net primary care clinics in Fort Collins: Salud Family Health Center (Salud) and the Family Medicine Center (FMC). The IC team includes master’s level behavioral health professionals (“Behavioral Health Providers” or “BHPs”), a psychiatrist, and a front desk associate/case manager. BHPs offer behavioral health screenings and consultations to clients in the medical clinics and participate in group medical visits as part of a multidisciplinary team. In addition, BHPs provide mental health and substance use disorder treatment for individual patients. The psychiatrist provides psychiatric assessment and treatment recommendations in the safety net clinics, psychiatric evaluations and medication management in the community dual disorders treatment program, training of family practice residents, and more informal consultation to providers at all sites. The FMC BHPs and the IC psychiatrist provide formal and informal education to the family practice medical residents at FMC. Case management FTE supports special clinics at FMC (Chronic Pain and Medication Assisted Addiction Treatment).

Mid-Year Program Review

Program Activities



Reported values for 2019 may differ from original 2019/2020 reporting due to reporting methods. Variations are small and do not alter interpretations.

Discussion

The most significant development in the Integrated Care program in the first half of 2023 is the ending of placement of Behavioral Health Providers (BHP’s) at Salud. Although the IC psychiatrist remains at Salud providing psychiatric consultations, the remaining BHP placed at Salud decided to transfer to FMC when a vacancy occurred due to a resignation. The Integrated Care team at FMC lost a second BHP in early summer and are now engaged in a search to fill the vacancy.

Health District and FMC administration have started discussions about how to evaluate the best use of BHP time. Considering an unwavering demand for behavioral health, improving efficiency and ensuring BHP’s are practicing to the top of their licenses is imperative. Additionally, the IC Program Manager and

Director of Health Services are evaluating staffing needs in an effort to ensure BHP's are practicing to the top of their license and lower-level duties are offloaded to appropriately trained staff.

The IC BHP's and psychiatrist remain actively involved with medical resident education. In the first half of 2023, BHP's provided 6 formal presentations on topics ranging from intimate partner violence to pain management to medication assisted treatment. The IC providers continue to meet with medical residents on behavioral health rotations remain available for in the moment consultation and education opportunities while interacting in clinic. FMC completed another successful interview season- 144 medical students were interviewed between November 2022 and January 2023 for placement in one of the 8 residency slots. FMC was able to successfully fill all 8 slots through the national match process in March 2023. Currently, FMC has a total of 23 residents. Next year the capacity will be 24 with 8 residents in each year (R1, R2 and R3).

BHPs have been able to return to having a more physical presence in clinic post COVID-19. This allows for much easier consultation and educational opportunities. Pain Clinic and Medication Assisted Treatment (MAT) continue to be well utilized specialty clinics at FMC supported largely by Health District BHP's. The Program Manager has conducted 7 youth assessments and 9 adult assessments so far in 2023. These psychosocial assessments gather information to help the medical provider make treatment decisions regarding the presence or absence of clear ADHD symptom presentation.

Staffing and workload are a challenge for the IC team. Current staff are filling coverage gaps related to the current FTE vacancy pulling from their ability to manage their own work loads. Filling the vacant BHP position is proving to be difficult. The waiting list for therapy at FMC is beyond 6 months due to sustained demand exceeding capacity.

Client Story

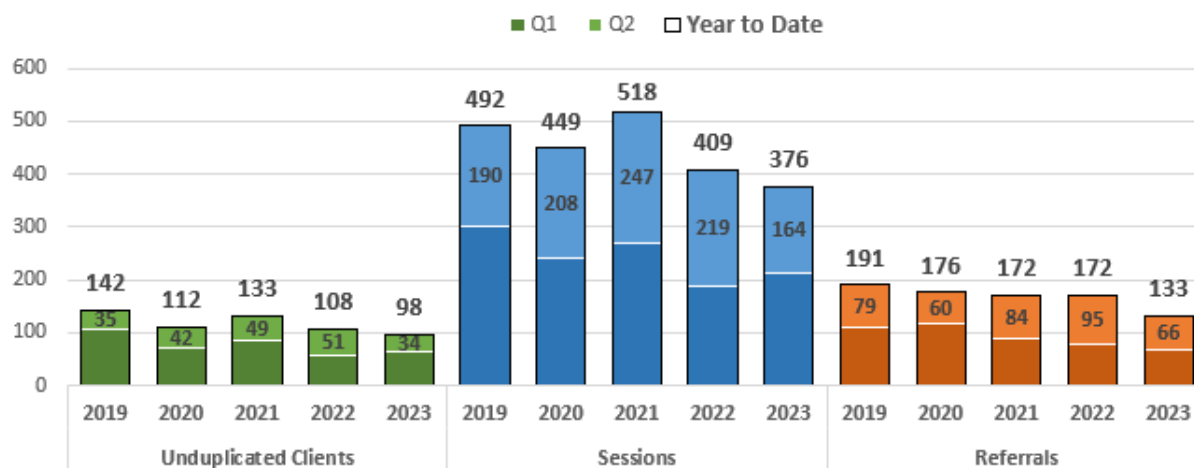
An FMC resident was seeing a teenager in clinic for a mood follow up. This teenager has a history of suicide attempts via overdose. The BHP met with the patient and their mother to conduct a suicide assessment. Meanwhile, the resident consulted Dr. Udupa, who is the psychiatrist with the CAYAC program, regarding medication adjustment recommendations. The BHP provided education to both the medical resident and the attending physician regarding brief suicide assessments.

Program Introduction

Since 1998, the Health District of Northern Larimer County has offered in-person tobacco cessation counseling through the Quit Tobacco Program (QTP) using a client-centered approach. At no cost to clients in northern Larimer County, certified tobacco treatment specialists (TTS) provide individual, buddy, and group cessation and follow-up support services to those who smoke, chew, or vape. Free nicotine replacement therapy (NRT) is provided after enrollment. Clients are assisted in developing a plan for quitting, dealing with triggers/cravings as well as relapse prevention. The TTS also help community healthcare providers acquire skills and referral tools to assist their patients in quitting tobacco through training, written materials, referral resources, and presentations.

Mid-Year Program Review

Program Activities



Reported values for 2019 may differ from original 2019/2020 reporting due to reporting methods. Variations are small and do not alter interpretations.

Client Follow-up Survey¹

Seven months after a client's first treatment session with the Quit Tobacco Program, an Evaluator contacts the client to complete a follow-up survey. Between July 1, 2022, and July 10, 2023, a total of 23 clients responded to the survey.

At time of follow-up survey:	Mid-Year 2023	2019-2023 average
Report being tobacco-use free past 7 days	70% (16/23)	51% (113/232)
Report being tobacco-use free past 30 days	61% (14/23)	44% (103/232)
Report being tobacco use free past 6 months	44% (10/23)	31% (73/232)
Did not quit, but report a quit attempt lasting at least 24 hours	100% (7/7)	89% (100/112)

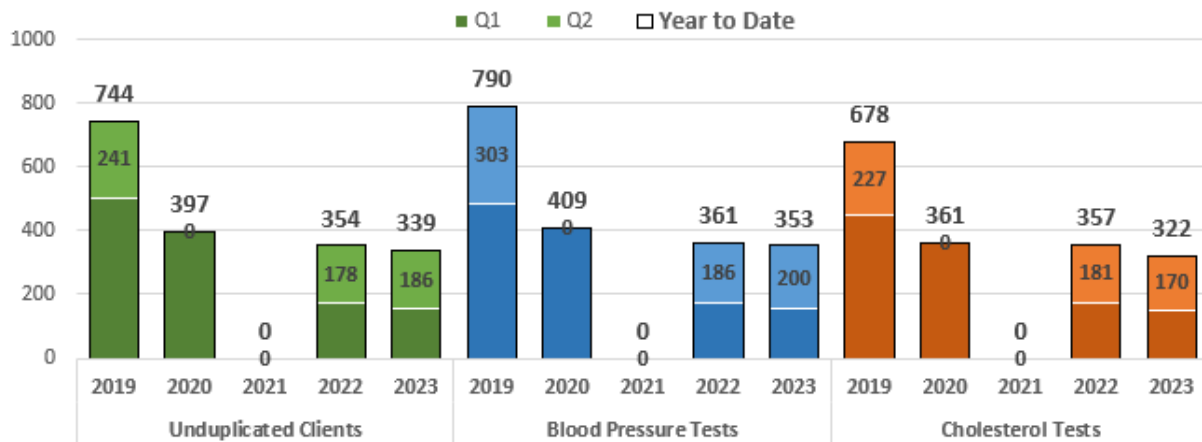
¹ Because of the small numbers of completed surveys and the latency of the follow-up survey, the reporting period needs to be at least a year in duration. Combining multiple years gives a more accurate picture of the program's quit rates.

Program Introduction

The Health District’s Heart Health program provides low-cost cholesterol, blood pressure, and biometric screenings along with education, referral, and follow-up to clients at community-based clinics and worksites. Nurses explain results and provide lifestyle and nutrition information, make referrals to physicians and dieticians if indicated, and make follow-up recommendations. Extra counseling is provided for those at high risk. Follow-up phone calls are made to clients who are given recommendations to see their physician or inform their doctor of their results.

Mid-Year Program Review

Program Activities



Reported values for 2019 may differ from original 2019/2020 reporting due to reporting methods. Variations are small and do not alter interpretations. Additionally, in 2020, the program was curtailed at the start of the pandemic, mid-March. In 2021 it remained suspended as nursing staff were critically important to COVID response and vaccination.

Client Satisfaction

Nurses and registrars hand out a one-page survey and a postage paid return envelope to clients at Heart Health Clinics. Clients may also complete the survey online through a secure link. In the first half of 2023 a total of 82 surveys were completed and returned.

- 89% report that after meeting with the nurse, they have a greater understanding of their test results. 71% report that they have more motivation to take actions to improve their health.
- 98% report that they were “very satisfied” with the services they received. 2% said they were “somewhat satisfied.”

Discussion

The first part of the year focused on planning service program changes to reach new populations and developing new services. First and second quarter nursing efforts included conducting blood pressure and blood glucose screenings for unhoused community members as well as those housed in permanent supportive housing, performing biometric screenings for Latinx, rural, and other communities with

access barriers to primary care, and continuing outreach efforts with a health equity lens to community partners who work with underserved communities and conducting targeted social media and advertising to ensure Health District nursing resources are utilized with intention and focused on those most in need. Reaching underserved community members and increasing participation for targeted populations remains a challenge. Additional nursing activities included developing and presenting a heart health lunch and learn for Health District staff, support the Community Impact Team by providing naloxone (Narcan) training to staff at St. Joseph's school and continuing to participate in strategic planning for the Murphy Center and SummitStone Health Partner's health clinic with the goal of defining opportunities to utilize Health District nursing resources in the clinic and guide Health District leadership contract discussions prior to clinic completion.

Client Story

An older adult came to a routine cholesterol screening clinic held at the Health District. He had Medicaid but had not been to a doctor for 15 years. He heard about our screening by doing an internet search. His health assessment intake revealed that he had a strong family history of diabetes. This client's test results showed a fasting blood sugar indicative of diabetes. He was made aware that if he had another similar fasting blood sugar it may signify diabetes. We made a strong recommendation that he establish care with a primary care provider (PCP), but due to long wait lists it might be a while before he could be seen. We discussed lifestyle interventions that he could implement to help reduce his blood sugar level. A week later, this man called to say he got on a waiting list with a PCP and had already made significant dietary changes.

Discussion

Compared to mid-year 2022, services were provided to 10% fewer clients (98 in 2023, 108 in 2022) in 8% fewer sessions (376 in 2023, 409 in 2022). The decrease may be attributable to 23% fewer referrals from medical practices which may be due to technological barriers. Staff continue to work with IT and referring providers to come up with a solution. The focus during the second half of 2023 will be regenerating referrals from Family Medicine Center (FMC), Associates in Family Medicine (AFM), & Salud and building new referral channels with UHealth/PVH.

Health District/Poudre Valley Hospital (PVH) Tobacco Cessation Project

Research on hospital tobacco interventions began three years ago; however, COVID concerns delayed the project until August of 2022. Planning meetings continued in the first half of 2023. After a few months of planning and training, a slow rollout began when the Health District's TTS started working at PVH's Medical/Oncology Department on in late May 2023 in the Medical/Oncology unit. On June 20, the project expanded to include PVH's Ortho & Surgical Floors and will be expanding further in Q3.

The TTS is on site at PVH approaching eligible patients with information about the program on Tuesdays, Wednesdays, & Thursdays from 9am to 12pm; a total of 9 hours/week. While it is too soon to determine how many PVH patients who use tobacco products are open to a referral into the program, one month of data (June 20-July 20), encompassing about 39 total hours at PVH, indicated the TTS visited with 35 PVH patients that were judged eligible for a referral by PVH staff. Fifteen patients were referred for post-hospital counseling with the QTP and 7, who were out of district, were given information about the Colorado Quitline.

Education Events:

- The Tobacco Treatment Specialist provided 3 Quit Tobacco Program trainings for FMC residents in January, April, and June
- Presentation on program and the hospital tobacco intervention: UHealth providers for CMEs on Jan 9. PVH reported 15 physicians filled out an evaluation. Department managers and a few groups that watched together do not sign in individually.

Client Story

The program served a client who had smoked for 56 years with no previous attempts at quitting. She was told by an orthopedic surgeon that she must quit 30 days prior to scheduling surgery. They would test and cancel the surgery if she had nicotine in her system. At her first session, she decided to use Chantix (a type of NRT) and obtained a prescription from her primary care provider. She attended six sessions in-person, listened intently, and asked a lot of questions. She understood the concepts of finding something therapeutic other than a cigarette, taking health breaks instead of smoke breaks, practicing relaxation techniques, and changing her attitude about stress. Chantix worked for her, but she called one day complaining of unbearable nausea. The TTS suggested that she call her doctor to lower the dose and cutting her medication in half worked. The surgery was successful, and she has been tobacco-free for 4 months. This client has expressed her gratitude for the program and is now getting brief follow-up calls once a month for accountability and confidence building.

Program Introduction

The Policy Program monitors and prioritizes legislation, conducts research, drafts analyses, and presents information to the Board of Directors so that they may take positions on policy initiatives. When directed to do so by the Board of Directors, policy staff communicates with state, local, and federal policymakers to advocate for action or to advise legislators on policy issues. Policy staff regularly works with partner agencies at the local and statewide level on policy issues related to Health District priorities.

Discussion

There has been a vacancy within the Policy program; therefore, Program activities were supported during the 2023 state legislative session by Frontline Public Affairs and the Director of Planning, Policy, Research & Evaluation. The Director continues to collaborate with Health District health services staff to understand the potential effect of passed legislation and proposed policy issues on the health of the community and the operations of the Health District. Rulemaking and interim committee meetings have been continued to be monitored by staff for priority areas and issues, including, but not limited to:

- Medicaid Accountable Care Collaborative (ACC) 3.0
- Behavioral Health Administration rules related to behavioral health entity licensing and universal contracting provisions
- Medicaid reimbursement rate reviews related to behavioral health and dental
- The Opioid and Other Substance Use Disorders Study Committee
- Property tax policy

Program Introduction

The Research and Evaluation Team provides program managers, directors, the Board, and members of the community with information for decision making. The team develops evaluation plans and data gathering methods for Health District programs and provides technical assistance through evidence-based practice research, literature reviews, and quality improvement initiatives. The team also manages the Health District's comprehensive triennial community assessment process that includes the collection of local data on community health status and needs. Research & Evaluation staff organize, analyze, summarize, and disseminate the collected data (both qualitative and quantitative) for various internal and external audiences. As time allows, team members provide evaluation, needs assessment, quality improvement, research, and data interpretation technical assistance to other community organizations and groups that align with the mission of the Health District.

Discussion

The Research and Evaluation team has transitioned from being led by the Medical Director to being part of the new Planning, Policy, Research and Evaluation (PPRE) Department. The director of this department took the helm in March. In June, a shared program specialist for the PPRE Department was onboarded and began assisting the team. The manager of the Research and Evaluation team announced their retirement, effective early fall.

In late 2022/early 2023, Results-Based Accountability (RBA) was selected as an appropriate framework to be explored and implemented internally. From March to June, staff have worked with managers and staff of Integrated Care, Heart Health, Quit Tobacco, CAYAC, Connections, and Resource Development to apply RBA and begin to update how evaluation planning is conducted. By the end of 2023, the RBA framework will be explored and implemented for every direct service program and cross-cutting function within the Health District.

In the first quarter, staff worked closely with the Advance Care Planning Coordinator and the Resource Development and Special Projects Manager to provide the Board, and others, a final wrap-up of the program's accomplishments as it was transitioned to the Larimer County Extension. Enhanced efforts to evaluate the impact of and assist in making recommendations for the Quit Tobacco and Heart Health programs have been underway and will continue.

Efforts to disseminate 2022 Larimer County Community Health Survey (CHS) findings continued into 2023. The team worked with the Communications Department to disseminate 2022 CHS data through the Health District website, Compass newsletter, and in social media posts. Additionally, findings and/or data from the 2022 CHS was provided to several entities, including:

- Larimer County Department of Health and Environment (LCDHE) for their 2022 Community Health Improvement Planning (CHIP) and data dashboard
- University of Denver's Butler Institute researchers who used it for a community behavioral health needs assessment for SummitStone Health Partners;
- Colorado State University (CSU) School of Public Health Master's in Public Health (MPH) Research Methods class for student projects;
- A CSU MPH student for a capstone project examining the relationship between mental health status and disaster concern/emergency preparedness; and

Program Introduction

The Health District created the Resource Development Program in 1999 to promote the mission and goals of the Health District through the pursuit, cultivation, and management of external resources from foundations, corporations, and other local, state, and federal sources. Funds are used to initiate, supplement, expand, and enhance services and programs. The Resource Development staff coordinates the Health District's resource development and grants management activities, cultivates and stewards prospect funders, serves as the primary liaison for current and prospect funders, provides program and proposal development services to staff, successfully administers projects during the grant lifecycle, and supports ongoing project or program needs, as appropriate.

Discussion

Resource Development worked closely with program directors and partnering organizations to request \$906,419 in funding (of which \$736,367 was awarded and \$170,052 is pending notification) to fill critical needs while successfully coordinating and fulfilling existing grant requirements.

- \$277,500 was requested and funded to support unmet dental needs for older adults with low incomes in Larimer County through the Colorado Dental Health Care Program for Low-Income Seniors (Senior Dental Program) (\$180,000) and Larimer County Office on Aging (\$97,500).
- \$250,000 was awarded from Rocky Mountain Health Plans to expand and/or enhance staffing and/or program capacity that primarily supports Medicaid Members through the Healthy Neighborhood initiative.
- \$183,867 was requested and awarded to support Larimer Health Connect operations through Connect for Health Colorado.
- Up to \$25,000 was secured through Delta Dental Foundation of Colorado through a collaborative partnership with La Familia to stabilize the oral health of the youth and families and provide oral health prevention education to the families they serve.
- \$170,052 was requested from the State of Colorado Behavioral Health Administration to expand the care coordination and psychiatric services capacity of the Child, Adolescent, and Young Adult Connections (CAYAC) Team. Award notification is pending the funder's decision.
- Closeout grant reports and deliverables were prepared and submitted for two large grants that concluded in Q1 and Q2: one to Larimer County for the Immediate Needs Grant Program and one to Larimer County Office on Aging.

The Resource Development and Special Projects Manager also supported the following organizational needs:

- Served as the interim manager for the Community Impact Team through April 2023 and continued to provide project support on the Youth Behavioral Health Assessment through June and continuing into the third quarter.
- Planning and coordination of the preliminary internal launch of the Unite Us service referral management platform for the third quarter.
- Launched and managed the 2022 United Way Employee Giving Campaign, securing \$5,591 in staff contributions/pledges.

Program Introduction

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

Discussion

CIT experienced turnover of staff within the team that left it with no permanent staff as of February 2023. The team is currently staffed by the Director of Planning, Policy, Research & Evaluation with support from the Resource Development and Special Projects Manager. Throughout the end of the second quarter, a search occurred to fill the role of the CIT Manager, with the intention of filling the vacancy in the third quarter. Staff continued to facilitate the MHSU Alliance, with meetings focusing on the implications of state policy during the 2023 legislative session. Additionally, staff continued to provide naloxone trainings and supply naloxone to training participants, with over 240 doses provided to partners and individuals in the first half of the year. During the first two quarters of 2023, staff prioritized the following projects for completion with limited capacity.

The Health District contracted in early 2023 with the Aurora Research Institute (ARI) to assess the continuum of care for youth behavioral health in Larimer County. The goal is that this assessment will identify existing assets as well key service gaps within the community for youth ages 0-24. The assessment will provide recommendations to improve youth behavioral health services in Larimer County and will be included in the Larimer County Community Master Plan for Behavioral Health Services. The assessment process included youth voice and validation throughout the assessment. Additionally, voices from 23 organizations across Larimer County participated as key informants. The assessment concludes and findings will be shared during the third quarter.

The Changing Minds campaign is a substance use disorder (SUD) stigma reduction and public awareness project that was co-created by CIT and the MHSU Alliance. The North Colorado Health Alliance (NCHA) received funding through the Larimer County Regional Opioid Abatement Council (Council) for stigma reduction and determined that the best use of the funds would be provide that funding to the Health District to update the Changing Minds campaign rather than start a new campaign or effort. CIT, with assistance from Toolbox Creative, has been updating and enhancing the existing Changing Minds campaign materials to launch and coordinate a targeted community education and stigma reductions communications campaign to be focused around the timing of Overdose Awareness Day (August 31, 2023) and its associated local events (August 26 & 27, 2023).

- Outreach Fort Collins was given the special 2022 CHS dataset that was administered to guests at the Murphy Center who were experiencing homelessness for grant applications and program planning.
- SummitStone and Larimer County Behavioral Health Services for an ARPA grant, following a presentation to local behavioral health leadership;
- Larimer County/CSU Cooperative Extension's Healthy Aging Program for program planning activities for older adults (60+);
- The City of Fort Collins' Climate Equity Committee received Fort Collins zip code-specific data on environmental health concerns, emergency planning, and active transportation for an annual report;
- A health care access committee from Red Feather Lakes and surrounding communities were provided geographic specific data to support efforts to increase access to primary care for rural residents;
- The Aurora Research Institute (ARI) received data on adults under 24 years old for the Health District's Youth Behavioral Health Assessment.

Program Introduction

Human Resources is the department within the Health District responsible for posting vacancies, recruiting, screening of job applicants, completing background checks of candidates, onboarding new employees, and processing resignations and terminations of employment.

Human Resources provides exceptional customer service for the employees within the various departments/programs of the Health District providing information on employee compensation, benefits, training opportunities, leaves, supervisor/manager support, and employee relations.

Discussion

The Human Resources Department began the year with a large number of vacant positions due to a relatively high turnover. The team worked as quickly as possible to post vacancies, schedule interviews for the various programs/departments and onboard new employees. The total number of employees hired/onboarded were 19 external hires and 13 internal hires or reclassifications. The total number of employees offboarded was 22 employees. The information is listed below:

1st Quarter totals (January-March)

Onboarded a total of 16 employees Jan-March (7 External search and 9 Internal).

Offboarded 12 employees

- 8 - Left for new opportunity or personal reasons.
- 1 - Affected by the Out of state policy.
- 1 - Time-limited position or intern.
- 1 - Moved out of state.
- 1 - PRN – services no longer utilized.

2nd Quarter totals (April-June)

Onboarded a total of 16 employees April-June (12 External search and 4 Internal. Note: of the 4 internal 3 were due to job re-classification with new grade and not a new position).

Offboarded 10 employees

- 2 - Left for new opportunity.
- 2 - Time limited or intern.
- 1 – Program was eliminated.
- 3 – Moved out of state.
- 2 – Retired.

The HR department is also working on finding and implementing a Human Resources Information System (HRIS) to house all employee information to include application system, demographic information, benefits, leave balances, training, time keeping (in coordination with the Finance team). HR will be transitioning benefits and leaves from Finance over to HR oversight and implementation as well. The goal is to have this accomplished by the end of the 2023 calendar year.

Another item that the team is working on is implementing a standard process for students, volunteers, and interns. This will allow us to partner with our local universities and community colleges to provide

needed services for our patients and clients, and also to build a pipeline for recruitment of new employees in hard to fill areas such as Dental and Behavioral Health Providers.

Program Introduction

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

Discussion

During the first half of the year, the team has seen an increase in the number of new hire orientations and payroll needs, claims have increased for patients with external funding, and we have seen an increase in the need for the training of new supervisors. Our annual audit was completed and presented to the Board of Directors in May. The auditors gave the Health District a clean audit opinion which means that the financial statements are presented fairly in all material respects. The Budget Analyst has been working with individual Managers and Directors to review financials and budgets throughout the past six months.

Program Introduction

The role of the Communications Department is to facilitate flow of information between the Health District programs, Board and the agency's various internal and external publics. The department helps to promote a better awareness and understanding of the Health District within the community, an essential function for any public entity. It also works to further the agency's mission of creating a healthier community. It does this through marketing communications aimed at increasing utilization of the Health District's client services, as well as through the direct dissemination of information to assist community members in making better choices about their health and health care. Lastly, in an organization the size of the Health District, the Communications Department helps to facilitate information sharing among programs, staff, and management.

Discussion

Staff worked with the Research and Evaluation team to revise Community Health Assessment pages on the Health District website and to post survey results in an Americans with Disabilities Act (ADA)-compliant format. Key findings were disseminated by press release, Compass and in social media posts.

The Health District Board of Directors Election was promoted through a variety of channels, including a three-page spread in the spring issue of Compass, election forms and information (including candidate profiles) on the Health District website, press releases, social media, and a forum that staff helped coordinate in conjunction with hosts the League of Women Voters. All forms were available online as fillable ADA-compliant PDFs. Staff explored the feasibility of enabling online submission of absentee ballot requests but could not guarantee a completely error-free process given variability among web browsers, email clients, and Acrobat versions. This option will be pursued again for future elections.

In addition to the revised and updated pages for the Community Health Assessment, numerous program staff-initiated edits and updates were made to the site. The process of identifying, removing, or remediating non-accessible content from the site continued ahead of statutory requirements to have a fully ADA-compliant website in 2024. Work began on a technical scope of work for a website rebuild, and staff resumed the process of gathering staff input on new features. In June, staff worked with the website vendor on managing the migration of the site to a new server ahead of the planned decommissioning of the existing server. The process included numerous module updates and security patches, but also resulted in some technical glitches that needed to be resolved.

The process reintegrating the Digital Media Specialist into the Communications team continued in 2023. The Director and Digital Media Specialist attended the Government Social Media Conference in May. Working with Research & Evaluation, staff created a series of infographics based on findings from the most recent Community Health Survey. These included posts related to behavioral health findings that ran during National Mental Health Awareness Month in May, and behavioral health findings among LGBTQ+ residents that ran during Pride Month in June. Except for a temporary dip in March, Facebook reach, engagement, and followers increased January to June. Reach went from 2.1K in January, to a high of 7K in June. Engagement also had a steady increase, rising 130%, from 89 to 206. Followers increased from 1.5K to 1.6K over six months. Impressions and engagement for Instagram varied more widely, with

Program Introduction

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

Discussion

Some of the major Support Services projects completed in the first half of 2023 include the following:

- Replaced our Active Directory Domain controller servers and raised domain functional level to enable email account migration to the cloud.
- Carried out the 2023 Board Election in compliance with State laws and under budget. This includes several improvements to the Health District's voter database management system.
- Oversaw completion of renovation of five restrooms at 425 West Mulberry to make them ADA compliant and more functional for the building users.
- Implemented a new work order tracking system for facilities and equipment to better track work progress and communicate back to staff about completion progress.
- Deployed Ninja One, the Remote Monitoring and Management software, to help us more efficiently maintain workstations and servers.
- Completed office moves and associated furniture provision throughout the various Health District office locations.
- Reworked the Mental Health Connections appointment system and the way parents/guardian contacts are input and stored.
- Installed interior and exterior security cameras at 425 West Mulberry.
- Recovered all COVID-deployed computer equipment and cell phones, shut down cell phones and reduced Zoom license count. We also removed equipment from the now closed Loveland Larimer Health Connect office.
- Updated lease amendments and renewals to comply with new audit requirements, including new calculations of the tenant's operating cost payments.
- Hired a new Information System Specialist.
- Reduced hours of front desk staff by 24 per week to match current workload levels.

Building conditions due to the age and inevitable deterioration continue to be our biggest challenge. With the unprecedented rain amounts this year, the building at 425 West Mulberry has had issues with basement flooding (no tenants or HD programs are located down there) and sewer line drainage. That building also needed replacement of one of the old HVAC units. The backflow prevention valve system at 202 Bristlecone has had extensive parts replacement done, but still need mechanical engineering input to find a solution to meet City inspection requirements. As we look at the coming expiration of the 2001 S. Shields Building lease with SummitStone Health Partners, that building will need replacement of the roof and repairs to some of the concrete around the site. Additionally, we continue to work to find ways to make our dental operatories function better for the Dental Program staff as IT equipment is upgraded, old dental equipment is replaced with newer technologies, and new dental processes are implemented.

impressions generally staying between 1.7K and 2.1K, except for a dip in March. Engagement hovered between 75 and 101 per month. Followers increased from 385 to 412.

A process of standardizing use of Health District visual branding was initiated, beginning with business cards, where design variations among some programs were eliminated and uniform use of the Health District logo and colors were enforced. A standardized email signature template that includes the Health District logo was developed and its use made mandatory. The Connections logo, which was originally developed to accommodate the co-management of the program by the Health District and SummitStone Health Partners, began to be phased out. Additional discussions concerning Connections naming and branding are planned. The Health District buildings on Bristlecone and at 425 Mulberry were assessed for potential changes in signage.

Major changes to program marketing that occurred in the first six months centered around community and partner messaging for the Advance Care Planning program, which transferred to Larimer County Extension in the first quarter; and the Heart Health program, which saw a shift in its focus. For the latter, staff worked to develop new messaging and designs for ads and collateral materials. The first of a series of planned geotargeted digital marketing campaigns launched in June, focusing on areas around Section 8 housing and large, multi-family housing.