



Board of Directors Regular Meeting

Location:	120 Bristlecone Dr., Fort Collins, CO 80524 or Zoom
Date:	Tuesday, July 23, 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. Public Comment	
	<p>Note: If you choose to comment, please follow the "Guidelines for Public Comment" provided at the end of the agenda.</p>	
5:40 PM	III. Presentations	
	<ul style="list-style-type: none"> a. Dental/Oral Health Presentation b. Health Care Access Program Updates 	<p>Dana Turner Dana Turner Rosie Duran</p>
6:15 PM	IV. Consent Agenda	
	<ul style="list-style-type: none"> a. June 25, 2024 Regular Meeting Minutes 	
6:30 PM	V. Action Items	
	<ul style="list-style-type: none"> a. June 2024 Financial Statements Q2 Financial Report b. 2024-2025 Strategic Plan 	<p>Lorraine Haywood Liane Jollon</p>
7:15 PM	VI. Reports	
	<ul style="list-style-type: none"> a. 2025 Budget Planning Timeline b. Fair Campaign Practices Act c. Board of Directors Reports d. Liaison to PVHS/UCHealth North Report e. Executive Committee Update f. Executive Director Staff Report 	<p>Lorraine Haywood Katie Wheeler Board of Directors John McKay Molly Gutilla Liane Jollon</p>
7:55 PM	VII. Announcements	
	<ul style="list-style-type: none"> 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 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 _____.

8:00 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: June 25, 2024

Time: 5:30 PM

Minutes

Board Members Present:

Molly Gutilla, MS DrPH, Board President
Erin Hottenstein, Assistant Treasurer
John McKay, Secretary
**Present for Action Items Only

Excused Absence:

Julie Kunce Field, JD, Board Vice President
Jospeh Prows, MD MPH, Treasurer

Also Present:

Allison Slife, CliftonLarsonAllen

Staff Present:

Liane Jollon, Executive Director
Lorraine Haywood, Deputy Director
Abby Worthen, Deputy Director
Xochitl Fragoso, Interim Finance Director
Alyson Williams, PPRE Director
Sean Kennedy, Interim Communications Director
Dr. Paul Mayer, Medical Director
Julie Abramoff, Clinical Nurse Manager
Maggie Mueller, Community Health Nurse
David Navas, Policy Analyst
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 5:33pm.

b. Welcome Guests & Attendees

c. Conflict of Interest Statement

None.

d. Approval of Agenda

Motion: To reorder the agenda to 2023 Annual Financial Audit by CliftonLarsonAllen first, action items then consent agenda and to cancel the Health Care Access Presentation and move it to July 23, 2024 Regular Board Meeting.

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

V. a. Audit – Allison Slife, Principal, CliftonLarsonAllen/Lorraine Haywood

Per C.R.S. 29-1-606: each District must have an audit performed annually and the audit report must be submitted to the Board of Directors by the auditor by June 30 and filed with the State Auditor within 30 days after the report is received by the District.

Motion: To approve the 2023 financial audit.

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

V. b. Deconflicting Board Policies 99-01 and 2010-01 with Board Resolution 24-08; Approve Signatories for Certificates of Deposit Accounts

The Board approved 24-08 Resolution for Signatures for All Financial Accounts on April 23, 2024. In reviewing current Board policies, it was determined policies 99-01 and 2010-01 must be amended to deconflict with Resolutions 2024-08.

Resolution 24-08 approved signature authority by position for all Financial Accounts. While updating Resolution 24-08 with financial institutions that hold Health District Certificate of Deposits, some financial institutions are requiring a Board Resolution with named signatories. The Health District will be working with these institutions to utilize Resolution 24-08 moving forward.

An amended redline version of 99-01 was presented in person.

Motion: To approve deconflicting board policies 99-01 and 2010-01 with board resolution 24-08 with corrected redline that was presented in the meeting.

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

V. c. Mental Health Connections Electronic Health Record and Clinical Workflow Consultant

The Health District is procuring a new electronic health record solution for the Mental Health Connections program. The Health District solicited bids for a contractor to support change management and implementation associated with launching the new EHR, including optimization of appointment scheduling and staffing workflows. Additionally, the contractor will support optimizing data management for program evaluation with an equity lens. Rocky Mountain Health Plans has approved this as an acceptable grant expenditure. The Board's general approval was requested to proceed with expending grant dollars from Rocky Mountain Health Plans, intended to support access to care for the Health District's Medicaid members, to further this initiative.

Motion: To approve the use of grant dollars for Mental Health Connections Electronic Health Record and Clinical Workflow Consultant

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

IV. Consent Agenda

- a. April 23, 2024 Regular Meeting Minutes
- b. April 2024 Financial Statements
- c. May 2024 Financial Statements
- d. Consulting Contract to Enhance Program Evaluation Processes
- e. 2024 Grant Revenue Approval

Motion: To approve the consent agenda as presented.

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

John McKay exited the board meeting at 6:15pm.

II. Public Comment

None.

III. Presentations

- a. Health Promotion RN – Julie Abramoff/Maggie Mueller

Health Promotion staff shared their current work: Heart Health Screenings, Community Dual Disorder Treatment (CDDT) with SummitStone, Infection Control, Community Flu Vaccine Clinics and Potential Future Partnerships. Heart Health Screenings are currently held in six different locations around the community. From January 2024 through the first week of June 2024, 192 individuals participated in Heart Health Screenings. CDDT in partnership with SummitStone Health Partners, assists clients who are diagnosed with substance use disorder and mental illness. A Health District RN accompanies the CDDT psychiatrist to conduct home visits for clients – supporting wellness checks, and medication reconciliation.

- b. Health Care Access Program Updates – postponed until June 23, 2024 Regular Board Meeting

VI. Reports

- a. Policy Update: Overview 2024 Legislative Session – David Navas/Alyson Williams
Staff provided an overview of the outcomes of the 2024 legislative session. This session saw the highest number of introduced bills in recent years, with a total of 705 of which 525 bills, or 74%, were passed. During the 2024 session, the Health District tracked 80 bills that tied into the anchors outlined within the Policy Agenda. Of these, 50 passed and two were vetoed, 16 were postponed indefinitely, and 12 were lost. Staff highlighted

findings from a retrospective on the 2024 session, which focused on process recommendations to incorporate into future policy work.

Board Member suggestion: Schedule more legislative committee meetings earlier in the session and then taper off.

b. 2024-2025 Strategic Planning Update – Liane Jollon/Amber Blake

In follow-up to the Board of Directors' organizational strategic planning retreat in May, the Health District's facilitator, Amber Blake, provided a "proof of concept" strategic planning document. General approval and feedback on the direction of the strategic planning document was requested prior to finalization and presentation of the complete Strategic Plan at the Board of Directors meeting in July 2024.

Board Member question: Is the good governance [example provided] a teaser?

Board Member comment: I like the teaser a lot. One thought would be to tie it into the 30 years of caring. The other thing I thought was it may be interesting to organize it in a way that community engagement touches all areas. Another suggestion would be great governance instead of good governance.

c. 2024-2025 Budgeting Timeline – Xochitl Fragoso

As a continuation to the Board of Directors organizational strategic planning retreat in May, Health District leadership are facilitating the alignment of planning and budgeting timelines throughout 2024. The expected final output is a 2025 budget and accompanying programmatic priorities that reflect the Board's approved strategic vision.

d. Annual Investment Report 2023 – Lorraine Haywood

Per Policy 97-11: Investment Guidelines require an Annual Investment Report summarizing the Health District's investment accomplishments in the prior calendar year to be presented annually at the same meeting the Board receives the annual financial audit.

Board member question: Is the Advantage Banks because of timing?

Answer: Yes, this doesn't have the maturity yet. We will look to see what they are offering this year and if it is not competitive we will go and look at other banks.

e. Board of Directors Reports – Board of Directors

No reports.

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

No report.

g. Executive Committee Update – Molly Gutilla

No report.

h. Executive Director Staff Report – Liane Jollon

Board member question: about prescription assistance.

Staff answer: due to Medicaid unwinding.

VII. Announcements

- a. July 23, 2024, 5:30pm – Regular Meeting
- b. August 27, 2024, 5:30pm – Regular Meeting
- c. August 27, 2024 – Potential Training with legal counsel – Colorado Intergovernmental Risk Sharing Agency (CIRSA)

Executive Session

No Executive Session Occurred.

VIII. Adjournment

Call the meeting over at 7:31pm

A quorum was not present at the meeting end time.

Respectfully submitted:

Lauren Jones, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

AGENDA DOCUMENTATION

Meeting Date: July 23, 2024

SUBJECT:

June 2024 Financial Statements - Q2 Financial Report

PRESENTER: Lorraine Haywood

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 present to the Board of Directors for review. A quarterly financial summary is provided.

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
Statement of Revenues and Expenditures - Budget and Actual
As of 6/30/2024

	Current Month				Year to Date				Annual Budget	Remaining Funds
	Budget	Actual	Variance	%	Budget	Actual	Variance	%		
Revenue:										
Property Taxes	\$868,085	\$564,402	(\$303,683)	(35%)	\$7,561,055	\$7,597,920	\$36,865	0%	\$10,685,198	\$3,087,278
State of Colorado Backfill	0	0	0	0%	1,031,897	998,987	(32,910)	(3%)	1,031,897	32,910
Specific Ownership Taxes	55,321	57,070	1,749	3%	268,001	290,984	22,983	9%	650,000	359,016
Lease Revenue	127,666	112,234	(15,432)	(12%)	765,999	850,721	84,722	11%	1,531,998	681,278
Interest Income	38,500	56,244	17,744	46%	213,500	264,364	50,864	24%	415,000	150,636
Fee for Services Income	15,212	18,962	3,750	25%	91,272	127,708	36,436	40%	182,543	54,835
Third Party Reimbursements	82,286	68,044	(14,241)	(17%)	493,715	478,621	(15,094)	(3%)	987,429	508,808
Grant/Partnership Revenue	80,213	24,385	(55,828)	(70%)	481,272	143,162	(338,110)	(70%)	895,620	752,458
Donations Sponsorships	0	0	0	0%	0	30	30	0%	0	(30)
Miscellaneous Income	2,050	3,950	1,900	93%	12,300	17,534	5,234	43%	24,600	7,066
Total Revenue	\$1,269,333	\$905,292	(\$364,041)	(29%)	\$10,919,010	\$10,770,030	(\$148,980)	(1%)	\$16,404,285	\$5,634,255
Expenditures:										
Operating Expenditures										
Administration	\$113,864	\$89,649	\$24,215	21%	\$682,585	\$636,691	\$45,895	7%	\$1,365,171	\$728,480
Board Expenses	12,253	10,488	1,765	14%	73,516	66,778	6,738	9%	173,032	106,254
Connections: Mental Health/Substance Issues Svcs	272,611	179,286	93,325	34%	1,644,595	1,253,887	390,708	24%	3,289,543	2,035,656
Dental Services	395,500	303,424	92,076	23%	2,373,000	1,927,518	445,482	19%	4,746,000	2,818,482
Integrated Care (MH/SUD/PC)	113,438	91,347	22,090	19%	680,826	552,976	127,850	19%	1,362,252	809,276
Health Promotion	71,015	44,906	26,110	37%	422,042	304,946	117,096	28%	843,104	538,158
Community Impact	96,354	62,840	33,514	35%	578,524	362,725	215,799	37%	1,157,452	794,727
Program Assessment & Evaluation	42,722	22,516	20,206	47%	256,330	148,669	107,662	42%	535,161	386,492
Health Care Access	100,958	50,234	50,724	50%	609,837	434,519	175,318	29%	1,236,564	802,045
Resource Development	4,941	3,360	1,581	32%	29,647	22,844	6,803	23%	59,293	36,449
Leased Offices	11,634	22,247	(10,613)	(91%)	100,803	82,650	18,153	18%	170,605	87,955
Contingency (Operations)	0	1,728	(1,728)	0%	0	34,993	(34,993)	0%	500,000	465,007
Grants	77,401	53,470	23,931	31%	464,398	202,841	261,557	56%	1,377,309	1,174,468
Total Operating Expenditures	\$1,312,690	\$935,495	\$377,195	29%	\$7,916,103	\$6,032,036	\$1,884,067	24%	\$16,815,486	\$10,783,450

Unaudited - For Management Use Only

**HEALTH DISTRICT
OF NORTHERN LARIMER COUNTY
June 2024
Summary Financial Narrative**

Revenues

Revenue variances in excess of 20% or \$50,000 are as follows:

Revenue Source	Variance	%	Reason
Property Taxes	(\$303,683)	(35%)	Timing of the County Assessor's collections
Interest Income	\$17,744	46%	Varies dependent on account balances and interest rates
Fee for Services Income	\$3,750	25%	Dental fee for service revenue is higher than projected due to increased services/revenue
Grant/Partnership Revenue	(\$55,828)	(70%)	Timing of invoicing and due dates of deliverable payments
Miscellaneous Income	\$1,900	93%	Timing of various miscellaneous income received

Expenditures

Expenditure variances in excess of 20% or \$50,000 are as follows:

Program	Variance	%	Reason
Administration	\$24,215	21%	Timing of property tax expenditures
Mental Health Connections	\$93,325	34%	Open positions, reduced need for repair and maintenance on building
Dental Services	\$92,076	23%	Open positions, timing of medical supplies expenditures
Health Promotion	\$26,110	37%	Program closing
Community Impact	\$33,514	35%	Open position, consultants for special projects
Program Assessment/Evaluation	\$20,206	47%	Open positions
Health Care Access	\$50,724	50%	Open positions
Resource Development	\$1,581	32%	Timing of operational expenditures
Leased Offices	(\$10,613)	(91%)	Costs to repair Suite108 in preparation to lease
Grants	\$23,931	31%	Timing of expenditures and invoices

Capital Outlay

Capital expenditures are behind by 100% due to not yet having to replace key capital equipment in June.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 6/1/2024 to 6/30/2024

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual Budget</u>	<u>Annual Funds</u> <u>Remaining</u>
Non-Operating Expenditures								
Land	-	-	-	-	-	-	-	-
Building	-	-	-	-	-	-	-	-
Construction in Progress	-	-	-	-	-	-	-	-
Capital Equipment	-	-	-	114,000	-	114,000	114,000	114,000
General Office Equipment	-	-	-	4,000	8,406	(4,406)	24,000	15,594
Medical & Dental Equipment	-	-	-	130,550	-	130,550	138,550	138,550
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	7,000	-	7,000	59,490	-	59,490	59,490	59,490
Equipment for Building	20,000	-	20,000	85,000	-	85,000	190,000	190,000
							-	
Total Non-Operating Expenditures	<u>\$ 27,000</u>	<u>\$ -</u>	<u>\$ 27,000</u>	<u>\$ 393,040</u>	<u>\$ 8,406</u>	<u>\$ 384,634</u>	<u>\$ 526,040</u>	<u>\$ 517,634</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 6/30/2024

ASSETS

Current Assets:	
Cash & Investments	\$13,880,177
Accounts Receivable	153,318
Property Taxes Receivable	3,104,277
Prepaid Expenses	20,011
Total Current Assets	17,157,784
Other Assets:	
Lease Receivable	58,763,686
Total Other Assets	58,763,686
Capital Assets Not Being Depreciated	
Land	4,592,595
Capital Assets - Net of Accumulated Depreciation and Amortization	
Buildings and Equipment	5,130,486
Leased Assets	57,632
Total Property and Equipment	9,780,713
Total Assets	85,702,183

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	820,824
Deposits	21,905
Deferred Revenue	286,310
Total Current Liabilities	1,129,040
Long-term Liabilities:	
Compensated Absences	6,735
Total Long-term Liabilities	6,735
Deferred Inflows of Resources	
Property Taxes	3,104,277
Leases	59,348,330
Total Deferred Inflows of Resources	62,452,607
Total Liabilities & Deferred Inflows of Resources	63,588,382
EQUITY	
Retained Earnings	17,510,830
Net Income	4,602,971
TOTAL EQUITY	22,113,801
TOTAL LIABILITIES AND EQUITY	85,702,183

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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 6/30/2024

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	564,402	7,597,920
State of Colorado Backfill	0	998,987
Specific Ownership Taxes	57,070	290,984
Lease Revenue	112,234	850,721
Interest Income	56,244	264,364
Fee For Service Income	18,962	127,708
Third Party Income	68,044	478,621
Grant Income	24,385	143,162
Donations	0	30
Miscellaneous Income	(2,820)	10,764
Total Revenue	<u>898,521</u>	<u>10,763,260</u>
Expenses:		
Operating Expenses		
Overhead	0	143
Administration	89,649	639,048
Board Expenses	10,488	66,778
Connections: Mental Health/Substance Issues Svcs	179,286	1,253,887
Dental Services	303,424	1,927,518
Integrated Care (MHSA/PC)	91,347	552,976
Health Promotion	44,906	304,946
Community Impact	62,840	362,725
Program Assessment & Evaluation	22,516	148,669
Health Care Access	50,234	434,519
Resource Development	3,360	22,844
Leased Offices	22,247	82,650
Contingency -Operational	1,728	34,993
Grants	53,470	202,841
Total Operating Expenses	<u>935,495</u>	<u>6,034,536</u>
Depreciation and Amortization		
Depreciation Expense	<u>21,957</u>	<u>132,523</u>
Total Depreciation and Amortization	<u>21,957</u>	<u>132,523</u>
Total Expenses	<u>957,452</u>	<u>6,167,059</u>
Net Income	<u>(58,930)</u>	<u>4,596,201</u>

Unaudited - For Management Use Only

Health District of Northern Larimer County

**Investment Schedule
June 2024**

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,511	0.011%	5.25%	N/A
Local Government Investment Pool	COLOTRUST	\$ 11,854,124	90.137%	5.41%	N/A
Flex Savings Account	First National Bank	\$ 248,730	1.891%	2.57%	N/A
Certificate of Deposit	Advantage Bank	\$ 146,476	1.114%	4.95%	1/11/2025
Certificate of Deposit	Advantage Bank	\$ 120,316	0.915%	5.50%	9/8/2024
Certificate of Deposit	Points West	\$ 119,842	0.911%	3.87%	7/13/2024
Certificate of Deposit	Points West	\$ 159,270	1.211%	5.05%	11/12/2024
Certificate of Deposit	Adams State Bank	\$ 250,940	1.908%	5.61%	4/17/2025
Certificate of Deposit	Mountain Valley Bank	\$ 250,031	1.901%	3.50%	7/13/2024
Total/Weighted Average		<u>\$ 13,151,240</u>	<u>100.000%</u>	<u>5.30%</u>	

AGENDA DOCUMENTATION

Meeting Date: July 23, 2024

SUBJECT:

2024-2025 Strategic Plan

PRESENTER: Liane Jollon

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

PURPOSE/ BACKGROUND

Health District of Northern Larimer County Board of Directors Bylaws (Article IV, Section 1.C):
“Functions of the Board of Directors shall include, but not be limited to, the following: ... To approve a strategic plan based on the mission, vision, strategy and values; and to review and evaluate the plan annually.”

In follow-up to the Board of Directors’ organizational strategic planning retreat in May, the Health District’s facilitator has prepared a strategic plan for Board of Directors approval. General approval of and feedback on the direction of the strategic planning document was provided at the June 2024 Board of Directors meeting.

Simultaneously, Health District leadership are facilitating the alignment of planning and budgeting timelines throughout 2024. The expected final output is a 2025 budget and accompanying programmatic priorities that reflect the Board’s strategic vision.

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

Attachment(s):

- *Health District of Northern Larimer County 2024-2025 Strategic Plan*

FISCAL IMPACT

N/A – The approved strategic plan will guide Health District financial decision-making.

STAFF RECOMMENDATION

Staff recommend that the Board of Directors approve the Health District of Northern Larimer County 2024-2025 Strategic Plan.



A LETTER FROM OUR BOARD CHAIR AND EXECUTIVE DIRECTOR

To our community members, colleagues, and partners:

We are excited to share the 2024–2025 Strategic Plan, which lays a critical foundation for the long-term success of the Health District. Since its inception 30 years ago, the Health District has been an essential resource for addressing the health needs of Northern Larimer County’s residents.

Our achievements stem from our deep-rooted mission to enhance the health of our community. We best achieve this mission by continually evaluating and adapting our infrastructure and services to address the critical health needs of our residents as they evolve.

As we envision the possibilities over the next 30 years, we have developed a 2024–2025 Strategic Plan, centered on four strategic priority areas that are critical to our success: *Great Governance, Health Equity, Organizational Excellence, and Partnerships.*

We are privileged to build upon the groundwork and dedication that has guided the organization in providing exceptional services to the residents of Northern Larimer County for three decades. We honor this legacy by strengthening the fabric of our organization.

We are accountable to district taxpayers, ensuring that our community is involved in the investment they’ve made in the Health District. We know that equity and organizational excellence are inseparable in community health, and we cannot fully achieve our mission unless all people in our community are included and involved.

Recognizing that we cannot do this work alone, we will take a collaborative approach to building a healthier community. We’re committed to engaging and strengthening cross-sector partnerships and providing more comprehensive support to improve health among our residents.

By fortifying *Great Governance, Health Equity, Organizational Excellence, and Partnerships* across our programs and services, we will augment and amplify our greatest strength—the talent and expertise of our dedicated staff—and elevate community standards for equitable, excellent care.

While the health needs of our community have changed dramatically since the Health District’s founding 30 years ago, the need for exceptional health services has not. Our commitment to meeting those needs as they transform remains.

Here’s to the next 30 years of enhancing the health of our community!

Sincerely,



Molly Gutilla | Board President

Liane Jollon | Executive Director

Health District of Northern Larimer County

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30 YEARS OF CARING Health District

OF NORTHERN LARIMER COUNTY
1994 ~ 2024

The Health District of Northern Larimer County is a unique district, distinguished by the diversity of services we provide and our capacity and commitment to adapting to the community's changing health needs. Our origin story is no less unique.

In the 1950s, Larimer County was struggling to keep up with the health needs of its growing community. Hospitals were overcrowded to the point that, in 1952, there were 236 days in which hospital care had to be provided in corridors. Local legislators and residents recognized the scope and severity of the problem, and in 1960, they made a successful push to create the first-ever hospital district in the State of Colorado to fund the development of Poudre Valley Memorial Hospital.

The original district boundaries, which have not changed, excluded south Larimer County, as Loveland residents were already being served by a local hospital. (This is why Health District services today focus on district residents, unless outside funding is received to serve people living outside our boundaries.)

The Poudre Valley Hospital District continued to operate the hospital for the next 30 years, but by the 1990s, concerns had mounted that the legal structure of the hospital district was impacting the hospital's long-term ability to effectively serve its mission. So, in 1994, the district Board voted to separate the two. A private nonprofit entity was created to manage the hospital, and the reconfigured Health District was empowered to enhance community health.

Continued on next page.



OUR STORY

The Health District of
Northern Larimer County





OUR MISSION

Enhance the health
of our community.

Through this separation, the Health District has been able to play a uniquely supportive role in community health. Rather than operating a hospital, we enhance the health of community residents in the following ways:

- We provide low-cost dental care to eligible residents of all ages through our Family Dental Clinic.
- We offer needs assessments, short-term counseling, and connections to local behavioral health resources through our Mental Health Connections program.
- We offer free services to help people sign up or manage their enrollment in health insurance plans through Medicaid, CHP+, or the Connect for Health Colorado Marketplace through our Larimer Health Connect Program.

In addition to these core services, we have the flexibility to introduce new forms of support to respond to emergent health needs in the community as they change with the times.

The Health District of today may be different from the hospital district our community created in 1960, and even different from the small community health team we started as in 1994. One thing that has not changed, and will not change, is the Health District's commitment to enhancing the health of Northern Larimer County and our commitment to meeting the changing needs of our community.

Photo on this and the previous page:

The Health District introduced a mobile unit providing basic medical services named the Health Van in 1996. The next year, Fort Collins was devastated by the Spring Creek Flood which washed out homes, damaged infrastructure, and claimed the lives of five people. Health District staff offered first aid services in the field with the Health Van and administered tetanus shots in hard-hit neighborhoods.

STRATEGIC PRIORITIES

OVERVIEW



OVERVIEW

STRATEGIC PRIORITIES, *continued*



Great Governance

Great governance is essential to an impactful and high-performing organization. It is inclusive and participatory.



Organizational Excellence

Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: to enhance the health of our community.



Health Equity

Develop a health equity strategy that aligns with and supports the achievement of the Health District's mission: to enhance the health of our community.



Partnerships

Broad, cross-sector partnerships are needed to effectively address the full array of complex factors impacting community health.



EXECUTIVE SUMMARY OVERVIEW

This executive summary provides an overview of the strategic direction for the Health District for 2024–2025. The four strategic priorities provide a roadmap that will guide our efforts and aspirations as we carry out our mission: *to enhance the health of our community.*

GREAT GOVERNANCE



Great governance is essential to an impactful and high-performing organization.

It is inclusive and participatory.

Each process ensures fiscal stewardship, open and transparent communication, and informed decision-making.

Policies, processes, and actions support accountability and responsiveness to the current and future needs of Health District residents and taxpayers.

ORGANIZATIONAL EXCELLENCE



Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: to enhance the health of our community.

Organizational excellence involves oversight, structures, processes, and standards to ensure that impactful services are efficiently delivered using available resources. Organizational excellence focuses on the role of cross-cutting functions in organizational operations and continuous improvement. Organizational excellence enables health equity, partnerships, and great governance.

GOALS

- 1 Prepare the Health District Board of Directors to successfully carry out duties of governance and [transparency](#)*
- 2 Protect the integrity of the Health District's financial position and foster [fiscal stewardship](#) and [accountability](#).
- 3 Reflect the community in the Health District's work and increase opportunities for the community to see itself in this work.

GOALS

- 1 Shape Health District policy to promote positive health outcomes and operational excellence.
- 2 Fortify enabling functions, including Finance, Human Resources, Support Services, and Information Technology.

Strengthen communications functions and strategy, both internally and externally,
- 3 and promote conditions that improve visibility, organizational transparency, and the use of programs and services.
- 4 Commit to using improved data collection analysis and dissemination for decision-making.

*Definitions for terms in [hyperlink blue](#) can be found in Appendix A.

EXECUTIVE SUMMARY

OVERVIEW *continued*



This executive summary provides an overview of the strategic direction for the Health District for 2024–2025. The four strategic priorities provide a roadmap that will guide our efforts and aspirations as we carry out our mission: *to enhance the health of our community.*

HEALTH EQUITY



Develop a health equity strategy that aligns with and supports the achievement of the Health District’s mission: to enhance the health of our community.

Through a lens of cultural humility, we aim to improve access, inclusivity, and reach of the Health District’s programs and services, and become a model of responsiveness and trust for the health care community.

GOALS

- 1 Develop and implement a definition of *health equity* for the Health District.
Cultivate an environment in which diverse thought and experience is welcomed, and staff knowledge of and commitment to equity is invested in.
- 2 Implement new strategies for high-quality and fair treatment of Health District clients and community members.
- 3 Build the foundation to become a model of inclusive excellence for health care partners and collaborators.

PARTNERSHIPS



Broad, cross-sector partnerships are needed to effectively address the full array of complex factors impacting community health.

GOALS

- 1 Assess partner relationships and opportunities for community **engagement**.
- 2 Build and strengthen partnerships that maximize impact on community health.
- 3 Improve collaboration between the Health District and our partners to advance health equity.

STRATEGIC PLANNING PROCESS

WHY A STRATEGIC PLAN?



- A strategic plan helps the Health District identify and achieve its short- and long-term goals, recognize opportunities, mitigate risks, and achieve clarity around how best to accomplish this.
- A strategic plan aligns the Health District’s resources and activities with its short- and long-term goals in order to produce the greatest impact.
- A strategic plan provides the guidance the organization needs to successfully achieve the Health District’s mission: *to enhance the health of our community.*



To develop a robust and comprehensive strategic plan, the Health District hired an outside consultant to conduct a creative, collaborative strategic planning retreat aimed at developing a strategic plan that, for the first time in the Health District’s 30-year history, fully integrates all organizational functions.



In accordance with Health District Bylaws Article V, section 1, and Board Governance Policy 97-3, the Board must approve a strategic plan annually. The 2024–2025 Health District strategic planning retreat resulted in establishing strategic priority areas, goals, and strategies to inform the budget process and guide the staff in their day-to-day operations.

To prepare for the strategic planning retreat, the consultant conducted a discovery process that included six (6) inputs. The information collected from these inputs was used to prepare for the two-day strategic planning retreat.



STRATEGIC PLANNING PROCESS

THE SIX INPUTS

- ① A review and assessment of existing Health District policies
- ② Individual Health District Board of Directors interviews
- ③ Six interviews with community partners (stakeholders identified by the Board)
- ④ Interviews with members of the Health District’s Executive Leadership Team
- ⑤ Summary data from the Health District’s 2022 Community Health Survey and 2023 Youth Behavioral Health Assessment, as well as from secondary sources
- ⑥ Management and leadership input during Strategic Planning retreat

The consultant spent two days (May 13–14, 2024) with the leadership and management teams to integrate them into the strategic planning process. The leadership and management teams participated in two (2) three-hour interactive workshops that covered the following topics: the strategic plan process, a review of the five inputs; Government 101; strategic public management; communication; strategic budgeting; change and transition; and connecting the strategic plan to annual and programmatic budgets and workplans.

On the following two days, May 15–16, 2024, the strategic planning retreat was held. On day one, participants included the Board, the Executive Director, and the Deputy Directors. The participants on day two included the Board, the Executive Director, and the Executive Leadership Team.



STRATEGIC PLANNING PROCESS

RETREAT OBJECTIVES

During our annual strategic planning retreat, we discussed the mission of the organization: **the why, what we do, who we are, and who we serve**. We participated in several brainstorming exercises around our primary goal for the retreat, which was to obtain direction from the Board. During this time, we gained a better understanding of the many different ways in which we each contribute to making the Health District a vital community organization and learned how centering our planning around shared strategic priorities can amplify the resonance of our mission internally and throughout the community and increase the impact of our work. Meaningful discussions took place and direction was provided to the staff. *In accordance with CRS 24-6-402, no formal actions were taken at the retreat.*

For our 2024–2025 strategic planning retreat, our objectives were as follows:

- 1 Review **roles and responsibilities**.
- 2 Gain an understanding of **what was heard in the discovery process and interviews**.
- 3 Gain recognition and consensus of **where the organization is and where it wants to go**.
- 4 Gain clarity and consensus **on a strategic framework**.
- 5 Build relationships and trust **between the Board and staff**.
- 6 Set a strong foundation to **move the organization into the future**.
- 7 Integrate staff workplans **into the Board’s strategic plan direction**.



GREAT GOVERNANCE OBJECTIVES AND STRATEGIES

Great governance is essential to an impactful and high-performing organization. It is inclusive and participatory. Each process ensures fiscal stewardship, open and transparent communication, and informed decision-making.

Policies, processes, and actions support accountability and responsiveness to the current and future needs of Health District residents and taxpayers.

GOAL 1



Prepare the Health District Board of Directors to successfully carry out duties of governance and transparency.

Objective 1.1: Enhance clarity around roles and responsibilities (Board and staff).

- **Strategy 1.1.1:** Update Board policies.
 - Develop a process and timeline for bringing updated policies to the Board for review and approval in 2024–2025.
- **Strategy 1.1.2:** Provide Board training in 2024 and 2025 on identified topics.
 - See [Appendix](#) for a list of training areas identified throughout the strategic planning process.
- **Strategy 1.1.3:** Develop a new and documented onboarding process for the Board of Directors.
 - Review and update the current Board binder.
 - Develop and implement a comprehensive and standardized onboarding process for all new Board members.
- **Strategy 1.1.4:** Enhance the use of legal counsel.
 - Require legal counsel attendance at all Board meetings.
 - Utilize legal counsel for the update and development of organizational policies.

Objective 1.2: Increase Board meeting effectiveness.

- **Strategy 1.2.1:** Develop and implement quarterly strategic-plan reports.
- **Strategy 1.2.2:** Update meeting-agenda documentation to align with statutes, regulations, policy, bylaws, and/or strategic plan area(s).

Protect the integrity of the Health District’s financial position and foster fiscal stewardship and accountability.



GOAL 2

Objective 2.1: Implement best practices to support **fiscal sustainability** and asset management.

- **Strategy 2.1.1:** Evaluate existing programs, systems, and processes, and update them for quality improvement, fiscal sustainability, and transparency, as needed.
- **Strategy 2.1.2:** Utilize existing policy audit to develop a plan to update and implement best-practice policies.

Objective 2.2: Promote fiscal sustainability, transparency, compliance, and best practices concerning all budgetary, financial, and regulatory standards.



- **Strategy 2.2.1:** Implement strategic budgeting to eliminate current structural deficit.
- **Strategy 2.2.2:** Update financial policies and procedures and internal controls, as needed.
- **Strategy 2.2.3:** Modernize budget and accounting software.
- **Strategy 2.2.4:** Explore pathways to improve community awareness, access to budget information, and trust in the Health District’s stewardship of public funds.



GREAT GOVERNANCE OBJECTIVES AND STRATEGIES

Great governance is essential to an impactful and high-performing organization. It is inclusive and participatory. Each process ensures fiscal stewardship, open and transparent communication, and informed decision-making.




Policies, processes, and actions support accountability and responsiveness to the current and future needs of Health District residents and taxpayers.


GOAL 3





Reflect the community in the Health District’s work and increase opportunities for the community to see itself in this work.

 **Objective 3.1:** Enhance transparent and effective internal and external communication.

-  • **Strategy 3.1.1:** Update communications and brand standards.
-  • **Strategy 3.1.2:** Explore new technologies and communication channels.
-  • **Strategy 3.1.3:** Provide timely and accessible information through multiple channels to enhance **engagement** and reach priority populations and the broader community.
- **Strategy 3.1.4:** Examine existing community engagement processes and outcomes.

 **Objective 3.2:** Shape Health District policy to promote positive health outcomes and operational excellence.

-  • **Strategy 3.2.1:** Assess local, state, and federal policies impacting the health of Health District residents and organizational operations.
-  • **Strategy 3.2.2:** Assess and maximize the use of partnerships and support contractors to influence policies impacting the health of Health District residents.



ORGANIZATIONAL EXCELLENCE

OBJECTIVES AND STRATEGIES

Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: *to enhance the health of our community*.


















Organizational excellence involves oversight, structures, processes, and standards to ensure that impactful services are efficiently delivered using available resources.

Organizational excellence focuses on the role of cross-cutting functions in organizational operations and continuous improvement. Organizational excellence enables health equity, partnerships, and great governance.

GOAL 1



Shape Health District policy to promote positive health outcomes and operational excellence.

-  **Objective 1.1:** Members of the Board continue to demonstrate leadership by upholding integrity in accordance with high standards of behavior, serving as role models for others in the organization.
 -  • **Strategy 1.1.1:** Develop an ethics policy that contains a Board and employee code of conduct.
 -  • **Strategy 1.1.2:** Provide Board training and support.
-  **Objective 1.2:** Staff members continue to demonstrate integrity by conducting themselves in accordance with high standards of behavior, serving as role models for others in the organization.
 -  • **Strategy 1.2.1:** Develop an ethics policy that contains a Board and employee code of conduct.
 -  • **Strategy 1.2.2:** Provide staff training and support.
-  **Objective 1.3:** Be an employer of choice in Larimer County by integrating an “excellence and equity” lens into all employment processes and the [HR lifecycle](#).
 -  • **Strategy 1.3.1:** Assess and enhance the existing HR lifecycle.
 -  • **Strategy 1.3.2:** Develop a strategic HR lifecycle that has an equity lens.
 -  • **Strategy 1.3.3:** Develop key performance indicators to assess the HR lifecycle.
 -  • **Strategy 1.3.4:** Finalize organizational compensation philosophy.
 -  • **Strategy 1.3.5:** Hire a health equity strategist.
-  **Objective 1.4:** Attract and employ diverse and highly qualified staff, retain staff through development and growth opportunities, and promote staff to address increasingly complex challenges.
 -  • **Strategy 1.4.1:** Assess and identify training and professional development needs based on input and feedback from staff.
 -  • **Strategy 1.4.2:** Provide high-quality, year-round staff development and leadership training across all levels of the organization.
 -  • **Strategy 1.4.3:** Develop the infrastructure and processes to track and monitor the training and development provided.
 -  • **Strategy 1.4.4:** Identify metrics for assessing professional and leadership development to strengthen a strategic HR lifecycle.



ORGANIZATIONAL EXCELLENCE

OBJECTIVES AND STRATEGIES

Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: *to enhance the health of our community*.

Organizational excellence involves oversight, structures, processes, and standards to ensure that impactful services are efficiently delivered using available resources.

Organizational excellence focuses on the role of cross-cutting functions in organizational operations and continuous improvement. Organizational excellence enables health equity, partnerships, and great governance.

Fortify enabling functions including Finance, Human Resources, Support Services, and Information Technology.



GOAL 2

Objective 2.1: Audit and update processes and workflows among programs, services, and enabling functions.

- **Strategy 2.1.1:** Assess operational functions of enabling services and programs.
- **Strategy 2.1.2:** Develop operational plans to enhance efficiency.
- **Strategy 2.1.3:** Monitor and evaluate workflow and process changes.

Objective 2.2: Strengthen financial management and infrastructure to enable the delivery of high-quality services and support continuity of operations.

- **Strategy 2.2.1:** Align budgetary goals with strategic plan and address existing structural budget deficit to ensure long-term **fiscal sustainability**.
- **Strategy 2.2.2:** Update financial system, including technologies, policies, processes, and an Internal Controls Examination.
- **Strategy 2.2.3:** Enhance financial communications.
- **Strategy 2.2.4:** Develop a process for continuous improvement.
- **Strategy 2.2.5:** Provide staff with training and support.

Objective 2.3: Strengthen IT management and infrastructure to enable the delivery of high-quality services and support the continuity of operations.

- **Strategy 2.3.1:** Deploy a modernized IT infrastructure that enables seamless access to information and resources.
- **Strategy 2.3.2:** Strengthen data and knowledge-management systems.
- **Strategy 2.3.3:** Enhance information sharing to improve workflows and collaboration.
- **Strategy 2.3.4:** Leverage analytic technology to support enhanced data-driven decision-making and operations.

Objective 2.4: Strengthen facilities and infrastructure management to enable the delivery of high-quality services and support the continuity of operations.

- **Strategy 2.4.1:** Develop a capital maintenance and improvement plan to strategically plan for short-term and long-term infrastructure and capital needs.
- **Strategy 2.4.2:** Develop and implement an occupancy plan and facilities-management system.
- **Strategy 2.4.3:** Strategically budget for ongoing capital maintenance and infrastructure needs.
- **Strategy 2.4.4:** Develop a strategy for co-location and centralization of services to achieve integrated care objectives.




ORGANIZATIONAL EXCELLENCE





OBJECTIVES AND STRATEGIES

Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: *to enhance the health of our community*.


Organizational excellence involves oversight, structures, processes, and standards to ensure that impactful services are efficiently delivered using available resources.







Organizational excellence focuses on the role of cross-cutting functions in organizational operations and continuous improvement. Organizational excellence enables health equity, partnerships, and great governance.


 **Objective 2.5:** Identify, assess, and determine responses to key strategic, operational, and financial risks associated with the Health District’s goals and objectives.




-  • **Strategy 2.5.1:** Hire a compliance officer.
-  • **Strategy 2.5.2:** Review, evaluate, and adjust policies and procedures for internal controls.
-  • **Strategy 2.5.3:** Assess compliance risks within and across Health District services and operations.
-  • **Strategy 2.5.4:** Implement mitigation strategies that facilitate balanced, calculated risks necessary to achieve the Health District’s mission.

GOAL 3 Strengthen communications functions and strategy, both internally and externally, and promote conditions that improve visibility, organizational transparency, and use of programs and services.

 **Objective 3.1:** Improve outreach to clients and Health District residents through providing diverse, effective, and inclusive outreach avenues.

-  • **Strategy 3.1.1:** Evaluate existing outreach efforts and effectiveness to identify needs and opportunities.
-  • **Strategy 3.1.2:** Develop standardized processes and workflows for outreach efforts that are equitable, accessible, and effective at reaching priority populations (address needs/gaps in updated process or workflows).
-  • **Strategy 3.1.3:** Develop a comprehensive communication strategy to be executed in 2025.
-  • **Strategy 3.1.4:** Obtain any necessary tools/technology to enhance outreach efforts.
-  • **Strategy 3.1.5:** Implement new processes and tools to enhance outreach efforts.
-  • **Strategy 3.1.6:** Measure the effectiveness and impact of outreach and education strategies and identify opportunities for refinement.

 **Objective 3.2:** Enhance the reputation of the Health District as a subject-matter expert and facilitator for collaborative work among community and state-wide partner organizations.

-  • **Strategy 3.2.1:** Assess existing support efforts for community partnerships and partner engagement to identify needs and opportunities.
-  • **Strategy 3.2.2:** Develop strategies, processes, and resources to facilitate greater cross-cutting support for building, maintaining, and expanding strategic relationships.
-  • **Strategy 3.2.3:** Measure effectiveness and equitability of reputation-management and strategic-relationship support and identify opportunities for refinement.







ORGANIZATIONAL EXCELLENCE

OBJECTIVES AND STRATEGIES

Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: *to enhance the health of our community.*

Organizational excellence involves oversight, structures, processes, and standards to ensure that impactful services are efficiently delivered using available resources.






Organizational excellence focuses on the role of cross-cutting functions in organizational operations and continuous improvement. Organizational excellence enables health equity, partnerships, and great governance.

-  **Objective 3.3:** Improve consistency and efficiency in communications processes and products across the organization.
-  • **Strategy 3.3.1:** Inventory and assess existing internal communications processes, marketing materials, and other collateral.
-  • **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.
-  • **Strategy 3.3.3:** Implement new website and associated products to improve equitable access to information.
- **Strategy 3.3.4:** Measure effectiveness, impact, and equitability of internal communications processes and products and identify opportunities for refinement.

Commit to using improved data collection, analysis, and dissemination for decision-making.



GOAL 4

-  **Objective 4.1:** Assess what data is required to improve data-driven decision-making.
-  • **Strategy 4.1.1:** Examine and assess existing organizational and community data-collection practices and methodologies.
- **Strategy 4.1.2:** Determine strategies, policies, and procedures to enhance data collection.
- **Strategy 4.1.3:** Identify existing agreements and partners with whom the Health District shares or needs to collaborate with on data-sharing.
- **Strategy 4.1.4:** Create or update agreements with partners that meet the data-sharing practices, policies, and needs.
-  **Objective 4.2:** Gain clarity on best practices for data analysis and dissemination.
-  • **Strategy 4.2.1:** Connect organizational decision-making to population health analytics and program evaluation.
-  • **Strategy 4.2.2:** Procure consultant to analyze organizational evaluation practices.



HEALTH EQUITY OBJECTIVES AND STRATEGIES

Develop a health equity strategy that aligns with and supports the achievement of the Health District’s mission: *to enhance the health of our community.*

Through a lens of cultural humility, we aim to improve access, inclusivity, and reach of the Health District’s programs and services, and become a model of responsiveness and trust for the health care community.

GOAL 1



Develop and implement a definition of *health equity* for the Health District.



Objective 1.1: Enhance organizational capacity to advance health equity.



• **Strategy 1.1.1:** Hire a health equity strategist.

• **Strategy 1.1.2:** Convene local subject-matter experts who work in support of priority populations.

• **Strategy 1.1.3:** Synthesize relevant data on community needs.

• **Strategy 1.1.4:** Communicate the Health District’s definition and vision of equitable service delivery.

Cultivate an environment in which diverse thought and experience is welcomed, and staff knowledge of and commitment to equity is invested in.



GOAL 2



Objective 2.1: Integrate values of equity, diversity, inclusion, and justice (EDIJ) in Health District operations, practices, and partnerships.



• **Strategy 2.1.1:** Incorporate an equity lens into Board decisions, discussions, and actions.



• **Strategy 2.1.2:** Assess staff demographics in relation to the community we serve.

• **Strategy 2.1.3:** Iteratively align organizational practices to EDIJ best practices.



Objective 2.2: Measure impact of our services on priority populations for iterative improvement.



• **Strategy 2.2.1:** Ensure equity measures are embedded into data systems and establish benchmarks.

• **Strategy 2.2.2:** Compare observed to desired outcomes.

GOAL 3



Implement new strategies for high-quality and fair treatment of Health District clients and community members.



Objective 3.1: Develop an organizational Health Equity Strategic Plan to transform systems, practices, and policies.



• **Strategy 3.1.1:** Conduct strengths, weaknesses, opportunities, and threats (SWOT) analysis to identify policies, systems, and practices that further or hinder equity initiatives in the organization.

• **Strategy 3.1.2:** Benchmark Health District client service procedures to Culturally and Linguistically Appropriate Services (CLAS) Standards.

• **Strategy 3.1.3:** Commit to use of destigmatizing and culturally appropriate language in alignment with health equity best practices.


• **Strategy 3.1.4:** Update processes, policies, and procedures to promote inclusive and equitable access.




HEALTH EQUITY OBJECTIVES AND STRATEGIES

Develop a health equity strategy that aligns with and supports the achievement of the Health District’s mission: *to enhance the health of our community.*

Through a lens of cultural humility, we aim to improve access, inclusivity, and reach of the Health District’s programs and services, and become a model of responsiveness and trust for the health care community.


 **Objective 3.2:** Enhance the visibility of Health District programs and services as a welcome resource for people with underrepresented identities.


-  • **Strategy 3.2.1:** Identify populations that are underserved by other health care services.
- **Strategy 3.2.2:** Evaluate existing marketing and outreach efforts targeted toward priority populations and identify needs and opportunities.
- **Strategy 3.2.3:** Update and develop marketing and outreach strategies specific to priority populations that are equitable, accessible, and effective.
- **Strategy 3.2.4:** Implement strategies to enhance existing marketing and outreach efforts.
- **Strategy 3.2.5:** Measure the effectiveness and impact of updated strategies to identify opportunities for refinement.


Build the foundation to become a model of inclusive excellence for health care partners and collaborators.




GOAL 4

 **Objective 4.1:** Inform and elevate standards for high-quality, equitable, and inclusive care toward equity and justice.

-  • **Strategy 4.1.1:** Examine and assess community data-collection practices to inform community-wide health equity strategies.

 **Objective 4.2:** Champion standards on methodologies for health equity assessment and analysis.

-  • **Strategy 4.2.1:** Conduct system-level network mapping to determine priorities alignment and crossover.



PARTNERSHIPS





OBJECTIVES AND STRATEGIES

Broad, cross-sector partnerships are needed to effectively address the full array of complex factors impacting community health.

GOAL 1







Assess partner relationships and opportunities for community engagement.

-  **Objective 1.1:** Conduct system-level network mapping to determine alignment and crossover of priorities.
 -  **Strategy 1.1.1:** Enhance critical partnerships with new and existing partners.
 - Strategy 1.1.2:** Develop and implement a partnership-management process and tools to identify, track, and manage partner relationships.
 - Strategy 1.1.3:** Establish designated relationship liaisons with community partner organizations to enhance communications, collaboration, and shared knowledge.
 - Strategy 1.1.4:** Develop and implement an evaluation process for understanding the impact of community partnerships.
-  **Objective 1.2:** Work in collaboration with community partners to enhance shared knowledge and service-access for priority populations.
 -  **Strategy 1.2.1:** Identify patient personas that are common between the Health District and other community partners to better understand shared-service needs.
 - Strategy 1.2.2:** Conduct patient-level journey mapping.
 - Strategy 1.2.3:** Establish clear data and service flows between community partner organizations for the identified patient personas to ensure seamless service delivery.

Build and strengthen partnerships that maximize impact on community health.



GOAL 2




-  **Objective 2.1:** Strengthen community health impact through fostering partnerships with government entities.
 -  **Strategy 2.1.1:** Identify key partners from network map across government entities and services.
 -  **Strategy 2.1.2:** Improve and expand coordination with local government entities and services.
 - Strategy 2.1.3:** Assess and iteratively improve the quality and completeness of governmental partnerships.
-  **Objective 2.2:** Strengthen community impact through fostering partnerships with local non-governmental organizations (e.g., nonprofits, hospital systems).
 -  **Strategy 2.2.1:** Identify key partners from network map across critical non-governmental organizations.
 - Strategy 2.2.2:** Improve collaboration between Health District and health care delivery systems to advance health equity.
 - Strategy 2.2.3:** Assess and iteratively improve the quality and completeness of non-governmental partnerships.



PARTNERSHIPS

OBJECTIVES AND STRATEGIES






Broad, cross-sector partnerships are needed to effectively address the full array of complex factors impacting community health.

-  **Objective 2.3:** Cultivate partnerships with organizations that represent and support the interests of priority populations and health-related social needs.
-  • **Strategy 2.3.1:** Identify key partners from network map.
-  • **Strategy 2.3.2:** Develop ad hoc community workgroups to create the bridge between strategy and service.
- **Strategy 2.3.3:** Support community-based advocacy organizations in advancing causes important to the well-being of our community.

GOAL 3



Improve collaboration between the Health District and our partners to advance health equity.

-  **Objective 3.1:** Strengthen, codify, and reconcile relationships that meet strategic plan goals.
-  • **Strategy 3.1.1:** Review and assess existing relationships, partnerships, and agreements for alignment with goals, resource allocation and investment, and ongoing compliance.
-  • **Strategy 3.1.2:** Reconcile partnership investments.
- Objective 3.2:** Establish role clarity and define and effectively communicate the Health District's role in serving the community.
-  • **Strategy 3.2.1:** Create a clear service/communications strategy.
-  • **Strategy 3.2.2:** Facilitate discussions with partners to define the Health District's distinct service lines.



APPENDIX A

GLOSSARY

accountability Taking responsibility for one’s decisions and actions.

cross-cutting functions Health District departments of Communications and Planning, Policy, Research & Evaluation, including Community Impact and Health Equity teams.

enabling functions Health District departments of Finance, Human Resources, and Support Services, including Information Technology.

engagement Community and organizational involvement in Health District services and its work to achieve sustainable outcomes, equitable decision-making processes, and deepened relationships.

fiscal sustainability Creating and maintaining a balanced budget; judiciously tapping into reserve funds when essential for the delivery of Health District services; crafting and implementing a long-term financial plan with an infrastructure and capital-improvement strategy. Ensures that the Health District maintains a robust financial foundation to deliver programs and services aligned with its mission; promotes agility; allows the Health District to operate effectively, even in dynamic and challenging circumstances.

human resources lifecycle* Encompasses all activities related to human resources (HR) within the Health District.

integrity Impartiality, ethical behavior, and responsible use of information and resources; compliance with laws, regulations, and organizational policies; demonstrating and fostering high standards of professionalism across all levels.

leadership Leading by example; adhering to roles, responsibilities, policies, and decisions.

outreach Involves community-facing communications, strategies, and tactics meant to increase public knowledge of the Health District brand and the organization’s services, mission, vision, and values.

stewardship Managing, monitoring, and safeguarding resources (fiscal, personnel, and other) on behalf of the public; monitoring and enhancing the ability to serve the public interest over time.

transparency Public, staff, and other stakeholders having full access to accurate and clear information; promotes accountability and trust in governance processes.



*The **human resources lifecycle** begins with aligning HR strategy to the organization’s business goals. Next, it involves designing the organizational structure, individual jobs, and teams. HR planning anticipates workforce needs while fostering a positive work environment based on the organization’s vision and values. Recruitment, onboarding, performance assessment, training, employee engagement, and career management follow. Finally, effective exit management ensures smooth employee departures. The HR life cycle integrates strategy and execution, supporting employees from recruitment to exit.

Image source: <https://www.linkedin.com/pulse/guide-hr-lifecycle-chuma-chukwujama/>

APPENDIX B

TRAINING NEEDS IDENTIFIED BY BOARD MEMBERS

(list not exhaustive)

Governance and Roles

- Roles and Responsibilities
- Fiduciary Responsibility
- Policy setting
- Communication process (limits)
- Health District Board Policies

Liability and Legal Issues

- Conflicts of interest
- Legal-limits discussion/obligations

Ethics

Special District Rules

- CORA
- Open-meeting rules
- Serial meetings

UCHealth Contract Overview

Onboarding

- Onboarding binder update
- Substantive orientation and onboarding
- Roles/duties of an elected Board

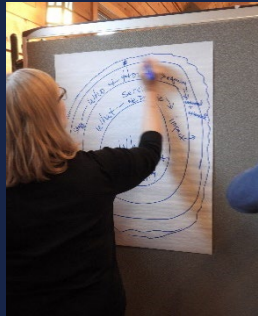
Opportunities for Professional Development

- Governance, and fiduciary roles and responsibilities (e.g., SDA)
- Public and community health (e.g., APHA)

HEALTH DISTRICT BOARD OF DIRECTORS



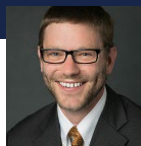
Molly Gutilla
President



Julie Kunce Field
Vice President



John McKay
Secretary



Joseph Prows
Treasurer



Erin Hottenstein
Assistant Treasurer

ACKNOWLEDGMENTS

We also acknowledge and thank the members of the Health District staff who were integral in providing support and feedback in the development of this plan, as well as our community partners for your engagement, support, and participation in this process.





**HEALTH DISTRICT OF
NORTHERN LARIMER COUNTY**
STRATEGIC PLAN
FY2024–2025

www.healthdistrict.org

AGENDA DOCUMENTATION

Meeting Date: July 23, 2024

SUBJECT:

2025 Budget Planning Timeline

PRESENTER: Lorraine Haywood

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

Health District of Northern Larimer County Board of Directors Bylaws (Article IV, Section 1.e):

“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.

Board Key Dates for Budget Year 2025

- May 16** Board strategic planning meeting
- June 25** 2025 Strategic plan update
- July 23** Strategic plan approval
- Aug 26** Strategic budgeting work session
- Sept 24** Review proposed 2025 Compensation adjustment
- Oct 15** **Proposed 2025 budget received**
- Oct 22** Budget work session
- Nov 12** Public hearing on proposed 2025 budget
- Dec 10** Board meets to approve 2025 budget, certify mill levy, and adopt resolutions
- Dec 31** **“By this date the Board shall enact ‘Resolution to Appropriate Funds’ for ensuing fiscal year” (DOLA)**

AGENDA DOCUMENTATION

Meeting Date: July 23, 2024

SUBJECT:

Fair Campaign Practices Act

PRESENTER: Katie Wheeler

OUTCOME REQUESTED: ___ Decision ___ Consent __X__ Report

PURPOSE/ BACKGROUND

The Fair Campaign Practices Act (FCPA) makes up the majority of Colorado’s campaign finance laws. The FCPA (specifically C.R.S. 1-45-117) prohibits political subdivisions of the state, such as a special district, from “mak[ing] any contribution in campaigns involving the nomination, retention, or election of any person to any public office” and from “expend[ing] any moneys from any source, or mak[ing] any contributions, to urge electors to vote in favor of or against” ballot questions or issues. The FCPA applies to Special District boards and employees.

This report is a reminder for the legal requirements as a Health District Board of Directors member related to ballot issues and candidates for election. A similar presentation was delivered to Health District staff at the June 27, 2024, All-Staff Meeting.

Attachment(s):

- *Fair Campaign Practices Act (FCPA) Guidelines*

FISCAL IMPACT

None.

STAFF RECOMMENDATION

None.

Fair Campaign Practices Act: Guidelines for Health District Board Members

June 2024

The Fair Campaign Practices Act, C.R.S. § 1-45-101, *et seq.* (the "FCPA"), limits certain campaign activities that elected or appointed officials of a state or political subdivision may undertake. The FCPA applies to any:

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

The following are guidelines that apply to you as elected or appointed officials of the Health District.

You May

As a Board:

- The Board may pass an advocacy resolution in support of or against a local or state ballot issue, which resolution may urge the electorate to vote for or against the matter.
- The Board may direct that the advocacy resolution be distributed, but distribution may **ONLY** be through "customary means, other than paid advertising, by which information about other proceedings...is regularly provided to the public" (for example, the Health District website, if there is a precedent for doing so). The Board may not use paid advertising to publicize an advocacy resolution.
- The Board may direct staff to prepare and disseminate a factual summary (including arguments both for and against) on any issues **of official concern**. An issue of official concern is one that will appear on a ballot for a Health District election. Preparation of factual summaries by staff is not permitted for any issues or questions that appear on any other ballot in any other jurisdiction. Any factual summaries prepared by staff for potential dissemination must be reviewed by the Health District's legal counsel prior to dissemination. A factual summary cannot contain a conclusion or opinion in favor of or against the issue of official concern.
- If an issue appears on a ballot in another jurisdiction, the Board may ask staff to pass along to the Board any factual summaries created by other jurisdictions, if they are balanced and include arguments both for and against. The Board may not ask staff to disseminate these external factual summaries to others (though staff may answer questions directly posed to them from the public about the existence of such summaries).

Individually (Board members):

- In your **official capacity**, you may respond to **unsolicited** questions about ballot questions or issues or candidates. In responding to such questions, you may relate an official Health District position. For example, if asked:

- “Has the Health District taken a position on Amendment X?,” you may reply, “Yes, the Board passed a resolution in support of [or opposition to] Amendment X” or “the Board has not taken a position on Amendment X.”
- “Does the Health District support candidate X,” you may reply “The Health District does not take a position on candidates for elected positions.”
- You may spend up to \$50 in public funds in the “form of letters, telephone calls, or other activities incidental to expressing (your) opinion” on a campaign issue. This provision is intended to help public officials avoid technical violation of the FCPA and should not be viewed as an affirmative authority to spend public funds. Consultation with legal counsel is recommended prior to spending any funds in this manner.
- As a **private citizen**, you may express your opinion regarding a ballot issue or candidate as long as you state you are **not** speaking on behalf of the Health District. This could include:
 - Accepting invitations to appear in panel discussions or public forums
 - Giving interviews to news reporters
 - Writing letters to the editor
 - Submitting newspaper opinion columns

In doing so, you may identify yourself as a Health District Board Member *as long as you state or imply that you are **not** speaking on behalf of the Health District.* You should carefully document that any such statements are made on your personal time and as a private citizen.

You May Not

As a Board:

- The Board may not direct staff to expend public funds, including staff time or use of office equipment, to support or oppose a ballot issue (except to prepare the factual summary listed above) or a candidate.
- The Board may not make any contribution in campaigns involving the nomination, retention, or election of any person to any public office.

Individually:

- As a representative of the Health District, you may not solicit opportunities to express your opinion on a ballot issue or candidate.
- You may not spend more than \$50 of Health District funds incidental to the lawful expression of your opinion on ballot issues, referred measures, and recalls of any officer.
- You may not state or imply that you are speaking on behalf of the Health District or the Board when giving your opinion on an election issue.
- You may not solicit questions about an election issue solely so that you may respond.

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 since the June 25, 2024 board meeting:

- Tom Gonzales, Public Health Director - Larimer County
- Joy Sullivan, President and CEO - United Way of Larimer County

Other Items of Interest

- Larimer County Assessor Webinar: Senate Bills 24-233, Property Tax and 24-11, Senior Primary Residence Prop Tax Reduction
 - Department of Local Affairs (DOLA) provided training for local government assessors and finance teams to understand how the new 2024 property tax law could affect 2025 revenue and when and how to submit specific required information and forms to both DOLA and to local assessors to ensure accurate mill levy and collection within each jurisdiction.
- Staff have initiated two collaboration and process improvement activities for the Board’s awareness:
 - **Client Service Collaborative:** 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. The first topic is client distress and staff safety, for which a draft internal procedure has been developed and is being collaboratively reviewed and updated by client-serving staff for usefulness and accuracy. Additional staff safety priorities have been identified in this venue and are being addressed across internal teams including operations, HR, facilities, and IT. Upcoming topics will 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. Even given busy clinical schedules, participants are excited for the opportunity to make shared progress and have requested monthly meetings.

- **Health IT Listening Session:** 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 in attendance from UCHealth, Rocky Mountain Health Plans, LIV Health, and Colorado Health Network. Key takeaways included shared commitment to mapping patient and data flows across community providers, establishing shared key performance indicators and standard data elements across our community, exploring collaborative user-centered design strategies, and continuing the discussion. Next steps are expected to include collaborative review and discussion of the draft and final state Health IT Roadmaps, expected in early 2025.

Attachment(s):

Department summaries.

FISCAL IMPACT

None.

STAFF RECOMMENDATION

None.

Staff Summary

Family Dental Clinic

The Family Dental Clinic continued to spend time reviewing clinical procedures with a focus on enhancing operations and patient care. The Clinic is working to improve ergonomics with a new handheld x-ray device along with upgraded lighting in the operatories, while the wheelchair recliner has been adjusted to enhance patient comfort and support optimal positioning for dental procedures. The team welcomed an experienced dental assistant, which strengthens the Clinic's capabilities to carry out process improvements to increase scheduling capacity. Staff are actively participating in continuing education to expand their skillset and customer service abilities. Staff coordinated and scheduled 18 Poudre School District dental screenings for the upcoming school year. Finally, staff celebrated the recent increase in Medicaid's reimbursement rates, which better align with the high standards of care provided at the Family Dental Clinic.

The Family Dental Clinic has the following vacancies:

- 1 (1.0 FTE) Dental Hygienist
- 1 (PRN) Dental Hygienist

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

The Larimer Health Connect team remained committed to assisting individuals and families throughout the end of the Medicaid Public Health Emergency (PHE) unwinding process. We supported people in renewing coverage, maintaining current coverage while issues with their cases were addressed, and explored other health insurance options if they were no longer eligible. Of note, the Special Enrollment Period (SEP) for folks, affected by the Medicaid PHE unwinding, has been extended through November 2024.

The Prescription Assistance (PA) program continues to see an increase in customers seeking assistance accessing medications. Program policies and procedures are currently being updated to maximize the services provided and efficiently assist customers facing challenges in affording their medications.

The Outreach & Education (O&E) team has been very active conducting presentations to educate community partners about Health District services, attending several partnership meetings, and hosting tables at many community events. Notable events with high contact included the Summer Bike-to-Work Day and the NoCo Pride Event. Looking ahead, the O&E team is scheduled for 19 community events, various partnership/coalition meetings, and educational presentations.

Mental Health Connections (Connections – Adult & CAYAC)

Mental Health Connections is continuing progress on multiple projects. This includes the phased implementation of an updated Electronic Health Record (EHR) to support Medicaid billing. Progress continued with a partnership between CAYAC, SummitStone, and Poudre School District (PSD), which will create a single-entry point for PSD students and families in need of behavioral health services. As the project continues to move forward, the team is hopeful to successfully launch the pilot in time for

the new school year. Additionally, the team is excited for this month's return of Therapist Networking and Training (TNT), hosted by Connections which will focus on substance use. MHC is anticipating a full crowd, and the Community Impact Team (CIT) will be providing Narcan training as part of this event. CAYAC is happy to welcome a new psychologist, who started on July 1st.

Mental Health Connections has the following vacancies:

- 1 (0.6 FTE) CAYAC Psychiatric Nurse Practitioner (Currently posted) *grant funded*
- 1 (1.0 FTE) CAYAC Behavioral Health Provider (Currently posted)

Integrated Care Team

A new, full-time Behavioral Health Clinical Therapist (BHCT) has started and is nearly through onboarding. The program manager is exploring options to have all the BHCT's trained in CBT-I (a specific 6-week curriculum that targets sleep issues/insomnia) so that all the BHCT's can offer this brief intervention to UHealth Family Medicine Center (FMC) patients. The broader FMC Behavioral Health team is continuing discussions to increase its presence in the medical clinic, as well as to potentially offer shorter-term focused therapeutic interventions for clients (e.g., 6-12 sessions) to create movement on the waitlist. The Integrated Care team has noticed an uptick in clients needing immediate acute care assistance. The team is strategizing how to best serve these clients while also managing a full caseload.

Staff Summary

Ongoing work with outreach to priority populations has continued with promising results.

The team is working on getting an MOU in place with PFA. Have a draft from them as a starting point and will meet with them later this month to review and discuss the partnership.

CDDT staff and Health District leadership are meeting with SummitStone to discuss the revised care model (Specialized Treatment Services) that SummitStone is implementing in place of CDDT.

Will be meeting this month to discuss the Medical Director role and strategically plan clinical leadership for the Health District.

Staff Summary

Research & Evaluation

Internal Program Evaluation

- Following Board of Directors approval on June 25, 2024, we issued a Notice of Award to Results Lab to strengthen our internal evaluation processes. We are currently executing a contract with Results Lab and selecting two health services programs to participate in their Impact Accelerator program. This collaboration will leverage external expertise to accelerate our efforts in measuring the impact of health service programs, enhancing data-driven decision-making, and improving organization-wide data management practices.

Community Health Survey

- We have been revising the methodology and content of the 2025 Larimer County Community Health Survey (CHS).
- An internal steering committee has guided the development of updated sociodemographic questions that align with new federal data collection standards and assessment best practices for REAL (race, ethnicity, ancestry, and language) and SOGI (sexual orientation and gender identity) data. The revised question set will enable us to better disaggregate data and address health equity issues within our community.
- We are in the process of revising the behavioral health question set for the 2025 survey.

Community Engagement

- We continue to actively participate in regional assessment collaborative meetings with health department and health system partners in Larimer and Weld Counties. Together, we are working towards establishing common behavioral health and health equity metrics for the 2027/2028 survey cycle.

Staffing Update

- Two positions are vacant, and hiring will be later, as informed by the selected internal evaluation consultant.

Community Impact Team (CIT)

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

- CIT continues to support and guide the strategic planning process for the MHSU Alliance. CIT sent out priority data packets to the MHSU Alliance in July. These data packets contain key information to inform final stages of strategic planning around Alliance-identified priorities. Concurrently, CIT is working to identify evidence-based strategies to recommend to the Alliance for adoption into the strategic plan.
- The MHSU Alliance Restructure Workgroup met in June to begin identifying recommendations to the Steering Committee to better align Alliance structure with the pending strategic plan. This group will meet again in July to finalize recommendations, which will be presented to the MHSU Alliance Steering Committee in August.
- CIT continues to provide some support to partners to hold a Tri-School District Mental Health Audit and Visioning session. In June, CIT helped facilitate a meeting of leadership of Poudre

School District, Estes School District, and Thompson School District to discuss identified gaps and opportunities for cross district collaboration and alignment. Next steps are to explore a shared vision around improving student wellbeing in August.

Overdose Prevention/Harm Reduction:

- CIT continues to work with the Outreach & Education Team to provide free Narcan and opioid overdose prevention education to community members and organizations. June was a very busy month for events where Narcan was distributed. CIT and Outreach & Education have distributed 782 boxes of Narcan.
- The Colorado Department of Public Health & Environment’s (CDPHE) Naloxone Bulk Fund is going through changes due to funding decreases with the end of ARPA funding. CIT has been keeping updated on these changes and considering how our current model and distribution approach may change.

Changing Minds:

- CIT is moving forward with updating the Changing Minds campaign. A local marketing firm, Linden Marketing, has been selected and discovery sessions are beginning in July.
- CIT will co-present with Yarrow Collective for the 2024 Colorado Court Appointed Special Advocates (CASA) Conference in September.

Staffing Update:

- CIT still has 1 vacant position for a Community Project Coordinator. This position will be posted by the end of the summer, with the goal of filling the position by the end of the third quarter.

Policy

Program Specific Legislative Debrief

- Staff are debriefing program/function managers and directors on the outcomes of the 2024 legislative session.

Fair Campaign Practices Act

- During the June All-Staff meeting staff received a presentation about the requirements of the Fair Campaign Practices Act and what the law means for them as an employee of a local government.

Health Equity

CLAS Checklist:

- Staff completed the implementation checklist for National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. This checklist will inform ongoing work of the new Health Equity Strategist, including work with the Client Service Collaborative as well as the development of an organizational health equity plan.

Staffing Update:

- The Health Equity Strategist position has been filled and will start on July 16th.

Staff Summary

The Human Resources (HR) Team hired/onboarded three (3) employees during the end of June/first part of July. At the end of June, we onboarded the Compliance Officer and the beginning of July, we onboarded a new Psychologist at CAYAC and an Administrative Program Specialist for Planning, Policy, Research and Evaluation. The new Health Equity Strategist is scheduled to begin on July 16th. Mid through the end of June two (2) employees were offboarded.

As of July 11th, we have seven (7) open positions posted, two (2) are new positions and five (5) are vacancies. There are two (2) positions in the que to be posted.

The Human Resources team also provided Mental Health First Aid (MHFA) Training for 24 staff members.

Human Resources created a process and guidelines for temporary workers who from time to time will be brought in to help backfill vacant positions and project as needed. Currently we have three temporary workers.

Looking forward:

The contract for the new Human Resources Information System (HRIS)/Human Capital Management (HCM) system was signed by Liane on 7/16 and subsequently signed by UKG on 7/18. Now that it is final, a work plan will be created, and an implementation team will be assigned for the project. This work will be approximately 4-6 months. More information to come as we have a finalized timeline.

As we shared last month, additional Mental Health First Aid training will be held in September. We are also working on providing De-Escalation, CPR/First Aid and AED training for our staff within the coming months.

Staff Summary

Xochitl Fragoso will return to her position as Assistant Finance Director to enable her to provide more direct support to the Finance Team. Janelle Koldos will return to her position as Budget Analyst to enable her to focus her efforts on the budget process. Lorraine Haywood will assume the responsibilities of Finance Director along with the duties of Deputy Director for the present time.

Two accountant positions on the team remain vacant. Due to these vacancies, two temporary accountants have been hired through temporary employment agencies to assist with accounting tasks and additional duties are assigned to all accountants to cover the current personnel shortage.

The RFP process for a cloud based Financial Accounting System has been suspended at this time.

Staff Summary

Routine Deliverables and Internal Program Products

- The Communications Toolbox within Microsoft Teams continues to be built out with new resources for all-staff use. We are in the process of inventorying existing materials and external-facing collateral to continue to build out this resource with standardized materials and templates that meet the specific needs of individual programs.
- Staff are working with Human Resources and Support Services to update internal communications strategies and collateral.

Websites:

- The RFP for the Health District website redesign was awarded to Streamline, a vendor that also provides a website accessibility monitoring and a remediation tool built into its website platform. We are now working with Streamline to establish a timeline for the website redesign.
- We are working with prospective technical maintenance vendor for HealthInfoSource.
- Staff worked with the Community Impact Team to select a vendor to host the websites for Changing Minds and the Mental Health & Substance Use Alliance to secure continued access due to a change in capabilities of our current local vendor.