



BOARD OF DIRECTORS MEETING

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

**December 12, 2019
4:00 p.m.**



BOARD OF DIRECTORS MEETING

December 12, 2019

4:00 pm

Health District, 1st Floor Conference Room

AGENDA

- 4:00 p.m. BOARD REFRESHMENTS**
- 4:05 p.m. CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA**Michael Liggett
- 4:08 p.m. PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda
- 4:10 p.m. BOARD ACTION**
- 2020 Budget Approval
 - Changes since the Draft Budget..... Carol Plock, Lorraine Haywood
 - Board Discussion/Amendments.....Michael Liggett
 - Approvals
 - Resolution 2019-08: Adopt Budget
 - Resolution 2019-09: Set Mill Levies
 - Resolution 2019-10: Appropriate Sums of Money
 - Certification of Tax Levies
 - Election Resolution Chris Sheafor
 - Resolution 2019-12: Election Resolution Polling Place Election
 - Resolution 2019-7 regarding Modeling of Health Care for All Proposals.....Michael Liggett
- 4:35 p.m. PRESENTATIONS, BOARD DISCUSSION AND POTENTIAL ACTION**
- Proposed Logo.....Dawn Putney, Tom Campbell, Toolbox Creative; Richard Cox
 - Change in Overtime/Comp Time policies.....Karen Spink, Lorraine Haywood
 - Policy..... Alyson Williams
 - Local: Health Care Course Requirement Prior to Graduation from PSD
- 5:05 p.m. BRIEF UPDATES**
- 2019 Colorado Legislative Session: Introduction..... Alyson Williams
 - Larimer Health Connect: Midst of Open Enrollment 7..... Karen Spink
 - Board Contribution Reminder Jessica Shannon
- 5:20 p.m. UPDATES & REPORTS**
- Executive Director Updates Carol Plock
 - UHealth-North/PVHS Board Liaison ReportFaraz Naqvi
- 5:30 p.m. PUBLIC COMMENT (2nd opportunity)**
See note above
- 5:35 p.m. CONSENT AGENDA**
- Resolution 2019-11: To Spend 2019 Revenues into Reserves
 - Approval of October 2019 Financial Statements
 - Approval of the November 12, 2019 Board Meeting Minutes
- 5:40 p.m. ANNOUNCEMENTS**
- December 20, 8:30 am – Board of Directors Mini-Retreat
 - January 28, 2020, 4:00 pm – Board of Directors Regular Meeting
- 5:45 p.m. ADJOURN**

**SIGNIFICANT REVISIONS TO PROPOSED
2020 BUDGET**

	Proposed Budget 10/15/19	Proposed Budget 12/12/19 Final	Difference + / (-)
OPERATING			
Revenue			
■ Property Tax Revenue (net of TIF)	\$ 8,261,947	\$ 8,250,616	\$ (11,331)
Expenditures			
■ Moved some recruitment (MHC) to Reserves			\$ 5,000
■ Move one conference to Reserves			\$ 3,000
■ Miscellaneous Changes to Program Budgets			\$ 3,331
			<u>\$ 11,331</u>
RESERVES			
Special Projects			
■ Specialized Program Training	\$ 121,995	\$ 129,915	\$ 7,920
■ Student Stipends	\$ -	\$ 5,000	\$ 5,000
■ Behavioral Health Specialist (FMC - .5 FTE)	\$ -	\$ 40,375	\$ 40,375
■ MHC Recruitment	\$ -	\$ 5,000	\$ 5,000
			<u>\$ 58,295</u>
Beginning Balance	\$ 7,402,147	\$ 7,272,504	\$ (129,643)
(Additional funds transferred to cover year-end expenses reducing the amount available as of 1/1/2019)			



Budget Documents

For:

January 1 – December 31, 2020

To be approved by the Board of Directors: December 12, 2019

Health District

OF NORTHERN LARIMER COUNTY

Budget for 2020 BUDGET MESSAGE

The Health District of Northern Larimer County in 2020 will continue to provide health services that fulfill its mission "to enhance the health of our community." It will provide health services from seven sites in Fort Collins - three owned facilities and two leased Health District spaces, as well as shared space with two other facilities where Health District staff work collaboratively with staff from other organizations, including Salud Family Health Centers and the Family Medicine Center. For the seventh open enrollment period for health insurance through the Connect for Health Colorado Marketplace, there will also be periodic health coverage assistance services provided in outreach sites in Loveland and Fort Collins.

The Health District's goal for 2020 and beyond is to focus on health programs and services that will have the greatest impact on improving health. In 2017, the Health District Board of Directors reviewed multiple factors that contribute most heavily to ill health and premature death among district residents during its triennial community health assessment process. Utilizing information from the Health District's 2016 Community Health Survey, vital statistics, and other sources, the factors were examined from a variety of perspectives. For key factors, the Board reviewed the relative burden on health; trends over time; gaps between our community's health indicators and the national Healthy People 2020 goals and other benchmarks; the level of need and demand in the community; evaluations of current services; and the potential and availability of effective and cost-effective interventions. The 2020 triennial health assessment is underway and will provide valuable information for the future.

As a result of the 2017 review, the Health District has set several priorities based on their potential to have significant impact on the health of the community. For 2020, the key focus areas include goals to: 1) Maintain and boost the number of people who have health insurance; help community members understand their health insurance options and what might work best for them; and help the community address provider capacity issues; 2) Provide dental care for those with low incomes; expand community knowledge of dental resources for those with low incomes; and 3) Improve the ability of the community to effectively address mental illness, substance use disorders, and pain management – including providing certain behavioral health services and connecting community members to other services. Other priorities will continue to be to help people: identify and control risky blood pressure and cholesterol levels, quit tobacco, and complete advance care directives in order that health care providers will understand their preferences at end of life.

The specific services to be provided by the Health District in 2020 will include those listed below.

Access to Health Care

The Health District will continue to promote access to health care for those with low incomes by directly providing the following services either solely or in partnership with other organizations and providers: family dental services; prescription assistance; psychiatric medication evaluations and consults; mental health and substance use assessments and treatment, particularly at two primary care "safety net clinics" that serve residents with public insurance or who cannot afford the full cost of health care and at CAYAC (Child, Adolescent, Young Adult Connections); assistance for those who suffer from co-occurring

mental illness and substance use disorders; and a program that connects consumers to therapists and psychiatrists offering mental health care at reduced rates. Each program offers discounted care or sliding fee scales to help make health care more affordable.

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

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

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

The Health District will continue to organize and participate in community-based planning aimed at restructuring local mental health and substance use disorder services, and to raise community awareness and action around mental illness and substance use disorders. In 2018, community voters approved a tax initiative to expand critical behavioral health services, and efforts will continue, along with the County and other partners, to implement the expansion plan. Work will also continue on developing more effective approaches for those who suffer from serious complex health and mental illness conditions, on helping our community advance in utilizing the most effective interventions for those with substance use disorders through training for behavioral health provider and criminal justice and human services professionals, as well as community awareness development, and on working with local partners to develop improved approaches to pain management.

Health Promotion

The Health District will provide the following general preventive care and treatment services: community screenings for high blood pressure, cholesterol, and glucose (as an indicator of diabetes), followed by intensive nurse counseling for those at high risk; and evidence-based services to help people quit using tobacco.

Aging

Recognizing that the United States faces unprecedented growth in the number and proportion of older adults - with anticipated significant impacts on health and health care - the Health District will work with other community partners to better understand the projected local impact, and to plan for changing health needs (in areas where adequate planning has not already been accomplished).

As part of this focus, the Health District will continue a limited Larimer Advance Care Planning

project, which will assist adults in developing advance care directives that will help assure that their preferences are honored should they experience a serious health condition. The program will work closely with medical organizations and professionals to help them create sustainable advance directive approaches within their organizations, and to be sure staff are trained on the topic; staff also work with employers on employee campaigns to help employees complete their advance care planning.

Assessment

As noted above, the Health District is committed to making informed decisions based on the most current and relevant information and will continue to gather and share such information with the community. The next triennial overall community health assessment will occur in the last part of 2019, and the results will be used starting in 2020 for making decisions about health care services for the next few years, as well as made available to and shared with the community.

System-wide Improvements

The Health District continues to support system-wide changes that will significantly enhance the ability of local consumers and providers to improve the community's health status. In collaboration with partner agencies, it will work to maximize the impact of the state's Medicaid Accountable Care approach on the health of community residents and the delivery of cost-effective services. The Health District is also involved in monitoring changes in health care brought about by health care reform and other factors, and will continue to assist the community in adapting to changes. The Health District works with multiple partners in disaster preparedness planning and response.

Other

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

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

Budget

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

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

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

Budget

For:

January 1 – December 31, 2020

Health District of Northern Larimer County
2020 Budget

Revenues:

Property & Specific Ownership Taxes	\$ 8,900,616
Lease Revenue	1,149,096
Investment Income	180,000
Operating Revenue (fee income)	1,205,166
Grant and Partnership Revenue	1,232,678
Miscellaneous Income	21,006
Total Revenues	<u>\$ 12,688,562</u>
 Beginning Balance	 \$ 7,272,504
 Total Available Resources	 <u>\$ 19,961,066</u>

Expenditures:

Operating Expenditures	
Board Expenditures	\$ 50,723
Election Expenditures	25,000
Administration	925,187
Program Operations:	
<i>Mental Health/Substance Issues Services</i>	3,976,175
- Community Impact	\$ 742,037
- Connections: Mental Health/Substance Issues Services	1,991,421
- Integrated Care (MHSA/PC)	1,242,717
Dental Services	4,085,364
Health Promotion	881,329
Assessment/Research/Evaluation	237,628
Health Care Access	1,200,881
HealthInfoSource	117,417
Resource Development	184,763
Grants, Partnerships and Special Projects	3,611,526
Total Operating Expenditures	<u>\$ 15,295,993</u>
Non-Operating Expenses	
Capital Expenditures	394,055
Contingency	728,462
Total Non-Operating Expenditures	<u>\$ 1,122,517</u>
Total Expenditures	<u>16,418,510</u>
 Reserves	
Emergency	492,555
Capital Replacement (by policy)	1,150,000
Capital Replacement (flexible)	1,900,000
Total Reserves	<u>\$ 3,542,555</u>
Total Expenditures & Reserves	<u>19,961,066</u>

Health District of Northern Larimer County
Three Year Budget Summary 2020

	Prior Year 2018 Actual *	Current Year 2019 Budget	2020 Proposed Budget
Revenues:			
Property & Specific Ownership Taxes	\$ 7,827,327	\$ 7,887,486	\$ 8,900,616
Lease Revenue	1,083,135	1,115,627	1,149,096
Investment Income	164,678	140,000	180,000
Operating Revenue (fee income)	1,133,519	1,037,995	1,205,166
Grant and Partnership Revenue	947,040	1,365,007	1,232,678
Miscellaneous Income	35,004	21,100	21,006
Total Revenues	\$ 11,190,703	\$ 11,567,215	\$ 12,688,562
 Beginning Balance	 \$ 6,343,442	 \$ 7,464,936	 \$ 7,272,504
Total Available Resources	\$ 17,534,145	\$ 19,032,150	\$ 19,961,066
Expenditures:			
Operating Expenditures			
Board Expenditures	\$ 29,515	\$ 43,920	\$ 50,723
Election Expenditures	297	18,000	25,000
Administration	781,674	858,400	925,187
Program Operations:			
<i>Mental Health/Substance Issues Services</i>		3,395,826	3,976,175
- Community Impact	599,305	\$ 637,766	\$ 742,037
- Connections: Mental Health/Substance Issues Services	1,351,460	1,650,745	1,991,421
- Integrated Care (MHSA/PC)	995,836	1,107,315	1,242,717
Dental Services	3,491,207	3,809,046	4,085,364
Health Promotion	739,561	820,874	881,329
Assessment/Research/Evaluation	198,061	213,652	237,628
Health Care Access	985,568	1,074,616	1,200,881
HealthInfoSource	73,455	109,263	117,417
Resource Development	153,425	174,236	184,763
Grants, Partnerships and Special Projects	1,596,562	3,502,622	3,611,526
Total Operating Expenditures	\$ 10,995,926	\$ 14,020,455	\$ 15,295,993
Non-Operating Expenditures			
Capital	\$ 32,030	\$ 99,725	\$ 394,055
Contingency	-	2,076,083	728,462
Total Non-Operating Expenditures	\$ 32,030	\$ 2,175,808	\$ 1,122,517
Total Expenditures	\$ 11,027,956	\$ 16,196,263	\$ 16,418,510
Reserves			
Emergency & General	\$ 536,180	\$ 485,888	\$ 492,555
Capital Replacement (by policy)	1,150,000	1,150,000	1,150,000
Capital Replacement (flexible)	200,000	1,200,000	1,900,000
Total Reserves	\$ 1,886,180	\$ 2,835,888	\$ 3,542,555
Total Expenditures & Reserves	\$ 12,914,136	\$ 19,032,150	\$ 19,961,066

*Based on year-end audited financial statements

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

Explanatory Schedules

For:

January 1 – December 31, 2020

**Health District of Northern Larimer County
Annual Operating and Reserve Expenditure Summary
2020**

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

Sources of Revenue

Property & Specific Ownership Taxes	\$	8,900,616
Lease Revenue		1,149,096
Fee for Service Income		1,205,166
Grant Revenue		1,201,408
Anticipated grant revenue	\$	701,408
Potential grant revenue		500,000
Partnership Revenue		31,270
Investment Income		180,000
Miscellaneous Income		21,006
Total Revenues	\$	<u>12,688,562</u>

A Operating Expenditures

Board Expenditures	\$	50,723
Election Expenditures		25,000
Administration		906,539
Program Operations		10,281,622
Special Projects - Operations		192,000
Special Projects - Partnerships		31,270
Grant Expenditures		1,201,408
Total Operating Expenditures	\$	<u>12,688,561</u>

B	Expenditures From Reserves	\$	2,607,432
	Special Projects	\$	2,186,848
	Operations	\$	420,584
C	Total Expenditures (A + B)	\$	<u>15,295,993</u>
D	Capital Expenditures (Reserve)		394,055
E	Total Reserve Expenditures (B + D)	\$	<u>3,001,487</u>

Health District of Northern Larimer County

2020 Capital Expenditures

Exterior Signs at Bristlecone campus	28,000
Roof replacement - 202 Bldg	140,000
New rooftop HVAC Units - 120 Bldg	24,000
Equipment/Software	182,055
Contingency	20,000
TOTAL	<u>\$ 394,055</u>

2020 Non-Capital Improvements from Reserves

Technology	\$ 106,820
Office Furniture/Equipment	62,204
Building Improvements	83,900
Software	147,660
Contingency	20,000
TOTAL	<u>\$ 420,584</u>

**Health District of Northern Larimer County
2020 Program Revenues & Expenditures**

	50	51	53	56	58	59	61	62	65	67	72		2019			
	Admin.	Board/ Election	Connections: MH/SI	Dental	MH/SA/PC	Health Promo	Community Impact	Prog. Eval.	Health Care Access	HIS	Res Dev	Total	2020 Grand Total	Operational Budget	% Change	\$ Change
Revenues:																
Fee for Service	\$ -	\$ -	\$ 30,000	\$ 197,375	\$ 508	\$ 3,036	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 230,919	\$ 230,919	216,467	6.68%	14,452
3rd Party Payments	-	-	-	776,226	190,725	7,296	-	-	-	-	-	\$ 974,247	\$ 974,247	821,528	18.59%	152,719
Sponsorships/Fundraising	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -	-	-	-
Misc Income	10,500	-	-	10,000	-	506	-	-	-	-	-	\$ 21,006	\$ 21,006	21,100	-0.45%	(94)
TOTAL REVENUE	\$ 10,500	\$ -	\$ 30,000	\$ 983,601	\$ 191,233	\$ 10,838	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,226,172	\$ 1,226,172	\$ 1,059,095	15.78%	\$ 167,077
Expenditures:																
Salaries & Wages	\$ 461,744	\$ 8,000	\$ 1,329,399	\$ 2,509,426	\$ 890,673	\$ 546,737	\$ 511,262	\$ 164,294	\$ 777,666	\$ 71,598	\$ 126,990	\$ 7,397,788	\$ 7,397,788	\$ 6,566,099	12.67%	831,689
Benefits & Taxes	114,885	612	347,453	695,078	220,079	151,558	133,535	40,371	216,950	22,507	33,616	\$ 1,976,644	\$ 1,976,644	1,764,885	12.00%	211,759
Recruitment/Infection Control	7,000	-	6,000	6,000	6,000	6,252	3,000	1,200	4,600	1,500	1,550	\$ 43,102	\$ 43,102	39,759	8.41%	3,343
Temporary Help	213	4,800	685	4,961	405	319	263	634	-	-	67	\$ 12,348	\$ 12,348	8,731	41.42%	3,617
Interns & Residents	-	-	2,000	-	2,000	-	2,000	2,000	1,600	-	-	\$ 9,600	\$ 9,600	12,400	-22.58%	(2,800)
Consultants & Contracted Dr.s	57,233	4,000	20,558	11,435	3,340	5,836	3,520	426	16,152	306	389	\$ 123,195	\$ 123,195	133,880	-7.98%	(10,685)
Mileage	2,060	100	1,200	800	2,000	400	3,000	800	6,500	500	275	\$ 17,635	\$ 17,635	18,382	-4.06%	(747)
Staff Training	3,168	-	8,249	17,577	4,876	3,836	3,168	888	5,826	638	810	\$ 49,037	\$ 49,037	46,816	4.74%	2,220
Conferences/Retreats/Fundraising	21,187	17,550	6,462	16,222	9,508	5,998	5,959	2,317	13,663	219	5,321	\$ 104,407	\$ 104,407	111,822	-6.63%	(7,415)
Membership/Dues/Licenses	10,722	1,250	5,210	12,943	7,380	892	460	1,150	1,925	2,000	295	\$ 44,227	\$ 44,227	38,605	14.56%	5,622
Publications/Subscriptions	1,959	300	6,394	600	600	376	750	1,723	2,813	-	1,000	\$ 16,515	\$ 16,515	21,180	-22.03%	(4,665)
Meetings	1,300	5,000	11,900	1,000	800	3,280	1,500	400	3,050	285	340	\$ 28,855	\$ 28,855	24,667	16.98%	4,188
Wellness/Recognition	1,148	-	3,686	7,854	2,179	1,714	1,416	397	2,469	19	362	\$ 21,243	\$ 21,243	19,822	7.17%	1,421
Volunteer Recognition	75	700	1,740	2,211	142	487	392	26	411	1,000	24	\$ 7,206	\$ 7,206	6,419	12.27%	788
Rent & Lease Payments	800	-	58,490	5,477	1,520	1,195	987	277	1,722	199	252	\$ 70,920	\$ 70,920	60,576	17.08%	10,344
Utilities	3,524	-	1,938	25,830	6,184	5,395	4,888	1,157	-	631	817	\$ 50,363	\$ 50,363	49,208	2.35%	1,154
Custodial Services	3,567	-	-	26,148	6,260	5,461	4,948	1,171	-	639	827	\$ 49,021	\$ 49,021	47,020	4.26%	2,001
Leased Space Operational Costs	-	-	7,700	-	-	-	-	-	13,500	-	-	\$ 21,200	\$ 21,200	47,021	-54.91%	(25,821)
Insurance	2,860	7,761	13,622	25,870	11,055	4,778	3,279	1,812	6,066	642	815	\$ 78,559	\$ 78,559	69,005	13.85%	9,554
Office Supplies	4,150	500	8,050	6,000	1,470	2,312	2,300	500	2,900	750	320	\$ 29,252	\$ 29,252	27,655	5.77%	1,597
Office Equipment	-	-	-	-	250	-	-	-	-	-	-	\$ 250	\$ 250	-	-	250
Office Furniture	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -	-	-	-
Computer Equipment	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -	-	-	-
Computer Software	-	-	-	-	-	-	-	-	-	-	170	\$ 170	\$ 170	170	-	-
Telephone, E-mail & Internet	3,303	-	8,223	24,792	5,815	5,894	4,562	1,087	914	1,401	776	\$ 56,767	\$ 56,767	55,917	1.52%	850
Postage	1,770	50	1,000	4,000	100	900	300	100	11,062	250	650	\$ 20,182	\$ 20,182	18,750	7.64%	1,432
Printing/Copying/Binding	2,700	100	3,600	2,500	600	2,257	2,000	250	8,250	400	300	\$ 22,957	\$ 22,957	19,088	20.27%	3,869
Community Education	7,949	-	41,251	60,502	10,016	47,092	6,857	2,642	20,018	6,176	1,497	\$ 204,000	\$ 204,000	216,014	-5.56%	(12,014)
Repair & Maintenance	5,709	-	18,336	39,071	10,839	9,526	7,041	1,974	12,284	1,419	1,800	\$ 108,000	\$ 108,000	108,638	-0.59%	(638)
Medical Supplies	-	-	-	160,000	-	16,500	-	-	-	-	-	\$ 176,500	\$ 176,500	172,517	2.31%	3,983
Medical Equipment	-	-	-	-	-	238	-	-	-	-	-	\$ 238	\$ 238	252	-	(14)
Medicines & Vaccines	-	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -	-	-	-
Prescriptions	-	-	-	-	5,000	23,000	-	-	29,500	-	-	\$ 57,500	\$ 57,500	57,500	0.00%	-
Lab & X-ray Fees	-	-	-	170,000	-	-	-	-	-	-	-	\$ 170,000	\$ 170,000	170,000	0.00%	-
Client Assistance	-	-	5,000	12,500	500	2,940	500	-	3,500	-	-	\$ 24,940	\$ 24,940	27,430	-9.08%	(2,490)
Follow-up Care	-	-	-	35,000	-	-	-	-	-	-	-	\$ 35,000	\$ 35,000	20,000	75.00%	15,000
Bad Debt	-	-	2,000	20,000	-	100	-	-	-	-	-	\$ 22,100	\$ 22,100	22,100	0.00%	-
Fees & Exp.	9,500	-	-	1,650	-	-	-	-	-	-	-	\$ 11,150	\$ 11,150	11,150	0.00%	-
Treasurer Fees	178,012	-	-	-	-	-	-	-	-	-	-	\$ 178,012	\$ 178,012	157,750	12.84%	20,263
Reserve Expenditures **	18,649	-	71,275	179,916	33,126	26,057	34,150	10,032	37,542	4,337	5,501	\$ 420,584	\$ 420,584	375,625	11.97%	44,959
Election Expenses	-	25,000	-	-	-	-	-	-	-	-	-	\$ 25,000	\$ 25,000	18,000	38.89%	7,000
TOTAL EXPENDITURES	\$ 925,187	\$ 75,723	\$ 1,991,421	\$ 4,085,364	\$ 1,242,717	\$ 881,329	\$ 742,037	\$ 237,628	\$ 1,200,881	\$ 117,417	\$ 184,763	\$ 11,684,468	\$ 11,684,468	\$ 10,564,854	10.60%	\$ 1,119,614
Net Expenditure	\$ 914,687	\$ 75,723	\$ 1,961,421	\$ 3,101,763	\$ 1,051,484	\$ 870,491	\$ 742,037	\$ 237,628	\$ 1,200,881	\$ 117,417	\$ 184,763	\$ 10,458,296	\$ 10,458,296	\$ 9,505,759	10.02%	\$ 952,537

**To be spent from reserves

**FTE by Program
2020**

Program/Department	Authorized Regular Positions		
	2019 Authorized	2020 Budget	2020 Change
Administration	5.058	5.351	0.293
Mental Health Connections	14.145	17.185	3.041
Dental	35.801	36.619	0.818
Mental Health/Substance Abuse/Primary Care	9.174	10.159	0.986
Health Promotion	7.563	7.991	0.428
Community Impact	6.061	6.600	0.539
Program Evaluation	1.686	1.850	0.164
Health Care Access/Policy	10.955	11.513	0.558
HealthInfoSource	0.963	1.330	0.367
Resource Development	1.638	1.687	0.049
	93.043	100.285	7.242

**Health District of Northern Larimer County
2020**

Special Projects - Reserves

	HD	Partnerships	Total
MHSU Connections: CAYAC	\$ 120,696		\$ 120,696
Adjust Psychiatrist 1 FTE to current rate	\$ 28,500		\$ 28,500
BHP CAYAC Team SUD	\$ 77,670		\$ 77,670
MHC Recruitment	\$ 5,000		\$ 5,000
Regional Health Connector CAYAC	\$ 23,646		\$ 23,646
MHSU Crisis Intervention Training, Law Enforcement	\$ 3,000		\$ 3,000
MH SUD Strategy and Implementation Manager	\$ 52,000		\$ 52,000
MHSU Expansion of Critical Behavioral Health Services	\$ 15,000		\$ 15,000
MHSU SUD Transformation Project	\$ 30,000		\$ 30,000
Community Mental Health/SA (Discretionary)	\$ 70,000		\$ 70,000
Community Mental Health/SA Partnership - HD	\$ 65,000		\$ 65,000
SUD Public Awareness Campaign	\$ 40,000		\$ 40,000
Community Mental Health/SA Partnership - Partners		\$ 31,270	\$ 31,270
MHSU Pay for Success/Frequent Utilizer Approach	\$ 35,000		\$ 35,000
Mental Health Special Legal Consultation	\$ 3,500		\$ 3,500
Pain Management Project	\$ 80,000		\$ 80,000
IC Behavioral Health Provider (.5 FTE - FMC)	\$ 40,375		\$ 40,375
Oral Surgeon/Endo	\$ 15,000		\$ 15,000
OAP Dental Client Assistance (Restricted)	\$ 18,847		\$ 18,847
Dentist loan repayment	\$ 10,000		\$ 10,000
Meaningful Use (future Dental MU expenses)	\$ 122,000		\$ 122,000
Wheelchair Accessible Dental Chair	\$ 40,000		\$ 40,000
Targeted Program Outreach	\$ 29,000		\$ 29,000
Larimer Health Connect	\$ 160,369		\$ 160,369
Health Equity Initiative	\$ 12,000		\$ 12,000
HCA Project Implementation Coordinator	\$ 79,195		\$ 79,195
Connect for Health Colorado Indirects	\$ 20,000		\$ 20,000
CDDT/ACT Facility Repairs/Contingency	\$ 10,000		\$ 10,000
Advance Care Planning Project	\$ 52,775		\$ 52,775
Ageing and Health Care Initiative	\$ 50,000		\$ 50,000
HPSA	\$ 7,000		\$ 7,000
Camp Bristlecone Revamp	\$ 10,000		\$ 10,000
Great Plains Consultant - HR Module	\$ 4,000		\$ 4,000
HR Consultant	\$ 8,000		\$ 8,000
Contracts/Compliance Consultant	\$ 22,000		\$ 22,000
Community Health Survey	\$ 33,725		\$ 33,725
Transition Management	\$ 117,320		\$ 117,320
Specialized program training/health care reform training	\$ 129,915		\$ 129,915
HIS Redesign and Implementation	\$ 139,800		\$ 139,800
Health Information Sharing & Health Reform Changes	\$ 20,000		\$ 20,000
Implementation of Community/New Projects Process & Plans	\$ 40,000		\$ 40,000
RIHEL - Leadership Institute (2 attendees)	\$ 11,000		\$ 11,000
Emergency Preparedness	\$ 10,000		\$ 10,000
Intermediate Medical Leave	\$ 25,000		\$ 25,000
Video Outreach	\$ 12,000		\$ 12,000
New high level staff recruitment costs	\$ 20,000		\$ 20,000
Wellness Program	\$ 6,000		\$ 6,000
General Indirects	\$ 50,450		\$ 50,450
Public Awareness & Name Changes	\$ 80,000		\$ 80,000
Health District websites redevelopment	\$ 40,000		\$ 40,000
Student Stipends	\$ 5,000		\$ 5,000
Census 2020 Outreach	\$ 10,000		\$ 10,000
New Community Health Data Project	\$ 50,000		\$ 50,000
Evaluation Services for Grants/Projects	\$ 27,065		\$ 27,065
Total	\$ 2,186,848	\$ - \$ 31,270	\$ 2,218,118

Grants

	Grants	Total
DC Fundraising (OOD)	\$ 12,675	\$ 12,675
Dental Client Assistance - Children	\$ 7,597	\$ 7,597
Dental Client Assistance - Adults	\$ 26,511	\$ 26,511
Project Smile	\$ 6,677	\$ 6,677
Lion's Club Diabetes Program	\$ 2,372	\$ 2,372
Community Foundation (Senior Dental)	\$ 11,087	\$ 11,087
Colorado Health Foundation (LHC)	\$ 8,784	\$ 8,784
Connect for Health (LHC)	\$ 6,004	\$ 6,004
Connect for Health Colorado FY 20	\$ 80,617	\$ 80,617
Connect for Health (new)	\$ 72,385	\$ 72,385
ACP Partner/Fundraising	\$ 7,989	\$ 7,989
ACMHC Extension	\$ 678	\$ 678
Denver Foundation (CAYAC)	\$ 16,700	\$ 16,700
CHF - SUD Transformation Project	\$ 18,591	\$ 18,591
RWJF Culture of Health Leaders - Health Equity	\$ 31,741	\$ 31,741
Meaningful Use	\$ 34,000	\$ 34,000
Denver Foundation MAT	\$ 216,252	\$ 216,252
Connect for Health Colorado	\$ 84,901	\$ 84,901
Next 50	\$ 40,028	\$ 40,028
City of Fort Collins (CAYAC)	\$ 5,818	\$ 5,818
Larimer County for MHSA Alliance	\$ 10,000	\$ 10,000
Potential Grants	\$ 500,000	\$ 500,000
Total	\$ 1,201,408	\$ 1,201,408

Special Projects - Operations

	Health District	Grants	Partnerships	Total
Special Projects Contingency	\$ 192,000			\$ 192,000
Total	\$ 192,000	\$ -	\$ -	\$ 192,000

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



Resolution 2019-08

RESOLUTION TO ADOPT BUDGET

A RESOLUTION SUMMARIZING EXPENDITURES AND REVENUES FOR EACH FUND AND ADOPTING A BUDGET FOR THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY, COLORADO, FOR THE CALENDAR YEAR BEGINNING ON THE FIRST DAY OF JANUARY 2020 AND ENDING ON THE LAST DAY OF DECEMBER 2020.

WHEREAS, the Board of Directors of the Health District of Northern Larimer County has appointed Carol Plock, Executive Director, to prepare and submit a proposed budget to said governing body at the proper time; and

WHEREAS, Carol Plock, Executive Director, has submitted a proposed budget to this governing body on October 15, 2019 for its consideration; and

WHEREAS, upon due and proper notice, published or posted in accordance with the law, said proposed budget was open for inspection by the public at a designated place, a public hearing was held on November 12, 2019, and interested taxpayers were given the opportunity to file or register any objections to said proposed budget, and,

WHEREAS, whatever increases may have been made in the expenditures, like increases were added to the revenues so that the budget remains in balance, as required by law.

NOW, THEREFORE, BE IT RESOLVED BY THE Board of Directors of the Health District of Northern Larimer County, Fort Collins, Colorado:

Section 1. That the budget as submitted, amended, and summarized by fund, hereby is approved and adopted as the budget of the Health District of Northern Larimer County for the year stated above.

Section 2. That the budget hereby approved and adopted shall be signed by the members of the Board of Directors and made a part of the public records of the District.

ADOPTED, this 12th day of December, A.D., 2019.

Attest:

Michael D. Liggett, President

Molly Gutilla, Vice President

Celeste Holder Kling, Secretary

Joseph Prows, Treasurer

Faraz Naqvi
UCHealth-North/PVHS Board Liaison



Resolution 2019-09

RESOLUTION TO SET MILL LEVIES

A RESOLUTION LEVYING GENERAL PROPERTY TAXES FOR THE YEAR 2020 TO HELP DEFRAY THE COSTS OF GOVERNMENT FOR THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY, FORT COLLINS, COLORADO FOR THE 2020 BUDGET YEAR.

WHEREAS, the Board of Directors of the Health District of Northern Larimer County (Health District) has adopted the annual budget in accordance with the Local Government Budget Law, on December 12, 2019; and

WHEREAS, the amount of money necessary to balance the budget for general operating purposes from property tax revenue is \$8,250,616; and

WHEREAS, the 2020 net valuation of assessment for the Health District as certified by the County Assessor is \$3,807,390,982.

NOW, THEREFORE, BE IT RESOLVED BY THE Board of Directors of the Health District of Northern Larimer County, Fort Collins, Colorado:

Section 1. That for the purpose of meeting all proposed expenditures within the general operating budget of the Health District during the 2020 budget year, there is hereby levied a tax of 2.167 mills upon each dollar of the total valuation for assessment of all taxable property within the district for the year 2020.

Section 2. That the Executive Director is hereby authorized and directed to immediately certify to the County Commissioners of Larimer County, Colorado, the mill levies for the Health District as herein above determined and set.

ADOPTED, this 12th day of December, A.D., 2019.

Attest:

Michael D. Liggett, President

Molly Gutilla, Vice President

Celeste Holder Kling, Secretary

Joseph Prows, Treasurer

Faraz Naqvi
UCHealth-North/PVHS Board Liaison



Resolution 2019-10

RESOLUTION TO APPROPRIATE SUMS OF MONEY

A RESOLUTION APPROPRIATING SUMS OF MONEY TO THE VARIOUS FUNDS IN THE AMOUNT AND FOR THE PURPOSE AS SET FORTH BELOW, FOR THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY, FORT COLLINS, COLORADO, FOR THE 2020 BUDGET YEAR.

WHEREAS, the Board of Directors of the Health District of Northern Larimer County (Health District) has adopted the annual budget in accordance with the Local Government Budget Law, on December 12, 2019 and

WHEREAS, the Board of Directors has made provision therein for revenues in an amount equal to or greater than the total proposed expenditures as set forth in said budget; and

WHEREAS, it is not only required by law, but also necessary to appropriate the revenues and reserves or fund balances provided in the budget to and for the purposes described below, thereby establishing a limitation on expenditures for the operations of the Health District.

NOW, THEREFORE, BE IT RESOLVED BY THE Board of Directors of the Health District of Northern Larimer County, Fort Collins, Colorado:

Section 1. That the following sum of **\$19,961,066** is hereby appropriated from the revenue of the general fund, to the general fund.

ADOPTED, this 12th day of December, A.D., 2019.

Attest:

Michael D. Liggett, President

Molly Gutilla, Vice President

Celeste Holder Kling, Secretary

Joseph Prows, Treasurer

Faraz Naqvi
UCHealth-North/PVHS Board Liaison

CERTIFICATION OF TAX LEVIES for NON-SCHOOL Governments

TO: County Commissioners¹ of _____, Colorado.

On behalf of the _____,
(taxing entity)^A
 the _____,
(governing body)^B
 of the _____,
(local government)^C

Hereby officially certifies the following mills to be levied against the taxing entity's GROSS \$ _____ assessed valuation of: (GROSS^D assessed valuation, Line 2 of the Certification of Valuation Form DLG 57^E)

Note: If the assessor certified a NET assessed valuation (AV) different than the GROSS AV due to a Tax Increment Financing (TIF) Area^F the tax levies must be calculated using the NET AV. The taxing entity's total property tax revenue will be derived from the mill levy multiplied against the NET assessed valuation of: \$ _____ (NET^G assessed valuation, Line 4 of the Certification of Valuation Form DLG 57)
USE VALUE FROM FINAL CERTIFICATION OF VALUATION PROVIDED BY ASSESSOR NO LATER THAN DECEMBER 10

Submitted: _____ for budget/fiscal year _____.
(no later than Dec. 15) (mm/dd/yyyy) (yyyy)

PURPOSE <small>(see end notes for definitions and examples)</small>	LEVY ²	REVENUE ²
1. General Operating Expenses ^H	_____ mills	\$ _____
2. <Minus> Temporary General Property Tax Credit/ Temporary Mill Levy Rate Reduction ^I	< _____ > mills	\$ < _____ >
SUBTOTAL FOR GENERAL OPERATING:	 mills	 \$
3. General Obligation Bonds and Interest ^J	_____ mills	\$ _____
4. Contractual Obligations ^K	_____ mills	\$ _____
5. Capital Expenditures ^L	_____ mills	\$ _____
6. Refunds/Abatements ^M	_____ mills	\$ _____
7. Other ^N (specify): _____	_____ mills	\$ _____
	_____ mills	\$ _____
TOTAL: <small>[Sum of General Operating Subtotal and Lines 3 to 7]</small>	 mills	 \$

Contact person: _____ Daytime phone: () _____
 (print)
 Signed: _____ Title: _____

Include one copy of this tax entity's completed form when filing the local government's budget by January 31st, per 29-1-113 C.R.S., with the Division of Local Government (DLG), Room 521, 1313 Sherman Street, Denver, CO 80203. Questions? Call DLG at (303) 864-7720.

¹ If the *taxing entity's* boundaries include more than one county, you must certify the levies to each county. Use a separate form for each county and certify the same levies uniformly to each county per Article X, Section 3 of the Colorado Constitution.
² Levies must be rounded to three decimal places and revenue must be calculated from the total NET assessed valuation (Line 4 of Form DLG57 on the County Assessor's **FINAL** certification of valuation).

CERTIFICATION OF TAX LEVIES, continued

THIS SECTION APPLIES TO TITLE 32, ARTICLE 1 SPECIAL DISTRICTS THAT LEVY TAXES FOR PAYMENT OF GENERAL OBLIGATION DEBT (32-1-1603 C.R.S.). Taxing entities that are

Special Districts or Subdistricts of Special Districts must certify separate mill levies and revenues to the Board of County Commissioners, one each for the funding requirements of each debt (32-1-1603, C.R.S.) Use additional pages as necessary. The Special District's or Subdistrict's total levies for general obligation bonds and total levies for contractual obligations should be recorded on Page 1, Lines 3 and 4 respectively.

CERTIFY A SEPARATE MILL LEVY FOR EACH BOND OR CONTRACT:

BONDS^J:

- 1. Purpose of Issue: _____
Series: _____
Date of Issue: _____
Coupon Rate: _____
Maturity Date: _____
Levy: _____
Revenue: _____

- 2. Purpose of Issue: _____
Series: _____
Date of Issue: _____
Coupon Rate: _____
Maturity Date: _____
Levy: _____
Revenue: _____

CONTRACTS^K:

- 3. Purpose of Contract: _____
Title: _____
Date: _____
Principal Amount: _____
Maturity Date: _____
Levy: _____
Revenue: _____

- 4. Purpose of Contract: _____
Title: _____
Date: _____
Principal Amount: _____
Maturity Date: _____
Levy: _____
Revenue: _____

Use multiple copies of this page as necessary to separately report all bond and contractual obligations per 32-1-1603, C.R.S.

Notes:

^A **Taxing Entity**—A jurisdiction authorized by law to impose ad valorem property taxes on taxable property located within its territorial limits (please see notes B, C, and H below). For purposes of the DLG 70 only, a *taxing entity* is also a geographic area formerly located within a *taxing entity*'s boundaries for which the county assessor certifies a valuation for assessment and which is responsible for payment of its share until retirement of financial obligations incurred by the *taxing entity* when the area was part of the *taxing entity*. For example: an area of excluded property formerly within a special district with outstanding general obligation debt at the time of the exclusion or the area located within the former boundaries of a dissolved district whose outstanding general obligation debt service is administered by another local government^C.

^B **Governing Body**—The board of county commissioners, the city council, the board of trustees, the board of directors, or the board of any other entity that is responsible for the certification of the *taxing entity*'s mill levy. For example: the board of county commissioners is the governing board ex officio of a county public improvement district (PID); the board of a water and sanitation district constitutes ex officio the board of directors of the water subdistrict.

^C **Local Government** - For purposes of this line on Page 1 of the DLG 70, the *local government* is the political subdivision under whose authority and within whose boundaries the *taxing entity* was created. The *local government* is authorized to levy property taxes on behalf of the *taxing entity*. For example, for the purposes of this form:

1. a municipality is both the *local government* and the *taxing entity* when levying its own levy for its entire jurisdiction;
2. a city is the *local government* when levying a tax on behalf of a business improvement district (BID) *taxing entity* which it created and whose city council is the BID board;
3. a fire district is the *local government* if it created a subdistrict, the *taxing entity*, on whose behalf the fire district levies property taxes.
4. a town is the *local government* when it provides the service for a dissolved water district and the town board serves as the board of a dissolved water district, the *taxing entity*, for the purpose of certifying a levy for the annual debt service on outstanding obligations.

^D **GROSS Assessed Value** - There will be a difference between gross assessed valuation and net assessed valuation reported by the county assessor only if there is a “tax increment financing” entity (see below), such as a downtown development authority or an urban renewal authority, within the boundaries of the *taxing entity*. The board of county commissioners certifies each *taxing entity*'s total mills upon the *taxing entity*'s *Gross Assessed Value* found on Line 2 of Form DLG 57.

^E **Certification of Valuation by County Assessor, Form DLG 57** - The county assessor(s) uses this form (or one similar) to provide valuation for assessment information to a *taxing entity*. The county assessor must provide this certification no later than August 25th each year and may amend it, one time, prior to December 10th. Each entity must use the **FINAL** valuation provided by assessor when certifying a tax levy.

^F **TIF Area**—A downtown development authority (DDA) or urban renewal authority (URA), may form plan areas that use “tax increment financing” to derive revenue from increases in assessed valuation (gross minus net, Form DLG 57 Line 3) attributed to the activities/improvements within the plan area. The DDA or URA receives the differential revenue of each overlapping *taxing entity*'s mill levy applied against the *taxing entity*'s gross assessed value after subtracting the *taxing entity*'s revenues derived from its mill levy applied against the net assessed value.

^G **NET Assessed Value**—The total taxable assessed valuation from which the *taxing entity* will derive revenues for its uses. It is found on Line 4 of Form DLG 57. **Please Note:** A downtown development authority (DDA) may be both a *taxing entity* and have also created its own *TIF area* and/or have a URA *TIF Area* within the DDA's boundaries. As a result DDAs may both receive operating revenue from their levy applied to their certified *NET assessed value* and also receive TIF revenue generated by any *tax entity* levies overlapping the DDA's *TIF Area*, including the DDA's own operating levy.

^H General Operating Expenses (DLG 70 Page 1 Line 1)—The levy and accompanying revenue reported on Line 1 is for general operations and includes, in aggregate, all levies for and revenues raised by a *taxing entity* for purposes not lawfully exempted and detailed in Lines 3 through 7 on Page 1 of the DLG 70. For example: a fire pension levy is included in general operating expenses, unless the pension is voter-approved, if voter-approved, use Line 7 (Other).

^I Temporary Tax Credit for Operations (DLG 70 Page 1 Line 2)—The Temporary General Property Tax Credit/ Temporary Mill Levy Rate Reduction of 39-1-111.5, C.R.S. may be applied to the *taxing entity*'s levy for general operations to effect refunds. Temporary Tax Credits (TTCs) are not applicable to other types of levies (non-general operations) certified on this form because these levies are adjusted from year to year as specified by the provisions of any contract or schedule of payments established for the payment of any obligation incurred by the *taxing entity* per 29-1-301(1.7), C.R.S., or they are certified as authorized at election per 29-1-302(2)(b), C.R.S.

^J General Obligation Bonds and Interest (DLG 70 Page 1 Line 3)—Enter on this line the total levy required to pay the annual debt service of all general obligation bonds. Per 29-1-301(1.7) C.R.S., the amount of revenue levied for this purpose cannot be greater than the amount of revenue required for such purpose as specified by the provisions of any contract or schedule of payments. Title 32, Article 1 Special districts and subdistricts must complete Page 2 of the DLG 70.

^K Contractual Obligation (DLG 70 Page 1 Line 4)—If repayment of a contractual obligation with property tax has been approved at election and it is not a general obligation bond (shown on Line 3), the mill levy is entered on this line. Per 29-1-301(1.7) C.R.S., the amount of revenue levied for this purpose cannot be greater than the amount of revenue required for such purpose as specified by the provisions of any contract or schedule of payments.

^L Capital Expenditures (DLG 70 Page 1 Line 5)—These revenues are not subject to the statutory property tax revenue limit if they are approved by counties and municipalities through public hearings pursuant to 29-1-301(1.2) C.R.S. and for special districts through approval from the Division of Local Government pursuant to 29-1-302(1.5) C.R.S. or for any *taxing entity* if approved at election. Only levies approved by these methods should be entered on Line 5.

^M Refunds/Abatements (DLG 70 Page 1 Line 6)—The county assessor reports on the *Certification of Valuation* (DLG 57 Line 11) the amount of revenue from property tax that the local government did not receive in the prior year because taxpayers were given refunds for taxes they had paid or they were given abatements for taxes originally charged to them due to errors made in their property valuation. The local government was due the tax revenue and would have collected it through an adjusted mill levy if the valuation errors had not occurred. Since the government was due the revenue, it may levy, in the subsequent year, a mill to collect the refund/abatement revenue. An abatement/refund mill levy may generate revenues up to, but not exceeding, the refund/abatement amount from Form DLG 57 Line 11.

1. Please Note: Pursuant to Article X, Section 3 of the Colorado Constitution, if the *taxing entity* is in more than one county, as with all levies, the abatement levy must be uniform throughout the entity's boundaries and certified the same to each county. To calculate the abatement/refund levy for a *taxing entity* that is located in more than one county, first total the abatement/refund amounts reported by each county assessor, then divide by the *taxing entity*'s total net assessed value, then multiply by 1,000 and round down to the nearest three decimals to prevent levying for more revenue than was abated/refunded. This results in an abatement/refund mill levy that will be uniformly certified to all of the counties in which the *taxing entity* is located even though the abatement/refund did not occur in all the counties.

^N Other (DLG 70 Page 1 Line 7)—Report other levies and revenue not subject to 29-1-301 C.R.S. that were not reported above. For example: a levy for the purposes of television relay or translator facilities as specified in sections 29-7-101, 29-7-102, and 29-7-105 and 32-1-1005 (1) (a), C.R.S.; a voter-approved fire pension levy; a levy for special purposes such as developmental disabilities, open space, etc.



Resolution 2019-12

ELECTION RESOLUTION POLLING PLACE ELECTION

§32-1-804, §1-13.5, C.R.S.

WHEREAS, the term of office of Directors Celeste Kling and Faraz Naqvi shall expire after their successors are elected at the Regular Special District election ("Election") to be held on May 5, 2020 and take office; and

WHEREAS, in accordance with the provisions of the Special District Act ("Act") and the Colorado Local Government Election Code ("Code"), the Election must be conducted to elect two (2) Directors to serve for a term of three years.

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

1. The regular election of the eligible electors of District shall be held on May 5, 2020, between the hours of 7:00 A.M. and 7:00 P.M. pursuant to and in accordance with the Act, Code, and other applicable laws. At that time, two (2) Directors will be elected to serve three-year terms.

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

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

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

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

3. The Board of Directors hereby designates Chris Sheafor as the Designated Election Official on behalf of District who is hereby authorized and directed to proceed with any action necessary or appropriate to effectuate the provisions of this Resolution and of the Act, Code, or other applicable

laws. The Election shall be conducted in accordance with the Act, Code, and other applicable laws. Among other matters, the Designated Election Official shall publish the call for nominations, appoint election judges as necessary, appoint the Canvassing Board, arrange for the required notices of election and printing of ballots, and direct that all other appropriate actions be accomplished.

4. Applications for mail-in voter's ballots may be filed with the Designated Election Official at 120 Bristlecone Drive, Fort Collins, Colorado, no later than the close of business on the Tuesday preceding the election (5:00 P.M. on Tuesday, April 28, 2020).

5. Self-Nomination and Acceptance Forms are available at the Designated Election Official's office located at the above address. All candidates must file a Self-Nomination and Acceptance Form with the Designated Election Official no later than 5:00 P.M. on Friday, February 28, 2020. Interested candidates, who miss the February 28, 2020 deadline, may still apply to run for director by filing an Affidavit of Intent To Be a Write-In Candidate no later than 5:00 P.M. on Monday, March 2, 2020.

6. If the only matter before the electors is the election of Directors of the District and if, at 5:00 P.M. on Tuesday, March 3, 2020, there are not more candidates than offices to be filled at the Election, including candidates timely filing of Affidavits of Intent To Be a Write-In, the Designated Election Official shall cancel the Election and by Resolution declare the candidates elected. Notice of such cancellation shall be published and posted in accordance with the Code. The Notice, and this Resolution, signed by the Board President, shall be filed with the Division of Local Government.

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

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

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

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

Adopted and Approved this 12th day of December, 2019, by the Board of Directors of the Health District of Northern Larimer County.



Attest:

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, JD, Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD
UCHealth-North/PVHS Board Liaison

RESOLUTION 2019 - 07

A RESOLUTION OF THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY SUPPORTING THE CREATION OF INDEPENDENTLY EVALUATED MODELS OF KEY PROPOSALS FOR HEALTH CARE FOR ALL, SUCH THAT THE PUBLIC MAY COMPARE THEM TO THE CURRENT MIX OF HEALTH CARE FINANCING PROGRAMS

WHEREAS, a healthy citizenry is essential to a free and democratic society; and

WHEREAS, the current patchwork of health care financing systems results in a significant hardship for many individuals, families and businesses in Northern Larimer County, the State of Colorado and the nation as a whole; and

WHEREAS, the public deserves the ability to review independently evaluated models of key proposals for health care for all, to understand what services could be funded, what public revenue sources could be utilized to fund it, the probable cost to individuals, families and businesses, and how the transition would take place, in order to compare the options to the existing patchwork of health care financing programs across the state and the nation; and

WHEREAS, the concept of a similar Resolution was originally proposed by local members of our community, and the Health District of Northern Larimer County supports the development of full modeling of various approaches to improvements in national and state health care systems in order that informed comparisons may be made by policy-makers;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY, COLORADO THAT:

1. The Health District Board encourages Larimer County city councils, the Larimer County Commissioners, the Governor of Colorado, our state legislative representatives and our congressional representatives to actively support thorough and independent evaluations of key comprehensive proposals for health care for all such that policy makers and the public may compare them to the current mix of health care financing programs.
2. On behalf of the Board, and under the Board President's signature, staff should forward this resolution to our local, state and federal elected representatives.

**INTRODUCED, READ AND ADOPTED BY THE BOARD OF THE HEALTH
DISTRICT OF NORTHERN LARIMER COUNTY THIS 12th DAY OF
DECEMBER 2019.**

Attest:

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, JD, Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD
UCHealth-North/PVHS Board Liaison

RESOLUTION 2019 - 07

A RESOLUTION OF THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY SUPPORTING THE CREATION OF ~~AN INDEPENDENTLY EVALUATED MODEL~~ (OR MODELS) OF IMPROVED MEDICARE FOR ALL, AND OTHER MODELS OF KEY PROPOSALS FOR HEALTH CARE FOR ALL, ~~IF AVAILABLE,~~ SUCH THAT THE PUBLIC MAY COMPARE THEM TO THE CURRENT MIX OF HEALTH CARE FINANCING PROGRAMS

WHEREAS, a healthy citizenry is essential to a free and democratic society; and

WHEREAS, the current patchwork of health care financing systems results in a significant hardship for many individuals, families and businesses in Northern Larimer County, the State of Colorado and the nation as a whole; and

WHEREAS, the public deserves the ability to review ~~an~~ independently evaluated models ~~(or models) of Improved Medicare for All and other models of key proposals~~ for health care for all, ~~if available,~~ to understand what services could be funded, what ~~public~~ revenue sources could be utilized to fund it, the probable cost to individuals, families and businesses, and how the transition would take place, in order to compare the ~~option or~~ options to the existing patchwork of health care financing programs across the state and the nation; and

WHEREAS, ~~such the concept of a similar~~ Resolution was originally proposed by local members of ~~our community, and the Colorado Foundation for Universal Health Care, and staff of~~ the Health District of Northern Larimer County supports the development of full modeling of various approaches to improvements in national and state health care systems in order that informed comparisons may be made by policy-makers;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY, COLORADO THAT:

1. The Health District Board encourages Larimer County city councils, the Larimer County Commissioners, the Governor of Colorado, our state legislative representatives and our congressional representatives to actively support ~~a~~ thorough and independent evaluations of ~~a key comprehensive proposals model (or models) of Improved Medicare for All and other models of for~~ health care for all, ~~if available,~~ such that policy makers and the public may compare ~~it them~~ to the current mix of health care financing programs.
2. On behalf of the Board, and under the Board President's signature, staff should forward this resolution to our local, state and federal elected representatives.

INTRODUCED, READ AND ADOPTED BY THE BOARD OF THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY THIS 12th DAY OF ~~NOV~~DECEMBER 2019.

~~Health District of Northern Larimer County~~

By:

~~Michael Liggett, President~~

~~Attest: Attest:~~

~~Celeste King, Secretary~~

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~~Michael D. Liggett, Esq., Board President Molly Gutilla, MS DrPH, Board Vice President~~

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~~Celeste Kling, JD, Board Secretary Joseph Prows, MD MPH, Board Treasurer~~

~~Faraz Naqvi, MD
UHealth-North/PVHS Board Liaison~~

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TO: Board of Directors
FROM: Lorraine Haywood, Finance Director and Karen Spink, Assistant Director
RE: Change to Overtime Pay Policy
DATE: December 10, 2019

Background:

The Fair Labor Standards Act (FLSA) is a U.S. Federal Law enacted in 1938 to prohibit employers from taking advantage of employees. It includes provisions which prohibit child labor, set minimum wage, require overtime pay, require equal pay (prohibit sex based wage differentials), and require record keeping.

The FLSA protects employees whereby employees are generally presumed not exempt and entitled to overtime pay; however there are exemptions from this law for executive, administrative, professional, and computer employees. The law requires that nonexempt employees be compensated for overtime hours worked at a rate of 1 ½ times their regular rate of pay. Public entities are allowed to offer compensatory time in lieu of pay at a rate of 1 ½ time. Overtime is defined as more than 40 hours worked in a work week.

The Health District, per current policy, as described in the Employee Handbook section 300.04 Overtime, elected to utilize compensatory time off in lieu of overtime. Exceptions can be made to provide overtime pay with Executive Director approval. Paid time off and holidays are not counted as hours worked for purposes of calculating overtime.

Challenges with current policy

Impact on the Finance Department: The Health District recently implemented a new timekeeping system that allows for the import of employee timesheet hours directly into the payroll accounting system for payroll processing. The timekeeping software is written to meet all federal and state requirements for calculating overtime for non-exempt employees utilizing overtime pay guidelines. Because the Health District has opted to utilize compensatory time off in lieu of overtime pay, payroll accountants are not able to use the import capabilities to their fullest extent and must manually review individual timesheets to separate compensatory time off from exceptions to our policy (when approved) for overtime pay and make manual adjustments to timesheets before importing employee hours into the payroll accounting system. In addition, a separate worksheet must be maintained for each non-exempt employee to track the addition and usage of compensatory time. The manual processes required to administer the compensatory time off policy is inefficient and adds several hours to each payroll period. This can become particularly burdensome especially when there is only one day between the end of the payroll period and the deadline for submitting the payroll file to the bank for processing by the payroll dates (5th and 20th of the month).

Impact on program operations: With the accrual of compensatory time off at a rate of 1 ½ for all overtime hours worked in addition to their regular PTO, some staff accumulate large reserves of comp time and expect to be able to utilize that time off, which impacts staffing for our programs and services. Also, a switch to paying for time and a half will make the budget impact of overtime more instantly evident for program managers.

Example where overtime pay has worked well:

Larimer Health Connect is an example of a program that annually requests an exception to the policy due to the need to provide a greater level of service during open enrollment. LHC utilizes this exception for several reasons, including an incentive for staff to work extended hours during open enrollment, and having grant funded staff that join the team for only the months surrounding open enrollment.

Proposed Change:

For the reasons listed above, Management requests Board approval to revise the overtime pay policy, effective January 1, 2020, discontinuing the use of compensatory time off in lieu of overtime pay, and replacing it with time and a half pay for all non-exempt employees for hours worked in excess of 40 hours in a work week as outlined in Fair Labor Standards Act. Those who have already accumulated overtime compensatory time will be able to spend down the time already earned.

This change in policy will have minimal effect on the budget. Currently, programs that anticipate needed staff to work overtime have already planned and budgeted for those hours. Unexpected overtime is primarily due to staff shortages due to open positions and overtime costs are generally offset by salary savings from those open positions.

Memo

To: Board of Directors, Health District of Northern Larimer County
From: Karen Spink, Assistant Director
Date: December 12, 2019
Re: Poudre School District Health Education Requirement

ISSUE BRIEF POUDRE SCHOOL DISTRICT'S HIGH SCHOOL HEALTH EDUCATION REQUIREMENT

“The most effective means to improve health literacy is to ensure that education about health is part of the curriculum at all levels of education”

-Institute of Medicine Committee on Health Literacy, 2004

Background

Currently, in the state of Colorado, Health and Physical Education coursework or classes are not required for graduation. It is up to specific school districts to determine course-specific graduation requirements¹. Prior to the 2018 school year, Poudre School District (PSD) required 15 Wellness requirements for graduation, of which 2.5 were required to be health education. During the 2018 school year, PSD removed the health education requirement and simply requires 15 Wellness credits². As a result, enrollment in health education classes declined, as students opted to take physical education classes or enroll in activities that fulfilled the requirement in place of this course. A community workgroup, with support from Partnership for Healthy Youth (PHY) and Larimer County Communities that Care (CTC), are advocating to reinstate health education as a requirement for graduation. Following conversations with PSD's Wellness Advisory Council for Schools and the District Advisory Board, the working group intends to solicit letters of support from local health organizations prior to approaching the Board of Education. Health District employees involved in PHY and CTC have been monitoring these activities.

Review of Evidence

Primary prevention refers to activities that intervene before health effects occur.³ Health education in the K-12 setting can be a powerful form of primary health promotion and disease prevention for children and adolescents, while also advancing their academic achievement. Many of the major causes of death, disability, illness, and social problems among young people and adults are

¹ Comprehensive Health Academic Standards. (2019). Retrieved December 5, 2019, from Colorado Department of Education website: <https://www.cde.state.co.us/cohealth/statestandards>

² Academic Standards and Graduation Requirements. (2019). Retrieved December 5, 2019, from Poudre School District website: <https://www.psdschools.org/academics/academic-standards-graduation-requirements>

³ Wallace RB. Primary prevention. In: Breslow L, Cengage G, editors. Encyclopedia of Public Health [online]. 2006. [cited 2010 Mar 30]. Available from URL: <http://www.enotes.com/public-healthencyclopedia/primary-prevention>.

established during childhood and adolescence⁴. Recent data has shown opportunities for early interventions in the areas of youth substance use³, social and emotional learning⁵, sexually transmitted infections and teenage pregnancy⁶, as well as reducing disparities in health behaviors and outcomes in our youth.

Improving health literacy has consistently been viewed in public health as an essential way to build personal capacity to live a healthier life. Evidence suggests that low health literacy is associated with poorer health outcomes and poorer use of health services.⁷ A 2004 Institute of Medicine (IOM) Report noted that “arguably, the most effective means to improve health literacy is to ensure that education about health is part of the curriculum at all levels of education”⁸. Schools have historically been recognized as a natural environment for improving health literacy among children and adolescents. The IOM report further states, “Unless health education is considered part of basic education, the quantity and quality of health education in U.S. elementary and secondary schools are likely to deteriorate further.” While schools are tasked with making decisions on many competing supplemental curricular opportunities, inculcating health literacy within the school system is essential to a student’s ability to learn, reduce health-risk behaviors, and navigate the health-care system. Healthier students are better students, a relationship that has been long established and supported across the globe by organizations like the World Health Organization (WHO).⁹

The Centers for Disease Control and Prevention, along with the Association for Supervision and Curriculum, developed the Whole School, Whole Community, Whole Child (WSCC) model that aligns education, public health, and school health sector priorities to improve students’ cognitive, physical, social, and emotional development.¹⁰ Formal, structured comprehensive health education for students in pre-K through grade 12 that address a variety of topics is considered one of the ten core components of the WSCC model. A review specifically examining the health education component of this model found sufficient evidence to support its effectiveness.¹¹

In addition, evidence suggests that skill-based health education, defined as “planned, sequential, comprehensive, and relevant curriculum that is implemented through participatory methods in order to help students develop skills, attitudes and functional knowledge needed to lead health-enhancing

⁴ Kolbe, L. J. (2019). School Health as a Strategy to Improve Both Public Health and Education. *Annual Review of Public Health*, 40(1), 443–463. <https://doi.org/10.1146/annurev-publhealth-040218-043727>

⁵ Colorado Department for Public Health and Environment. (2019). *Healthy Kids Colorado Survey 2017 Executive Summary*. Retrieved from <https://drive.google.com/file/d/1-fcgq91BtPBCPCdhstPYO4PZD3NXdtW7/view>

⁶ Ramirez-Salinas, N. (2019). *The State of Adolescent Sexual Health in Colorado 2018-2019*. Retrieved from Colorado Department for Public Health and Environment, Trailhead Institute website: <http://trailhead.institute/wp-content/uploads/2019/03/CDPHE-Trailhead-SASH-layout-Final.pdf>

⁷ Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: an updated systematic review. *Annals of Internal Medicine*, 155(2), 97–107. <https://doi.org/10.7326/0003-4819-155-2-201107190-00005>

⁸ Institute of Medicine (US) Committee on Health Literacy. (2004). *Health Literacy: A Prescription to End Confusion* (L. Nielsen-Bohlman, A. M. Panzer, & D. A. Kindig, eds.). Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK216032/>

⁹ WHO | Promoting health through schools – WHO Technical Report Series N°870. (1997). Retrieved December 3, 2019, from WHO website: http://www.who.int/neglected_diseases/resources/WHO_TRS_870/en/

¹⁰ Whole School, Whole Community, Whole Child (WSCC) | Healthy Schools | CDC. (2019, September 6). Retrieved December 4, 2019, from <https://www.cdc.gov/healthyschools/wsc/index.htm>

¹¹ Thomas, F., & Aggleton, P. (2016). A confluence of evidence. *Health Education*. <https://doi.org/10.1108/HE-10-2014-0091>

lives”¹², has stronger evidence to support improving student health behaviors and outcomes than curricula that emphasize fact and knowledge based materials.¹³ For example, a WHO review found that skills-based health education can reduce delinquent or criminal behavior and interpersonal violence, delay initial use of substances such as alcohol or tobacco, reduce high risk sexual activity, prevent peer rejection and bullying, teach anger control, promote positive social adjustment, improve self-esteem, as well as improve academic performance.¹⁴

Research finds that educational interventions targeting multiple health risk behaviors, rather than discrete health interventions targeting discrete behaviors, are not only more time efficient in the school environment, but also more effective. Interventions with the greatest effect focused on developing problem-solving, personal decision-making, and stress management skills rather than simply focusing on health consequences.¹⁵ This type of approach aligns with PSD’s commitment to developing social and emotional learning (SEL) among their students and staff. Nationally, educators and school staff have expressed the need to develop SEL skills among their students, but with limited time, training, and opportunities to do so.¹⁶ A dedicated skills-based health education class can serve as an appropriate venue to improve health literacy, develop SEL skills, and promote healthy behaviors among students.

About this Brief

This brief was prepared for the Health District Board of Directors by Health District of Northern Larimer County staff. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This brief is not a complete analysis of this issue. This brief is accurate to staff knowledge as of date printed. For more information about this brief or the Health District, please contact Karen Spink, Assistant Director, at (970) 224-5209, or e-mail at kspink@healthdistrict.org.

¹² Benes, S., & Alperin. (2016). *The Essentials of Teaching Health Education: Curriculum, Instruction, and Assessment* (First edition). Champaign, IL: Human Kinetics, Inc.

¹³ Characteristics of Effective Health Education Curricula - SHER | Healthy Schools | CDC. (2019, September 6). Retrieved December 4, 2019, from <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>

¹⁴ World Health Organization. (2003). *Skills for health: skills-based health education including life skills: an important component of a child-friendly/health-promoting school*.

¹⁵ Hale, D. R., Fitzgerald-Yau, N., & Viner, R. M. (2014). A Systematic Review of Effective Interventions for Reducing Multiple Health Risk Behaviors in Adolescence. *American Journal of Public Health*, 104(5), e19–e41. <https://doi.org/10.2105/AJPH.2014.301874>

¹⁶ Creating Policies to Support Healthy Schools: Policymaker, Educator, and Student Perspectives. (2018). Retrieved December 4, 2019, from Child Trends website: <https://www.childtrends.org/publications/creating-policies-to-support-healthy-schools-policymaker-educator-and-student-perspectives>

Memo

To: Board of Directors, Health District of Northern Larimer County
From: Karen Spink, Assistant Director
Date: December 5, 2019
Re: Staff Recommendation on Poudre School District Health Education Requirement

Staff recommends that the Board directs staff to prepare and send a letter on their behalf to Poudre School District staff and the Board of Education that strongly encourages them to reinstate the 2.5 credits of health education as a requirement for graduation. Included with the letter would be a modified version of the issue brief that provides the evidence that supports the effectiveness of including health education as a requirement for graduation.



Resolution 2019-11

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY CREATING, AND SPENDING 2019 REVENUES INTO RESERVE ACCOUNTS IN CONFORMANCE WITH THE PROVISIONS OF ART. X §20 OF THE COLORADO CONSTITUTION

WHEREAS, the Board of Directors of the Health District of Northern Larimer County (Health District) is charged with the duty to budget and spend the revenues and monies of the Health District in conformance with the provisions of the Colorado Constitution and applicable Colorado statutes; and

WHEREAS, the Health District wishes to establish reserve accounts, as authorized and contemplated by ART. X §20 of the Colorado Constitution, in order to earmark and set aside for subsequent spending those funds which are available to the District for lawful expenditure during fiscal 2019; and

WHEREAS, the Board of Directors of the Health District wishes to set forth in full its creation of an authorized reserve account, and to authorize the expenditure of the funds appropriated into such reserve account hereby, whether the actual expenditure of such funds for the purposes identified herein shall occur during 2019 or in subsequent years.

NOW, THEREFORE, BE IT RESOLVED BY THE Board of Directors of the Health District of Northern Larimer County, Fort Collins, Colorado, as follows:

Section 1. All revenues and monies of the Health District, which remain unexpended at the close of business on December 31, 2019, are hereby appropriated and “spent” into a general reserve account to be used for any lawful purpose that the Board of Directors deems appropriate.

ADOPTED, this 12th day of December, A.D., 2019.

Attest:

Michael D. Liggett, President

Molly Gutilla, Vice President

Celeste Holder Kling, Secretary

Joseph Prows, Treasurer

Faraz Naqvi
UCHealth-North/PVHS Board Liaison

HEALTH DISTRICT
of Northern Larimer County
October 2019
Summary Financial Narrative

Revenues

The Health District is 0.2% ahead of year-to-date tax revenue projections. Interest income is 36.9% ahead of year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings decreased from 2.02% to 1.94% (based on the weighted average of all investments). Fee for service revenue from clients is 8.8% behind year-to-date projections and revenue from third party reimbursements is 13.6% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 0.5% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 14.7% behind year-to-date projections. Program variances are as follows: Administration 9.1%; Board 45.4%; Connections: Mental Health/Substance Issues Services 16.8%; Dental Services 17.7%; MH/SUD/Primary Care 9.2%; Health Promotion 13.5%; Community Impact 7.7%; Program Assessment and Evaluation 8.5%; Health Care Access 15.6%; HealthInfoSource 31.6%; and Resource Development 9.0%.

Capital Outlay

Capital expenditures are 57.6% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 10/31/2019

ASSETS

Current Assets:

Cash & Investments	\$9,208,212.12
Accounts Receivable	31,857.15
Property Taxes Receivable	818.80
Specific Ownership Taxes Receivable	125,693.37
Prepaid Expenses and Deposits	44,464.37

Total Current Assets	9,411,045.81
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Property and Equipment

Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,182,319.46
Accumulated Depreciation	(2,812,693.07)

Total Property and Equipment	7,383,337.14
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Total Assets	\$16,794,382.95
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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 10/31/2019

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	\$790,360.35
Deposits	1,000.00
Deferred Revenue	991,991.64
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Total Current Liabilities	1,783,351.99
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Long-term Liabilities:	
Compensated Absences Payable	12,215.00
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Total Long-term Liabilities	12,215.00
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Deferred Inflows of Resources	
Deferred Property Tax Revenue	42,758.69
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Total Deferred Inflows of Resources	42,758.69
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Total Liabilities & Deferred Inflows of Resource	1,838,325.68
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EQUITY	
Retained Earnings	13,693,892.72
Net Income	1,262,164.55
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Total Equity	14,956,057.27
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Total Liabilities & Equity	\$16,794,382.95
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STATEMENT OF REVENUES AND EXPENSES

For 1/1/2019 To 10/31/2019

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	\$14,089.73	\$7,194,727.31
Specific Ownership Taxes	69,662.95	554,686.56
Lease Revenue	93,880.37	927,868.18
Interest Income	15,568.57	159,759.52
Sales Revenue	16.93	332.14
Fee For Services Income	12,298.36	164,453.40
Third Party Reimbursements	86,813.44	591,689.46
Grant Revenue	33,793.51	641,193.03
Special Projects Revenue	195.52	99,671.23
Miscellaneous Income	0.00	17,466.48
Gain/(Loss) on Disposal of Assets	0.00	34.50
Gain/(Loss) on Investments	212.33	651.57
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Total Revenue	326,531.71	10,352,533.38
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Expenses:		
Operating Expenses		
Administration	\$54,457.08	\$676,536.31
Board Expenses	1,185.33	20,520.41
Connections: MentalHealth/Substance Issues Svcs	133,451.26	1,164,895.72
Dental Services	271,089.61	2,626,820.77
MH/SUD/Primary Care	87,191.40	840,844.19
Health Promotion	63,041.37	594,097.95
Community Impact	52,000.81	492,850.47
Program Assessment & Evaluation	16,036.80	162,980.08
Health Care Access	77,116.54	759,899.31
HealthInfoSource	6,987.19	63,380.62
Resource Development	14,187.66	131,286.39
Special Projects	180,575.61	906,099.01
Grant Projects	44,706.38	503,745.84
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Total Operating Expenses	1,002,027.04	8,943,957.07
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Depreciation and Amortization		
Depreciation Expense	14,589.91	146,411.76
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Total Depreciation and Amortization	14,589.91	146,411.76
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Total Expenses	1,016,616.95	9,090,368.83
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Net Income	(\$690,085.24)	\$1,262,164.55
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Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 10/31/2019

Revenue:	Current Month	Current Month	Year to Date	Year to Date	Year to Date	Annual	Annual	
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds Remaining
Property Taxes	\$13,925	\$14,090	\$165	\$7,195,017	\$7,194,727	(\$290)	\$7,237,486	\$42,759
Specific Ownership Taxes	67,718	69,663	1,945	542,428	554,687	12,259	650,000	95,313
Lease Revenue	93,880	93,880	0	927,866	927,866	0	1,115,627	187,761
Interest Income	11,667	15,569	3,902	116,667	159,760	43,093	140,000	(19,760)
Sales Revenue	50	17	(33)	500	332	(168)	600	268
Fee For Services Income	18,039	12,298	(5,741)	180,387	164,453	(15,934)	216,467	52,014
Third Party Reimbursements	68,459	86,813	18,354	684,593	591,689	(92,904)	821,528	229,839
Grant Revenue	33,746	33,794	48	625,519	641,193	15,674	1,303,259	662,066
Special Projects/Partnership Revenue	2,079	195	(1,884)	59,720	95,522	35,802	63,878	(31,644)
Miscellaneous Income	1,705	0	(1,705)	17,070	17,467	397	20,500	3,033
Gain/(Loss) on Disposal of Assets	0	0	0	0	35	35	0	(35)
Gain/(Loss) on Investments	0	212	212	0	652	652	0	(652)
Total Revenue	\$311,268	\$326,531	\$15,263	\$10,349,767	\$10,348,383	(\$1,384)	\$11,569,345	\$1,220,962

Expenditures:

Operating Expenditures	56,171	54,457	1,714	746,287	676,536	69,751	858,400	181,864
Administration	8,153	1,185	6,968	37,584	20,520	17,064	43,920	23,400
Board Expenses	124,070	133,451	(9,381)	1,399,390	1,164,896	234,494	1,650,745	485,849
Connections: Mental Health/Substance Issues Svcs	308,447	271,089	37,358	3,189,831	2,626,820	563,011	3,809,046	1,182,226
Dental Services	90,738	87,192	3,546	926,138	840,845	85,293	1,107,315	266,470
MH/SUD/Primary Care	68,127	63,041	5,086	687,215	594,098	93,117	820,874	226,776
Health Promotion	52,111	52,001	110	533,678	492,850	40,828	637,766	144,916
Community Impact	17,545	16,037	1,508	178,086	162,980	15,106	213,652	50,672
Program Assessment & Evaluation	88,367	77,117	11,250	900,095	759,899	140,196	1,074,616	314,717
Health Care Access	9,120	6,987	2,133	92,664	63,380	29,284	109,263	45,883
HealthInfoSource	14,136	14,188	(52)	144,338	131,286	13,052	174,236	42,950
Resource Development	0	0	0	0	0	0	60,000	60,000
Contingency (Operations)	177,018	180,576	(3,558)	1,540,996	906,100	634,896	2,139,363	1,233,263
Special Projects	30,871	44,706	(13,835)	556,395	503,746	52,649	1,303,259	799,513
Grant Projects								
Total Operating Expenditures	1,044,874	1,002,027	42,847	10,932,697	8,943,956	1,988,741	14,002,455	5,058,499

Net Income

	(\$733,606)	(\$675,496)	\$58,110	(\$582,930)	\$1,404,427	\$1,987,357	(\$2,433,110)	(\$3,837,537)
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Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 1/1/2019 To 10/31/2019

	<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	-	-	-	-	-	-	-	-
Building	-	-	-	24,000	-	24,000	24,000	24,000
Capital Equipment	-	-	-	15,000	-	15,000	20,000	20,000
General Office Equipment	-	-	-	-	-	-	20,000	20,000
Medical & Dental Equipment	-	-	-	25,815	20,327	5,488	28,425	8,098
Computer Software	-	-	-	-	7,184	(7,184)	7,300	116
Furniture	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	-	-	-	-
Total Non-Operating Expenditures	\$ -	\$ -	\$ -	\$ 64,815	\$ 27,511	\$ 37,304	\$ 99,725	\$ 72,214

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 10/31/2019

	<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</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Administration</u>								
<u>Revenue:</u>								
Miscellaneous Income	\$875	\$0	(\$875)	\$8,750	\$12,745	\$3,995	\$10,500	(\$2,245)
<u>Total Revenue</u>	\$875	\$0	(\$875)	\$8,750	\$12,745	\$3,995	\$10,500	(\$2,245)
<u>Expenditures:</u>								
Salaries and Benefits	44,699	42,533	2,166	446,993	411,124	35,869	536,392	125,268
Supplies and Purchased Services	11,471	11,924	(453)	299,294	265,413	33,881	322,008	56,595
<u>Total Expenditures</u>	\$56,170	\$54,457	\$1,713	\$746,287	\$676,537	\$69,750	\$858,400	\$181,863
<u>Board of Directors</u>								
<u>Expenditures:</u>								
Salaries and Benefits	\$0	\$0	\$0	\$8,635	\$7,466	\$1,169	\$8,635	\$1,169
Supplies and Purchased Services	8,153	1,185	6,968	28,949	13,055	15,894	35,285	22,230
<u>Total Expenditures</u>	\$8,153	\$1,185	\$6,968	\$37,584	\$20,521	\$17,063	\$43,920	\$23,399
<u>Community Impact</u>								
<u>Revenue:</u>								
<u>Total Revenue</u>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Expenditures:</u>								
Salaries and Benefits	\$46,272	\$45,613	\$659	\$465,716	\$448,345	\$17,371	\$558,259	\$109,914
Supplies and Purchased Services	5,839	6,388	(549)	67,962	44,505	23,457	79,507	35,002
<u>Total Expenditures</u>	\$52,111	\$52,001	\$110	\$533,678	\$492,850	\$40,828	\$637,766	\$144,916

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 10/31/2019

	<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</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Program Assessment & Evaluation</u> Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$15,493	\$14,769	\$724	\$155,432	\$149,786	\$5,646	\$186,418	\$36,632
Supplies and Purchased Services	2,052	1,268	784	22,654	13,194	9,460	27,234	14,040
Total Expenditures	\$17,545	\$16,037	\$1,508	\$178,086	\$162,980	\$15,106	\$213,652	\$50,672
<u>Connections: Mental Health/Substance Issue</u> Revenue:								
Fees, Reimbursements & Other Income	\$1,720	\$3,084	\$1,364	\$17,200	\$27,869	\$10,669	\$20,640	(\$7,229)
Total Revenue	\$1,720	\$3,084	\$1,364	\$17,200	\$27,869	\$10,669	\$20,640	(\$7,229)
Expenditures:								
Salaries and Benefits	\$75,112	\$81,126	(\$6,014)	\$942,070	\$804,913	\$137,157	\$1,092,288	\$287,375
Supplies and Purchased Services	48,958	52,325	(3,367)	457,320	359,984	97,336	558,457	198,473
Total Expenditures	\$124,070	\$133,451	(\$9,381)	\$1,399,390	\$1,164,897	\$234,493	\$1,650,745	\$485,848
<u>Dental Services</u> Revenue:								
Fees, Reimbursements & Other Income	\$81,597	\$94,199	\$12,602	\$815,990	\$709,907	(\$106,083)	\$979,216	\$269,309
Total Revenue	\$81,597	\$94,199	\$12,602	\$815,990	\$709,907	(\$106,083)	\$979,216	\$269,309
Expenditures:								
Salaries and Benefits	\$247,738	\$213,426	\$34,312	\$2,483,384	\$2,136,114	\$347,270	\$2,978,861	\$842,747
Supplies and Purchased Services	60,708	57,663	3,045	706,447	490,706	215,741	830,185	339,479
Total Expenditures	\$308,446	\$271,089	\$37,357	\$3,189,831	\$2,626,820	\$563,011	\$3,809,046	\$1,182,226

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 10/31/2019

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
<u>MH/SUD/Primary Care</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$2,916	\$888	(\$2,028)	\$29,160	\$16,818	(\$12,342)	\$35,000	\$18,182
Total Revenue	\$2,916	\$888	(\$2,028)	\$29,160	\$16,818	(\$12,342)	\$35,000	\$18,182
Expenditures:								
Salaries and Benefits	\$81,792	\$77,717	\$4,075	\$823,923	\$764,163	\$59,760	\$987,507	\$223,344
Supplies and Purchased Services	8,882	9,475	(593)	101,580	76,323	25,257	119,045	42,722
Total Expenditures	\$90,674	\$87,192	\$3,482	\$925,503	\$840,486	\$85,017	\$1,106,552	\$266,066
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$1,145	\$917	(\$228)	\$11,449	\$6,360	(\$5,089)	\$13,739	\$7,379
Total Revenue	\$1,145	\$917	(\$228)	\$11,449	\$6,360	(\$5,089)	\$13,739	\$7,379
Expenditures:								
Salaries and Benefits	\$53,455	\$50,323	\$3,132	\$536,046	\$493,610	\$42,436	\$642,956	\$149,346
Supplies and Purchased Services	14,673	12,718	1,955	151,169	100,488	50,681	177,918	77,430
Total Expenditures	\$68,128	\$63,041	\$5,087	\$687,215	\$594,098	\$93,117	\$820,874	\$226,776

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 10/31/2019

	<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</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Health Care Access</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$0	\$41	\$41	\$0	\$242	\$242	\$0	(\$242)
Total Revenue	\$0	\$41	\$41	\$0	\$242	\$242	\$0	(\$242)
Expenditures:								
Salaries and Benefits	\$74,879	\$67,843	\$7,036	\$751,793	\$673,897	\$77,896	\$901,550	\$227,653
Supplies and Purchased Services	13,488	9,274	4,214	148,303	86,002	62,301	173,066	87,064
Total Expenditures	\$88,367	\$77,117	\$11,250	\$900,096	\$759,899	\$140,197	\$1,074,616	\$314,717
<u>Health Info Source</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$5,443	\$4,809	\$634	\$55,928	\$47,065	\$8,863	\$66,814	\$19,749
Supplies and Purchased Services	3,677	2,178	1,499	36,736	16,315	20,421	42,449	26,134
Total Expenditures	\$9,120	\$6,987	\$2,133	\$92,664	\$63,380	\$29,284	\$109,263	\$45,883
<u>Resource Development</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$12,431	\$11,991	\$440	\$124,308	\$119,822	\$4,486	\$150,720	\$30,898
Supplies and Purchased Services	1,706	2,197	(491)	20,030	11,463	8,567	23,516	12,053
Total Expenditures	\$14,137	\$14,188	(\$51)	\$144,338	\$131,285	\$13,053	\$174,236	\$42,951

Health District of Northern Larimer County

Investment Schedule October 2019

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,374	0.014%	1.71%	N/A
Local Government Investment Pool	COLOTRUST	\$ 7,134,834	83.520%	2.02%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	\$ 10,194	0.106%	2.02%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	\$ 16,451	0.276%	2.02%	N/A
Flex Savings Account	First National Bank	\$ 173,009	1.813%	1.22%	N/A
Certificate of Deposit	Advantage Bank	\$ 137,413	1.436%	1.40%	12/27/2019
Certificate of Deposit	Advantage Bank	\$ 110,190	1.154%	2.13%	9/2/2021
Certificate of Deposit	First National Bank	\$ 113,106	1.182%	1.15%	9/6/2019
Certificate of Deposit	Points West	\$ 113,545	1.187%	1.35%	6/4/2020
Certificate of Deposit	Points West	\$ 154,010	1.610%	1.25%	4/2/2020
Certificate of Deposit	Adams State Bank	\$ 234,362	2.442%	1.59%	10/7/2019
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	2.630%	1.40%	1/9/2020
Certificate of Deposit	Farmers Bank	\$ 250,000	2.630%	2.00%	6/27/2020
Total/Weighted Average		\$ 8,698,487	100.000%	1.94%	

Notes:

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper, money market funds and repurchase agreements backed by these same securities.



**BUDGET HEARING AND
BOARD OF DIRECTORS
MEETING
November 12, 2019**

**Health District Office Building
120 Bristlecone Drive, Fort Collins**

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Molly Gutilla, MS DrPH, Board Vice President
Celeste Kling, J.D., Board Secretary
Joseph Prows, MD MPH, Board Treasurer
Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board

Staff Present:

Carol Plock, Executive Director
Karen Spink, Assistant Director
James Stewart, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
Lin Wilder, Community Impact Director
Anita Benavidez, Executive Assistant
Cheri Nichols, Clinical Nurse Manager
Jessica Shannon, Resource Development
Jess Fear, Mgr Beh'l Health Strategy
Brian Ferrans, Mgr Beh'l Health Strategy

Additional Staff Present:

Kate Ward, Health Promotion Program Specialist
Laura Mai, Assistant Finance Director
Kristen Cochran-Ward, Connections Progr Mgr
Suman Mathur, Evaluator & Data Analyst

Others Present:

Alice Jorgensen, Public
Sylvia Garcia, Poudre River Public Library
June Hyman Cismoski, LWV, Larimer County
Rich Shannon, CO Fdn for Universal Health Care
Katy Kohnen, CO Fdn for Universal Health Care
Julie Towan-Zoch, DSA Fort Collins
Peggy Budai, UCHealth Nurse Practitioner
Lynda Meyer, Public

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:05 p.m.

MOTION: To approve the agenda as presented
Motion/Seconded/Carried Unanimously

PUBLIC COMMENT (items not related to the Budget Hearing)

Rich Shannon, a member of the Colorado Foundation for Universal Health Care, requested support for Resolution 2019-07 as included on the agenda, noting that modeling could help people learn about the impact of Medicare for All, leading to improvement of our dysfunctional health system. He encouraged people to talk about the subject, sharing their stories, so that it moves beyond the political to the personal implications.

Katy Kohnen, a member of the Colorado Foundation for Universal Health, also expressed thanks for consideration of Resolution 2019-07, and advocated for a simpler, more affordable health

system that covers all of us. She shared a story about a life-threatening bicycle accident she experienced in Italy that required emergency surgery and a week in the hospital, yet the total bill was \$8,500 – far less than it would have been in the U.S.

June Hyman-Cismoski, a member of the League of Women Voters in Larimer County, noted that the League strongly supports Universal health care that is affordable and government-funded and requested support for Resolution 2019-07.

BUDGET PRESENTATION AND PUBLIC HEARING

Health District Direction/2020 Budget Presentation – Carol Plock and Lorraine Haywood

Ms. Plock and Ms. Haywood presented the key elements of the budget, noting that 2020 is looking like a good year for revenues; tax revenues are anticipated to have a percentage of increase not seen since 2002. In addition to reviewing the proposed programs and projects, the Health District recently completed ten community discussion groups as part of the current Triennial Health Assessment that the Health District is engaged in, so some relevant comments will be interspersed. In the discussion groups, we heard from people from multiple walks of life, with a wide variety of perspectives and needs and comments that touched the soul.

Ms. Plock first reviewed the ongoing Operational Programs. The Health District’s Larimer Health Connect helps people find the most affordable and appropriate insurance for them, and Prescription Assistance helps people afford their prescriptions. We also facilitate the MACC (Medicaid Accountable Care Collaborative) Team, working with the three major primary care clinics that serve the majority of those who are uninsured or on Medicaid in our community, the Regional Accountable Entity (RAE), and SummitStone to assure the provision of care coordination for those with the most complex care and increase the effectiveness of care.

A very common theme in the community discussion groups was strong concern about affordability- the high cost of health care. We heard voices of quiet desperation, and voices of passionate fear, as evidenced by one participant who said “We can afford health insurance but we can’t afford to use it.” There is intense fear, among seniors and others, about whether they will be able to afford insurance, whether it will cover their needs, and whether they will be able to pay their medical bills. Some are going without insurance; recent CHAS data is indicating an increase in the uninsured from over 4% to over 9% in Larimer County. The 2020 Budget increases the hours of the Larimer Health Connect outreach coordinator to help address the trend.

Another major Health District program is Dental Care. In addition to providing a dental home, the Health District provides a significant amount of senior dental care, and offers the GAP program – which provides care under general anesthesia for those who need it. Connecting more people to specialty dental care providers is a special focus in 2020. In discussion groups, we heard kudos for our Dental Care, but our remaining challenge is getting people quickly through our eligibility process, so the 2020 Budget includes funds to increase eligibility FTE.

There are three major services that relate to Mental Health/Substance Use. Mental Health and Substance Use Connections and CAYAC (Child, Adolescent, and Young Adult Connections) – connecting anyone in need to the right services for them – where demand for services is rising; the Integration of Mental Health and Substance Use Care into Primary Care, where we place therapists and a psychiatrist into the two safety net primary care clinics in the community; and Community Dual Disorders Treatment, where we provide psychiatric care and nursing services to

supplement a team provided by SummitStone that provides intensive services to those with both severe mental illness and substance use disorders.

Every discussion group mentioned increased mental health and substance use issues in strong, passionate voices. From the very first group we heard about an “uprising in addiction” that is impacting all walks of life, throughout the community – particularly mentioned were meth, heroin, and alcohol. Participants asked that it be talked about more; that there be more services and help; that people needed to know what to do, and where to go for help; and that we needed more long-term addiction care.

At the end of 2019, two grants supporting CAYAC are ending, but CAYAC services remain a top priority. The 2020 budget includes funding to replace grant funding to fully cover a current psychologist and navigator position, adds a position in the adult Connections team (operational funding) and one in the CAYAC team (reserve funding) – both with substance use disorder expertise, and increases the FTE of other positions. In the Integrated Care program, an additional position will be added (half through reserve funding), in particular to provide assistance at the Family Medicine Center for chronic pain management focus - FMC has had challenges in accepting new pain patients. In the Community Dual Disorders Treatment program, funding for the part time nurse position will move from reserves to the operational budget.

The Community Impact Team (CIT) works with the Mental Health and Substance Use Alliance to increase and improve behavioral health services. Work continues on the implementation of the funds approved by voters for the new behavioral health facility, and many discussion group participants mentioned how important that facility will be. Health District staff are also involved in the implementation of Medication Assisted Treatment (MAT) in jails, increasing the quality of treatment for substance use disorders, and increasing public awareness about substance use disorders. CIT also works with HealthInfoSource.com (HIS), which is shifting from a broad information source to a tool to focus mostly on behavioral health resources; the new version is set to be implemented next year. Discussion group members mentioned the need for assistance in finding behavioral health resources and the fast-growing demand for care. CIT is also working on the issue of Pain Management. In community discussion groups, providers noted that they can't keep up with the demand for pain management; they don't have enough tools, enough time, and are lacking a well-coordinated process. The discussion group with those who are unhoused revealed a strong concern that their pain was not being taken seriously by providers.

In Health Promotion and Preventive Services, the two key services are in-person Tobacco Cessation counseling, and Health Screenings (Hypertension, Cholesterol, and Glucose), with emphasis on nurse consultation for those with high risk. The 2020 Budget changes include a small increase in FTE for a Health Promotion specialist, and making the public health screenings free, in order to serve more people.

The Advance Care Planning (ACP) Program works in a variety of ways to help the community understand why advance directives are important, and to work with individuals to help them complete them and get them filed. Staff also train providers and volunteers. Patient passports were implemented with a recent grant, and will continue to be used for certain individuals going forward, although they won't be the major focus. With the end of grant funding that at one time supported over 3 FTE, educated over 4000 community members, trained over 200 medical personnel, and resulted in over 1,200 filed directives, the 2020 Budget supports just one ongoing

position (funding split between operational and reserves). In community discussion groups, the topic of the needs of older adults was raised, and there were several requests to have ACP continue and expand their services. Participants in the senior discussion group raised questions like: What to do if somebody dies at home? How do you make long-term care claims? How to have lower-cost funerals? They also noted the importance of addressing companionship and assistance for those who enter aging solo (without partner or family nearby).

Other operational programs include communications; policy; resource development; assessment/research/evaluation, and support services. The Evaluation Team is in the midst of gathering information for the Triennial Health Assessment; in addition to the discussion groups, a random-sample survey is in the field. For the 2020 budget, two positions will be added in the area of Support Services (accountant, information specialist) in order to keep up with demand.

Major Time Limited programs included in the 2020 budget through reserve, grant, and partnership expenditures include Larimer Health Connect (some of the funding needed to run the program still comes from grants and reserves), Substance Use Disorder Transformation work, Public Awareness, which will include a name change and new website, and the reservation of funds for the future purchase or construction of a building to replace our currently rented space, with move-in slated by 2023. Dental Care will include specialty care, client assistance, and the purchase of a wheelchair-accessible dental chair. The CAYAC BHS (behavioral health specialist) with SUD expertise, part of the Integrated Care Family Medicine Center BHS, and part of the ACP staff person funding come from reserves. Other time-limited projects include a variety of community Mental Health and Substance Use projects, the Robert Wood Johnson Fellowship for Health Equity efforts, Aging and Health, Community Health Data, Community and Staff specialized training, completion of the Triennial Review Process and the HIS rebuild, Emergency Preparedness, Transition Management (two directors are transitioning next year), Special Projects, Contracts/Compliance, and Census 2020 outreach, among others.

In summary, the 2020 Budget Priorities are 1) Services: to maintain key services after grant expiration, and expand services in needed areas; 2) Adequate staffing levels; 3) Staff pay at or very near market levels; 4) Keep enough in our reserves to acquire the new building.

Ms. Haywood reviewed the timeline and revenues. Timeline: On December 10 the County provides final valuations that may result in some slight changes in tax revenue. Once that is received, the budget will be revised based on final numbers. On December 12 the Board meets to adopt the budget and appropriate funds, and on December 15 the Certification of Mill Levy is due to the State. Sources of revenue include property and ownership taxes, lease revenue, fee income, investment income, grants & partnerships, and miscellaneous income. Net tax revenue is about \$8.7M; net total revenue is about \$12.7M.

Key changes in revenue include anticipated increases in taxes, reimbursement from Integrated Care clinics and dental billing, and investment income; and decrease in grant revenue because of the end of the CAYAC grants. Key changes in expenditures include health insurance increases; employee salaries; and the services changes already discussed. Additional changes to be added to expenditures include reserve expenditures for part of the FTE of the BHS to be assigned to the Family Medicine Clinic, and for additional Transitional Management, and there may be some adjustments for insurance and other expenses still being determined before the final budget. Administrative costs are 6%.

Budget Public Hearing

The hearing was opened by Board President Michael Liggett at 4:55pm.

Lynda Meyer (Director, LC Office on Aging) spoke in support of the ACP, noting how important it is that we plan for the end of life. Before her current position, she worked with hospice care, where she noted that although our society does a good job of helping people enter our world, we don't do a good job of helping them exit. She indicated support for ACP's approach.

Peggy Budai from UCHealth spoke in favor of continuing the budget for the ACP team, noting the direct impact it has on improving care for older adults, the difference it makes to the person and their families at the end of life, and the importance of moving from a death-denying culture to one where discussions about end of life are a natural/normal part of health care. She discussed the program with Jill Taylor, Director of the Aspen Club, who couldn't be here tonight but wanted to share that Aspen Club and the Health District's ACP program have a great partnership, and they regularly make referrals to ACP. Ms. Budai referenced a report from the Institute of Medicine on Death and Dying that offers a substantial body of evidence for improved approaches to end of life, including that it may help both stabilize total health care costs and ensure better quality of life. She expressed thanks to the Health District for supporting the program.

Sylvia Garcia, an outreach librarian at the Poudre River Public Library spoke of her appreciation for the creative out-of-the-box thinking used in this project, including the development of an Advance Planning Discovery Kit that has been very popular, the Book Club for Mortals, TED talks, and the Death Game. She noted that there had been great attendance at the library and that participants noted that they didn't anticipate liking the events, but found that they did – and reported learning so much, and that it held great meaning for them.

Budget - Board Discussion and Questions

Ms. Plock addressed prior board questions and comments. The first related to whether we pay student interns, noting the equity issue that students who have low financial resources are at a disadvantage to those who don't need to find paying internships. Although we are still checking into full details on the issue, we can say that we pay the PhD Psychology interns according to the amount set by CSU, and that several interns get stipends in varying levels; we had 15 student placements of varying types in 2018. The challenge is figuring out an appropriate compensation amount - since students come and go, and often come with little experience, if an organization has enough budget to pay full wages, they would likely be hiring ongoing employees rather than setting up student placements. We will work to create consistency in our approach, within legal parameters.

Other prior board questions were addressed. One was whether our fund balance went down in recession years. The fund balance remained relatively constant except in the year when we bought the Shields building (2014), but revenues went down, and the operational budget was cut, resulting in years of no or little pay raises and some staff cuts. Another was how our staff pay compares to 'living wage' studies locally. There is an online calculator that helps communities consider 'living wage.' The challenge is that determining what is a living wage for one family is different from the next, based on the size of the family and the total number of wage earners and how much they earn. Comparing our pay to the calculator, it indicates that our lowest staff pay is enough for a living wage for an individual living on their own, or for a family with 1-2 children

where there are two wage earners in the family.

Another Board question was whether we have the capacity to evaluate innovative programs. The Health District does evaluate all its programs, but it typically doesn't do control group research. When possible, we rely on other research, as in the case of Advance Care Planning, where there is a robust body of evidence for the work. A related board question was how we compare current programs to other options. That is typically done through the Triennial Review and Retreat process. Since our authority is to provide health services, our comparisons are broader than public health literature, and include such areas as medical and behavioral health. In addition to looking at health interventions, we have also historically looked at the need to fill gaps in health care. Further discussion was deferred to the triennial retreat.

The discussion was opened to any further Board comments or questions about the budget. One Board member expressed appreciation for the inclusion of some of the community discussion comments in the presentation. Another Board member asked if there is redundancy of services in the community relating to ACP since Aspen Club also assists people with advance directives, and what is the outlook for future grant funding. The staff response was that although Aspen Club does provide some services, it is one of many programs for them, has limited time, and they regularly need to refer out to our staff. As for grant funding, we have looked carefully for funders, and there are very few options (although there is considerable funding in California). While we have made significant differences, there are still thousands of people locally who need advance care directives. We do continue to request funds from patients and our local partners. The Board member noted that the program is likely one of the most cost effective programs we offer, considering that the savings that can be accrued in the health system are tremendous. Another Board member acknowledged the ACP team's efforts, saying they are doing a great job getting others trained – rippling the impacts out.

BOARD DISCUSSION AND DECISION

Consideration of Board Resolution 2019-07 Regarding Modeling of Improved Medicare for All and Other Options for Health Coverage for All – Michael Liggett

MOTION: To adopt Resolution 2019-07 Regarding Modeling of Improved Medicare for All, and other models of Health Care for All.

Moved/Seconded

Discussion: A Board member noted that when one studies different types of health care systems, it is not just about the end provision of health care, but also concerns a nation's economy, which leads to the question of whether there should be private or public health care. If health care should be provided for every individual and should minimize cost, what is the best way to go? Different approaches have different impacts, and years ago when England went one way and the U.S. another, there were trade-offs in both systems. While stories are important and passionate, analysis should be dispassionate and thorough. If the country moves too fast toward a particular system, there could be significant economic disruption that could impact the system dramatically in ways people don't support, such as wards in hospitals vs private rooms, high nurse to patient ratios, limited access to care. Moving toward coverage for all is important, and supporting careful, thorough modeling and analysis is critical – but using slower steps to get there is important. The Board member noted that the term "Medicare for All" implies one specific approach, when there may be others that should be modeled. In Board discussion, the phrase

“health care for all” was considered appropriate to use.

Another Board member noted that the current health system is having devastating impacts on people and families now, which needs to be compared to the devastating impacts that were mentioned that change might have on the economic system. Board discussion included whether improvements can be made stepwise or whether a complete change is needed. Either way, the modeling would help flesh-out the issues and gives us an opportunity to look at all sides and all directions. Board members agreed that there needs to be a comprehensive system of health care for all, and agreed to remove the phrase “Medicare for All.”

A proposal was made to amend the Resolution, striking the references to ‘Model (or models) of improved Medicare for all, and other models of’, and replacing it with language that refers to ‘independently evaluated models of health care for all.’

MOTION: To adopt Resolution 2019-07 Regarding ‘Modeling of Improved Medicare for All’, and other models of Health Care for All [Replaced with ‘Independently Evaluated Models of Health Care for All’], as AMENDED.
Moved/Seconded/Passed Unanimously [rescinded later in the meeting]

Amendments to Declaration and Map for Harmony Valley Condominiums – Chris Sheafor
Staff was approached by UCHealth regarding Buildings A and B on the Harmony campus. They are in the process of amending and restating the entire Declaration of Covenants, Conditions, and Restrictions for the Harmony Valley Condominiums to incorporate the amendments previously approved, incorporate the Cancer Center addition, and remove language that applies only to the initial lease-up period. They are also updating the Condominium Map to include the Cancer Center addition and correct for changes made to the configuration of suites since the maps were done. The Health District attorney has reviewed the changes and stated that they don’t change our control. We do recommend a change, that Article XVI, Special Declarant Rights, have language added that makes it clear that these rights are subject to the HOLA. Staff is seeking Board approval with the addition of the HOLA phrase.

MOTION: To approve the Restated Condominium Map, and the Restated and Amended Declaration of Covenants, Conditions, and Restrictions for Harmony Valley Condominiums as presented, with the addition of a change to Article XVI, Special Declarant Rights, making it clear that the rights are subject to the HOLA.
Moved/Seconded/Passed Unanimously

Compass Advisory Committee Nomination – Julie Estlick

Staff noted that there is an opening on the Compass Advisory Committee and they are requesting approval to seat Adriana McClintock.

MOTION: To approve Adriana McClintock for the Compass Advisory Committee
Moved/Seconded/Passed Unanimously

Board Meeting Schedule for 2020

The Board reviewed the 2020 Board of Directors Meeting Schedule.

MOTION: To adopt the 2020 Board of Directors Meeting Schedule, subject to further review.

Moved/Seconded/Passed Unanimously

UPDATES & REPORTS

Executive Director updates – Carol Plock

The budget and behavioral health work have dominated staff time. Carol Plock and Brian Ferrans will be joining the group visiting two model Arizona facilities to understand options for the new Larimer County Behavioral Health Facility.

There was no UHealth-North/PVHS Board Liaison Report; no meeting since our last one.

PUBLIC COMMENT (2nd opportunity)

Rich Shannon wondered why the term “Medicare for All” was of concern, since it is a huge part of the current public debate. His opinion is that the phrase “universal health care” is almost meaningless, and noted that keeping the reference to the Foundation in the 4th paragraph makes it sound as if the Foundation proposed the new language, when it did not. He questioned whether the revised wording really asks the recipient to do anything.

Further Board Discussion on Resolution 2019-07

In discussion, the Board suggested rephrasing the 4th paragraph, making the other changes, and bringing the resolution back to the Board for reconsideration.

- **MOTION: To withdraw Adoption of this resolution.**

Moved/Seconded/Passed Unanimously

- **MOTION: To redraft Resolution 2019-07 pursuant to today’s discussion and present for consideration at the next board meeting.**

Moved/Seconded/Passed Unanimously

CONSENT AGENDA

- Approval of October 24, 2019 Board Meeting Minutes
- Approval of August 27, 2019 Board Meeting Minutes
- Approval of September 2019 Financial Statements.

MOTION: To Approve the Consent Agenda as Presented/Amended
Motion/Seconded/Carried Unanimously

ANNOUNCEMENTS

- THURSDAY, December 12, 2019, 4:00 pm, Board of Directors Regular Meeting
- Friday, December 20, Board of Directors Mini-Retreat

ADJOURN

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

The meeting was adjourned at 6:00 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Board Secretary

Joseph Prows, MD MPH, Board Treasurer

Faraz Naqvi, MD, Liaison to UCHealth-North/PVHS Board