



Board of Directors Regular Meeting

Location:	120 Bristlecone Dr., Fort Collins, CO 80524 or Zoom
Date:	Tuesday, August 27, 2024
Time:	5:30 PM

5:30 PM	I. Call to Order	Molly Gutilla
	<ul style="list-style-type: none"> a. Roll Call Board of Directors b. Welcome Guests & Attendees c. Conflict of Interest Statement d. Approval of Agenda 	
5:35 PM	II. Presentations	
	<ul style="list-style-type: none"> a. Colorado Intergovernmental Risk Sharing Agency (CIRSA) Elected Officials Training with guest Sam Light 	
7:05 PM	III. Public Comment	
	<p>Note: If you choose to comment, please follow the "Guidelines for Public Comment" provided at the end of the agenda.</p>	
7:10 PM	IV. Consent Agenda	
	<ul style="list-style-type: none"> a. July 23, 2024 Regular Meeting Minutes b. Connect for Health Colorado Contract 	
8:00 PM	V. Action Items	
	<ul style="list-style-type: none"> a. SummitStone Health Partners Office Rent Reduction b. Records Request Policy Update c. Compensation Policy d. July 2024 Financial Statements 	<p>Liane Jollon Katie Wheeler Misty Manchester Misty Manchester</p>
8:15 PM	VI. Reports	
	<ul style="list-style-type: none"> a. Policy and Revenue b. 2025 Budget Planning Timeline c. Board of Directors Reports d. Liaison to PVHS/UCHealth North Report e. Executive Committee Update f. Executive Director Staff Report 	<p>Alyson Williams/ Misty Manchester Misty Manchester Board of Directors John McKay Molly Gutilla Liane Jollon</p>

8:20 PM

VII. Announcements

- a. September 24, 2024, 5:30pm – Regular Meeting
- b. October 22, 2024, 5:30pm – Regular Meeting
- c. November 12, 2024, 5:30pm – Budget Hearing & Regular Meeting

Executive Session Tentative – Details to Be Added If Called

(1) to hold a conference with the District's general counsel to receive legal advice on specific legal questions, pursuant to C.R.S. § 24-6-402(4)(b), regarding _____; and (2) for the purposes of discussion of a personnel matter not involving any specific employees who have requested discussion of the matter in open session, any member of this body or any elected official, the appointment of any person to fill an office of this body or of an elected official, or personnel policies that do not require the discussion of matters personal to particular employees, pursuant to C.R.S. § 24-6-402(4)(f), concerning _____.

8:30 PM

VIII. ADJOURNMENT

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

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.' Public Comment is an opportunity for people to express your views and therefore the Board of Directors generally does not engage in back-and-forth discussion or respond to questions.

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. Please spell your name for the record and let us know if you reside in the District.
- Tell us whether you are addressing an agenda item, or another topic.
- Please know that you will have up to 5 minutes to present public comment. However, the time allotted for public comment may be limited, so the Chair may need to shorten the time limit as necessary to give each commenter a chance to speak.
- Please address your comments to the Board of Directors, rather than individuals.

Board of Directors Regular Meeting

Location: Hybrid

Date: July 23, 2024

Time: 5:30 PM

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
John McKay, Secretary

Staff Present Online:

Julie Estlick, Communications Specialist
Kristen Gilbert, Graphic Designer
Emily Leetham, Operations & Care Supervisor
Tonya Kron, Mental Health Connections
Program Manager

Staff Present:

Liane Jollon, Executive Director
Abby Worthen, Deputy Director
Alyson Williams, PPRE Director
Sean Kennedy, Interim Communications
Director
Dana Turner, Health Services Director
Katie Matus, Health Services Coordinator
Katie Wheeler, Compliance Officer
Jill Wear, Dental Services Manager
Chris Roth, Information Systems/Network
Manager
Rosie Duran, Health Care Access Manager
Misty Manchester, Human Resources Director
Julie Kenney, Human Resources Specialist
Lead
Jessica Shannon, Quality Improvement
Projects Manager
Lauren Jones, Executive Assistant

I. Call To Order

a. Roll Call Board of Directors

Director Molly Gutilla called the regular meeting to order at 5:32 p.m.

b. Welcome Guests & Attendees

c. Conflict of Interest Statement

None.

d. Approval of Agenda

Motion: To approve the agenda as presented.

Moved by John McKay/Second by Julie Kunce Field/Carried Unanimously

II. Public Comment

Richard Cox thanked the Health District as well as staff for the work they do in the community.

Kristen Cochran-Ward shared concerns about the direction of the Health District, noting concern about change, stability, leadership, staff morale/retention, and community relationships and dollars spent.

III. Presentations

a. Health Care Access Program Updates – Dana Turner/Rosie Duran

The Health Care access (Larimer Health Connect) program staff shared efforts from the past year to address the challenges faced due to Medicaid 'Unwinding.' More than 1.8 million Coloradans were enrolled in Medicaid and CHP+ prior to the unwinding. As of July 12, 2024, 769,188 (48%) of Colorado residents were disenrolled while 833,916 or 52% were renewed. Key challenges regarding Medicaid renewals included: A lack of resources and infrastructure on the County level and procedural and paperwork-related denials and change in eligibility.

Staff shared progress on the Health Coverage Outreach Project, an initiative to increase community awareness of the changes to Medicaid enrollment and the support resources available through Larimer Health Connect. The campaign ran from October 2023 – May 2024 and key results included a 26% increase in appointments at Larimer Health Connect (LHC), 4,271 people reached through Rocky Mountain Health Plan's (RMHP) member List, 945 appointments during the Open Enrollment Period, and a 12% increase in marketplace enrollments. LHC was able to connect individuals with health care coverage and as a result also saw an increase in the need for those needing prescription assistance. Looking ahead, Larimer Health Connect will work to maximize options for undocumented community members through the OmniSalud Program and Cover All Coloradans.

b. Dental/Oral Health Presentation – Dana Turner/Jill Wear

Family Dental Clinic staff shared a program update which highlighted recent partnership expansion updates with La Familia, Fuerza Latina, and Front Range Community College. Through a contractual partnership with Jet Marketing, the Dental Benefit Expansion Campaign generated 1.8 million total impressions from September 15

– December 31, 2023, boosting awareness of expanded Medicaid Dental benefits and the Family Dental Clinic.

In 2023, the Family Dental Clinic provided care to 606 patients ages 60 and older. Of those served, 283 patients benefited from financial assistance through the Colorado Dental Health Care Program for Low-Income Seniors State. The Family Dental Clinic is equipped with a wheelchair recliner - the only model of its type in Northern Colorado, to enhance dental care access and service quality for those using wheelchairs.

The General Anesthesia Program (GAP) is a unique service in Northern Colorado that provides dental care under anesthesia for clients with cognitive disabilities. Staff have noted that there are no other local options for this care; the nearest alternative is in the Denver metro area. GAP is administered through a new partnership that offers services at Poudre Valley Hospital, expanding resources to better accommodate patient needs and increase scheduling capacity. Currently, GAP serves approximately 33 individuals per year, including 11 out-of-district residents supported by external funding. The ability to serve those outside the district depends on future funding opportunities.

IV. Consent Agenda

Motion: To approve the consent agenda as presented.

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

V. Action Items

a. June 2024 Financial Statements Q2 Financial Report – Liane Jollon

Board Member Comment: This way of presenting the finances and the explanation of variance is easy to follow and you answer all my questions before the meeting. A lot of the effort to revamp and change the way financials is presented is appreciated.

Motion: To accept the financial forecast as presented.

Moved by John McKay/Second by Julie Kuncle Field/Carried Unanimously

b. 2024-2025 Strategic Plan – Liane Jollon

The [FY2024-2025 Strategic Plan](#) was presented by Deputy Director, Abby Worthen. The plan is the result of a new strategic planning process that incorporated inclusive and collaborative feedback planning with the Health District Board of Directors, community partners, organizational leadership, and staff - setting the foundation to grow from and to envision the next 30 years.

The strategic plan represents feedback as well as program specific workplans that set the stage for what we want to accomplish in 2024 and where the organization is going in 2025.

The Health District is a unique special district with the opportunity to meet community needs with great responsibility, stewardship, transparency that is reflected in the plan through the following identified priorities:

- Great Governance
- Operational Excellence

- Health Equity
- Partnerships

The organization is working to build a dashboard that will include goals, objectives, and strategies to track work as it relates to identified strategic plan priorities.

Board Member comment: This is a very cool moment for our organization, and I like to think about strategic planning as both a process and product.

Board Member comment: Thanks to Liane and her team – we were so due for a strategic plan. I'm really thrilled with both the process and the product. When I think about the gathering in May with the board and with staff, the process was transparent, authentic, and really collaborative.

Board Member comment: I'm grateful for the opportunity to do this strategic plan with the staff and facilitator we had – I think she was excellent - and I know what this does - It sets about a heavy lift for everyone. I appreciate that and I'm very excited to see this implemented. Excited for professionalizing everything, using best practices, following the law, and doing what we need to do. This is my first time in my tenure here that we have done something even remotely like this – to this level of detailed depth analysis, while stepping back and saying who are we, what are we doing and why are we doing it. It is an enormous opportunity to seize this hard, hard work that everyone did in May and apply it going forward. I'm excited to connect this to what we do as a board and what the Health District does setting the foundation for the future.

Board Member comment: I am super excited and super grateful. There is something magic about getting a group of people together, imagining the future and putting it down on paper.

Board Member comment: I don't want this to be so aspiration that we can't complete this. There will be some hiccups and potholes. I ask that we be honest about that, so we don't feel defeated. I think we regroup and know that we can provide for our community. The strategic plan is a working document. It is a pathway not a final destination.

Motion: To approve the Health District of Northern Larimer County 2024-25 Strategic Plan.
Moved by Erin Hottenstein/Second by John McKay/Carried Unanimously

VI. Reports

a. 2025 Budget Planning Timeline – Liane Jollon

The Board has a duty to adopt a budget and have it turned in by December 10, 2024. A budget timeline was presented.

b. Fair Campaign Practices Act – Katie Wheeler

Katie Wheeler, Compliance Officer reported on Fair Campaign Practices Act (FCPA), CRS§1-45-101 limits certain campaign activities that elected or appointed officials of a state or political subdivision in Colorado may take.

Meeting Recess at 7:10 p.m. due to an internet outage.

Re-enter the regular meeting at 7:18pm.

c. Board of Directors Reports – Board of Directors

Joseph Prows – No report.

John McKay – June held a lot of great pride events in the area, including the Pride Prom at the Discovery Museum. The Health District was well represented at all events.

Erin Hottenstein – Attended NoCo Pride at the Ranch Complex. It was a great event with a great turnout.

Julie Kunce Field – Recently, a number of folks have come up to me individually and commented on the help they received at Larimer Health Connect. This has not happened before and reflects success of outreach efforts.

Molly Gutilla – No report.

d. Liaison to PVHS/UCHealth North Report – John McKay

The July PVHS/UCHealth Board of Directors Meeting did not take place – no report.

e. Executive Committee Update – Molly Gutilla

The Executive Committee has been busy working on the strategic plan.

f. Executive Director Staff Report – Liane Jollon

The County Assessor's office invited us to a DOLA presentation on potential changes in property tax due to current legislation and potential upcoming ballot initiatives.

The Health Services Director and Deputy Director of Operations have established the Client Service Collaborative, a series of facilitated discussions between staff across client-facing teams to address ongoing and emergent concerns common across Health Services teams. Upcoming topics include health equity in client service contexts, including the use of destigmatizing language and adherence to Culturally and Linguistically Appropriate Services (CLAS) standards in client-facing settings.

The Health District received a small award from the State Office of e-Health Innovation to facilitate a Listening Session with health system partners to assess Colorado's health IT needs to guide an updated state-level Health IT Roadmap. The Listening Session was held on Friday, June 21 with representatives from partner organizations including UCHealth, Rocky Mountain Health Plans, LIV Health, and Colorado Health Network.

VII. Announcements

a. August 26, 2024, 4:00pm – Strategic Budgeting Work Session

b. August 27, 2024 – Colorado Intergovernmental Risk Sharing Agency (CIRSA) Elected Officials Training

c. August 27, 2024, 5:30pm – Regular Meeting

d. September 24, 2024, 5:30pm – Regular Meeting

Executive Session

No Executive Session occurred.

VIII. Adjournment

Motion: To adjourn the regular meeting at 7:31 pm.

Moved by John McKay/Second by Erin Hottenstein/Carried Unanimously.

Respectfully submitted:

Lauren Jones, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President



AGENDA DOCUMENTATION

Meeting Date: Aug. 27, 2024

SUBJECT: Connect for Health Colorado Contract

PRESENTER: Jessica Shannon

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

Per Board Policy 99-01, Contract Signature Policy, Projects that are in an amount exceeding \$150,000 will require specific approval of the Board of Directors, and the wording of the actual contract or other document will be submitted to board members for their review prior to signature. The document will be signed by the Executive Director (or, in the Executive Director’s absence, their staff designee), and the Board President (or, in the Board President’s absence, the Board Vice President).

Connect for Health Colorado has awarded the Health District \$208,000 to support Larimer Health Connect operations and the ability to expand services beyond the Health District’s service boundaries from July 1, 2024 – June 30, 2025.

Attachment(s):

- C4HCO_HD Contract

FISCAL IMPACT

None – Amount of grant was projected in annual budget.

STAFF RECOMMENDATION

Staff recommend the approval of the Connect for Health Colorado contract.

Assistance Network Service Agreement

This Assistance Network Service Agreement (Agreement) is by and between Connect for Health Colorado® (C4HCO) and **Health Services District of Northern Larimer County** (Assistance Site), an entity that supervises Health Coverage Guides (HCGs) and other Assistance Site personnel.

1. Services Provided:

a. **Assistance Site Services Provided.** Assistance Site shall:

- i. Support C4HCO's mission to increase access, affordability, and choice for individuals purchasing health insurance in Colorado.
- ii. Work with C4HCO to complete and revise work plans to be implemented by Assistance Site.
- iii. Provide in-person or phone assistance to customers (by appointment, or walk-in). Meeting in-person is an interaction in the same physical location or by virtual (screen-sharing) meeting. Customer assistance includes but is not limited to:
 1. Providing education about the full range of public and private health coverage options, premium tax credits, and cost-sharing reductions (including options available through Connect for Health Colorado and appropriate information about Colorado Connect where appropriate). Providing additional education about insurance terms, essential health benefits, AI/AN benefits, shared responsibility payments for health coverage and current state of enforcement, distinguishing plan benefits and choices, appeals and complaints processes, exemption process, and the importance of timely binder and premium payments;
 2. Helping customers complete the eligibility application and enroll in health coverage through C4HCO or Colorado Connect where appropriate;
 3. Providing referrals for technical assistance and follow up after technical assistance; and
 4. Providing post-enrollment support including education about 1095A forms and referrals to accountants, tax preparers, or other tax experts for reconciliation at the time of tax filing.
- iv. Ensure that Health Coverage Guides are trained to provide and actually provide information in a culturally and linguistically appropriate manner in compliance with Title VI of the Civil Rights Act of 1964 and shall ensure accessibility and usability for individuals with disabilities in accordance with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act and 45 CFR 155.205(c).
- v. Provide appropriate referrals and facilitate appropriate connections with other members of C4HCO's customer service system including contractors, Customer Service Center, certified brokers who provide impartial and objective consumer assistance, and other Assistance Site participants.
- vi. Provide phone assistance to customers, with a maximum call response time of 2 (two) business days, for referrals, follow up needs, setting appointments, and simple information.
- vii. Respond to internet or email inquiries within two (2) business days.
- viii. Conduct outreach and public education and maintain community network referral pathways that help inform Colorado organizations that have contact with potential C4HCO enrollees about topics including but not limited to enrollment periods for marketplace coverage, insurance affordability programs, essential health benefits, chronic disease management programs, and how to get help with enrollment.
- ix. Conduct or participate in Open Enrollment Period enrollment events in cooperation with C4HCO.

- x. Provide administrative support services related to Assistance Site and Health Coverage Guide duties such as scheduling, supervision and budget management.
 - xi. Provide the infrastructure that allows Health Coverage Guides to conduct their business (Infrastructure requirements include ADA accessible space, telephone, fax, high-speed internet access with compatible browser, computer, scanner, and printer).
 - xii. Recruit, employ, manage, and monitor individual Health Coverage Guides. Prepare for turnover of assister and program manager staff with hire/replacement within thirty (30) days. Notify C4HCO of any changes Health Coverage Guide or Program Managers within seven (7) business days of such a change. Notify C4HCO Assistance Network Administration of staffing gaps that will not be filled within thirty (30) days.
 - xiii. Ensure Health Coverage Guides complete and maintain C4HCO training and certification.
 - xiv. Use reporting tools provided by C4HCO to document activities in the time frames requested by C4HCO.
 - xv. Submit to third-party evaluation.
 - xvi. Be prepared to deliver services at start of Agreement term.
2. Payment. For the period July 1, 2024 through June 30, 2025 the amounts paid to Assistance Site for Services shall not exceed the total contract amount as set forth herein and the incorporated attachments.
3. Term. This Agreement is effective and remains in force for twelve months beginning July 1, 2024 through June 30, 2025. C4HCO may terminate this Agreement if Assistance Site fails to meet any C4HCO requirement or if C4HCO in its sole discretion determines that termination is in its best interest, provided that such termination shall be in writing and be provided to Assistance Site at least thirty (30) days in advance of the effective date of termination. Assistance Site may terminate this agreement if in its sole discretion, it determines that termination is in its best interest, provided that such termination shall be in writing and be provided to C4CHO at least thirty (30) days in advance of the effective date of termination. In the event of such termination, C4HCO retains the right to determine which specific activities must be terminated immediately and which should be continued until the effective date of the termination. C4HCO also retains the right to withhold scheduled payments or to require refunds of payments already received for any services that have not been appropriately or completely provided.
4. Liability and Insurance. To the extent permitted by law, Assistance Site is liable for the conduct of the Health Coverage Guides under their supervision, whether employed or volunteer, including (but not limited to) compliance with the roles and responsibilities set out in this Connect for Health Colorado (C4HCO) Agreement, and processes and procedures developed by C4HCO from time to time. To the extent permitted by law, Partner will hold C4HCO harmless for any legal claims or damages resulting solely from the actions of their CACs or other personnel who are employees of Partner. Notwithstanding any other provision of this Agreement to the contrary, Partner does not waive, either expressly or impliedly, any protection or immunity provided to it pursuant to the Colorado Governmental Immunity Act, C.R.S. § 24-10-101 et seq, if applicable.
5. Project Administration. Assistance Site agrees to assign a Program Manager to be accountable for the reporting requirements under this Agreement.
- a. Any material changes in the project goals, work plan, timetable, deliverables or corrective action plan must receive prior written approval from C4HCO.
 - b. Assistance Site shall be responsible for completing all work as described in any work plan in a timely fashion. If Assistance Site identifies a problem or barrier completing work, Assistance Site shall notify

C4HCO immediately. Upon evaluation by C4HCO, revisions shall be incorporated as an update to Assistance Site's work plan under this Agreement.

- c. Program Manager assigned by the Site must complete Connect for Health Colorado training within 60 days and thereafter as required by Connect for Health Colorado to provide oversight of HCGs, program criteria maintenance as outlined in the C4HCO Partner Application, and communication with C4HCO about the program.
 - d. Assistance Site must ensure all Health Coverage Guides under its supervision meet the requirements for certification as defined by C4HCO (Attachment 2) and obtain certification prior to assisting customers.
 - e. Assistance Site agrees to retain customer authorization forms for 10 (ten) years and provide same to C4HCO on request for audit, complaint, or quality review.
6. Expected Results, Reporting Requirements and Payment Schedule. Assistance Site shall submit required reports demonstrating work completed and results of work on or before the date due, per the instructions provided by C4HCO, following C4HCO's guidelines and formats. C4HCO shall issue payments according to the requirements herein and the Payment Schedule (attachment 1).
- a. Continued funding for an awarded project is contingent on Assistance Site meeting the objectives stated in the original or revised work plan.
 - b. The obligation of C4HCO to pay any amount under this Agreement is expressly conditioned upon strict compliance with the terms herein and the completion of work as described in the work plan. Disbursements schedule and invoice frequency are described in the Payment Schedule (Attachment 1).
 - c. Invoices shall be submitted using a C4HCO approved format as communicated from time to time.
7. Monitoring and Evaluation. Assistance Site agrees to attend meetings (virtual and/or in person), participate in site visits, and give reports on progress and accomplishments to the Board of Directors of C4HCO, C4HCO staff and advisors and/or other assistance sites as requested by C4HCO.
- a. Assistance Site agrees to participate in an evaluation of C4HCO's program, including assisting with any data and/or information collection, such as participation in surveys and interviews with evaluators including third-party evaluators selected by C4HCO.
8. Closeout. Assistance Site agrees to complete closeout activities as required by C4HCO at the end of the Agreement term.
9. Audit Requirements. C4HCO reserves the right to audit Assistance Site's performance upon reasonable notice.
10. Non-Discrimination. Assistance Site shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, sexual orientation, or any other characteristic forbidden as a basis for discrimination by applicable laws and certifies that its Constitution or by-laws contains a non-discrimination clause consistent with all applicable law.

11. Assistance Site Representations.

- a. Neither Assistance Site, nor any of its officers or directors has been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the United States;
- b. Assistance Site, if incorporated, is registered or qualified in accordance with the Colorado Secretary of State's Office, and is in good standing, has filed all required annual reports and filing fees with all applicable State, County, and/or other local governmental jurisdictional bodies; and
- c. Neither Assistance Site, nor any of its officers or directors, nor any person substantially are currently suspended or prohibited from contracting with any public entity.

12. Conflict of Interest. Assistance Site affirms that Assistance Site and all of its employees are not any of the prohibited entities and will not engage in any of the prohibited conduct specified in the Conflict of Interest and Conduct policy (Attachment 3).

- a. Assistance Site will remain free of conflicts during the term of this Agreement.
 - i. Assistance Site agrees that if an actual or potential conflict of interest arises after the date of this Agreement, Assistance Site shall immediately make a full disclosure in writing to C4HCO of all relevant facts and circumstances.
 - ii. This disclosure shall include a description of actions which Assistance Site has taken and proposes to take to avoid, mitigate, or neutralize the actual, potential, or appearance of conflict of interest.
 - iii. Assistance Site shall continue performance until notified by C4HCO of any further action to be taken.

13. Conduct, Roles and Responsibilities. Assistance Site agrees to ensure that the employees and volunteers under its supervision pursuant to this Agreement will adhere to requirements as set forth at 45 CFR § 155.210 (d) and (e) and the role as agreed upon by C4HCO and as specified in the Conflict of Interest and Conduct policy (Attachment 3).

- a. Assistance Site will ensure that employees and volunteers under its supervision pursuant to this Agreement will not represent or conduct themselves in such a way that violates State of Colorado law governing the licensing and appointment of insurance producers, C.R.S. 10-2-401 *et seq.*
- b. Assistance Site will ensure that employees and volunteers under its supervision pursuant to this Agreement will adhere to policies and procedures established by C4HCO or Colorado Connect including but not limited to those concerning Co-Location with Brokers and Co-Branding.

14. Requirements. Assistance Site agrees to:


- a. Comply with the Services Provided within this Agreement;
- b. Conduct background investigations of its employees and volunteers performing work related to this Agreement as stated in the certification requirements (Attachment 1);

- c. Ensure all staff interacting with customers or accessing the personal information of customers have completed a criminal background check and are, at a minimum, free from convictions of financial crimes, crimes against children, crimes against vulnerable adults or violent offenses.
 - d. Disclose, in a timely manner, in writing to C4HCO all violations, by the Assistance Site or employees, of Federal and state criminal law involving fraud or bribery. Failure to make required disclosures can result in termination of this Agreement.
15. Confidentiality. Assistance Site may use confidential customer and C4HCO information to carry out its requirements under this Agreement and as required by applicable law. Assistance Site shall comply with applicable law including the Colorado Insurance Code, ACA, HIPAA, and Colorado State law regarding the confidentiality of personal health information (PHI) and personally identifiable information (PII).
16. C4HCO Privacy and Security Standards. Assistance Site shall comply with C4HCO's privacy and security standards as set forth and incorporated by reference in Attachment 4 of the Agreement.
17. Co-Branding. Assistance Site acknowledges and agrees to comply with any C4HCO advertising, marketing, and branding requirements, as determined by C4HCO and communicated from time to time. Assistance Site may advertise or refer to itself as "Certified by Connect for Health Colorado" or a "Connect for Health Colorado Assistance Site," but shall not represent itself as an agent or other representative of C4HCO.
18. General Provisions.
- a. The laws of Colorado shall govern the interpretation and enforcement of this Agreement. Any claim, action, suit or proceeding relating to this Agreement shall be brought in the applicable State or Federal courts for the City and County of Denver, Colorado.
 - b. Assistance Site may not sell, transfer, or otherwise delegate any of its obligations under this Agreement, or assign its rights, title, or interest in this Agreement, without the prior written consent of C4HCO. This Agreement shall bind any respective successors and assigns of the parties.
 - c. No amendment to this Agreement is binding unless it is in writing and signed by both parties.
 - d. The following items are incorporated by reference and made a part of this Agreement.
 - i. Payment Schedule Attachment
 - ii. Health Coverage Guide Certification Requirements Attachment
 - iii. Conflict of Interest and Conduct Policy
 - iv. Privacy and Security Standards

The above terms and conditions of this Existing Agreement are hereby accepted and agreed to as of the Effective Date.

This Agreement is executed by an individual legally authorized to execute agreements on behalf of Assistance Site as of the effective date specified.

Connect for Health Colorado

By:  Kevin Patterson, Chief Executive Officer
DocuSigned by:
363879133041489...

Health Services District of Northern Larimer County

By: _____

Printed Name and Title: Jessica Shannon

Attachment 1

Payment Schedule

Health Services District of Northern Larimer County

The total payments for Assistance Site to perform the services under this Agreement for the term herein shall be: **\$208,000**

Approximate date of requirement	Requirement	Payment Amount	Approximate Payment Date
7/15/24	Initial Invoice	30% of total	7/31/24
9/30/24	Completion of Program Manager Call & Q2 invoice	30% of total	10/15/24
12/31/24	Completion of Program Manager Call & Q3 invoice	20% of total	1/15/25
3/31/25	Completion of Program Manager Call	N/A	N/A
7/15/25	Completion of Program Manager Call or Closeout & Q4 Invoice	20% of total	7/31/25

Attachment 2

CONNECT FOR HEALTH COLORADO* HEALTH COVERAGE GUIDE AND CERTIFIED APPLICATION COUNSELOR CERTIFICATION REQUIREMENTS

For Connect for Health Colorado certification as Health Coverage Guide or Certified Application Counselor, an individual must meet the following requirements:

- Assignment by an Assistance Site or Designated Organization. Assignment includes:
 - Attestation of Conflict of Interest disclosures;
 - Attestation to adherence to Connect for Health Colorado Conflict of Interest and Conduct policy including acting in best interests of customer;
 - Signed Privacy and Security statement;
 - Attestation that background check was completed with satisfactory results;
 - Agreement with the Assistance Site or Designated Organization to perform duties of Health Coverage Guide or Certified Application Counselor and adherence to certification requirements.
- Completion of Connect for Health Colorado training program.

TERMS AND CONDITIONS OF CERTIFICATION

Once certified, certification shall remain in effect with the following conditions:

- Loss of assignment by Assistance Site or Designated Organization will result in termination of certification;
- Legal actions against the Health Coverage Guide or Certified Application Counselor that could result in an unsatisfactory background check must be reported to Connect for Health Colorado and may result in termination of certification;
- Changes in relationships that constitute a Conflict of Interest must be reported to Connect for Health Colorado and may result in termination of certification;
- Breaches in security or instances of compromise of personally identifiable information must be reported to Connect for Health Colorado and may result in termination of certification;
- Inadequate privacy and security practices may result in termination of certification;
- Updated training must be completed to maintain expertise;
- If quality audits show trends of concern about a Health Coverage Guide or Certified Application Counselor's ability to remain impartial or otherwise fulfill duties, Connect for Health Colorado may ask for a plan of action for improvement or may terminate certification.

* Colorado Connect, PBC (organized as a public benefit corporation) shall be added as an additional Party to the Document. References to Connect for Health Colorado (C4HCO) in the Document shall be deemed to include Colorado Connect, PBC as an added Party.

Attachment 3

Connect for Health Colorado* Assistance Network Conflict of Interest and Conduct Policy (Health Coverage Guides, Certified Application Counselors)

Revised July 2022

It is Connect for Health Colorado’s intent that the Connect for Health Colorado Assistance Network provides Connect for Health Colorado customers with impartial, high-quality, community-based education, information, and in-person assistance. In order to assure the delivery of high-quality services, to minimize or eliminate the existence of conflicts of interest and ensure the integrity of the program Connect for Health Colorado will:

- Monitor for potential conflicts of interest during the Assistance Site and Designated Organization selection process, and throughout the term of agreement;
- Provide robust initial and ongoing training that includes instruction on meeting the needs of underserved populations, providing impartial education, and in-person assistance with customer selection of a qualified health plan;
- Require from Health Coverage Guides and Certified Application Counselors disclosures of affiliations that may present a direct or indirect conflict of interest;
- Monitor Health Coverage Guide and Certified Application Counselor enrollment practices for trends that could point to steering;
- Monitor customer feedback on their experience in working with Health Coverage Guides and Certified Application Counselors;
- As circumstances command where a conflict of interest arises, require mitigation, revocation of certification, or termination of the agreement with Assistance Site or Designated Organization; and
- Will not, except as otherwise provided under § 155.705(d), require that Health Coverage Guides or Certified Application Counselors refer customers to others who are not required to provide fair, accurate, and impartial information.

1. Prohibition on conduct

1.1. As required by 45 CFR 155.210 (d) a **Navigator [Health Coverage Guide]** or **Navigator entity [Assistance Site]** must not:

- 1.1.1. Be a health insurance issuer or issuer of stop loss insurance.
- 1.1.2. Be a subsidiary of a health insurance issuer or issuer of stop loss insurance.
- 1.1.3. Be an association that includes members of, or lobbies on behalf of, the insurance industry;
or
- 1.1.4. Receive any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP [qualified health plan] or non-QHP [qualified health plan].¹

¹The comments in the final federal regulations state, ““consideration,” as used in § 155.210(d)(4) of the final rule, should be interpreted to both mean financial compensation—including monetary or in-kind of any type, including grants—as well as any other type of influence a health insurance issuer could use, including but not limited to things such as gifts and free travel, which may result in steering individuals to particular QHPs offered in the Exchange or plans outside of the Exchange.”” Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers; Final Rule and Interim Final Rule,” Federal Register 77:59 (March 27, 2012) 18333. Connect for Health Colorado thus interprets the words “indirect consideration” to mean in-kind compensation and other types of influence as stated above. Connect for Health Colorado further

- 1.1.5. Charge an applicant or enrollee, or request or receive any form of remuneration from or on behalf of an individual applicant or enrollee, for application or other assistance related to Health Coverage Guide duties.
- 1.1.6. Provide to an applicant or potential enrollee gifts of any value as an inducement for enrollment. The value of gifts provided to applicants and potential enrollees for purposes other than as an inducement for enrollment must not exceed nominal value, either individually or in the aggregate, when provided to that individual during a single encounter.²
- 1.1.7. Use Marketplace funds to purchase gifts or gift cards, or promotional items that market or promote the products or services of a third party that would be provided to any applicant or potential enrollee.
- 1.1.8. Solicit any customer for application or enrollment assistance by going door-to-door or through other unsolicited means of direct contact, including calling a customer to provide application or enrollment assistance without the customer initiating the contact, unless the individual has a pre-existing relationship with the individual Health Coverage Guide or Assistance Site and other applicable State and Federal laws are otherwise complied with.³
- 1.1.9. Initiate any telephone call to a customer using an automatic telephone dialing system or an artificial or prerecorded voice, except in cases where the individual Health Coverage Guide or Assistance Site has a relationship with the customer and so long as other applicable State and Federal laws are otherwise complied with.
- 1.2. As required by 45 CFR 155.225 (g) a **Designated Organization** or **Certified Application Counselor** must not:
 - 1.2.1. Impose any charge on applicants or enrollees for application or other assistance related to the Exchange.
 - 1.2.2. Receive any consideration directly or indirectly from any health insurance issuer or issuer of stop-loss insurance in connection with the enrollment of any individuals in a QHP or a non-QHP.
 - 1.2.3. Provide to an applicant or potential enrollee gifts of any value as an inducement for enrollment. The value of gifts provided to applicants and potential enrollees for purposes other than as an inducement for enrollment must not exceed nominal value, either individually or in the aggregate, when provided to that individual during a single encounter.⁴
 - 1.2.4. Solicit any customer for application or enrollment assistance by going door-to-door or through other unsolicited means of direct contact, including calling a customer to provide application or enrollment assistance without the customer initiating the contact, unless the individual has a pre-existing relationship with the individual Certified Application Counselor or Designated Organization and other applicable State and Federal laws are

interprets this provision to mean that Health Coverage Guides/Certified Application Counselors and Assistance Sites/Designated Organizations cannot receive compensation (cash or in-kind) for enrollment.

²Because the definition of 'nominal value' is debatable, Connect for Health Colorado believes Assistance Sites and Health Coverage Guides should avoid the use of gift cards or gifts, despite value. Connect for Health Colorado interprets the prohibition on gifts to include gifts given in consideration of an appointment, as people who meet with Health Coverage Guides are inherently potential enrollees. Connect for Health Colorado interprets gifts to include non-tangible gifts such as the relief of bad debt.

³Outreach and education activities may be conducted by going door-to-door or through other unsolicited means of direct contact. "Solicit" means attempting to sell insurance, asking or urging a person to apply for a particular kind of insurance from a particular company, or asking or urging a person to use the services of, or services in connection with activities as, a public adjuster. CRS 10-2-103 (11)

⁴Footnote 2 applies also to Designated Organizations and Certified Application Counselors

otherwise complied with.⁵

1.2.5. Initiate any telephone call to a customer using an automatic telephone dialing system or an artificial or prerecorded voice, except in cases where the individual Certified Application Counselor or Designated Organization has a relationship with the customer and so long as other applicable State and Federal laws are otherwise complied with.

1.3. A Health Coverage Guide or Certified Application Counselor must not:

1.3.1. Be a provider employee or volunteer (including, but not limited to, hospitals, clinics, and physician practices) that is directly owned by, a subsidiary of, or exclusively contracts with, a single insurer or its subsidiaries, except in cases where the provider can demonstrate that due to geography or other factors, there are significant limitations on available insurers with whom to contract.

1.3.2. Receive any consideration directly or indirectly from any health insurance producer in connection with the enrollment of any individuals or employees in a QHP [qualified health plan] or non-QHP [qualified health plan].

2. Conflict of Interest and Conduct. A Health Coverage Guide or Certified Application Counselor:

2.1. Shall not allow any philosophical, professional or personal financial or non-financial interests to influence, or appear to influence, the ability of the Health Coverage Guide or Certified Application Counselor to perform his/her duties impartially.

2.2. Must act in the best interest of their customers.

2.3. Shall disclose to Connect for Health Colorado and to customers personal and professional, financial and non-financial interests that may present a conflict of interest.

2.4. Shall obtain authorization from their customers, prior to accessing any Personally Identifiable Information. This authorization must inform the customer of the Health Coverage Guide or Certified Application Counselor responsibilities and disclose potential conflicts of interest to the customer. The authorization will disclose to the customer that no tax or legal advice will be given. The form will also advise the customer of the right to revoke the authorization at any time. These forms shall be kept no less than 10 years.

2.5. Shall attest that they are not an entity or employed by an entity as described in Paragraph 1, supra.

2.6. Shall not receive direct or indirect consideration from any health insurance issuer in connection with enrollment of individuals or employees.

2.7. Shall not charge for their services.

2.8. Shall provide to customers impartial information about all plans for which customers are eligible and shall not allow personal or professional interests to influence the customers' decisions. In an effort to maintain impartiality in providing assistance:

2.8.1. Health Coverage Guides and Certified Application Counselors must not in any way solicit or persuade customers to enroll in any specific health insurance plan.

2.8.2. Health Coverage Guides and Certified Application Counselors must not in any way solicit or persuade customers to switch from one health insurance issuer to another.

2.8.3. Health Coverage Guides and Certified Application Counselors must not in any way persuade or compel customers to select a particular provider, but may assist a customer in locating or selecting a provider.

2.8.4. Health Coverage Guides and Certified Application Counselors must not in any way solicit or persuade customers to engage a particular agent or broker, but may assist a customer in

⁵See Footnote 3

locating or selecting a broker.

- 2.9. Shall not use their role as a Health Coverage Guide or Certified Application Counselor for lead generation or profit.
- 2.10. Shall adhere to Connect for Health Colorado reporting, monitoring, and evaluation requirements.
- 2.11. Shall not act as an authorized representative for customers of Connect for Health Colorado.

* Colorado Connect, PBC (organized as a public benefit corporation) shall be added as an additional Party to the Document. References to Connect for Health Colorado (C4HCO) in the Document shall be deemed to include Colorado Connect, PBC as an added Party.

Attachment 4
Privacy and Security Standards

Assistance Site shall:

- (a) Not use or disclose C4HCO* information other than as permitted or required by the Agreement or as required by law;
- (b) Use appropriate safeguards, and comply with or exceed C4HCO policies and guidance with respect to C4HCO information, to prevent use or disclosure of information other than as provided for by the Agreement;
- (c) Report to C4HCO any use or disclosure of C4HCO information not provided for by the Agreement of which it becomes aware, including breaches of unsecured C4HCO information, and any security incident of which it becomes aware;
- (d) If applicable, ensure that any subcontractors that create, receive, maintain, or transmit C4HCO information on behalf of the Assistance Site agree to the same restrictions, conditions, and requirements that apply to the [Assistance Site] with respect to such information;
- (e) Maintain and make available the information regarding accounting of disclosures; and
- (f) Make its internal practices, books, and records available to C4HCO for purposes of determining compliance with the C4HCO Policies and Guidance;
- (g) Follow the requirements contained within 45 CFR 155.260, including to require employees to take initial and annual privacy and security training.

* Colorado Connect, PBC (organized as a public benefit corporation) shall be added as an additional Party to the Document. References to Connect for Health Colorado (C4HCO) in the Document shall be deemed to include Colorado Connect, PBC as an added Party.



AGENDA DOCUMENTATION

Meeting Date: August 27, 2024

SUBJECT: SummitStone Health Partners Office Rent Reduction

PRESENTER: Liane Jollon

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

The Health District of Northern Larimer County leases 2001 South Shields Street, Unit G to SummitStone Health Partners. Historically, the District supported SummitStone’s work by way of reduced occupancy costs for this location. In recent years, the District increased the rent to the market rate. SummitStone Health Partners lease is currently month-to-month, while they are planning to relocate.

Due to the historical precedence and with SummitStone Health Partners recently reported financial constraints, the District may consider waiving or reducing current rent with a stipulation that rent would resume at market rate should their end date extend past December 31, 2024.

Attachment(s): none

FISCAL IMPACT

Decrease in lease revenue of approximately \$5,000 - \$15,000. No greater than \$25,000.

STAFF RECOMMENDATION

Waive SummitStone Health Partners current rent at 2001 South Shields Street, Unit G, with a stipulation that rent would resume at market rate should their end date extend past December 31, 2024.

AGENDA DOCUMENTATION

Meeting Date: August 27, 2024

SUBJECT: Records Request Policy Update

PRESENTER: Katie Wheeler

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

Revising 97-16 Pol: Policies and Procedures for Reviewing and Copying Public Records for the purposes of revising the custodian of records to be the Health District’s Compliance Officer, updating the research and retrieval fee, removing the Health District’s attorney as an alternative custodian of records, and renaming the policy to remove the word “procedure.”

This updated policy will be accompanied by revised public-facing procedures and forms to increase specificity and accessibility of records requests.

Attachment(s):

- 1. Revised policy 97-16 Pol: Policy for Reviewing and Copying Public Records*
- 2. Track change policy 97-16 Pol: Policies and Procedures for Reviewing and Copying Public Records*

FISCAL IMPACT

None.

STAFF RECOMMENDATION

Board approval of updated policy 97-16 Pol: Policy for Reviewing and Copying Public Records.

97-16 Pol: Policy for Reviewing and Copying Public Records

PURPOSE AND BASIS

- The purpose of this Policy is to provide effective, efficient, and orderly service for the review and copying of public records, except as otherwise provided by law.

POLICY

- Generally Available Documents.
 - Printed copies of many brochures, fact sheets, general information flyers, newsletters, and assessment documents are kept in stock and are readily available. The public is welcome to access any of these materials free of charge.
- Protected Records.
 - Certain records are protected under law from public inspection under the Colorado Open Records Act (CORA). These records fall into the following categories:
 - Personnel files;
 - Ongoing investigations by law enforcement authorities;
 - Victim/witness information;
 - Juvenile criminal records;
 - Work product;
 - Correspondence sent or received from the Health District's legal counsel;
 - Individual medical, mental health, sociological and scholastic achievement data
 - Letters of reference;
 - Trade secrets;
 - Confidential commercial and financial data;
 - Names, addresses, telephone numbers and personal financial information of past or present users of public utilities, facilities, or recreational or cultural services; and
 - Records of sexual harassment complaints and investigations.
 - Records that are exempt from the CORA might still be accessible to other forms of inspection, such as subpoena.
- Inspection.
 - General. Public records shall be open for inspection by any person at reasonable times, subject to the exceptions found in the CORA. All public records shall be inspected at the Health District's offices.
 - Request Required. A request to inspect public records must be made to the Custodian of Records in writing, and must be sufficiently specific in scope to enable the Custodian to identify the information desired. The request should include the requestor's name, company name (if any), address, phone number(s) at which the requestor can be

reached, the specific public record requested, and whether the requestor desires to come in to review the record or to have copies made. Requests for inspection of e-mails shall include the sender's name, the recipient's name and the approximate date and time of the transmission. If the Custodian receives a request to inspect public records that is ambiguous or lacks sufficient specificity to enable the Custodian to locate the records, the Custodian shall, within 3 working days, notify the requesting party in writing of the deficiencies in the request. Any clarified request shall be considered a new request for purposes of this Policy and the CORA.

- Review and Response. Upon receipt of a request for inspection of public records, the Custodian of Records shall review the request and determine whether the requested records are voluminous, in active use, or otherwise not readily available. If so, the Custodian shall, within 3 business days, notify the requesting party in writing that the documents will be produced for inspection within 7 business days of the date of the request, pursuant to C.R.S. § 24-72-203(3). The notice shall state the reason(s) why the requested records are not readily available, and shall ask the requesting party to schedule an appointment for inspection of the requested records. If the records are readily available, the Custodian shall, within 3 working days of the request, contact the requesting party to schedule an appointment. Notwithstanding the foregoing, based on the case of *Citizens Progressive Alliance v. Southwestern Water Conservation District*, if it is physically impossible for the Custodian to comply with any request for public records within the time periods established by the CORA, the Custodian shall comply with the request as soon as physically possible.
- Inspection Procedures. No personal papers, briefcases, or personal files will be allowed in the area set aside for records inspection. Taking notes is allowed, as is the use of a laptop computer and/or tape-recording equipment.
- Only one file will be allowed in the inspection area at one time and records are not allowed to leave the inspection area. Files pulled for public inspection should be promptly replaced as soon as the requester is finished with them. Records may not be altered in any way, no loosening of any clips or binders within the files, changing the order within the file, or removing anything from the file or adding anything that was not previously in the file. No marks, notations or other changes are permitted to the records. If copies are requested within a file, a sticky note may be used to indicate the pages to be copied. Copies may be requested subject to the fees set forth herein, Records may be retrieved only by Health District staff.
- Fees.
 - Copies, Printouts or Photographs. Pursuant to C.R.S. § 24-72-205(5)(a), the Health District shall charge a fee not to exceed \$0.25 (twenty-five cents) per standard page for any copy of a public record or a fee not to exceed the actual cost of providing a copy, printout or photograph of a public record which is in a format other than a standard page. For purposes of this Policy, a black and white copy made on a single sheet of letter or legal sized white paper shall constitute a "standard page." The Health District shall not charge an individual for the first 5 copies of standard pages made in a calendar year. The Health District will attempt to accommodate copying requests as soon as possible. Payment for copies must be made in advance to the Health District. Checks may be

made out to "Health District of Northern Larimer County."

- Research and Retrieval. Pursuant to C.R.S. § 24-72-205(6)(a), the first hour of research and retrieval time shall be free of charge; however, the Health District reserves the right to charge a fee of \$41.37 (forty-one dollars and thirty-seven cents) per hour for any additional staff time devoted to researching and retrieving the requested information. Anyone submitting a request for electronically stored public records shall remit a deposit equal to 50% of the estimated costs for the search before the search is commenced.
- Postage/Courier Fees. If the Custodian of Records transmits records by regular mail or courier service, the requesting party shall be responsible for the cost of postage or courier fees.
- Electronic Transmission Fees. The Health District may not charge transmission fees to the requesting party for transmitting public records via e-mail, provided that the requesting party may be charged for staff time associated with research and retrieval of the requested records as provided herein.
- Posting.
 - The "Policies and Procedures for Reviewing and Copying Public Records" document shall be posted on the organization's website.

DEFINITIONS

- For purposes of this Policy, the following terms shall have the following meanings:
 - Correspondence. A communication that is sent to or received by one or more specifically identified individuals and that is or can be produced in written form, including without limitation communications sent via electronic mail, private courier, U.S. mail, modem or computer.
 - Custodian of Records. The individual who shall be responsible for compiling documents, scheduling appointments for inspection, and for responding to any such public records requests. The Health District hereby designates the Compliance Officer as the Custodian of Records.
 - Electronic Mail ("E-mail"). An electronic message that is transmitted between 2 or more computers or electronic terminals, whether or not the message is converted to hard copy format after receipt, and whether or not the message is viewed upon transmission or stored for later retrieval. E-mail includes electronic messages that are transmitted through a local, regional, or global computer network.
 - Work Product. All advisory or deliberative materials assembled for the benefit of elected officials, which materials express an opinion or are deliberative in nature and are communicated for the purpose of assisting such elected officials in reaching a decision

within the scope of their authority. Such materials include without limitation: notes and memoranda that relate to or serve as background information for such decisions; and preliminary drafts and discussion copies of documents that express a decision by an elected official. "Work product" also includes a request by a Health District official for the preparation of such opinion or deliberative materials. For example, if the Executive Director requests in writing that staff prepare material to assist the Health District Board in a decision-making process, the written request shall also be considered "work product."

KEY DOCUMENTATION AND REFERENCES

- The Health District enacts this Policy under the following authority: the Colorado Open Records Act, C.R.S. § 24-72-200.1, *et seq.*, as amended (the "CORA"); the Colorado Sunshine Law, C.R.S. § 24-6-401, *et seq.*, as amended; *Black v. Southwestern Water Conservation District*; 74 P.3d 462 (Colo. App. 2003); *Glenwood Post v. City of Glenwood Springs*, 731 P.2d 761 (Colo. App. 1986); and *Mountain Plains Investment Corp. v. Parker Jordan Metro. Dist.*, 12CA1034 (Colo. App. 2013).

REVIEW AND REVISION HISTORY

REVISED, on the 27th day of July, 2004
RATIFIED, on the 9th day of December, 2005
REVISED, on the 13th day of December, 2007
REVISED, on the 25th day of August, 2015
REVISED, on the 14th day of December, 2015
REVISED, on the 14th day of April, 2020
REVISED, on the 31st day of July, 2024

Attest:

Molly Gutilla, President

Joseph Prows, Treasurer

Julie Kunce Field, Vice President

Erin Hottenstein, Assistant Treasurer

John McKay, Secretary

97-16 Pol: ~~Policies and Procedures~~ Policy for Reviewing and Copying Public Records

Revised ~~July 31, 2024~~ April 14, 2020

1. Purpose. The purpose of this Policy is to provide effective, efficient and orderly service for the review and copying of public records, except as otherwise provided by law.
2. Authority. The Health District enacts this Policy under the following authority: the Colorado Open Records Act, C.R.S. § 24-72-200.1, *et seq.*, as amended (the "CORA"); the Colorado Sunshine Law, C.R.S. § 24-6-401, *et seq.*, as amended; *Black v. Southwestern Water Conservation District*; 74 P.3d 462 (Colo. App. 2003); *Glenwood Post v. City of Glenwood Springs*, 731 P.2d 761 (Colo. App. 1986); and *Mountain Plains Investment Corp. v. Parker Jordan Metro. Dist.*, 12CAI034 (Colo. App. 2013).
3. Definitions. For purposes of this Policy, the following terms shall have the following meanings:
 - A. Correspondence. A communication that is sent to or received by one or more specifically identified individuals and that is or can be produced in written form, including without limitation communications sent via electronic mail, private courier, U.S. mail, modem or computer.
 - B. Custodian of Records. The individual who shall be responsible for compiling documents, scheduling appointments for inspection, and for responding to any such public records requests. The Health District hereby designates the ~~Support Services Director~~ Compliance Officer as the Custodian of Records.
 - C. Electronic Mail ("E-mail"). An electronic message that is transmitted between 2 or more computers or electronic terminals, whether or not the message is converted to hard copy format after receipt, and whether or not the message is viewed upon transmission or stored for later retrieval. E-mail includes electronic messages that are transmitted through a local, ~~regional~~ regional, or global computer network.
 - D. Work Product. All advisory or deliberative materials assembled for the benefit of elected officials, which materials express an opinion or are deliberative in nature and are communicated for the purpose of assisting such elected officials in reaching a decision within the scope of their authority. Such materials include without limitation: notes and memoranda that relate to or serve as background information for such decisions; and preliminary drafts and discussion copies of documents that express a decision by an elected official. "Work product" also includes a request by a Health District official for the preparation of such opinion or deliberative materials. For example, if the Executive Director requests in writing that staff prepare material to assist the Health District Board in a decision-making process, the written request shall also be considered "work product."

4. Generally Available Documents.

Printed copies of many brochures, fact sheets, general information flyers, newsletters, and assessment documents are kept in stock and are readily available. The public is welcome ~~to~~ access any of these materials free of charge.

5. Protected Records.

Certain records are protected under law from public inspection under the CORA. These records fall into the following categories:

- Personnel files;
- Ongoing investigations by law enforcement authorities;
- Victim/witness information;
- Juvenile criminal records;
- Work product;
- Correspondence sent or received from the Health District's legal counsel;
- Individual medical, mental health, sociological and scholastic achievement data (~~See Health District Policy 4-17.6, Release of Privacy Information and Case Records~~);
- Letters of reference;
- Trade secrets;
- Confidential commercial and financial data;
- Names, addresses, telephone numbers and personal financial information of past or present users of public utilities, facilities, or recreational or cultural services; and
- Records of sexual harassment complaints and investigations.

Records that are exempt from the CORA might still be accessible to other forms of inspection, such as subpoena.

6. Inspection.

A. General. Public records shall be open for inspection by any person at reasonable times, subject to the exceptions found in the CORA. All public records shall be inspected at the Health District's offices ~~or at the offices of the Health District's Attorney.~~

B. Request Required. A request to inspect public records must be made to the Custodian of Records in writing, and must be sufficiently specific in scope to enable the Custodian to identify the information desired. The request should include the requestor's name, company name (if any), address, phone number(s) at which the requestor can be reached, the specific public record requested, and whether the requestor desires to come in to review the record or to have copies made. Requests for inspection of e-mails shall include the sender's name, the recipient's name and the approximate date and time of the transmission. If the Custodian receives a request to inspect public records that is ambiguous or lacks sufficient specificity to enable the Custodian to locate the records, the Custodian shall, within 3 working days, notify the requesting party in writing of the deficiencies in the request. Any clarified request shall be considered a new request for purposes of this Policy and the CORA.

C. Review and Response. Upon receipt of a request for inspection of public records, the Custodian of Records shall review the request and determine whether the requested records are voluminous, in active use, or otherwise not readily available. If so, the Custodian shall, within 3 business days, notify the requesting party in writing that the documents will be produced for inspection within 7 business days of the date of the request, pursuant to C.R.S. § 24-72-203(3). The notice shall state the reason(s) why the requested records are not readily available, and shall ask the requesting party to schedule an appointment for inspection of the requested records. If the records are readily available, the Custodian shall, within 3 working days of the request, contact the requesting party to schedule an appointment. Notwithstanding the foregoing, based on the case of *Citizens Progressive Alliance v. Southwestern Water Conservation District*, if it is physically impossible for the Custodian to comply with any request for public records within the time periods established by the CORA, the Custodian shall comply with the request as soon as physically possible.

~~D. Health District's Attorney. Any of the notices required herein may be issued by the Health District's Attorney in lieu of the Custodian of Records. By written notice, the Health District's Attorney may further require that any requesting party contact the Health District's Attorney rather than the Custodian of Records.~~

E.D. Inspection Procedures. No personal papers, briefcases, or personal files will be allowed in the area set aside for records inspection. Taking notes is allowed, as is the use of a laptop computer and/or tape-recording equipment.

Only one file will be allowed in the inspection area at one time and records are not allowed to leave the inspection area. Files pulled for public inspection should be promptly replaced as soon as the requester is finished with them. Records may not be altered in any way, no loosening of any clips or binders within the files, changing the order within the file, or removing anything from the file or adding anything that was not previously in the file. No marks, notations or other changes are permitted to the records. If copies are requested within a file, a sticky note may be used to indicate the pages to be copied. Copies may be requested subject to the fees set forth herein, Records may be retrieved only by Health District staff.

7. Fees.

A. Copies, Printouts or Photographs. Pursuant to C.R.S. § 24-72-205(5)(a), the Health District shall charge a fee not to exceed \$0.25 (twenty-five cents) per standard page for any copy of a public record or a fee not to exceed the actual cost of providing a copy, printout or photograph of a public record which is in a format other than a standard page. For purposes of this Policy, a black and white copy made on a single sheet of letter or legal sized white paper shall constitute a "standard page." The Health District shall not charge an individual for the first 5 copies of standard pages made in a calendar year. The Health District will attempt to accommodate copying requests as soon as possible. Payment for copies must be made in advance to the Health District. Checks may be made out to "Health District of Northern Larimer County."

B. Research and Retrieval. Pursuant to C.R.S. § 24-72-205(6)(a), the first hour of research and retrieval time shall be free of charge; however, the Health District reserves the right to charge a fee of ~~\$41.3733.58~~ (forty-one dollars and thirty-seven cents) per hour for any additional staff time devoted to researching and

retrieving the requested information. Anyone submitting a request for electronically stored public records shall remit a deposit equal to 50% of the estimated costs for the search before the search is commenced.

C. Postage/Courier Fees. If the Custodian of Records transmits records by regular mail or courier service, the requesting party shall be responsible for the cost of postage or courier fees.

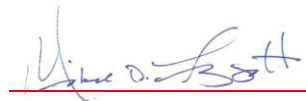
D. Electronic Transmission Fees. The Health District may not charge transmission fees to the requesting party for transmitting public records via e-mail, provided that the requesting party may be charged for staff time associated with research and retrieval of the requested records as provided herein.

8. Posting

The 'Policies and Procedures for Reviewing and Copying Public Records' document shall be posted on the organization's website.

REVISED, on the 27th day of July, 2004
RATIFIED, on the 9th day of December, 2005
REVISED, on the 13th day of December, 2007
REVISED, on the 25th day of August, 2015
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REVISED, on the 31st day of July, 2024

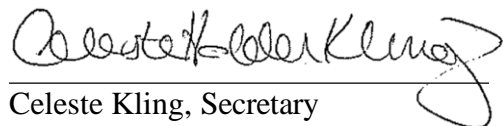
Attest:



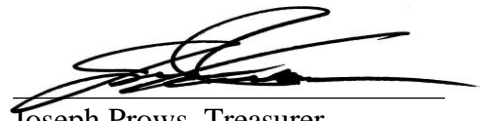
Michael Liggett, President



Molly Gutilla, Vice President



Celeste Kling, Secretary



Joseph Prows, Treasurer



Faraz Naqvi, Liaison to PVHS Board

Molly Gutilla, President

Joseph Prows, Treasurer

Julie Kunce Field, Vice President

Erin Hottenstein, Assistant Treasurer

John McKay, Secretary

AGENDA DOCUMENTATION

SUBJECT: Compensation Policy

PRESENTER: Misty Manchester, Human Resources Director/Interim Finance Director

OUTCOME REQUESTED: **Decision** **Consent** **Report**

PURPOSE/ BACKGROUND

In order to ensure the Health District continues to attract, motivate, and retain high performing employees who are committed to serving our communities, the Board of Directors (BOD) commissioned an organizational cultural assessment in the fall of 2022, followed in 2023 by a comprehensive total (salary and benefits) Compensation Analysis including:

- A competitive market review of base salary and total cash compensation
- Job architecture development with updated salary structures
- Fair Labor Standards Act (FLSA) review
- Reconciliation of actual compensation to market-competitive compensation
- Calculation of plan implementation costs
- Overall program recommendations

The Board of Directors voted to implement the recommended job architecture and salary structure which also addressed compression for long term staff. The structure ensures equal pay for equal work with allowable pay differences while also ensuring the Health District’s minimum pay ranges meet local minimum livable wages.

It was agreed at that time that we would bring back to the Board of Directors a compensation policy which outlined the specific parameters for hiring and compensating staff, assisting in administrating the new compensation system.

Attachment(s): Compensation Policy

FISCAL IMPACT

This is part of the compensation structure adopted by the Board of Directors in 2023. This policy outlines the parameters for hiring and compensating staff as already outlined in the budget.

STAFF RECOMMENDATION

Adopt the compensation policy that documents the Health District’s position regarding how best to attract, motivate and retain employees in order to carry out the mission and goals of the District within ongoing funding constraints and unknowns.

Future step: Ongoing review and analysis in support annual budgeting process, as secured for 5 years in contract with CBIZ.



Compensation Policy

The Health District of Northern Larimer County’s compensation system aims to assist in recruiting, retaining, and rewarding employees while ensuring pay equity in compliance with the Equal Pay for Equal Work Act (EPEWA). It establishes competitive salary grades based on the labor markets from which the Health District recruits talent. These grades reflect the value of each position as determined by a job review, which considers the duties and level of responsibility associated with each role.

Objectives of the system are as follows:

1. To ensure a pay philosophy that is reflective of the values and goals of the Health District.
2. To ensure Health District resources are used effectively and efficiently.
3. To provide a rational basis for making pay decisions, eliminating arbitrary salary assignments, and ensure internal fairness and compliance with EPEWA.
4. To maintain salary ranges that are competitive with labor markets from which employees are recruited.
5. To establish job titles and descriptions that are consistently used throughout the Health District.
6. To clarify relationships among positions to avoid overlaps and gaps in responsibilities.
7. To clarify the knowledge, skills, and abilities (KSAs) required to competently perform the position and aid in the development of career paths.
8. To assist supervisors in evaluating and rewarding employee job performance.

Human Resources (HR) is responsible for the administration and maintenance of the compensation system. These responsibilities include assignment of proposed new jobs to salary grades, reassignment of existing jobs to salary grades, preparation and maintenance of job descriptions, review, and approval of pay adjustments and maintenance and updating of pay structures.

AGENDA DOCUMENTATION

Meeting Date: August 27, 2024

SUBJECT: July 2024 Financial Statements

PRESENTER: Misty Manchester

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

In order to monitor financial performance as a component of fulfilling the Board of Director's fiduciary responsibilities, monthly financial reports are presented to the Board of Directors for review.

Attachment(s):

- *Statements of Revenues and Expenditures – Budget and Actual*
- *Summary Financial Narratives*
- *Statements of Non- Operational Expenditures – Budget and Actual*
- *Balance Sheet*
- *Statement of Revenue and Expenditures*
- *Investment Schedule*

FISCAL IMPACT

None.

STAFF RECOMMENDATION

Accept the financial reports as presented.



Health District

OF NORTHERN LARIMER COUNTY

Financial Reporting Package

For the Seven Periods Ended July 31, 2024

Jessica Shaver, YPTC

Completed on August 26, 2024

CONTENTS

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Highlights	3
Recommendations	3
Statement of Financial Position	4
Statement of Activities.....	5
Statement of Activities (Actual to Budget Comparison).....	6
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EXECUTIVE SUMMARY

DRAFT FINANCIAL STATEMENTS DISCLOSURE

The Accounting/Finance Department of the Health District of Northern Larimer County is undergoing numerous internal and external transitions. Due to lack of documented procedures, cross training, and continuity of operations planning, this July 2024 Financial Reporting Package as well as the information and statements within are a draft version only. Accuracy and completeness are still being evaluated by YPTC. General ledger accounts have not yet been fully reconciled and changes are expected.

HIGHLIGHTS

The Health District of Northern Larimer County brought in \$3.08M of Revenue during the month of July 2024 and incurred Expenses of \$1.06M, resulting in a positive Change in Net Position of \$2.02M for the month. Year to date, the Health District has generated Revenues of \$13.85M and paid Expenses of \$7.23M, resulting in a positive Change in Net Position of \$6.63M for the year so far.

In comparison to budget, revenue was below budget by \$29k for July and is below budget by \$178k year to date. Due to vacancies, expenditures were below budget by \$200k for July and are below budget by \$2.08M year to date. These fluctuations have resulted in the Health District coming in ahead of the budgeted Change in Net Position by \$171k for the month of July and by \$1.91M for the year so far.

However, it is important to note that all Property Tax revenue for 2024 has already been received by the organization. In addition, vacancies (which have caused lower expenses) are in the process of being filled. This combination is projected to result in negative changes in the Health District's Net Position for the remainder of the 2024 year.

RECOMMENDATIONS

Documentation of Accounting Procedures

As YPTC works with the organization to reconcile all general ledger accounts, it is recommended that processes and procedures within the Accounting/Finance Department are evaluated, streamlined, and documented. Improving processes through streamlining will allow for more timely financial information while the documentation of those processes will ensure that any future transitions will occur smoothly.

Chart of Accounts Restructure

YPTC recommends restructuring the Chart of Accounts to reduce overcomplexity and provide more meaningful financial reporting. This restructuring will also allow for an easier budgeting process.

Accounting Software Transition

It is recommended that the Health District transitions to newer accounting software. Updating the accounting software will enable the department to complete daily and monthly tasks more efficiently as well as allowing for improved financial reporting and insights.

Health District
Of Northern Larimer County

Statement of Financial Position

As of Period Ended July 31, 2024

ASSETS	<u>July 2024</u>
CURRENT ASSETS	
Cash & Cash Equivalents	989,366
Investments	14,829,710
Accounts Receivable	62,505
Property Taxes Receivable	3,104,277
Prepaid Expenses	22,272
TOTAL CURRENT ASSETS	<u>19,008,130</u>
NON-CURRENT ASSETS	
Leases Receivable	58,853,009
Capital Assets, Net	9,787,016
Leased Assets, Net	57,632
TOTAL NON-CURRENT ASSETS	<u>68,697,657</u>
TOTAL ASSETS	<u><u>87,705,787</u></u>
 LIABILITIES & NET POSITION	
LIABILITIES	
CURRENT LIABILITIES	
Accounts Payable	856,610
Deposits	23,163
Deferred Revenue	238,055
TOTAL CURRENT LIABILITIES	<u>1,117,829</u>
NON-CURRENT LIABILITIES	
Compensated Absences	6,621
Deferred Property Taxes	3,104,277
Deferred Leases	59,340,213
TOTAL NON-CURRENT LIABILITIES	<u>62,451,112</u>
TOTAL LIABILITIES	<u>63,568,940</u>
NET POSITION	
Retained Earnings	17,510,830
Net Income	6,626,017
TOTAL NET POSITION	<u>24,136,847</u>
TOTAL LIABILITIES & NET POSITION	<u><u>87,705,787</u></u>

Unaudited - For Management Use Only

Health District

Of Northern Larimer County

Statement of Activities

As of Period Ended July 31, 2024

	July 2024	Year to Date
REVENUE		
Property Taxes	2,763,752	10,361,672
State of Colorado Backfill	-	998,987
Specific Ownership Taxes	53,405	344,389
Lease Revenue	127,263	977,984
Interest Income	71,937	336,301
Fee for Service Income	-	127,708
Third Party Income	10,420	489,041
Grant Income	54,526	197,688
Donations	30	60
Miscellaneous Income	2,914	20,448
TOTAL REVENUE	3,084,247	13,854,277
EXPENSES		
Overhead	(93)	49
Administration	142,362	781,409
Board Expenses	8,044	74,822
Connections: Mental Health/Substance Issues Services	209,403	1,463,290
Dental Services	346,162	2,273,679
Integrated Care (MHSA/PC)	96,221	649,197
Health Promotion	48,330	353,277
Community Impact	66,517	429,242
Program Assessment & Evaluation	24,612	173,281
Health Care Access	87,380	521,899
Resource Development	4,005	26,849
Leased Offices	11,802	94,452
Contingency - Operational	-	34,993
Grants	16,456	219,297
Depreciation Expense	-	132,523
TOTAL EXPENSES	1,061,202	7,228,261
CHANGE IN NET POSITION	2,023,046	6,626,017

Unaudited - For Management Use Only

Health District
Of Northern Larimer County
Statement of Activities

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

	Current Month				Year to Date				Annual Budget	Remaining Funds
	Budget	Actual	Variance	%	Budget	Actual	Variance	%		
REVENUE										
Property Taxes	2,761,826	2,763,752	1,926	0%	10,322,881	10,361,672	38,791	0%	10,685,198	323,526
State of Colorado Backfill	-	-	-	0%	1,031,897	998,987	(32,910)	-3%	1,031,897	32,910
Specific Ownership Taxes	55,794	53,405	(2,389)	-4%	323,795	344,389	20,595	6%	650,000	305,611
Lease Revenue	127,666	127,263	(403)	0%	893,665	977,984	84,318	9%	1,531,998	554,014
Interest Income	39,000	71,937	32,937	84%	252,500	336,301	83,801	33%	415,000	78,699
Fee for Service Income	15,212	-	(15,212)	-100%	106,483	127,708	21,224	20%	182,543	54,835
Third Party Income	82,286	10,420	(71,866)	-87%	576,000	489,041	(86,959)	-15%	987,429	498,388
Grant Income	29,276	54,526	25,251	86%	510,548	197,688	(312,860)	-61%	895,620	697,932
Donations	-	30	30	0%	-	60	60	0%	-	(60)
Miscellaneous Income	2,050	2,914	864	42%	14,350	20,448	6,098	42%	24,600	4,152
TOTAL REVENUE	3,113,110	3,084,247	(28,863)	-1%	14,032,120	13,854,277	(177,843)	-1%	16,404,285	2,550,008
OPERATING EXPENSES										
Administration	113,864	142,269	(28,404)	-25%	796,450	778,959	17,490	2%	1,365,171	586,212
Board Expenses	12,253	8,044	4,208	34%	85,769	74,822	10,946	13%	173,032	98,210
Connections: Mental Health/Substance Issues Services	271,911	209,403	62,508	23%	1,916,506	1,463,290	453,216	24%	3,289,543	1,826,253
Dental Services	395,500	346,162	49,338	12%	2,768,500	2,273,679	494,821	18%	4,746,000	2,472,321
Integrated Care (MHSA/PC)	113,438	96,221	17,217	15%	794,264	649,197	145,067	18%	1,362,252	713,055
Health Promotion	70,065	48,330	21,735	31%	492,107	353,277	138,831	28%	843,104	489,827
Community Impact	96,354	66,517	29,837	31%	674,878	429,242	245,636	36%	1,157,452	728,210
Program Assessment & Evaluation	42,722	24,612	18,110	42%	299,052	173,281	125,771	42%	535,161	361,880
Health Care Access	101,114	87,380	13,734	14%	710,950	521,899	189,052	27%	1,236,564	714,665
Resource Development	4,941	4,005	936	19%	34,588	26,849	7,739	22%	59,293	32,444
Leased Offices	11,634	11,802	(168)	-1%	112,436	94,452	17,984	16%	170,605	76,153
Contingency - Operational	-	-	-	0%	-	34,993	(34,993)	0%	500,000	465,007
Grants	27,233	16,456	10,777	40%	491,631	219,297	272,334	55%	1,377,309	1,158,012
TOTAL OPERATING EXPENSES	1,261,028	1,061,202	199,827	16%	9,177,131	7,093,238	2,083,894	23%	16,815,486	9,722,248
CHANGE IN NET POSITION FROM OPERATIONS	1,852,082	2,023,046	170,964	9%	4,854,988	6,761,040	1,906,051	39%	(411,201)	

Unaudited - For Management Use Only

Health District
Of Northern Larimer County
Statement of Cash Flows

As of Period Ended July 31, 2024

CASH FLOWS FROM OPERATING ACTIVITIES	July 2024
Total Change in Net Position	6,626,017
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities:	
Depreciation & Amortization	132,523
Accounts Receivable	8,303,899
Prepaid Expenses	56,796
Accounts Payable	(76,095)
Accrued Liabilities	(8,001)
Deferred Revenue	(7,847,595)
Net Cash Provided by (Used in) in Operating Activities	7,187,544
 CASH FLOWS FROM INVESTING ACTIVITIES	
Investments	(6,591,275)
Purchase of Fixed Assets	(72,341)
Net Cash Provided by (Used in) Investing Activities	(6,663,616)
 CASH FLOWS FROM FINANCING ACTIVITIES	
Net Change in Debt	-
Net Cash Provided by (Used in) Financing Activities	-
 Net Cash Increase (Decrease) for Period	523,928
Beginning Cash	465,438
Ending Cash	989,366

Unaudited - For Management Use Only



AGENDA DOCUMENTATION

Meeting Date: August 27, 2024

SUBJECT: Policy and Revenue

PRESENTER: Alyson Williams and Misty Manchester

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

Policy Related to Revenue

During the July 23, 2024, regular meeting of the Board of Directors there was discussion regarding the timeline for ballot initiatives being officially included in the November 2024 ballot as well as the potential initiatives for the ballot. At this time, it is likely that the Governor will call a special session to create a compromise to address the potential ballot issues related to property tax policy that will affect the revenue of the Health District in future years.

Revenue

Under state law (C.R.S. 39-5-128) August 25 is the deadline for the County Assessor to certify to taxing districts (like the Health District) the total assessed valuation and real property values of all taxable property within the district.

Attachment(s): November 2024 Ballot Measures & Timeline, August Preliminary Revenue Information

FISCAL IMPACT

Fiscal impact is possible for the 2025 budget year if there is a special session called by the Governor.

STAFF RECOMMENDATION

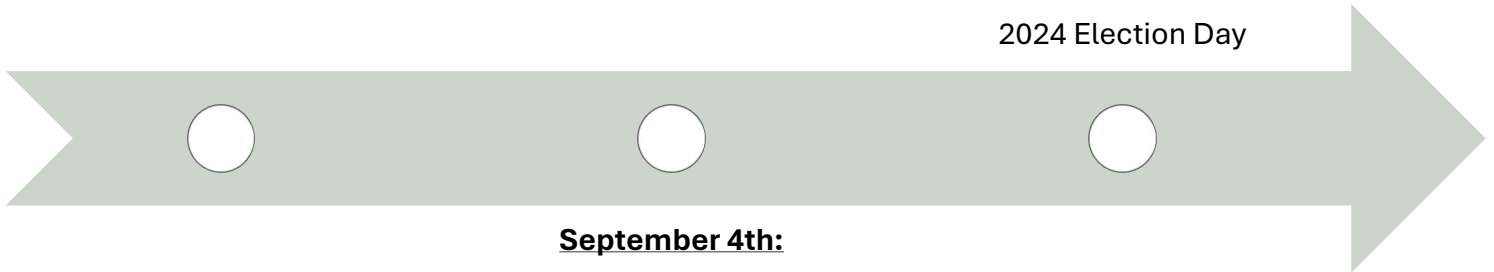
None.

2024 Ballot Initiative Timeline & Status of Current Initiatives

August 5th:

Last day to submit signatures to Secretary of State to assess qualification for ballot

November 5th:
2024 Election Day



September 4th:

Last day for the Secretary of State to make a determination on sufficiency of signatures for placement on ballot

Initiative Number and Title	
Initiatives On 2024 Ballot	#50 Voter Approval to Retain Additional Property Tax Revenue
	#89 Right to Abortion
	#91 Prohibit Trophy Hunting
Initiatives Awaiting Signature Review by Secretary of State	#108 Valuation for Assessments
	#112 Concerning Eligibility for Parole
	#138 School Choice in K-12 Education
	#145 Establish Qualifications and Registration for Veterinary Professional Associate
	#157 Funding for Law Enforcement
	#310 Concerning the Conduct of Elections

CERTIFICATION OF VALUATION BY LARIMER COUNTY ASSESSOR

Name of Jurisdiction: **054 - HEALTH DISTRICT OF NORTHERN LARIMER CNTY**

IN LARIMER COUNTY ON 8/21/2024

New Entity: No

USE FOR STATUTORY PROPERTY TAX REVENUE LIMIT CALCULATIONS (5.5% LIMIT) ONLY

IN ACCORDANCE WITH 39-5-121(2)(a) AND 39-5-128(1),C.R.S. AND NO LATER THAN AUGUST 25, THE ASSESSOR CERTIFIES THE TOTAL VALUATION FOR ASSESSMENT FOR THE TAXABLE YEAR 2024 IN LARIMER COUNTY, COLORADO

1. PREVIOUS YEAR'S NET TOTAL TAXABLE ASSESSED VALUATION:	\$4,930,871,074
2. CURRENT YEAR'S GROSS TOTAL TAXABLE ASSESSED VALUATION: *	\$5,262,201,790
3. LESS TIF DISTRICT INCREMENT, IF ANY:	\$296,150,894
4. CURRENT YEAR'S NET TOTAL TAXABLE ASSESSED VALUATION:	\$4,966,050,896
5. NEW CONSTRUCTION: **	\$42,910,627
6. INCREASED PRODUCTION OF PRODUCING MINES: #	\$0
7. ANNEXATIONS/INCLUSIONS:	\$0
8. PREVIOUSLY EXEMPT FEDERAL PROPERTY: #	\$0
9. NEW PRIMARY OIL OR GAS PRODUCTION FROM ANY PRODUCING OIL AND GAS LEASEHOLD OR LAND (29-1-301(1)(b) C.R.S.): ##	\$0
10. TAXES COLLECTED LAST YEAR ON OMITTED PROPERTY AS OF AUG. 1 (29-1-301(1))(a) C.R.S.):	\$2,460,28
11. TAXES ABATED AND REFUNDED AS OF AUG. 1 (29-1-301(1)(a) C.R.S.) and (39-10-114(1)(a)(I)(B) C.R.S.):	\$53,153.14

* This value reflects personal property exemptions IF enacted by the jurisdiction as authorized by Art. X, Sec.20(8)(b),Colo.

** New construction is defined as: Taxable real property structures and the personal property connected with the structure.

Jurisdiction must submit respective certifications (Forms DLG 52 AND 52A) to the Division of Local Government in order for the values to be treated as growth in the limit calculation.

Jurisdiction must apply (Forms DLG 52B) to the Division of Local Government before the value can be treated as growth in the limit calculation.

USE FOR 'TABOR' LOCAL GROWTH CALCULATIONS ONLY

IN ACCORDANCE WITH THE PROVISION OF ARTICLE X, SECTION 20, COLO CONST, AND 39-5-121(2)(b),C.R.S. THE ASSESSOR CERTIFIES THE TOTAL ACTUAL VALUATION FOR THE TAXABLE YEAR 2024 IN LARIMER COUNTY, COLORADO ON AUGUST 25, 2024

1. CURRENT YEAR'S TOTAL ACTUAL VALUE OF ALL REAL PROPERTY: @	\$53,517,527,169
ADDITIONS TO TAXABLE REAL PROPERTY:	
2. CONSTRUCTION OF TAXABLE REAL PROPERTY IMPROVEMENTS: !	\$516,472,844
3. ANNEXATIONS/INCLUSIONS:	\$0
4. INCREASED MINING PRODUCTION: %	\$0
5. PREVIOUSLY EXEMPT PROPERTY:	\$3,074,330
6. OIL OR GAS PRODUCTION FROM A NEW WELL:	\$0
7. TAXABLE REAL PROPERTY OMITTED FROM THE PREVIOUS YEAR'S TAX WARRANT:	\$0
(If land and/or a structure is picked up as omitted property for multiple years, only the most current year's actual value can be reported as omitted property.)	
DELETIONS FROM TAXABLE REAL PROPERTY:	
8. DESTRUCTION OF TAXABLE REAL PROPERTY IMPROVEMENTS:	\$285,775
9. DISCONNECTIONS/EXCLUSION:	\$0
10. PREVIOUSLY TAXABLE PROPERTY:	\$1,220,070

@ This includes the actual value of all taxable real property plus the actual value of religious, private schools, and charitable real property.

! Construction is defined as newly constructed taxable real property structures.

% Includes production from new mines and increases in production of existing producing mines.

IN ACCORDANCE WITH 39-5-128(1),C.R.S. AND NO LATER THAN AUGUST 25, THE ASSESSOR CERTIFIES TO SCHOOL DISTRICTS : 1. TOTAL ACTUAL VALUE OF ALL TAXABLE PROPERTY:----->	\$0
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NOTE: All levies must be Certified to the Board of County Commissioners NO LATER THAN DECEMBER 15, 2024

IN ACCORDANCE WITH 39-5-128(1.5)C.R.S. THE ASSESSOR PROVIDES: HB21-1312 ASSESSED VALUE OF EXEMPT BUSINESS PERSONAL PROPERTY (ESTIMATED): **	\$9,179,260
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** The tax revenue lost due to this exempted value will be reimbursed to the tax entity by the County Treasurer in accordance with 39-3-119 f(3). C.R.S.



AGENDA DOCUMENTATION

Meeting Date: August 27, 2024

SUBJECT:

2025 Budget Planning Timeline

PRESENTER: Misty Manchester

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

Health District of Northern Larimer County Board of Directors Bylaws (Article IV, Section 1.e) require the Board of Directors to adopt an annual budget.

“Functions of the Boards of Directors shall include, but not be limited to, the following: ... To fulfill fiduciary responsibilities by adopting the budget and monitoring financial performance.”

Health District leadership will facilitate ongoing Board visibility into budget timelines and processes.

Attachment(s):

- *Board Key Dates for Budget Year 2025*

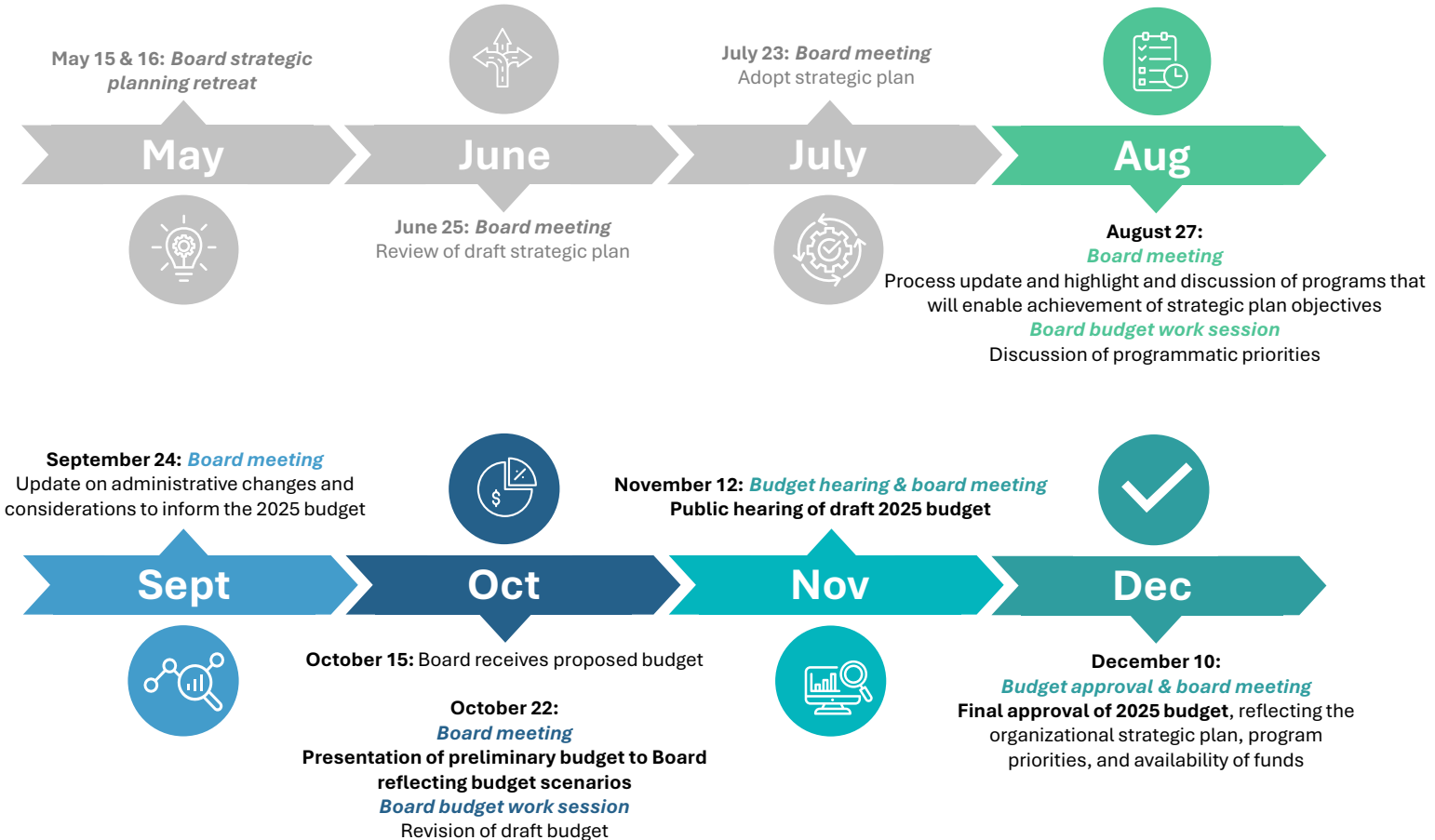
FISCAL IMPACT

None.

STAFF RECOMMENDATION

None.

2024 Strategic Planning & Budgeting Timeline



AGENDA DOCUMENTATION

Meeting Date: July 23, 2024

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 Executive Director met with the following community partners and attend the following events since the July 23, 2024 board meeting:

- Laura Walker – Human and Economic Health Services Director, Larimer County
- Shawn McGaffin & Beth McGhee – Fire Captain & Executive Administrative Assistant, Poudre Fire Authority
- August Women Leaders Gathering hosted by Kate Baker
- Kevin Unger, President and CEO, Poudre Valley Hospital and Medical Center of the Rockies

Other Items of Interest

- **Poudre School District/SummitStone Behavioral Health Partnership**
To better support the behavioral health needs of youth and families we've been collaborating and facilitating a partnership with Poudre School District and SummitStone Health Partners to develop a cross-agency care team and single-entry point for behavioral health referrals from 55 referring school locations. This collaboration represents a proactive approach to addressing behavioral health needs within the school community by leveraging the strengths and resources of multiple organizations.
 - **Cross-Organizational Team:** The cross-organizational "Behavioral Health Care Team" will include care coordination staff from SummitStone Health Partners and HDNLC Care Coordinator. This diverse team is tasked with ensuring that services are coordinated effectively across organizations.
 - **Streamlined Referrals:** By simplifying the referral process and providing a single point of contact, the team aims to reduce the complexity and number of transitions students and families experience when seeking behavioral health services.
 - **Improved Communication:** Enhanced communication and coordination between SummitStone, HDNLC, and PSD are expected to lead to better service delivery and outcomes for students.

- **Focus on Continuity:** Reducing transitions of care means that students and families can expect a more consistent and stable support system as they navigate behavioral health services and PSD has consistency in follow up and coordination for students referred.

Attachment(s):

Department summaries.

FISCAL IMPACT

None.

STAFF RECOMMENDATION

None.

Staff Summary

Family Dental Clinic

The Family Dental Clinic has hired a new hygienist. This addition will improve the dentist-to-hygienist ratio, allowing for increased access for both new and existing patients, while enhancing preventive care and patient education. Simultaneously, the Clinic’s leadership team is reorganizing administrative roles to leverage staff strengths, increase efficiency, and better integrate financial tasks. This reorganization will improve the Clinic’s ability to coordinate and communicate grant funding awards and financial responsibilities to patients more effectively. The dental team remains committed to serving, educating, and reducing financial barriers for community members with undocumented status. This work is ongoing and will be carried out through continuous evaluation and improvement of existing processes and procedures.



Health Equity | Strategy 3.1.4: Update processes, policies, and procedures to promote inclusive and equitable access.



Organizational Excellence | Strategy 2.1.1: Assess operational functions of enabling services and programs.



Organizational Excellence | Strategy 2.2.5: Provide staff with training and support.

The Family Dental Clinic has the following vacancies:

1 (1.0) FTE Dental Front Office Associate

Health Care Access (Larimer Health Connect, Prescription Assistance, Outreach & Education)

The Larimer Health Connect (LHC) team remains committed to assisting individuals and families in exploring health coverage options during the Medicaid Unwinding process. The Special Enrollment Period for those who lost Medicaid/CHP+ coverage has been extended through November 30, 2024. The team is actively participating in community events and providing presentations to increase community awareness. LHC staff met with the Community Support Manager at the Department of Human Services (DHS) to discuss Medline9—a resource available to providers and assistance sites. This collaboration has led to smoother communication regarding client cases and quicker resolution of issues.

LHC is also in the preliminary planning stages for the upcoming open enrollment period, including updates to the OmniSalud program and the introduction of Cover All Coloradans, a new form of Medicaid-like coverage for people with undocumented status.



Partnerships | Strategy 1.1.1: Enhance critical partnerships with new and existing partners.



Health Equity | Strategy 3.1.4: Update processes, policies, and procedures to promote inclusive and equitable access.

The Prescription Assistance (PA) program continues to see an increase in customers seeking assistance with their prescriptions. Program policies and procedures are currently being evaluated and updated.



Operational Excellence | Strategy 2.1.1: Assess operational functions of enabling services and programs.



Health Equity | Strategy 3.1.4: Update processes, policies, and procedures to promote inclusive and equitable access.

The Outreach and Education (O&E) team has been actively engaged in back-to-school outreach, including attending the Fullana Early Childhood Pre-K Bash, where they provided information and materials to more than 80 families. The team has also supported Mental Health Connection's outreach by tabling at the Therapist Networking Training event and providing resources for events at FoCo Café for individuals experiencing homelessness. The O&E Team has 20 community events planned in the coming months, various partnership and coalition meetings, and educational presentations.



Organizational Excellence | Strategy 3.1.1: Evaluate existing outreach efforts and effectiveness to identify needs and opportunities.



Organizational Excellence | Strategy 3.2.1: Assess existing support efforts for community partnerships and partner engagement to identify needs and opportunities.

The Health Care Access team currently has no vacancies.

Mental Health Connections (Connections – Adult & CAYAC)

Mental Health Connections is actively working on several projects, including the implementation of a new Electronic Health Record (EHR) system. This process involves consulting on workflows, regulatory obligations, and best practices to ensure compliant Medicaid billing.

The MHC team continues to collaborate with the Outreach and Education team for community events, including the return of Therapist Networking and Training (TNT) events. Additionally, Connections provided onsite support at FoCo Café with a care coordination specialist and a behavioral health provider. Connections and FoCo Café are exploring the potential for a partnership that would include a recurring presence of Connections and/or other program representation.



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



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



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

Mental Health Connections has the following vacancies:

1 (0.6 FTE) CAYAC Psychiatric Nurse Practitioner (Currently posted)

1 (1.0 FTE) CAYAC Behavioral Health Provider (Currently posted)

Integrated Care Team

The Integrated Care program is fully staffed, with the recently hired Behavioral Health Clinical Therapist (BHCT) assuming independent responsibilities. The Program Manager is currently working on the 2025 budget. The team continues to collaborate with UCHHealth Behavioral Health staff to enhance the service delivery model at the Family Medicine Center (FMC), particularly in response to the increasing number of acutely suicidal patients presenting at the clinic, both during appointments and as walk-ins.



Partnerships | Strategy 1.1.1: Enhance critical partnerships with new and existing partners.



Partnerships | Strategy 1.2.1: Identify patient personas that are common between the Health District and other community partners to better understand shared-service needs.

The Integrated Care Team has no current vacancies.

Staff Summary

Research & Evaluation

Internal Program Evaluation

- On July 31, 2024, we executed a contract with Results Lab to enhance internal evaluation processes.



Organizational Excellence | Strategy 4.2.2: Procure consultant to analyze organizational evaluation practices. **(Status: Achieved)**

- The Research and Evaluation Manager is assessing ways to optimize data collection practices within the organization. Recent efforts include participation in two internal workgroups focused on standardizing sociodemographic data collection for intake forms and electronic health record data entry for MHC billable services. This work aims to build the foundation for data collection practices that enable data-driven decision-making and better identify health disparities among priority populations.



Organizational Excellence | Strategy 4.1.1: Examine and assess existing organizational and community data-collection practices and methodologies. **(Status: Work in Progress)**



Organizational Excellence | Strategy 4.1.2: Determine strategies, policies, and procedures to enhance data collection. **(Status: Work in Progress)**

- Collaboration has begun with the newly onboarded Health Equity Strategist to explore how to integrate equity measures into program evaluation using existing best practice frameworks.



Health Equity | Strategy 2.2.1: Ensure equity metrics are embedded into data systems and established benchmarks. **(Status: Work in Progress)**

Community Health Survey

- Since the last update, the internal steering committee revising the 2025 Community Health Survey has focused on updating the behavioral health and oral health question sets with validated questions from other national and statewide surveys.



Organizational Excellence | Strategy 4.1.1: Examine and assess existing organizational and community data-collection practices and methodologies. **(Status: Work in Progress)**

- We are seeking free consultation from the National Network of Health Surveys (through the UCLA Center for Health Policy Research) to implement recommended methodologies to gather data to improve health equity.



Health Equity | Objective 4.2: Champion standards on methodologies for health equity assessment and analysis. **(Status: Work in Progress)**

Community Engagement

- Staff continues to participate in a regional assessment collaborative to establish common behavioral health and health equity metrics for 2027-2028 community health assessments in Weld and Larimer counties. In addition to harmonizing behavioral health data collection, there is interest in establishing common equity measures for people who identify as LGBTQ+.



Health Equity | Objective 4.2: Champion standards on methodologies for health equity assessment and analysis. **(Status: Work in Progress)**

Community Impact Team (CIT)

Mental Health & Substance Use Alliance of Larimer County (MHSU Alliance):

- At the August meeting, members adopted recommendations from the MHSU Alliance's Restructure Workgroup to ensure the effective use of members' time and to strengthen the infrastructure for future work. Key changes aim to foster additional partnerships, encourage diverse representation, and clarify roles and processes. The CIT will draft the MHSU Alliance Strategic Plan, with a goal of finalizing it in early fall, along with other key activities to operationalize the approved decisions.



Organizational Excellence | Strategy 3.2.1: Assess existing support efforts for community partnerships and partner engagement to identify needs and opportunities. **(Status: Work in Progress)**



Organizational Excellence | Strategy 2.2.2: Improve collaboration between Health District and health care delivery systems to advance health equity. **(Status: Work in Progress)**

- CIT continues to provide support to local school districts in enhancing student behavioral health. Additional planning in August will follow up with a meeting from June, aiming to assist the three school districts further.



Partnerships | Strategy 2.1.2: Improve and expand coordination with local government entities and services. **(Status: Work in Progress)**

Harm and Stigma Reduction:

- CIT continues to collaborate with Outreach & Education to provide free Narcan and opioid overdose prevention education to community members and organizations. As of the last count, 933 boxes of Narcan have been distributed, surpassing 75% of our yearly goal of 1,200 boxes. The CDPHE Naloxone Bulk Fund is undergoing changes and will soon prioritize specific entities and populations. CIT is staying updated on these changes and considering adjustments to our current model and distribution approach, including how to strengthen partnerships and collaboration to better support community access to Naloxone.



Partnerships | Strategy 2.3.3: Support community-based advocacy organizations in advancing causes important to the well-being of our community. **(Status: Work in Progress)**

- The team kicked off a strategy update of Changing Minds with Linden Marketing. The firm will be working on a social media strategy, updating materials and content, and other key updates.

- CIT was invited to present Changing Minds at the Colorado CASA Conference in September. The team invited the Yarrow Collective to co-present, to incorporate diverse perspectives and provide a better understanding of substance use disorders to attendees. This presentation and collaboration align with



Partnerships | Strategy 1.1.1: Enhance critical partnerships with new and existing partners. **(Status: Work in Progress)**

Staffing Update:

- CIT has 1 FTE Community Project Coordinator that remains open as the position is planned to be posted and filled by the end of October.

Policy

- The team is attending interim committee meetings to stay informed of key issues that may present during the 2025 legislative session.



Great Governance | Strategy 3.2.1: Assess local, state, and federal policies impacting the health of Health District residents and organizational operations. **(Status: Work in Progress)**

- Staff met with program directors individually to review potential impacts of the 2024 Legislative Session. During these meetings, they provided one-pagers as collateral with key takeaways for easy reference.

Health Equity

Staffing Update

- The Health Equity Strategist position was filled, effective July 16.



Health Equity | Strategy 1.1.1: Hire a health equity strategist. **(Status: Achieved)**
Organizational Excellence | Strategy 1.3.5: Hire a health equity strategist. **(Status: Achieved)**

Communications

- The Health Equity Strategist worked with the Interim Communications Director to co-create an equity review process for all Health District social media content, ensuring that language is affirming, images are accessible, and that all social media posts promote the Health District as a welcome resource for people with underrepresented identities. The Health Equity Strategist reviewed and approved all August social media content and will work with the Communications team to develop a review timeline for future months and will also develop a review plan for other types of external communications, including the website, newsletters, and printed materials.



Health Equity | Objective 3.2: Enhance the visibility of Health District programs and services as a welcome resource for people with underrepresented identities. **(Status: Work in Progress).**

Health Equity Metrics

- The Health Equity Strategist is actively participating in a workgroup to create an aligned intake form for the Health District, utilizing the CLAS Checklist to refine requirements for Race, Ethnicity, & Language (REAL) data collection, as well as adding language to notify individuals that communication and language assistance is available upon request (**CLAS 2.6**).



Health Equity | Strategy 2.2.1: Ensure equity metrics are embedded into data systems and established benchmarks. **(Status: Work in Progress)**

- The Health Equity Strategist has begun to participate in a regional assessment collaborative with Larimer and Weld counties to determine behavioral health and health equity measures for future community health assessments. The initial focus of this group is developing common measures for the LGBTQ+ community.



Health Equity | Objective 4.2: Champion standards on methodologies for health equity assessment and analysis. **(Status: Work in Progress)**

Staff Summary

- The Human Resources (HR) Team hired and onboarded four employees in July:
 - Health Equity Strategist
 - An additional Psychologist at CAYAC
 - An Administrative Program Specialist for Planning, Policy, Research and Evaluation
 - A Dental Assistant
- Three employees were offboarded from mid-July to the end of the month. We anticipate a Dental Hygienist joining the Dental Clinic in mid-August.
- As of August 14th, we have five open positions of which two are new positions and three are vacant. There are four additional positions in the queue to be posted.
- In July, HR staff supported the annual organizational picnic at City Park, featuring food trucks from In-N-Out Burger and Kona Ice, which offered a unique experience for staff and their families/significant others.



Organizational Excellence | Strategy 1.3.1: Assess and enhance the existing HR lifecycle

Looking forward:

- HR staff is working with the UKG implementation team on timeline and workplan for the new Human Resources Information System (HRIS)/Human Capital Management (HCM) system. The implementation timeline is approximately 4-6 months. More detail on the timeline and workplan will be provided in future updates.



Organizational Excellence | Strategy 2.3.1: Deploy a modernized IT infrastructure that enables seamless access to information and resources



Organizational Excellence | Strategy 1.4.3: Develop the infrastructure and processes to track and monitor the training and development provided

- Additional Mental Health First Aid training will be held in September. Work continues to secure trainers to provide De-Escalation, CPR/First Aid and AED training for our staff within the coming months.



Organizational Excellence | Strategy 1.4.1: Assess and identify training and professional development needs based on input and feedback from staff



Organizational Excellence | Strategy 1.4.2: Provide high-quality, year-round staff development and leadership training across all levels of the organization

- HR anticipates receiving CBIZ Compensation Consultants within the coming weeks regarding the annual market analysis as outlined in our scope of work. As a reminder, CBIZ will be providing market analysis information annually for the next five years to support recommendations for staff salary and/or market increases.



Organizational Excellence | Strategy 1.3.4: Finalize organizational compensation philosophy

- HR is supporting the roll out of a new badge system which will be equipped with a security chip for staff located at Bristlecone and Mulberry facilities. The new badge system will simplify identification and enhance security for facilities. Implementation and distribution are expected to be complete by mid-September.



Organizational Excellence | Strategy 2.3.3: Enhance information sharing to improve workflows and collaboration

Staff Summary

- Due to recent staff transitions, Misty Manchester has assumed the role of Interim Finance Director. To address current vacancies, two temporary accountants and a consultant were onboarded to assist with various tasks. Completed tasks include:
 - Updating all accounts to remove former finance staff
 - Providing training for payroll processing backups
 - Ensuring continuity of payroll and vendor payments
 - Outlining and adhering to necessary compliance processes
 - Locating and updating contracts
 - Updating Health District Finance contact information with all financial institutions and vendors



Organizational Excellence | Strategy 2.1.1: Assess operational functions of enabling services and programs.



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



Organizational Excellence | Strategy 2.2.5: Provide staff with training and support.

Looking forward:

- Your Part-Time Controller (YPTC) was engaged to provide Controller/Chief Financial Officer (CFO) support to provide financial oversight. Our YPTC Controller/CFO, is currently assessing our processes, providing support in creating financial reports, and is supporting work to outline internal control processes.
- The Finance Director will be posted once a new Deputy Director of Administration has been hired to ensure they are involved in the selection process.



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



Organizational Excellence | Strategy 2.1.1: Assess operational functions of enabling services and programs.

- The RFP process for a cloud-based Financial Accounting System was suspended. However, with increased capacity this will be re-prioritized to ensure progress continues.



Organizational Excellence | Strategy 2.2.2: Update financial system, including technologies, policies, processes, and an Internal Controls Examination.

Staff Summary

Routine Deliverables and Internal Program Products

- Staff is seeking bids for a printer for the October edition of the Compass following the closure of the Health District's longtime vendor.



Organizational Excellence | Strategy 3.3.2: Update existing strategies and products and develop new processes to address procedural gaps and ensure high-quality material across the organization.

- Staff is working with Human Resources and Support Services to refine newly implemented internal communications tactics.
- The Communications team is working with the Quality Improvement Projects Manger and Leadership Team to prepare for the launch of a new all-staff Team's Channel.



Organizational Excellence | Objective 3.1: Enhance transparent and effective internal and external communication.



Organizational Excellence | Strategy 3.3.2: Update existing strategies and products and develop new processes to address procedural gaps and ensure high-quality material across the organization.

Websites:

- Staff is working on the development of a new website. The first phase, content migration, has been completed. The Board can expect a presentation on the website redesign project in the fall.



Organizational Excellence | Strategy 3.3.3: Implement new website and associated products to improve equitable access to information.

- Staff is finalizing a contract with a technical maintenance vendor for HealthInfoSource.



Organizational Excellence | Strategy 3.3.2: Update existing strategies and products and develop new processes to address procedural gaps and ensure high-quality material across the organization.

- The 2024-25 Strategic Plan has been added to the website. It can be viewed at: healthdistrict.org/strategic-plan



Organizational Excellence | Objective 3.1.1: Enhance transparent and effective internal and external communication.



Great Governance | Strategy 3.1.3: Provide timely and accessible information through multiple channels to enhance engagement and reach priority populations and the broader community.

30th Anniversary:

- Staff continue to develop collateral and programming for the 30th Anniversary Open House scheduled for October 16th from 4-7 p.m. The event has been posted on the Health District's website calendar.



Organizational Excellence | Objective 3.1.1: Enhance transparent and effective internal and external communication.



Great Governance | Strategy 3.1.3: Provide timely and accessible information through multiple channels to enhance engagement and reach priority populations and the broader community.

Staff Summary

Due to staffing transitions, the IT Manager and Facilities Manager will continue in their current roles and will report to Liane Jollon, Executive Director.

The Support Services Team has dedicated significant time to business continuity efforts and has supported the development of the 2025 budget in collaboration with all departments across the organization. Work included setting up and becoming proficient in new software to manage operations, as well as collecting information to begin planning and implementing large facility enhancements.

Facilities

- Department staff were reconfigured to maximize workflow operations.
- The new work order system developed, MaintainX, is working well for all staff.
 - The team has an 89% completion rate as 63 of 71 work orders submitted in the past 30 days were complete.
- Facilities security protocols have been reconfigured with Precision Security to ensure staff and client safety.



Organizational Excellence | Strategy 2.4.2: Develop and implement an occupancy plan and facilities-management system.

- Two fleet vehicles were purchased and insured with the registration process complete. Support Services is currently coordinating with other teams to develop a fleet vehicle policy.
- An initial draft of the capital improvement budget was developed for 2025 and included 5, 10, and 20-year forecasted facility improvements.
- Bristlecone parking pot improvements are scheduled for 8/19 – 8/23 to repair and seal cracks as well as coat and restripe.



Organizational Excellence | Strategy 2.4.1: Develop a capital maintenance and improvement plan to strategically plan for short-term and long-term infrastructure and capital needs.

Information Technology (IT)

- Email Protection Gateway and Email Protection Security Awareness Training were combined into a single, streamlined platform. This unified solution offers gateway defense, phishing and impersonation prevention, automatic remediation of user-

reported threats, and automated education technology, including simulation-based training, continuous testing, robust reporting for administrators, and active incident response awareness. By merging the two products, the annual subscription costs for both were reduced by 30%.



Organizational Excellence | Strategy 2.3.1: Deploy a modernized IT infrastructure that enables seamless access to information.

- Built a secure, isolated environment within our network for the Accounting Services contractor, including dedicated workstations, multifactor authentication, and comprehensive onboarding and training support.
- Collaborated with the Facilities team to install and configure new lobby door handles, enabling security badge-based access and door entry auditing.
- Information Technology has a 84% completion rate as 89 of 106 work orders submitted in the past 30 days were completed through 24.25 hours of work.



Organizational Excellence | Strategy 2.3.3: Enhance information sharing to improve workflows and collaboration.