

## **Hybrid**

# BOARD OF DIRECTORS BUDGET HEARING AND REGULAR MEETING

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

Please click the link below to join the meeting:

https://healthdistrict.zoom.us/webinar/register/WN KPfuHCecR9eUTRp97AR h7A

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

Thursday, November 16, 2023 5:30 p.m.

## 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	l
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- 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 ■

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

#### ■ VALUES ■

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



## **AGENDA**

## **BOARD OF DIRECTORS REGULAR MEETING**

# November 16, 2023 5:30 pm

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

Please click the link below to join the meeting:

https://healthdistrict.zoom.us/webinar/register/WN\_KPfuHCecR9eUTRp97ARh7A

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5:30 p.m.	I. Call to Order; Introductions; Approval of AgendaMolly Gutilla
5:35 p.m.	II. PUBLIC HEARING
	A. 2024 Draft Budget PresentationLaura Mai
	B. Public Hearing Comment
6:35 p.m.	I. REGULAR MEETING
6:40 p.m.	II. PUBLIC COMMENT
	Note: If you choose to comment, please follow the "Guidelines for Public Comment"
6:45 m m	Provided on the back of the agenda.
6:45 p.m.	III. CONSENT AGENDA  A. October Meeting Minutes
6:50 p.m.	IV. PRESENTATIONS
	A. Update on Classification and Compensation Study and AnalysisCBIZ Consultants
7:00 p.m.	V. ACTION ITEMS
	None
7:05 p.m.	VI. REPORTS
	A. Special Session of the 74th Colorado General Assembly:
	Property TaxesAlyson Williams
	B. Liaison to PVHS/UCHealth NorthCeleste Holder Kling
	C. Board of Director Reports
	D. Executive Committee UpdateMolly Gutilla E. Executive Director Staff ReportLiane Jollon
7:25 p.m.	VII. ANNOUNCEMENTS
7.23 p.iii.	
	<ul> <li>A. December 12, 5:30 pm – Board of Directors Regular Meeting &amp; Budget Approval</li> <li>B. March 20, 2024, 4:00pm – Joint PVHS Health District Board of Directors Meeting</li> </ul>
7:30 p.m.	ADJORNMENT
7.30 p.iii.	ADOMINENT

## **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 you 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.



## 2024 DRAFT ANNUAL BUDGET

First Draft Submitted to Board of Directors: October 15, 2023











It has been nearly 30 years since the Health District of Northern Larimer County embarked on a new strategic direction to advance its mission of enhancing the health of the community. In that time, the Health District has had a significant impact on the lives of residents, helping to improve the health of 11,000 people in 2022 alone through direct services and connections to care.

In 2024, the Health District will continue to focus on priorities previously identified by the Board of Directors: behavioral health, oral health, and access to care through coverage. Funding and services will align with these three priorities while emphasizing health equity, utilizing data to measure outcomes and track progress, and pursuing strategies known to impact population health, such as policy intervention.

Services will be provided at seven sites in Fort Collins — four owned facilities and one leased Health District space — as well as shared space with two other facilities where Health District staff work collaboratively with staff from other organizations.

## The Draft 2024 Health District Budget:

- Reflects increased revenue due to higher property tax revenues.
- Clearly and accurately reflects costs by program, service, and function.
- Is easily understood.
- Facilitates shared knowledge for better decision-making.
- Reflects program stability over the next year, with few operational changes other than those already under consideration.
- Continues to reflect board priorities.
- Places a new focus on infrastructure, building a foundation of financial and human resources that enable the Health District to meet current needs and future challenges.

# Consistent themes that are reflected across all programs, services, and functions include:

- Increased salaries and wages due to market salary adjustments and commitment to staff training.
- Increased operational costs due to allocating all expenses into programs, services, and functions.
- Increased costs for consultants to address needs deferred because of the pandemic.
- Inflationary costs of goods and services.



# Key budget points for Health District programs and services in 2024

## Mental Health Connections

Adult/CAYAC: Providing answers, options and support for adults, youth, and families

- Improvements were made to allocations between the adult and youth teams to better reflect the true cost of each sub-program and facilitate program evaluation and planning, as adult services are slated to be fully evaluated in 2024.
- Efforts to right-size the adult team are reflected in the 2024 budget.
- An increase in revenue is planned with the implementation of third-party billing (Medicaid) as well as an increase in staffing to support psychological testing access.

## **Dental Services**

Providing affordable access to dental care for adults, children and those with special needs

- Budget was created with the intention to utilize 2024 as a year to right-size for the current state, stabilize operations, and evaluate to guide future work.
- An increase in revenue is planned with additional clinical provider time requested to improve access to care.
- Changes to Medicaid coverage both in covered individuals and covered services.

## Integrated Care

Providing behavioral health services and medical resident training within an integrated care safety net clinic

- Providing behavioral health services and medical resident training within an integrated care safety net clinic.
- Budget was created with the intention to utilize 2024 as a year to right-size for the current state, stabilize operations, and evaluate to guide future work.
- A focus on continuous quality improvements will be ongoing in the 2024 budget.



## **Health Promotion**

## Providing tobacco cessation, heart health screenings, and other services

- The Quit Tobacco Program has decreased by 0.5 FTE, reflecting our new focus on the PVH bedside pilot project.
- Budget numbers reflect that in 2023 the budget was for only 6 months and now for 2024 the budget is for an entire 12 months.

## Community Impact/Policy/Research and Evaluation

Community Impact: Engaging community members and partner organiza-

tions to collectively improve community health

Policy: Achieving changes in public policy to enhance the

health of our community

Research & Evaluation: Providing program evaluation and community assess-

ment to guide internal and external strategic work

Policy is now accounted for in the CIT budget.

- Rebuilding team and assessing strategic direction
- Increased meeting costs to reflect in person collaboration

## Health Care Access

- Providing guidance and connecting community members to affordable health coverage
- Budget was created with the intention to utilize 2024 as a year to right-size for the current state, stabilize operations, and evaluate to guide future work.
- Maximize utilization of grant-funding, improve out of district tracking, and right-size and maintain consistent staffing to better meet grant deliverables.

## Administration

- Increase in Salaries/Benefits Plan to hire additional Deputy Director (of Operations) and Compliance Officer
- Increase to Conferences/Retreats Conference attendance increased to support expanded training
- Increase to Treasurer Fees Relative to increase in property taxes
- Adjustment to Consultants Inclusive within programs



## Finance

- A new integrated HR/Accounting system is planned for 2024.
- There will be continual improvement to processes/communication.
- Staff will receive further professional training.

## **Support Services**

- Costs for ongoing building expenses such as utilities, custodial, rent, and building/equipment maintenance have gone up on average 5% this year.
- Costs for information hardware and software have been allocated to programs.
- Building Improvements have been allocated to programs, including the following:
  - · Reconfiguring the 2001 S. Shields building
  - Consultant to assess building conditions and estimate capital replacement costs
  - Moving from fluorescent to LED lighting at the Bristlecone campus
  - Ergonomic improvements at the 202 Bristlecone front desk
  - Resurfacing of parking lots
  - Various upgrades needed at 425 West Mulberry

## Capital projects

- Replacing outdated equipment in two dental operatories including chairs, delivery units, and lighting
- Heating/air conditioning units are reaching the end of their expected life.
- Two vehicles will be added to the Health District fleet.
- Copiers and additional dental and office equipment will be replaced.

#### **Human Resources**

- Budget changes are planned to meet the identified cultural expectations as indicated with the Health District's 2022 Climate and Culture Survey results.
- Human Resources (HR) will implement a Human Resources Information System/Human Capital
   Management system (HRIS/HCM) in conjunction with Payroll/Finance for improved processes to:
  - Enable a standard employee performance management
  - Provide timely feedback on performance
  - Perform staff surveys consistently to gauge culture, engagement, and other factors
  - Human Resources will be committed to professional development and learning opportunities.

## Communications

- Upgrade main Health District website and consolidate satellite websites
- Compass publication schedule was reduced to twice annually, with reductions in cost allocated across all programs.



## **Board of Directors**

- Increase in Salaries/Benefits Allocated additional staff members identified as providing a level of support to the Board
- Increase to Conferences/Retreats/Meetings
- Decrease to Election Expenditures Systematic improvements have decreased the costs

## **Budget Details**

The attached Budget for the Health District of Northern Larimer County includes a three-year and a one-year year budget listing all proposed expenditures for administration, operations, maintenance, and capital projects; anticipated revenues for the budget year; and estimated beginning and ending fund balances. The financial statements and records of the Health District of Northern Larimer County are prepared using the accrual basis of accounting.

This budget has been prepared using the modified accrual basis of accounting.

## ORGANIZATIONAL SUMMARY



## Services Provided

The Health District of Northern Larimer County is a special district created by voters in 1960 that operates under special district law as a political subdivision of the State of Colorado. Today, the Health District provides dental, behavioral, and preventive health services to the residents of northern Larimer County, in addition to connecting people to more affordable health insurance and prescription options.

## **Board of Directors**

The Health District is governed by a five-person board of directors whose members serve staggered terms. Directors are elected at large from the community. Elections are held every two years in odd-numbered years, and terms are four years.

President Molly Gutilla
Vice President Julie Kunce Field
Secretary John McKay
Treasurer Joseph Prows
Assistant Treasurer Erin Hottenstein

## Health District Mission, Vision, Strategy, and Values

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.

## ORGANIZATIONAL SUMMARY



## **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.

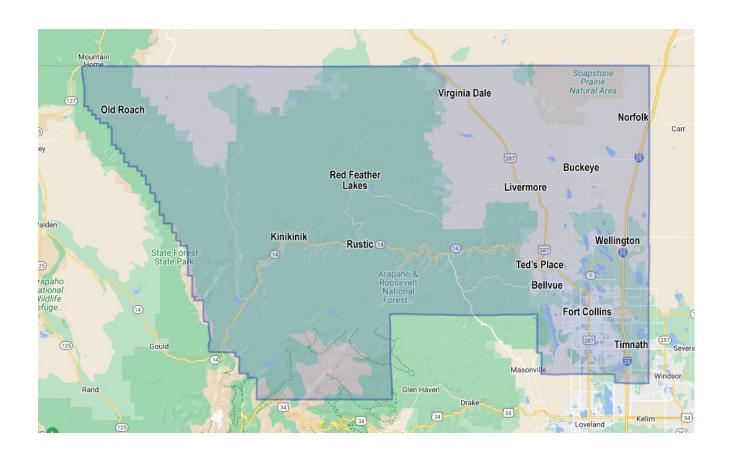
#### **Values**

- 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

## ORGANIZATIONAL SUMMARY



## Map of the Health District Boundaries



# Health District of Northern Larimer County Three Year Budget Summary 2024

		Prior Year 022 Actual *		Current Year 023 Budget		Proposed 024 Budget
Beginning Balance	\$	4,893,200	\$	7,391,604	\$	8,760,910
Revenues:						
Property & Specific Ownership Taxes	\$	9,343,693	\$	9,250,165	\$	12,367,095
Lease Revenue	Ψ	1,802,669	*	1,455,433	•	1,519,871
Investment Income		122,785		230,000		415,000
Operating Revenue (fee income)		1,047,583		1,020,803		1,169,972
Grant and Partnership Revenue		664,487		1,099,614		778,557
Miscellaneous Income		26,085		23,984		24,600
Proceeds from Sale of Capital Asset		32,100		•		•
Total Revenues	\$	13,039,402	\$	13,079,999	\$	16,275,095
Total Available Resources	\$	17,932,602	\$	20,471,603	\$	25,036,005
Expenditures:						
Programs						
Board	\$	54,871	\$	151,994	\$	172,120
Administration		999,997		1,038,609		1,336,002
Connections: Mental Health/Substance Issues Services		1,862,179		2,864,217		3,410,837
Integrated Care (MHSA/PC)		1,091,051		1,374,101		1,353,146
Community Impact		589,163		827,355		1,173,101
Dental Services		3,182,106		3,932,630		4,514,408
Health Care Access		970,042		1,073,247		1,158,487
Health Promotion		772,353		740,660		941,842
Assessment/Research/Evaluation		244,780		363,058		501,560
Resource Development		149,775		420.070		58,400
Leased Offices	\$	9,916,317	\$	139,872 12,505,743	\$	167,827 14,787,730
Other	_Ψ	3,310,317	_Ψ	12,500,740	Ψ	14,707,730
Grants/Partnerships		561,879		1,099,613		1,120,806
Special Projects		897,509		3,010,445		-
Capital Expenditures		269,723		619,072		526,040
Contingency		-		698,722		500,000
	\$	1,729,111	\$	5,427,852	\$	2,146,845
Total Expenditures	\$	11,645,428	\$	17,933,595	\$	16,934,575
Reserves Fund Accounts						
Restricted Reserves	\$	546,170	\$	538,008	\$	821,170
Committed Reserves	Ψ	1,000,000	Ψ	1,000,000	Ψ	3,000,000
Assigned Reserves		1,000,000		1,000,000		1,596,693
Unassigned Reserves						662,565
Capital Reserves		200,000		1,000,000		2,021,000
Total Reserves	\$	1,746,170	\$	2,538,008	\$	8,101,428
Total Expenditures & Reserves	\$	13,391,598	\$	20,471,603	\$	25,036,005
·	Ψ	10,031,030	Ψ	20,771,003	Ψ	20,000,000
*Based on year-end audited financial statements						

# Health District of Northern Larimer County 2024 Budget

Beginning Balance	\$	8,760,910
Revenues:  Property & Specific Ownership Taxes Lease Revenue Investment Income Operating Revenue (fee income) Grant and Partnership Revenue Miscellaneous Income Proceeds from Sale of Capital Asset	\$	12,367,095 1,519,871 415,000 1,169,972 778,557 24,600
Total Revenues	\$	16,275,095
Total Available Resources	\$	25,036,005
Expenditures: Programs Board	\$	172,120
Administration Connections: Mental Health/Substance Issues Services Integrated Care (MHSA/PC) Community Impact Dental Services Health Care Access Health Promotion Assessment/Research/Evaluation Resource Development Leased Offices	\$	1,336,002 3,410,837 1,353,146 1,173,101 4,514,408 1,158,487 941,842 501,560 58,400 167,827
Other Grants/Partnerships Special Projects Capital Expenditures		1,120,806 - 526,040
Contingency		500,000
Total Evnandituras	\$	2,146,845
Total Expenditures	<u>\$</u>	16,934,575
Reserves Funds Accounts Restricted Reserves Committed Reserves Assigned Reserves Unassigned Reserves Capital Reserves Total Reserves	\$	821,170 3,000,000 1,596,693 662,565 2,021,000 8,101,428
Total Expenditures & Reserves		25,036,005

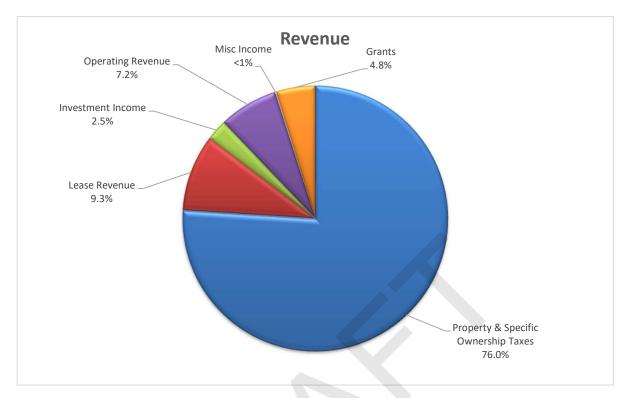
## Health District of Northern Larimer County Budget to Actual Summary

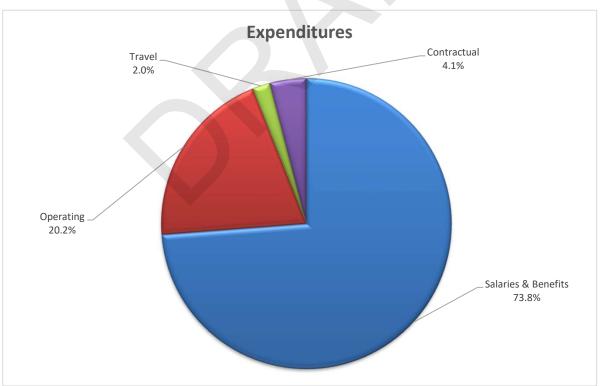
	Prior Year	Prior Year	Current Year Current Year Proposed
	2022 Budget	2022 Actual	2023 Budget 2023 Projected 2024 Budget
Beginning Balance	\$ 6,929,112	\$ 4,893,200	\$ 7,391,604 \$ 6,928,347 * \$ 8,760,910
Degitting Datatice	Ψ 0,323,112	Ψ 4,033,200	Ψ 7,331,004 Ψ 0,320,047 Ψ 0,700,310
Revenues:			
Property & Specific Ownership Taxes	\$ 9,325,766	\$ 9,343,693	\$ 9,250,165 \$ 9,286,903 \$ 12,367,095
Lease Revenue	1,219,076	1,802,669	1,455,433 1,455,433 1,519,871
Investment Income	65,000	122,785	230,000 412,718 415,000
Operating Revenue (fee income)	1,115,294	1,047,583	1,020,803 1,108,857 1,169,972
Grant and Partnership Revenue	1,274,586	664,487	1,099,614 165,000 778,557
Miscellaneous Income	23,004	26,085	23,984 19,987 24,600
Proceeds from Sale of Capital Asset	-	32,100	_
Total Revenues	\$13,022,726	\$ 13,039,402	\$ 13,079,999 \$ 12,448,898 \$ 16,275,095
Total Available Resources	\$19,951,838	\$ 17,932,602	\$ 20,471,603 \$ 19,377,245 \$ 25,036,005
Expenditures:			
Programs			
Board Expenditures	\$ 79,118	\$ 54,871	\$ 151,994 \$ 156,566 \$ 172,120
Administration	952.280	999,997	1,038,609 880,061 1,336,002
Connections: Mental Health/Substance Issues Services	2,339,007	1,862,179	2,864,217 2,080,025 3,410,837
Integrated Care (MHSA/PC)	1,275,292	1,091,051	1,374,101 1,092,502 1,353,146
Community Impact	757,422	589,163	827,355 426,382 1,173,101
Dental Services	3,894,293	3,182,106	3,932,630 3,233,431 4,514,408
Health Care Access	1,312,744	970,042	1,073,247 689,621 1,158,487
Health Promotion	854,448	772,353	740,660 685,295 941,842
Assessment/Research/Evaluation	269,530	244,780	363,058 243,885 501,560
Resource Development	195,262	149,775	58,400
Leased Offices	178,020		139,872 138,917 167,827
	\$12,107,416	\$ 9,916,317	\$ 12,505,743 \$ 9,626,685 \$ 14,787,730
Other			
Grants/Partnerships	\$ 3,078,726	\$ 561,879	\$ 1,099,613 \$ 350,000 \$ 1,120,806
Special Projects	1,306,442	897,509	3,010,445 686,575 -
Capital Expenditures	1,290,987	269,723	619,072 476,779 526,040
Contingency	422,098	-	698,722 15,000 500,000
	\$ 6,098,253	\$ 1,729,111	\$ 5,427,852 \$ 1,528,354 \$ 2,146,845
Total Expenditures	\$18,205,669	\$ 11,645,428	\$ 17,933,595 \$ 11,155,039 \$ 16,934,575
Total Experiences	\$ 10,203,009	ψ 11,043,420	ψ 17,933,333 ψ 11,133,033 ψ 10,334,373
Reserves Fund Accounts			
Restricted Reserves	\$ 546,170	\$ 546,170	\$ 538,008 \$ 538,008 \$ 821,170
Committed Reserves	1,000,000	1,000,000	1,000,000 1,000,000 3,000,000
Assigned Reserves			1,596,693
Unassigned Reserves			662,565
Capital Reserves	200,000	200,000	1,000,000 1,000,000 2,021,000
Total Reserves	\$ 1,746,170	\$ 1,746,170	\$ 2,538,008 \$ 2,538,008 \$ 8,101,428
Total Expenditures & Reserves	\$19,951,839	\$ 13,391,598	\$ 20.471,603 \$ 13,693,047 \$ 25,036,005
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## Health District of Northern Larimer County 2024 Revenues & Expenditures by Program

	 Admin.	Board/ Election	tal Health inections	Dental	Integrated Care	Health Promotion	Comm		Program Evaluation	Health Care Access	Resor Develop		Leased Offices		on-Program Reveneue	Total
Revenues:																
Property & Specific Ownership Taxes														\$	12,367,095 \$	12,367,095
Lease Revenue													213,874	ļ.	1,305,997 \$	1,519,871
Investment Income															415,000 \$	415,000
Operating Revenue	-	-	98,777	946,145	125,050	-		-	-			-		-	\$	1,169,972
Misc Income	12,000		-	12,600	-	-									\$	24,600
Grants															778,557 \$	778,557
TOTAL REVENUE	\$ 12,000 \$	-	\$ 98,777 \$	958,745 \$	125,050 \$	-	\$	- \$	- :	5	\$	- \$	213,874	\$	14,088,092 \$	16,275,095
Expenditures:  Programs																
Salaries & Benefits	\$ 773,371 \$	105,254	\$ 2,785,496 \$	3,300,294 \$	1,211,819 \$	711,711	\$	810,552 \$	371,074	771,98	\$	43,817 \$	27,87	5	\$	10,913,245
Operating	389,911	45,366	465,411	1,006,908	86,025	176,883		224,499	103,074	338,97		7,318	138,699	)		2,983,072
Travel	100,777	13,500	44,530	28,349	23,131	16,259		30,215	11,521	15,28		5,260		-		288,823
Contractual	71,944	8,000	115,400	178,857	32,171	36,988		107,835	15,890	32,24		2,005	1,250	3		602,589
Total Program Expense	\$ 1,336,002 \$	172,120	\$ 3,410,837 \$	4,514,408 \$	1,353,146 \$	941,842	\$ 1,	173,101 \$	501,560	1,158,48	\$	58,400 \$	167,82	,	\$	14,787,730
Other																
Grants/Partnerships			\$ 407,969 \$	42,927					:	169,90				\$	500,000 \$	1,120,806
Capital Expenditures														\$	526,040 \$	526,040
Contingency														\$	500,000 \$	500,000
Total Other Expenses	\$ - \$	-	\$ 407,969 \$	42,927 \$	- \$	-	\$	- \$	- :	169,90	\$	- \$		- \$	1,526,040 \$	2,146,846
TOTAL EXPENSES	\$ 1,336,002 \$	172,120	\$ 3,818,806 \$	4,557,335 \$	1,353,146 \$	941,842	\$ 1,	173,101 \$	501,560	1,328,396	\$	58,400 \$	167,82	\$	1,526,040 \$	16,934,575

## 2024 Revenues & Expenditures





# FTE by Program 2024

	2023	2024	2024
Program/Department	Authorized	Budget	Change
Administration	5.695	6.645	0.950
Board	0.400	0.725	0.325
Mental Health Connections	24.280	26.510	2.230
Dental	32.730	32.960	0.230
Integrated Care	10.015	9.530	(0.485)
Health Promotion	6.585	7.185	0.600
Community Impact	7.305	7.855	0.550
Program Evaluation	3.035	3.170	0.135
Larimer Health Connect	10.180	9.005	(1.175)
Resource Development	-	0.400	0.400
Leased Offices	0.150	0.250	0.100
	100.375	104.235	3.860

Certification of Tax Levie	S
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Certification of Tax Levies					
		2024	2023	+/-	% Inc
Based on gross assessment	\$	11,844,844	\$ 9,129,138	2,715,707	29.75%
less TIF district share		641,348	503,973	137,375	27.26%
Net revenue to District	\$	11,203,496	\$ 8,625,165	\$ 2,578,331	29.89%
Property Tax Revenue					
Revenue to Health District	\$	11,203,496	\$ 8,625,165	2,578,331	29.89%
Specific ownership tax	•	650,000	625,000	25,000	4.00%
Less: County collection fees		(237,070)	(185,003)	(52,067)	28.14%
Net Revenue to Health District	\$	11,616,426	\$ 9,065,162	\$ 2,551,265	28.14%
SB22-238 Backfill	\$	513,599			
	\$	12,367,095			



## BOARD OF DIRECTORS REGULAR MEETING October 24, 2023

## **Health District Office Building**

120 Bristlecone Drive, Fort Collins

**Hybrid Meeting** 

**MINUTES** 

**BOARD MEMBERS PRESENT:** Molly Gutilla, MS DrPH, Board President

Joseph Prows, MD MPH, Treasurer Erin Hottenstein, Assistant Treasurer

John McKay, Secretary

**BOARD MEMBERS EXCUSED:** Julie Kunce Field, JD, Board Vice President

ALSO PRESENT: Celeste Holder Kling, Liaison to PVHS/UC Health North

**Staff Present:** 

**Public Present:** 

Liane Jollon, Executive Director Beth Thurston, League of Women Voters

Lorraine Haywood, Deputy Director

Chris Sheafor, Support Services Director

Chris Roth, IT Manger

Paul Mayer, Medical Director

Alyson Williams, PPRE Director

Dana Turner, Health Services Director

Richard Cox, Communications Director

Lisa Aaron, Support Staff Specialist

Lauren Jones, Executive Assistant

## I. CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

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

**MOTION:** To approve the agenda as presented.

Moved by Erin Hottenstein / Second by Joseph Prows/ Carried Unanimously

## II. PUBLIC COMMENT

Lisa Aaron – Does not reside in the district.

Lisa Aaron commented favorably on the Quit Tobacco Program.

## III. PRESENTATION

Quit Tobacco Program Updates – Dana Turner/Paul Mayer/Alyson Williams/Richard Cox/Misty Manchester Health District staff presented on shifting from the current Quit Tobacco program model to an inpatient care pilot program with UCHealth Poudre Valley Hospital. The District is currently contracted to deliver this pilot at UCHealth and will continue to evaluate the program and report finding to the Board of Directors on a regular basis.

Board Member asks question: Are we able to bill any CPT codes for tobacco cessation counseling?

Answer: Staff has begun to research and to discuss with UCHealth staff, but does not yet know what is possible.

Board Member asks question: Is anyone else in town providing tobacco cessation or preventative services?

Answer: Larimer County Health Department is funded by the State of CO to provide tobacco and vaping prevention programs.

Other the Colorado QuitLine, which was discussed in the presentation, staff is not aware of additional specific tobacco cessation programs offered in the community.

## IV. CONSENT AGENDA

- A. September 2023 Meeting Minutes
- B. September 2023 Financials
- C. Compass Advisory Committee Nominee

MOTION: To approve the Consent Agenda

Moved by Erin Hottenstein/ Second by Joseph Prows/ Carried Unanimously

## V. ACTION ITEMS

No action items.

#### VI. REPORTS

- A. Update on Classification and Compensation Study and Analysis Lorraine Haywood CBIZ will provide a report at the November board meeting.
- B. Review 2024 Budget Timeline with Prop HH Variables Lorraine Haywood Lorraine Haywood shared budget deadlines and the potential impact on those deadlines if Proposition HH passes on November 7<sup>th</sup>. If Prop HH passes, BOD agreed to calendar holds for a potential special meeting to adopt the budget and certify the mill levy on Friday, December 29<sup>th</sup> at 5:30pm and/or Saturday, December 30<sup>th</sup> at 9:00am. More to be discussed at the November 16<sup>th</sup> meeting after the results of the November 7<sup>th</sup> election.
- C. Liaison to PVHS/UCHealth North Celeste Holder Kling

Last UCHealth North Board meeting was held on October 18<sup>th</sup>. Finances are stable. Cost reduction is making progress. Everything is under control. PVH is partnering with the county and SummitStone at the new Longview facility. They are going to provide: training, supply chain assistance, pharmacy and lab services, secure vehicle transport for patients, EMS and Epic electronic medical records. UCHealth North Board of Directors did their bi-annual self-survey and viewed the results. Also completed was the bylaws review. Jointly meeting with the hospital board in March 2024. Deep-dive presentations on quality and human resources. UCHealth North CEO Kevin Unger talked about the external environment and how regional hospitals in Colorado

(and elsewhere) are really suffering. Several big hospital players are reconfiguring their relationships with each other. Some new players moving in to the Colorado region and planning to setup new hospitals. PVH was rated number 3 in the U.S. for hip and knee replacements.

Liane Jollon shared that the Health District board and PVHS board will meet on March 20<sup>th</sup>, 2024. The two boards will vote on when the meeting will occur annually in either January or March. The March 20<sup>th</sup>, 2024 meeting will review the history of the two organizations and the current relationship.

## D. Board of Directors Reports

Molly Gutilla shared CSU President Amy Parsons held a Women Leaders gathering to introduce Liane.

John McKay met with Tom Gonzalez about the intersections of the Health Department and the Health District. John also met with the Yarrow Collective and the BIPOC Alliance.

## E. Executive Committee Update - Molly Gutilla

Julie and Molly meet with Liane monthly. During this meeting, they work on goals between the Board of Directors and the Executive Director, agenda development, etc. with regular communication between meetings. Liane is past her 90-day mark. The conversation was started about potential operational needs the organization may have. To be continued.

## F. Executive Director Staff Report - Liane Jollon

Liane Jollon shared her observations on what seems to be working really well and where there is room to pivot. We will get into more detail in the Budget Work Session.

List of External Meetings: Liane met with others on the list but did not meet with Carol Plock or attend the former board member alumni lunch due to a family emergency.

## VII. <u>ANNOUNCEMENTS</u>

- A. October 24, 7:00pm Budget Work Session
- B. October 25, 4:15pm Longview Tour
- C. November 16, 5:30pm Public Budget Hearing
- D. December 12, 5:30pm Budget Approval
- E. March 20, 2024, 4:00pm Joint PVHS Health District Board of Directors Meeting

## **ADJOURN OUT OF REGULAR MEETING**

**MOTION:** To adjourn the Regular Meeting

Motion by Joseph Prows / Second by John McKay / Carried unanimously

The Regular Board Meeting was adjourned at 6:46pm.

Respectfully submitted:

Lauren Jones, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President





## **AGENDA DOCUMENTATION**

November 16, 2023
SUBJECT:
Update on Classification and Compensation Study and Analysis
PRESENTER: CBIZ Consultants
OUTCOME REQUESTED: DecisionConsentX_Report
PURPOSE/ BACKGROUND
To provide the Board with the compensation study and analysis.
Attachment(s): none
FISCAL IMPACT To Be Determined.
STAFF RECOMMENDATION
Informational only.



#### AGENDA DOCUMENTATION

Meeting Date: November 16, 2023	
SUBJECT: Special Session of the 74 <sup>th</sup> Colorado General Assembly: Property Taxes	
PRESENTER: Alyson Williams	
OUTCOME REQUESTED: DecisionConsentX_Report	

## **PURPOSE/ BACKGROUND**

Proposition HH, was a comprehensive policy package intending to address increased property tax burden referred to the ballot but was rejected by more than 60% of voters. This proposition aimed to provide a long-term solution for property tax relief while addressing unrealized revenue for special districts like schools, fire protection, and hospitals. Property taxes for city/towns within the Health District of Northern Larimer County are projected to rise by 38-63% in 2024. Proposition HH sought to counteract this increase by decreasing assessment rates and exempting amounts of actual values of certain property types from taxation as well as using TABOR surplus funds to backfill certain local governments. In rapidly growing areas like Larimer County, the backfill would have been unavailable or gradually reduced for many governmental entities.

In response to the proposition's failure, the Governor has called a special session (to begin on Friday, November 17<sup>th</sup>) to utilize funds (yet to be concretely identified) immediately to backfill some local governments to offset policies intended for immediate property tax relief. This initiative aims to enable assessors across Colorado to implement policy changes for the 2023 tax year, payable to districts in 2024. There is no firm proposal publicly available; although, staff believes options that will be discussed included freezing mill levies, backfilling some local governments, a possible cap on yearly increases in revenue, and the creation of a task force to create a long-term solution for the issue.

Attachment(s): none

**FISCAL IMPACT** 

None.



## **AGENDA DOCUMENTATION**

Meeting Date: November 16, 2023
SUBJECT:
Executive Director Staff Report
PRESENTER: Liane Jollon
OUTCOME REQUESTED: DecisionConsent X_Report
PURPOSE/ BACKGROUND
Please find the Executive Director Staff Report attached with current departmental summaries.
Liane Jollon attended the following events and met with the following external partners since the last board meeting:
Longview Campus Tour
Health District Board Alumni lunch organized by Laurie Steele
Derek Bergsten, Fire Chief Poudre Fire Authority
Treasurer Meeting
Assistant Treasurer Meeting
CHIP Update with Tom Gonzalez, Public Health Director of Larimer County
Marla Trumper, Engagement Consultant & Experience Strategist
Attachment(s): Departmental Summaries
FISCAL IMPACT None to the Health District
STAFF RECOMMENDATION Informational Only



## **Health Services Department Summary by Program**

#### **Dental:**

The Family Dental Clinic saw a total of 894 appointments. The clinic is experiencing a higher volume of calls from new patients seeking appointments which may be a result of the Health District marketing campaign that is in part promoting the Medicaid adult dental benefit expansion.

In preparation for the general anesthesia (GAP) program move to Poudre Valley Hospital (PVH), the dental assistants toured PVH facilities and met the staff they will be working with to carry out dental appointments under general anesthesia starting later this month. Clinic staff are confident this will be a smooth transition and a great partnership for years to come.

The Dental Team's new full-time dentist will onboard in November. The Dental team has the following vacancies:

- 1 Dental Assistant (currently posted)
- 1 (.5) Dental Hygienist (not yet posted)

#### **Connections & CAYAC**

The Connections team continues to work towards meeting requirements for licensure as a behavioral health entity (BHE) and continuing the process of behavioral health provider (BHP) credentialing for Medicaid billing. The Adult team is now fully staffed with its new behavioral health provider. The Adult Team served 345 clients and the CAYAC Team served 396 clients. The Connections team has the following vacancies:

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

## **Integrated Care:**

The Integrated Care BHPs are participating in ongoing conversations with the larger Family Medicine Center (FMC) Behavioral Health team about ways to improve, grow, and optimize service delivery to maximize patient care and resident education opportunities.

The Integrated Care program continues to optimize staffing. Over the past month the Clinical Care Coordinator (CCC) started in the new position and the team welcomed a new .5 FTE BHP. The Integrated Care team has the following vacancies:

1 Program Assistant (currently interviewing)

#### **Larimer Health Connect & Prescription Assistance:**

#### **Larimer Health Connect**

Larimer Health Connect (LHC) engaged in a variety of activities over the past month. The team continued to work assisting with the effects of the Public Health emergency on Medicaid including guiding those transitioning from Medicaid and CHP+ to the Connect for Health Colorado Marketplace and Medicare. Issues with lost coverage, some for valid eligibility reasons and others in error continue to be identified. LHC continues to research and advocate for the customers and assist in situations of those that were denied erroneously. The team took on additional important work in partnership with Rocky Mountain Health Plans (RMHP) to directly outreach those with renewals coming due. LHC will report back to RMHP regarding ongoing efforts to ensure continuous coverage for these individuals, whether they remain on Medicaid or transition to alternative coverage options.

Open enrollment is in full swing, and the team is extending evening and weekend hours to increase accessibility. By mid-October, staff were fully booked for three weeks into November, indicating a high demand for services as expected. The Health District launched a new marketing campaign to help increase the awareness and importance of renewing Medicaid coverage and provide vital information about Connect for Health Colorado's marketplace, open enrollment and the financial assistance offered. In coordination with the campaign, a 4-page Compass insert was developed with comprehensive information about both Medicaid changes and open enrollment. For the first time, this year's insert was fully translated into Spanish in the hopes of engaging a wider audience. Larimer Health Connect also participated in several events spanning from Rethinking Addiction and Recovery to PSD's Mental Health Staff Resource Fair.

#### **Prescription Assistance**

During this time, Prescription Assistance (PA) has seen a modest yet impactful increase in people requesting assistance who erroneously lost coverage and/or have experienced a gap in coverage. We foresee yet another increase in people requesting PA services if they were not able to secure one of 11,000 slots (for the SilverEnhanced Savings Plan) in the OmniSalud Program for undocumented individuals earning less than 150% of FPL. Last year OmniSalud slots filled in five weeks. This year all 11,000 slots were filled within the first day and a half of open enrollment.

The LHC team has following vacancies:

1 Health Coverage Specialist (currently posted).



## Policy, Planning, Research & Evaluation Staff Summary

## **Research & Evaluation**

In the last month, the Research and Evaluation team has continued to focus on process improvement while also developing evaluation plans for new program activities and revisiting data development agendas for existing programs. Below, we share specific program activities and outputs for each area of focus.

**Process Improvement:** The Research & Evaluation Manager remains committed to developing plans and securing resources to standardize, document, streamline, and improve the value of core research and evaluation processes. In the month of November, the Research and Evaluation team will engage in its first Agile sprint to build out a shared repository of standard operating procedures. The team also expects to share a preliminary set of solutions in response to suggestions from program managers about how Research and Evaluation can deliver more value to the programs and the organization. We expect to co-design and iterate on solutions before they are finalized and implemented.

**New Program Evaluation Plans:** The Research & Evaluation Manager has established collaborative meetings with program leadership to develop, implement, and refine evaluation plans for new (or recently revised) health services programs. This includes evaluation plans for the Quit Tobacco Bedside Intervention, the newly staffed Outreach and Education team, and the Unite Us internal referral pilot.

**New Data Collection for Existing Programs:** The Evaluator and Analyst is meeting with program managers to address the data development agendas that were established earlier this year. The goal is to address program-specific needs for new data collection and use that information to inform what organization-wide data collection changes may also be required.

## **Community Impact Team (CIT)**

The new Community Impact Team Manager, Hannah Groves, started on November 9<sup>th</sup> and will have an onboarding focused on learning, specifically the context of the program in the past, the history of the work of the Mental Health and Substance Use Alliance of Larimer County, learning with and from community partners, and gaining an understanding of the Health District programs. One focus area for CIT is wrapping up as the Manager onboards.

Youth Behavioral Health Assessment: The Aurora Research Institute has completed the Youth Behavioral Health Assessment. The assessment's key recommendations and deliverables have been shared with community partners through the Youth Mental Health Task Force. Furthermore, the final report and deliverables have also been shared with Larimer County Behavioral Health Services and

Colorado Health Institute, as they are in the process of compiling and finalizing the Community Master Plan for behavioral health services.

**Staffing Update:** Community Project Coordinator (2 positions vacant)- These positions are not currently posted to be filled.

## **Policy**

This update provides a snapshot of the activities and progress made by our policy staff in preparing for the 2024 legislative session and creating a strategic plan for the team. As we work towards developing a comprehensive policy agenda, the Policy Analyst and Director of Planning, Policy, Research & Evaluation have been actively engaged in several key areas.

**Issue Identification:** Policy staff has been identifying and researching critical issues that need to be addressed in the 2024 legislative session that align with the Board's three priorities of behavioral health, oral health, and access to care through coverage as well as policy issues that affect the operations of the Health District. This includes assessing their significance and impact on the community and the organization.

**Process Improvement:** Staff are working to develop a more nimble and strategic process for engaging on policy issues, working with internal and external partners, and streamlining policy analysis development.

#### **Resource Development/Special Projects**

As the new CIT Manager comes on board the Resource Development and Special Projects Manager will be transitioning all lingering CIT duties and meetings to the new CIT Manager and will assist the Director of Planning, Policy, Research & Evaluation with onboarding tasks. The following areas of focus are special projects.

**Unite Us Launch Update:** Phase one of the Unite Us pilot, which involves the implementation of an internal and external service referral system, is on track to be completed by the end of the year. CAYAC, Connections, the Family Dental Clinic, and Larimer Health Connect are actively making and accepting internal referrals through the Unite Us platform. In addition, further training will be provided throughout the remainder of the year to prepare programs for accepting external service referrals through the platform in early 2024.

**Health Coverage Outreach Campaign Update:** The Health District contracted with Jet Marketing to initiate a comprehensive 3-tiered campaign aimed at raising awareness and promoting action regarding the expanded Medicaid dental benefit, the Medicaid public health unwinding, and Connect for Health

Colorado Open Enrollment. The campaign branding and key messaging are fully developed and active in the market. This includes digital and social media advertising, billboards, posters, banners, and tearaway flyers. Additionally, Jet Marketing is in the final stages of creating a "community kit" containing pre-generated social media content and posters for key partners interested in sharing this information directly on their social media and websites, among other platforms to reach target audiences. See below for examples of the media being shared.

#### **HEALTH COVERAGE OUTREACH CAMPAIGN**

Campaign 1: Connect for Health Colorado Open Enrollment Awareness







**Campaign 2: Medicaid Dental Benefit Awareness** 







Planning, Policy, Research & Evaluation

November 2023 Update

**Campaign 3: Medicaid Public Health Unwinding** 







¿Necesita un chequeo médico? Preguntenos sobre su plan de Medicaid y asegúrese de haber hecho su renovación.







## **Human Resources Department Staff Summary**

The Human Resources (HR) Team hired/onboarded six (6) employees in October. (Five of these positions were externally advertised and one internally). There was one (1) resignation, one (1) retirement and two (2) PRN positions ending due to completion of the project and services were no longer needed. In addition, the one (1) internally advertised position was filled.

The Behavioral Health Provider with Integrated Care joined on Wednesday, November 1<sup>st</sup> and the Community Impact Team Manager on Thursday, November 9<sup>th</sup>. The new Dentist with the Family Dental Clinic will begin on Wednesday, November 29<sup>th</sup>.

We currently have four (4) vacancies posted and two (2) positions in the que to be posted.

On Wednesday, October 25<sup>th</sup>, we held our annual Benefits Enrollment Fair in partnership with Payroll. We had presentations from our Vendor Partners from CEBT (Medical, Dental, Vision, Life), TRIAD, Marathon Health Centers, and Nationwide. The Fair was well attended, and employees have until November 16 to enroll/make benefit changes.

## **Looking forward:**

The work with our consultants from CBIZ is continuing and is close to completion. A report will be shared with the Board at the November 16<sup>th</sup> meeting.

The Request for Proposal (RFP) for a Human Resources Information System (HRIS)/Human Capital Management (HCM) system is currently on hold. More to come once that process restarts.



## **Finance Department Summary**

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

The Finance Department is fully staffed.

## **Looking forward:**

The proposed draft budget for the November 16<sup>th</sup> Budget Hearing was posted for public inspection and review by the Board of Directors.

Meetings have been continued to support Managers and Directors with the budgeting process, their monthly financials and grants.





## **Communications Deaprtment Staff Summary**

**Health Coverage Outreach Campaign:** Staff continued to participate in the Health Coverage Outreach campaign, by collaboratively fine-tuning messaging and images, and finalizing approval for digital assets.

Routine Deliverables and Internal Program Products: Staff designed nine one-page summary documents on recommendations arising from the Youth Behavioral Health Assessment. Compass was published, mailing to ~100K district households. This issue included a Larimer Health Connect Medicaid Re-enrollment and Open Enrollment insert that tied back to the messaging and branding of the Health Coverage Outreach campaign. Immediately after the last Board meeting, staff developed and initiated a communication plan for the shift of Quit Tobacco Program services to focus on the bedside intervention project at Poudre Valley Hospital (PVH).

**New Responsibilities:** Assumed oversight of HealthInfoSource website and initiated steps to upgrade current operating system and assess site utilization.

**Staffing Update:** The Digital Media Specialist position (.75 FTE) is vacant. This position is not currently posted to be filled.





## **Support Services Staff Summary**

Facilities: Onboarding the new Facilities Manager, Earl Smith, who brings a wealth of experience.

The roof replacement project at 2001 S. Shields has been completed. We are now negotiating a contract to replace the stairs at the east entrance of that building.

The faulty backflow prevention valve at the 202 Bristlecone Building has been replaced and is now functioning properly.

The Health District owned buildings have been prepared for the winter months including negotiation of a new snow removal contract and replacement of exterior light bulbs. Fall landscaping cleanup has been scheduled.

**Information Technology (IT):** The installation and configuration of the Mulberry camera system, which provides remote access to maintenance and IT staff from computers and mobile devices, has been completed. IT also added an environmental monitoring system for the Mulberry server, which is the second location for the backup process.

A new process for managing how changes will be made to the Health District Client Database is being developed to make sure the needs of all parties (i.e. database administrator, programs, and evaluation) are considered when requests are submitted.

IT staff closed 104 Help Desk work orders for a total of 1,325 minutes spent on them.