



BOARD OF DIRECTORS MEETING

**August 27, 2019
4:00 pm**

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



BOARD OF DIRECTORS MEETING

August 27, 2019

4:00 pm

Health District, 1st Floor Conference Room

AGENDA

- 4:00 p.m. **Call to Order; Introductions; Approval of Agenda**.....Michael Liggett
- 4:05 p.m. **PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.
- 4:08 p.m. **PRESENTATION**
- Upcoming Triennial Community Health Assessment.....Evaluation Team
- 4:25 p.m. **PRESENTATION, DISCUSSION & ACTIONS**
- HealthInfoSource Redevelopment: General Approval of Vendor Contract..... Lin Wilder
History, Current Status, Vendor Contract
 - Policy Alyson Williams
 - Key Laws Passed in 2019 Session
 - Board Policy Survey Results
- 5:00 p.m. **UPDATES & REPORTS**
- Executive Director Updates Carol Plock
 - UCHHealth-North/PVHS Board Liaison Report Faraz Naqvi
- 5:10 p.m. **PUBLIC COMMENT (2nd opportunity) See Note above.**
- 5:15 p.m. **CONSENT AGENDA**
- Approval of August 14 minutes
 - Approval of June 2019 Financials
- 5:20 p.m. **ANNOUNCEMENTS**
- September 24, 4:00 pm, Board of Director Regular Meeting
 - October 16, 4:00 p.m.?, Joint meeting with UCHealth North/PVHS Board
 - October 22, 4:00 pm, Board of Director Regular Meeting
- 5:25 p.m. **ADJOURN**

■ MISSION ■

The Mission of the Health District of Northern Larimer County is to enhance the health of our community.

■ VISION ■

- ❑ District residents will live long and well.
- ❑ Our community will excel in health assessment, access, promotion and policy development.
 - Our practice of **assessment** will enable individuals and organizations to make informed decisions regarding health practices.
 - All Health District residents will have timely **access** to basic health services.
 - Our community will embrace the **promotion** of responsible, healthy lifestyles, detection of treatable disease, and the **prevention** of injury, disability and early death.
 - Citizens and leaders will be engaged in the creation and implementation of ongoing **systems and health policy development** at local, state, and national levels.
 - Like-minded communities across the country will emulate our successes.

■ STRATEGY ■

The Health District will take a leadership role to:

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

■ VALUES ■

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

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**

Memorandum

Date: August 23, 2019

To: Health District Board of Directors

From: Lin Wilder
Director, Community Impact Team

Subject: Request for general approval of HealthInfoSource.com redevelopment contract

Background:

As grounding, attached are summarized notes and decisions from Board meetings as well as specific staff activities related to the redevelopment of Healthinfosource.com.

Introduction to the request:

According to Health District policy, contracts between \$50,000 and \$150,000 require general approval from the Board of Directors. We are asking for general Board approval to move forward with a vendor contract for HealthInfoSource.com redevelopment, not to exceed \$130,000, per the details provided below.

Vendor selection status:

Two RFPs have been issued for redevelopment of HealthInfoSource. The first RFP was cancelled due to all proposals being significantly over budget. Four proposals were received in response to the second HealthInfoSource Redevelopment RFP. Two of those vendors are currently being considered. Both vendors are highly respected, demonstrate quality work, have experience in similar website development, and could effectively do the work. We are currently completing final review of approaches to security and proposed platforms and content management system and will be able to make a selection in the very near future.

Approximate timeline:

Depending on vendor selection and contracting processes, we anticipate a September 2019 start and an approximate launch date of April or May 2020.

Budget:

The redevelopment of the Healthinfosource.com website was budgeted for in the 2019 Health District budget. The likely maximum potential budget proposed for the redevelopment project is \$130,000, a portion of which will be spent from the existing 2019 HealthInfoSource budget which is sufficient to cover those costs, and a portion will be included in the budget request for 2020. It is possible we will not contract for the full \$130,000; however, some additional costs are being negotiated as a result of the additional security measures being put in place by the Health District.

We have reworked the 2019 budget and 2020 proposed budget to reflect a new timeline, starting redevelopment by September 1, 2019 and launching by May 1, 2020. Due to the delay in launch, we will not need to hire a project coordinator or do digital marketing in 2019, and will only pay for a portion of the development in 2019. This results in a reduction in anticipated expenditures for 2019 of about \$65,000, and conversely, the need to budget for about that amount in 2020. Ultimately, however, even with the original increase of \$27,000 to cover additional scope, and a potential for up to \$15,000 in costs related to privacy and other scope changes, the total project costs for 2019 and 2020 will come in very close (see “bottom line over two years” below) to the total of the original approved budget for 2019 and the estimated 2020 budget.

Proposed New Timeline and Projected Budget for HealthInfoSource.com Redevelopment					
	Estimated Start Date	Estimated Launch Date	Total Budget	Operational Portion	Reserves Portion
2019 Original Budget	1-Jan-19	1-Sep-19	\$ 283,863	\$ 109,263	\$ 174,600
2019 New Projected Expenditures	1-Sep-19	1-May-20	\$ 217,100	\$ 85,000	\$ 132,100
Difference			\$ 66,763	\$ 34,263	\$ 42,500
2020 Original Projected Budget			\$ 155,400	TBD	TBD
2020 New Projected Expenditures	1-Sep-19	1-May-20	\$ 214,745	TBD	TBD
Difference			\$ (59,345)		
Bottom Line over Two Years			\$ 7,418		
<i>Assumes we increase original \$80,000 development to \$130,000 to accommodate additional features and security measures</i>					

Attachment

Summarized Board Minutes and Staff Activities Related to HealthInfosource.com Redevelopment

May 2017 Board Meeting

Staff presented a recommended plan for moving forward with a redevelopment of the HealthInfoSource.com website. This included a summary of prior work including:

- Preliminary HIS: Analysis and Next Steps Draft Report
 - Interviews, focus groups of users and potential users
 - Review of potential existing platforms
 - Collection of necessary changes and improvements
- Review of other health related websites
- Project Scope Matrix development
- Research and creation of a list of potential website strategy and design consulting firms
- Creation of estimated budgets for each phase of project

Recommended next steps included hiring a part-time project manager, creating an RFP and securing a strategic planning consultant to determine best options and potential costs, bringing those findings to the Board for decision, then if approved, developing an RFP and securing a vendor to accomplish the redevelopment resulting in launch of a redesigned and improved site.

Board Discussions and Actions: Board comments included that the analysis was great and that it's a great resource. Questions were whether all the work had been done on content (while there is a good foundation, that will take further work in conjunction with consultants and users); who uses it now (both general public and health and human service professionals, although it is not being marketed much since it needs significant improvement) and who it would be for in the future (the same, with specifics in development); and usefulness compared to cost. The Board noted that they had asked for the redesign and budgeted for it. They requested a board review of the strategic plan prior to launch, with the Project Manager being posted as a temporary position, subject to renewal if the project advances. They noted it may be a prime opportunity to boost community awareness of our work."

September 26, 2017 Board Meeting

The Board adopted "2018 Health District Priorities" document with "Lead Healthinfosource redesign (robust info, local health services); consider inclusion of other info" as part of the 5th priority area "Mental Health and Substance Use Alliance/Community Impact Team"

December 2018 Board Meeting

Board approved HIS redevelopment in budget.

In last quarter of 2017 - staff created a job description for a Project Manager and began advertisement for that position once the 2018 budget was approved.

February 2018 - Staff hired part-time Project Manager

May 2018 – Staff awarded RFP for strategic planning to Nerdy Mind Marketing to do planning and determine Best Options & Estimated Costs

Between May and July 2018 - staff held focus groups with public and professional members of the community, worked with vendor to supply needed information and help create blueprints and strategic plan options for redevelopment.

July 24, 2018 Board Meeting

Discussions and Actions: Results of focus groups (consumer and professional) were shared with the Board. Key findings indicated that there was interest and need for a redesigned health information website, with particular interest in behavioral health resources and information. Specific findings included:

- Consumers:
 - said they needed this resource and would use the site if it is rebuilt, improved and kept up-to-date so they can rely on it, and also promoted so they know about it;
 - had a strong interest in behavioral health information, health resources
 - were interested in health care navigation tips such as how to choose a counselor, or what people need to know about privacy information
- Health Care Professionals:
 - were interested in how Healthinfosource can simplify information about a complex healthcare system;
 - already are using Healthinfosource to share information with patients and clients and would use it more when redesigned;
 - had a great need for behavioral health information;
 - stressed that being kept up-to-date is critical;
 - recommended that we link to other resources rather than duplicating, have more pictures and fewer words, and involve users in usability studies, etc.

August 28, 2018 Board Meeting

Discussions and Actions: Nerdy Mind Marketing presented their “blueprint” for a potential approach to a redesigned and improved Healthinfosource.com website. The Board discussed a number of questions about cost, utilization, measuring return on investment, and the high needs that the physicians on the Board see for this kind of information.

Board Motion and Decision: To direct Staff to move forward with continuing to develop the HealthInfoSource redevelopment plan, including the creation of a 2019 budget proposal for consideration during the budget process, and continued work on the open issues, in preparation for the potential launch in 2019 if approved in the budget.

Motion/Seconded/Passed Unanimously

September 25, 2018 Board Meeting

Executive Director Report: After the presentation to the board at the last meeting and the board discussion, Ms. Lin Wilder, Community Impact Director and Ms. Vivian Perry, HIS Project Manager, looked at alternative approaches for the project and developed a plan for phasing in the most critical pieces over time. A handout, “Proposed Phased Approach to

Healthinfosource.com Redevelopment”, was given to the board for their review (and for consideration at a later time). The phased approach would focus on pieces that are critical to Health District Connections staff and community professionals first (ie., behavioral health, pain, dental safety net, Health District Services) and then gradually phase in other areas in the future. The board expressed their appreciation to staff for considering options, and their interest in discussing the alternatives and costs before phases are begun. It was noted that medical services are probably more important to come before integrative services. It was also noted that a successful rollout will capture most attention in the beginning, so it’s important to make it useful for all from the start.

November 8, 2018 Board Meeting

Carol presented the draft 2019 budget to the Board, which included HealthInfoSource.com funding for redevelopment. There was no Board discussion or questions about the HealthInfosource.com funding and the budget was approved on December 13, 2018.

Between November 2018 and January 2019: Staff became aware of a new vendor providing a database of behavioral health services that was far closer than any other existing product to the quality and approach we require. A series of discussions with this vendor and testing of their existing and planned resources ensued including getting a general quote of potential costs for the modifications of the site we would require as well as for an ongoing contract with the vendor. Costs were found to be prohibitive, and there was no flexibility to add additional health information in the future. Doing our due diligence to ensure that working with this vendor delayed the development of the redevelopment RFP, but was an important step that reinforced the need to develop our own site.

January 22, 2019 Board Meeting

Executive Director Updates: We were ready to move into the RFP process for Healthinfosource when another vendor was found that provides a database of behavioral health services in a searchable format, so the RFP was delayed while we investigated it. In the end, the cost of that option was prohibitive, so we are developing an RFP for the design and development of HIS, and will be coming back to the Board once a vendor has been selected. We are following the phased approach previously discussed, which begins with behavioral health lists and limited health information (e.g., safety net dental care options), but will not include fully searchable other health options at this phase.

Between January 2019 and May 2019:

Staff developed and released an RFP, reviewed potential vendors, and cancelled the RFP due to several reasons (see below). Staff also continued work on a content plan.

May 28, 2019 Board Meeting

Discussions and Actions: The RFP process turned out to be unsuccessful because the bids coming in were too high for our budget and the platforms recommended were questionable for our specific needs. The amount of budget for the original RFP was based on input from the original strategic planning vendor. The bids may have come in higher in part because the planning vendor had familiarity with the project, and in part because the RFP added some

desired features. The original RFP was cancelled, and a new one will be issued. The new RFP will indicate the budget available, and will have some other changes (listed in the memo). Although the total budget for the project will not be increased, there have been cost savings due to the delay, so the RFP will include an additional amount for this phase, to reflect the cost of the additional desired feature. The delay will mean a later start date than originally planned, with launch anticipated the first of May 2020. Staff request an addition to the budget for this phase to \$115,000 – which includes an additional \$27,000 for added features.

Board motion and decision: To approve a total budget of \$115,000 for this RFP (which includes a \$27,000 increase) and the launch of a new RFP process. *Moved/seconded/carried (3 yes, Gutilla abstained)*

August 14, 2019 Board Meeting

Discussions and Actions: See memo attached.

The Board requested to see the RFP details before they approve the contract amount.

Memorandum

Date: August 14, 2019

To: Health District Board of Directors

From: Lin Wilder
Director, Community Impact Team

Subject: Request for general approval of HealthInfoSource.com redevelopment

Introduction to the request:

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Budget:

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REQUEST FOR PROPOSAL

RELEASE DATE: June 18, 2019

REQUEST FOR PROPOSAL NO.: No. 2019-1006

TITLE: Development and Release of Redesigned Health Information and Referral Website (HealthInfoSource.com)

DUE DATE: July 19, 2019

Buyer Name: Lorraine Haywood **Email:** purchasing@healthdistrict.org

This package includes the following documents:

- ✓ Request for Proposal
- ✓ Project Overview
- ✓ Signature Page (Attachment A)
- ✓ General Terms and Conditions (Attachment B)
- ✓ Confidentiality Agreement (Attachment C)
- ✓ Insurance Requirements (Attachment D)
- ✓ Certificate and Affidavit Regarding Illegal Aliens (Attachment E)
- ✓ Request for References (Attachment F)
- ✓ IRS Form W-9 (See #11 in Reference Documents listed on page 7 of the RFP)

Purpose of RFP

The Health District of Northern Larimer County (HDNLC) is soliciting competitive proposals from qualified vendors with experience and expertise in the development, testing, and release of a public health website that will provide information to the general public as well as to health and human services professionals. (This is a redesign of HealthInfoSource.com that will include the development of an easy-to-use and simple user interface to enable access to a complex back-end database). The website will be a resource for local referrals to mental health and substance use disorder professionals and services (and potentially to other health services in the future), in addition to providing documents, videos, other types of resources, and links to health-related information and sites.

Brief Background of HealthInfoSource (HIS)

HealthInfoSource.com (HIS) was launched in 2003 as an online resource to provide up-to-date, objective information about local health-care providers and resources to area residents and professional users. Users of the redesigned site will include the general public, as well as professional users, including health-care providers, human service professionals, and care coordinators. These professionals currently use the site to help their clients find health-care information and local resources.

HealthInfoSource can continue to play an important role as a trusted online source of health information to the local community only if it is brought up to current technical and user experience standards. To accomplish this, HIS requires a complete redesign. Once this is done, the Health District plans to invest in both digital and traditional marketing to increase visibility and adoption of the site. Health District staff will be assigned to maintain up-to-date content, including provider listings, blog content, health guides, links to other relevant resources, etc.; monitor and evaluate site utilization and user input and make improvements; and oversee marketing and outreach.

See Project Overview for more information.

Qualifications

The qualified applicant will have experience with the following:

- ✓ Design, testing, and launch of easy-to-use, industry-standard websites.
- ✓ Development of a database that provides data via a web interface.
- ✓ Selection and deployment of an easy-to-use and secure web content management tool.
- ✓ Visual design and creation of clean, brand-compliant websites.
- ✓ Advising on platform selection, web security, and maintenance options and costs.
- ✓ Creation and adherence to project plans and schedules.

Requirements

In order to respond to this RFP, submit a complete proposal by the deadline, including the components indicated below:

1. A cover letter.
2. Description of your agency and your qualifications as related to this RFP.
3. Methodology/technical approach including:
 - a. a description of your agency's general approach or process for a project of this type and scope;
 - b. a description of your project management process; and
 - c. a description of your usual approach to communication and review cycles with clients.
4. Specific detailed information on your experience, expertise and approach to addressing the features and functionality outlined in the Financial Proposal. (See **#10** in Reference Documents listed on page 7 of the RFP.)
5. Qualifications of the staff who would be assigned to the project (please include CVs of the proposed key staff, and short bios of other staff who will work directly on this project).
6. Estimated timeline for meeting the RFP requirements, including estimated start and end dates for each phase of project including planning, development, testing, and launch assuming an estimated start date of September 3, 2019.
7. Examples of prior work (sample websites, website blueprints, project plans, etc.); portfolio work (sample sites) related to public health, information and referral websites; or other relevant work.
8. Conflict of interest disclosure. (See Attachment B, General Terms and Conditions.) If there is no conflict, a simple statement to that effect is sufficient.
9. A completed list of references, using the form on Attachment F.
10. Completion of the Financial Proposal (**#10** in Reference Documents) outlining the costs related to each component of the project and total proposed cost for the project. The estimated budget range for this project is from \$85,000 to \$115,000.

Deadline

Proposals must be received on or before 5:00 p.m. (Mountain Standard Time), July 19, 2019.

Proposals may be submitted in electronic format, by mail, or hand-delivered to:

Health District of Northern Larimer County
Attn: Purchasing
120 Bristlecone Drive
Fort Collins, CO 80524
Fax: (970) 472-1056
Email: purchasing@healthdistrict.org

If submitting in electronic format, please send a separate follow-up email indicating that an electronic submission was made to ensure that your bid was received. Proposals must be submitted by the proposal due date and time. **No late proposals will be accepted.**

The Health District will accept only written questions. **Written questions are due no later than June 24, 2019** and should be submitted via email to purchasing@healthdistrict.org. Written questions may also be faxed to (970) 472-1056.

Schedule of Activities	Timeline
RFP Release Date	June 18, 2019
Written Inquiry Deadline	June 24, 2019
Responses to Written Inquiries	June 28, 2019
Proposal Submission Deadline	July 19, 2019
Best and Final Offers (if needed)	Deadline to be provided
Estimated Project Start Date (post vendor selection)	September 3, 2019

PROPOSALS MUST MEET THE REQUIREMENTS OUTLINED IN THIS REQUEST FOR PROPOSAL TO BE CONSIDERED VALID. PROPOSALS WILL BE REJECTED IF NOT IN COMPLIANCE WITH THESE REQUIREMENTS.

RESPONDENTS ACKNOWLEDGE THAT IF THEY ARE SELECTED FOR THIS PROJECT, THEY WILL ABIDE BY THE TERMS IN ATTACHMENTS B-E, INCLUDED HEREIN.

Respondents will be competing to provide the services set forth herein in this Request for Proposal. The submissions of all respondents shall be compared and evaluated pursuant to the evaluation criteria set forth in this RFP and a single respondent shall be selected. This RFP does not commit the Health District of Northern Larimer County to select any organization, award any work order, pay any cost incurred in preparing a response, or procure any services or supplies. The HDNLC reserves the right to accept or reject any or all proposals received, cancel or modify the RFP in part or in its entirety, or change the RFP guidelines when it is in the best interests of the HDNLC to do so.

PROJECT OVERVIEW

HealthInfoSource Background

Since 2003, HealthInfoSource.com (HIS) has assisted local residents in accessing health care by providing up-to-date information on local health resources and general health topics. HIS was designed to provide information that aids users in making decisions regarding their health care. It provides a directory of health providers and services relevant to local residents, as well as to local professional users, such as health-care providers, human service professionals, and care coordinators, who use it to assist their clients. The site also has a classes/events section and a glossary of health terms.

Goals

The project described in this RFP is a complete redesign of the HealthInfoSource.com site to address changes in technology, web usability practices, and the needs of the community. The redesigned HealthInfoSource.com will focus on providing resources related to mental health and substance use, with the possibility of including other select providers in the future. It will include a searchable directory of local behavioral health professionals and related resources, similar to the online directories provided by Psychology Today (<https://www.psychologytoday.com/us>), MiResource (<https://www.miresource.com/>), and non-profit resource 501 Commons (<https://www.501commons.org/resources/overview>). In addition, the site will have original content developed and curated by the Health District, along with information and links to safety-net health services and to vetted sources of reliable information, such as third-party websites. Day-to-day curation of website content will be the responsibility of Health District staff members who do not have technical web skills and are not developers. The redesign will create a foundation upon which the Health District may choose to expand to include additional health-care topics, professional listings, and other resources at a later time.

The following goals will inform the design and functionality of the site, as well as the selection of the platform upon which the site will be built:

1. **Behavioral health-focus:** Provide a source of information focused on behavioral health, although other content topics will be included as well.
2. **Robust:** In addition to the primary focus on behavioral health, provide or link to other information on topics critical to the health of the community, such as linking to a list of dental providers accepting Medicaid; blog articles and videos; curated information on sources of classes, support groups, and other support resources; and health guides linked to or written by the Health District's subject matter experts (such as "Questions you should ask your therapist" or "Differences between a psychologist and a psychiatrist.") For details, see the Financial Proposal (#10 in Reference Documents listed on page 7 of the RFP).
3. **Simple database structure:** Deliver an encrypted database to store a substantial amount of provider and organizational information and data that can be easily edited and updated by site administrators and providers through a web interface.
4. **Easy to use:** Provide a simple, intuitive user interface that will make it easy to conduct keyword and provider name searches and advanced filtering that reduces search results to a manageable and customized list. Provide access across a variety of devices, including all mobile browsing platforms. Enable efficient site management, customization, content updating and publishing, and monitoring of analytics.
5. **Visually pleasing:** Provide a professional-looking user interface consistent with Health District branding currently in development.

6. **Scalable and flexible:** Provide ability for the site to grow as the needs of the community and the Health District grow, for example, with the possible inclusion in the future of listings of other health professionals, as well as other functionality. The site should be built on a platform that is appropriate to the budget of a publicly funded organization such as the Health District.
7. **Local:** Provide local content related to Larimer County (and surrounding areas as appropriate to residents of the county).
8. **Secure, reliable, and timely:** Meet or exceed industry standards for security. Maintain timely and up-to-date information. Provide daily testing of vulnerabilities against the website, the hosting platform, and server hardware. Software development cycles should include (and not be limited to) OWASP-based security-centric processes.
9. **Community-based:** Maintain site locally. Elicit regular community and user input on design, content, functionality, and satisfaction levels to ensure that local needs are met.
10. **ADA compliant:** All public and private web-based content must meet accessibility standards consistent with WCAG 2.1.
11. **Vendor Security Management Checklist.** Vendors selected to continue on in the RFP process will be required to complete a Vendor Security Management Checklist which will assist the Health District in understanding the nature and strength of the vendor's security/privacy practices.

Information Provided

Information will be provided on the following types of care providers and services:

- ✓ Behavioral health providers, organizations, and services.
- ✓ Lists and links to classes, support and therapy groups, etc.
- ✓ Other health-related support services (Larimer Health Connect, Connections, Larimer County Office on Aging, Healthy Harbors, etc.).
- ✓ Related health topics and information, including, for example, links to online screening tools, as well as a downloadable list of dentists who accept Medicaid, a list of pain management providers, health guides such as "Questions to ask your provider," and links to health-related websites vetted by the Health District.

Identified Users

We have identified four main types of users of HIS:

- ✓ **General public**, including local residents, as well as out-of-state family members searching for resources to assist a local family member.
- ✓ **Professional users**, such as internal Health District staff from our Connections program, as well as referral specialists at 211, Medicaid Accountable Care Collaborative care managers, hospital and primary care clinic social workers and discharge planners, etc.
- ✓ **Participating (listed) professionals** who maintain listings on the site and benefit through increased community presence, referrals, and business.
- ✓ **Site administrators** who oversee content creation, posting, updating, and maintenance; review, curate, and publish third-party content; and evaluate site performance.

For information, see: (Reference Documents are at <http://rfp2019-1006.healthdistrict.org/>).

- ✓ User mind maps – Administrator Mind Map, Community Members Mind Map, and Professional User Mind Map (See #1-3 in Reference Documents)
- ✓ Detailed user scenarios (See #4 in Reference Documents)

Scope of Work

The selected vendor will:

- ✓ Select and implement an appropriate platform and content management system to support the secure website and meet the organization's requirements as a publicly funded non-profit. Proposals for the project should include a clear explanation of how the proposed platform meets the requirements below along with any available examples of how it has delivered value in specific deployments similar to this one. We are interested in a platform that will:
 - be the most compatible with the type of website and database we are developing;
 - support in-house application management and content updates to the greatest degree possible, thus minimizing dependence on external resources;
 - continue to be supported in the future (not become obsolete in a short time); and
 - be ADA compliant and mobile-friendly for all mainstream platforms.
- ✓ Provide a standard project plan prior to project kickoff that includes a reasonable timeline, milestones and deliverables, and sufficient time for review, revisions, and approval of work.
- ✓ Build, test, release, and troubleshoot a redesigned HealthInfoSource.com using secure, reliable, industry-standard technology.
- ✓ Work closely with Health District staff on development, launch, and troubleshooting of redesigned site.
- ✓ Train Health District staff to use the technology to be deployed.

During the strategic planning phase of the project in 2018, the scope and requirements of the redesigned website were identified. Some assets resulting from that project phase are linked in this document, including preliminary wireframes of some features of the site. (See #5-6 in Reference Documents for two wireframes from the prior phase.)

Health District staff created simple wireframes incorporating updates to the site's content that were decided on internally after the third-party wireframes were completed in August 2018. (See #7 in Reference Documents for Health District wireframes.) All wireframes provided with this RFP are examples of possible direction and should not be interpreted as final. Vendors are encouraged to approach this project using their own unique creative vision.

Proposals may contain features or work outside this scope of work, but additional work should be labeled as separate from the scope of the RFP. Costs for work outside the scope of the project described here should not be included in the project totals submitted with the proposal, but should be listed separately.

Limitations

- ✓ There is currently no indication of a need for e-commerce functionality, and none is included in this Scope of Work.
- ✓ The vendor will not be responsible for producing or editing site content.
- ✓ No protected health information (PHI) or other personal information that identifies an individual user (other than a listed provider) will be collected or stored by the system.

Potential Additions

The Health District would like to pursue a discussion with the selected vendor regarding the advisability of carrying out an automated migration of site content (specifically the migration of data contained in approximately 300 listings of mental health providers on the current site). While we do not expect vendors to include this migration work as part of the estimate they are submitting in response to this RFP, it may be included in a final scope of work and contract depending on the outcome of discussions between the Health District and the vendor.

Content, Features, and Functionality

For a detailed list of fields and content that the site could contain, see the document of website content areas. (See **#9** in Reference Documents.)

A list of specific features and functionality is in the Financial Proposal (See **#10** in Reference Documents).

Reference Documents for this RFP: (found at <http://rfp2019-1006.healthdistrict.org/>)

- 1-3 Mind Maps.
- 4 User Scenarios.
- 5-6 Wireframes from Prior Phase.
- 7 Health District Wireframes.
- 8 Example Care Coordinator Notes/Private Groups.
- 9 Website Content List.
- 10 HealthInfoSource Redesign Financial Proposal.
- 11 IRS Form W-9

ATTACHMENT A
SIGNATURE PAGE

RFP: 2019-1006 – Development and Release of Redesigned Health Information and Referral Website (HealthInfoSource.com)

Bidder shall complete the area below.

This RFP response is submitted in accordance with all documents and provisions of RFP: 2019-1006 – Development and Release of Redesigned Health Information and Referral Website (HealthInfoSource.com). By my signature below I accept the Health District General Terms and Conditions in effect at the time this RFP was issued, as incorporated by reference into this solicitation. As the undersigned, I certify that I am authorized to sign and submit this response for the Bidder or Offeror.

Original Signature by Authorized Officer/Agent

Vendor's Tax ID Number (FEIN)

Typed or printed name of person signing

Company Name

Title

Phone Number

Vendor Mailing Address

Fax Number

City, State, ZIP

Proposal Valid Until (at least 90 days)

Email Address

Website Address

ATTACHMENT B

GENERAL TERMS AND CONDITIONS

The following provisions are hereby made a part of this request. **Any contract or order awarded as the result of this request shall be governed by these General Terms and Conditions.** By signature in the space provided for vendor in these documents, vendor agrees to furnish the product(s) and/or services(s) pursuant to these conditions.

1. GENERAL. These provisions are standard for all Health District of Northern Larimer County (Health District) contracts. The Health District may delete or modify any of these standard provisions for a particular contract by indicating a change in the special instructions or provisions. **Any vendor accepting a contract award as the result of this request agrees that the provisions included within this Request for Proposal shall prevail over any conflicting provision within any standard form contract of the vendor.**
2. SUBMISSION OF PROPOSALS. Request for Proposals may be submitted to the Health District, Finance Department, 120 Bristlecone Drive, Fort Collins, Colorado 80524 between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday (excluding holidays), prior to the date and time specified in this request. Proposals submitted in person or by mail should be submitted in a sealed envelope which clearly identifies the Request for Proposal number, commodity or service and submittal deadline. Proposals must be submitted in the format required in the Request for Proposal. Proposals must be signed by an authorized person.
3. AMENDMENTS TO THE REQUEST. Any amendment to this request is valid only if in writing and issued by the Health District.
4. NON-COLLUSION. The vendor certifies that his proposal is made without any previous understanding, agreement or connection with any person, firm or corporation submitting a quotation for the same requirement and is in all respects fair, without outside control, collusion, fraud or otherwise legal action.
5. CONFLICT OF INTEREST. Vendor states that no Health District officer or employee, nor any business entity in which they have an interest: a) Has an interest in the contract awarded; b) Has been employed or retained to solicit or aid in the procuring of the resulting contract; c) Will be employed in the performance of such contract without immediate disclosure of such fact to the Health District. Vendor affirms that it is familiar with Section 18-8-301, et seq., (bribery and corrupt influences) and 18-8-401, et seq., (abuse of public office), C.R.S., as amended, and that no violation of such provisions is present.
6. OWNERSHIP OF MATERIALS. Ownership of all data, materials and documentation originated and prepared for the Health District pursuant to this RFP shall belong exclusively to the Health District.
7. AWARDS. The contract may be awarded to the lowest responsible and responsive vendor complying with the provisions of the Request for Proposal. The following criteria may be considered by the Health District in selecting the most advantageous quotation: a) Ability to perform the service required with the specified time; b) Reputation, judgment, and experience; c) The quality of performance in previous contracts; d) Previous compliance with laws, as well as employment practices; e) Financial ability to perform the contract; f) The quality, availability, and adaptability of the supplies or the contractual services to the particular use required; g) Ability to provide maintenance and service; h) the resale value and

life cycle costs of the items; i) Such other information identified as having bearing on the decision. The Health District reserves the right to reject any and all proposals and to waive any informality in proposals received whenever it is in the interest of the Health District. The Health District may award contracts by line item, category, or on an all-or-none basis.

8. **MERCHANTABILITY.** There shall be an implied warranty of merchantability and fitness for an intended use. Any submittal taking exception to this requirement may, at the Health District's option, be considered non-responsive.
9. **SAMPLES.** Samples of items, when required, must be furnished free of expense to the Health District and if not destroyed by tests will, upon request, be returned at vendor's expense. Samples of selected items may be retained for comparison.
10. **MANUFACTURER'S NAME AND APPROVED EQUIVALENTS.** Unless otherwise specified, manufacturer's names, trade names, brand names, information and/or catalog numbers listed in a specification are intended only to identify the quality level desired. They are not intended to limit competition. The vendor may offer any equivalent product which meets or exceeds the specifications. If proposals are based on equivalent products, the proposal must: 1) Indicate the alternate manufacturer's name and catalog number; 2) Include complete descriptive literature and/or specifications; 3) Include proof that the proposed equivalent will meet the specifications. The Health District reserves the right to be the sole judge of what is equal and acceptable. If vendor fails to name a substitute, goods identical to the published standard must be furnished.
11. **INDEMNIFICATION.** Unless indemnification requirements are stated otherwise in this solicitation, said requirements shall be as follows: The Contractor hereby agrees to protect, defend, indemnify, and hold the Health District free and harmless from any and all losses, claims, liens, demands, and causes of action of every kind and character including, but not limited to the amounts of judgments, penalties, interest, court costs, legal fees, and all other expenses incurred by the Health District arising in favor of any party, including claims, liens, debts, personal injuries, death, or damages to property (including employees or property of the Health District) and without limitation by enumeration, all other claims or demands of every character occurring or any way incident to, in connection with or arising directly or indirectly out of, the contract or agreement. The Contractor agrees to investigate, handle, respond to, provide defense for, and defend any such claims, demand, or suit at the sole expense of the Contractor. Contractor also agrees to bear all other costs and expenses related thereto, even if the claim or claims alleged are groundless, false, or fraudulent. This provision is not intended to create any cause of action in favor any third party against the Contractor or the Health District or to enlarge in any way the Contractor's liability but is intended solely to provide indemnification of the Health District from liability for damages or injuries to third persons or property arising from Contractor's performance pursuant to this contract or agreement.
12. **FORCE MAJEURE.** If an emergency or natural disaster causes delay or interferes with the use or delivery of the products/services described in this request, deliveries may be suspended as long as needed to remove the cause or repair the damage. An emergency or natural disaster includes, fire, flood, blizzard, strike, accident, consequences of foreign or domestic war, or any other cause beyond the control of the parties. The Health District reserves the right to acquire from other sources any products/services during any suspension of delivery.
13. **TAXES.** The Health District is a political subdivision of the State of Colorado and as such is generally exempt and not liable for any sales, use, excise, property, or other taxes imposed

by any federal, state or local government taxing authority. No taxes of any kind shall be charged to the Health District. Quotations shall not include the cost of any such taxes, including those on any materials, supplies or equipment used or installed in the work. A Colorado Sales and Use Tax Exemption Certificate will be furnished upon request.

14. DELIVERY. All prices must be FOB Destination, unloaded inside, and assembled unless otherwise indicated.
15. FIXED CONTRACT QUANTITIES. Purchase order(s) for full quantities will be issued to the selected vendor after receipt of all required documents.
16. OPEN-END CONTRACT (BLANKET PURCHASE ORDER). No guarantee is expressed or implied as to the total quantity of commodities/services to be purchased under any open-end contract. Estimated quantities, ratio or discounts from manufacturer's list price may be used for comparison. The Health District reserves the right to: issue purchase orders as and when required, or, issue a blanket purchase order for individual programs, multiple Health District programs, or any combination of the preceding. No delivery shall be made without a written order by the Health District, unless otherwise specifically provided for in the contract. If in a subsequent year the vendor offers to supply his goods and service for the same price, or in the event the supplier is willing to negotiate to the satisfaction of the Health District any justifiable price increase prior to the succeeding year's contract renewal and if the service provided by the supplier was to the satisfaction of the Health District, the Health District reserves the right to extend the period of the resulting contract on a year-to-year basis for up to two additional years. Alternatively, the solicitation may set forth specific renewal terms. Vendor certifies that prices charged to the Health District for non-listed commodities or non- fixed price items are equal to or less than those charged the vendor's most favored customer for comparable quantities under similar terms and conditions.
17. RIGHTS AND REMEDIES OF HEALTH DISTRICT FOR DEFAULT. If any item furnished by the vendor fails to conform to specifications, or to the sample submitted by the vendor, the Health District may reject it. Upon rejection, the vendor must promptly reclaim and remove such item without expense to the Health District, and shall immediately replace all such rejected items with others conforming to such specifications or samples. If the vendor fails to do so, the Health District has the right to purchase in the open market a corresponding quantity of any such items and to deduct from any monies due the vendor the difference between the price named in the contract or purchase order and the actual cost to the Health District. If the vendor fails to make prompt delivery of any item, the Health District has the right to purchase such item in the open market and to deduct from any monies due the vendor the difference between the price named in the contract or purchase order and the actual replacement cost to the Health District. If the vendor breaches the contract or purchase order, any loss or damaged sustained by the Health District in procuring items which the vendor therein agreed to supply shall be borne and paid for by the vendor. The rights and remedies of the Health District identified above are in addition to any other rights and remedies provided by law or under the contract.
18. INVOICES AND PAYMENT TERMS. Invoices are to be mailed to the Health District at the address specified on the resulting purchase order, blanket purchase order, or contract. All invoices must include the purchase order number, blanket purchase order number, or contract number. Failure to comply will result in delayed payments. The payment term shall begin on the date merchandise is inspected, delivered, and accepted by the Health District, or on the date a correct invoice is received by the Health District, whichever is later. Prompt payment discounts shall be considered earned if payment is postmarked or personally delivered within the prescribed term. For the purposes of this section, the beginning date

described above shall be considered day zero for the purposes of counting days in the prescribed term.

19. **LEGAL REQUIREMENTS.** Federal, state, county, and local ordinances, rules and regulations, and policies shall govern development, submittal and evaluation of quotations and disputes about quotations. Lack of knowledge by any vendor about applicable law is not a defense.
20. **ASSIGNMENT.** Any contract awarded shall not be assignable by the vendor without the express written approval of the Health District, and shall not become an asset in any bankruptcy, receivership, or guardianship.
21. **PATENT INFRINGEMENT.** Vendor shall indemnify and hold harmless the Health District, its agents and employees, against and from any and all actions, suits, liabilities, prosecutions, penalties, settlements, losses, damages, costs, charges, attorney's fees, and all other expenses which may arise directly or indirectly from any claim that any of the products supplied by supplier infringes any patent, copyright, trade secret, or other property right.
22. **CERTIFICATION.** Pursuant to C.R.S. § 8-17.5-101 *et. seq.*, the Health District cannot enter into or renew a public contract for services with a vendor/contractor who knowingly employs or contracts with an illegal alien to perform work under this contract or enter into a contract with a subcontractor that fails to certify to the vendor/contractor that the subcontractor does not knowingly employ or contract with an illegal alien to perform work under this contract.

ATTACHMENT C

CONFIDENTIALITY AGREEMENT

IN CONNECTION WITH SERVICES provided to the Health District of Northern Larimer County (the "Health District") pursuant to this Agreement (the "Agreement"), the Contractor hereby acknowledges that it has been informed that the Health District has established policies and procedures with regard to the handling of confidential information and other sensitive materials.

In consideration of access to certain information, data and material (hereinafter individually and collectively, regardless of nature, referred to as "information") that are the property of and/or relate to the Health District or its employees, customers or suppliers, which access is related to the performance of services that the Contractor has agreed to perform, the Contractor hereby acknowledges and agrees as follows:

That information that has or will come into its possession or knowledge in connection with the performance of services for the Health District may be confidential and/or proprietary. The contractor agrees to treat as confidential (a) all information that is owned by the Health District, or that relates to the business of the Health District, or that is used by the Health District in carrying on business, and (b) all information that is proprietary to a third party (including but not limited to customers and suppliers of the Health District). The Contractor shall not disclose any such information to any person not having a legitimate need-to-know for purposes authorized by the Health District. Further, the Contractor shall not use such information to obtain any economic or other benefit for itself, or any third party, except as specifically authorized by the Health District.

The foregoing to the contrary notwithstanding, the Contractor understands that it shall have no obligation under this Agreement with respect to information and material that (a) becomes generally known to the public by publication or some means other than a breach of duty of this Agreement, or (b) is required by law, regulation or court order to be disclosed, provided that the request for such disclosure is proper and the disclosure does not exceed that which is required. In the event of any disclosure under (b) above, the Contractor shall furnish a copy of this Agreement to anyone whom it is required to make such disclosure and shall promptly advise the Health District in writing of each such disclosure.

In the event that the Contractor ceases to perform services for the Health District, or the Health District so requests for any reason, the Contractor shall promptly return to the Health District any and all information described hereinabove, including all copies, notes and/or summaries (handwritten or mechanically produced) thereof, in its possession or control or as to which it otherwise has access.

The Contractor understands and agrees that the Health District's remedies at law for a breach of the Contractor's obligations under this Confidentially Agreement may be inadequate and that the Health District shall, in the event of any such breach, be entitled to seek equitable relief (including without limitation preliminary and permanent injunctive relief and specific performance) in addition to all other remedies provided hereunder or available at law.

ATTACHMENT D

INSURANCE REQUIREMENTS

1. Prior to commencement of any work, Contractor/Vendor shall forward Certificates of Insurance to the Health District, c/o Purchasing, 120 Bristlecone Drive, Fort Collins, Colorado 80524. All insurance policies with the exclusion of Workers' Compensation shall name the Health District, its elected officials and employees as additional insured for any claims arising out of work performed under this Agreement. The additional insured endorsement should be at least as broad as ISO form CG2010 for General Liability coverage and similar forms for Commercial Auto Liability. Additional Insurance endorsement(s) shall be attached to the certificate of insurance that is provided to the Health District.
2. The Health District reserves the right to reject any Insurer it deems not financially acceptable by insurance industry standards. The insurance shall be with a carrier licensed in the State of Colorado and shall have an AM Best rating of not less than A- and/or VII.
3. Certificates of Insurance on all policies shall provide that thirty (30) days' written notice shall be given to the Health District prior to the policies being non-renewed or canceled. The Contractor/Vendor shall provide and shall require that the Insurer provide to the Health District thirty (30) days written notice if coverage or policy limits are being reduced from those described in the Agreement. Cancellation provisions must be confirmed by written endorsement to the policy. All replacement insurance coverage that is deemed "claims made" policies must show proof of extended "tail" coverage to the beginning of the Agreement.
4. For any level of coverage, there will be no restriction of "other insurance" clauses, thus enabling the Insured to stack the coverage so provided if damages exceed the limits of a single policy.
5. Contractor/Vendor shall obtain and maintain, and ensure that each Subcontractor shall obtain and maintain, insurance as specified in this section at all times during the term of this Contract. All insurance policies required by this Contract shall be issued by insurance companies as approved by the Health District.

WORKERS' COMPENSATION

Workers' Compensation insurance covering injury to, or occupational disease or death of, all employees engaged in providing the Services (including active partners or individual owners) in accordance with the statutory requirements of Colorado.

Workers' Compensation

- | | |
|--|--|
| a. State of Colorado | Statutory |
| b. Applicable Federal | Statutory |
| c. Employers' Liability: | \$100,000 each accident
\$500,000 disease – policy limit
\$100,000 disease – each employee |
| d. Statutory coverage in all states that Contractor/Vendor is licensed to work. | |
| e. Waiver of Subrogation in favor of the Health District stated on the certificate of insurance. | |

The Contractor shall also require each subcontractor to furnish to the Contractor Workers' Compensation insurance including occupational disease provisions for all of the subcontractor's employees; otherwise the Contractor accepts full liability and responsibility for the subcontractor's employees.

COMMERCIAL GENERAL LIABILITY

All Commercial General Liability policies shall provide coverage on an occurrence basis including: Premises/Operations; Owners and Independent Contractor's Protective; Products and Completed Operations; Contractual Liability; and Broad Form Property Damage. This coverage must be at least as broad as Insurance Services Standard Form CG0001. Defense costs coverage for additional insurance must be included and outside the limits of insurance.

Commercial General Liability

- a. General Aggregate \$2,000,000
- b. Personal Injury \$1,000,000
- c. Each Occurrence \$1,000,000
- d. Products & Completed Operation \$2,000,000
- e. An endorsement providing that such insurance is primary insurance and no other insurance of the owner will be called on to contribute to a loss stated on the certificate of insurance.
- f. Health District, its officers, and employees shall be named as additional insured.

TECHNOLOGY/PROFESSIONAL LIABILITY (Errors and Omissions)

Contractor/Vendor shall maintain technology/professional liability insurance, including coverage for network security/data protection liability insurance (also called "cyber liability").

- a. Minimum coverage \$3,000,000
- b. An endorsement providing that such insurance is primary insurance and no other insurance of the owner will be called on to contribute to a loss stated on the certificate of insurance.
- c. In the event any work is performed by a subcontractor, the Contractor/Vendor shall be responsible for any liability directly or indirectly arising out of the work performed under this Contract by a subcontractor, which liability is not covered by the subcontractor's insurance.
- d. Health District, its officers, and employees shall be named as additional insured

COMMERCIAL AUTOMOBILE LIABILITY

Commercial Automobile Liability (owned, non-owned, leased, or hired)

- a. Bodily Injury and Property Damage Combined Single Limit \$1,000,000
- b. The State of Colorado has a tort automobile insurance requirement.
Contractor/Vendor shall be certain coverage is provided that conforms to any specific stipulation in the law. Additionally, the Contractor/Vendor shall carry no less than \$5,000 medical payment coverage and uninsured and underinsured coverage in the amount of \$100,000/\$300,000.
- c. In the event any work is performed by a subcontractor, the Contractor/Vendor shall be responsible for any liability directly or indirectly arising out of the work performed under this Contract by a subcontractor, which liability is not covered by the subcontractor's insurance.

ATTACHMENT E
PROSPECTIVE CONTRACTOR'S CERTIFICATE
REGARDING EMPLOYMENT OR CONTRACTING
WITH AN ILLEGAL ALIEN

From: _____

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

Project Name: Development and Release of Redesigned Health Information and Referral Website (HealthInfoSource.com)

RFP Number: #2019-1006

As a prospective contractor of the above-identified RFP, I (we) do hereby certify that, as of the date of this certification, I (we) do not knowingly employ or contract with an illegal alien who will perform work under this contract, and that I (we) will participate in either (i) the "E-verify Program" jointly administered by the U.S. Department of Homeland Security and the Social Security Administration, or (ii) the "Department Program" administered by the Colorado Department of Labor and Employment, in order to confirm the employment eligibility of all employees who are newly hired to perform work under this contract.

Executed this _____ day of _____, 2019.

Prospective Contractor _____

By: _____

Title: _____

ATTACHMENT F
REQUEST FOR REFERENCES

**RFP: Development and Release of Redesigned Health Information and Referral Website
(HealthInfoSource.com) #2019-1006**

Bidding vendor will provide a reference list of at least three (3) current or former clients with their bid. The Health District will contact these references; therefore, please list contact person, address and telephone number. The Health District reserves the right to use references as a factor in award of the contract.

BIDDER'S COMPANY NAME: _____

1. Company Name: _____

Contact Name: _____

Address: _____

Telephone Number: _____

2. Company Name: _____

Contact Name: _____

Address: _____

Telephone Number: _____

3. Company Name: _____

Contact Name: _____

Address: _____

Telephone Number: _____

SUBMIT THIS PAGE WITH YOUR PROPOSAL

Request for Proposal 2019-1006
Development and Release of Redesigned Health Information
and Referral Website (HealthInfoSource.com)

FINANCIAL PROPOSAL

Company Name: _____

Please fill in the cost of each group of features, functionality, and design elements.

FEATURES, FUNCTIONALITY, AND DESIGN ELEMENTS	
1. Platform and Content Management Tools	Cost:
<ul style="list-style-type: none"> Infrastructure built on a reliable, affordable, industry-standard, secure, HIPAA-compliant platform. 	
<ul style="list-style-type: none"> Integrated content management tools that site administrators can use to create new content, tag content, tag and manage content for SEO, update current content, change filter criteria, create new pages (including FAQ and glossary pages) based on simple page templates, and publish changes. 	
<ul style="list-style-type: none"> An easy way for site administrators and listed professionals to manage and post images, videos, and other digital assets, including a reliable way to store and organize these. 	
<ul style="list-style-type: none"> Ability for providers and admins to submit events, classes, and support groups for inclusion on a calendar and events list. Ability for admins to review submitted events before they are published. 	
<ul style="list-style-type: none"> Ability of admins to easily post/update prominent global banner notifications that may change over time (for example, notifications of significant public health threats). 	
<ul style="list-style-type: none"> Standard capability for admins to create and deploy customized reports, forms, and surveys. Reports might include the number of providers specializing in pain management or another issue, the number of searches on the term "anxiety," or the number of providers practicing in a certain ZIP code. Simple forms with custom fields could be created for chosen recipients. Surveys (with user opt-in) could use data gathered on HealthInfoSource to determine recipients. 	
<ul style="list-style-type: none"> Ability for site admins to create mailing lists of providers, for email and postal mail, based on specific criteria (for example, to enable a mailing or email to be sent to all pain management specialists). Ability for consumer and professional users to opt in to mailing lists featuring blog posts, notifications of trainings, etc. 	
<ul style="list-style-type: none"> Ability for users to provide feedback and suggestions on site content and functions through both a pop-up survey and the ability to submit email directly to the site administrator via a form. Ability for admin to manage and respond to user feedback and create reports of user comments and feedback. 	
<ul style="list-style-type: none"> Ability to create, edit, and publish blog posts and to link to blog posts on the site and distribute them via email newsletters. Ability for users to submit information and images/attachments that will be included in a newsletter sent to a list of professionals who opt in. Newsletter editor/admin to be able to approve (or reject) user submissions and publish a newsletter with embedded content/images and links to fliers or other content. (A third-party app, such as MailChimp or Constant Contact, may be used to provide newsletter features.) 	
<ul style="list-style-type: none"> Ability for users to subscribe and unsubscribe to a variety of communications including newsletters, blog posts, emails, notifications of training opportunities, requests for site feedback, etc. 	

2. Visual Design	Cost:
<ul style="list-style-type: none"> Clean and attractive visual design that complies with Health District branding. 	
<ul style="list-style-type: none"> Responsive design that renders well on a variety of devices and screens, including cell phones and tablets. 	
<ul style="list-style-type: none"> Easy-to-use, intuitive interface and navigation that includes straightforward search and filter functionality. 	
<ul style="list-style-type: none"> ADA compliant (must meet accessibility standards consistent with WCAG 2.1). 	
3. Database and Web Functionality	Cost:
<ul style="list-style-type: none"> Searchable database of professionals that includes bios, addresses, photos, office hours, map of practice locations, links to provider websites, and other information. Professionals will be able to create their own listings and then log in and update those listings without requiring admin assistance. 	
<ul style="list-style-type: none"> Ability for each user to create a password-protected account with one of three profile types and manage their account and password. Each type will have role-based functionality and permissions: Admin, Consumer, and Professional. (Users who don't choose to create a profile may browse and search the site's content but will not be able to save favorites, etc.) 	
<ul style="list-style-type: none"> The ability of admins to review and approve new listings and all pending content updates before publishing and to update and edit listings. 	
<ul style="list-style-type: none"> Ability for site administrators to solicit listing updates from professionals (such as "open to new clients," "accepting new Medicaid clients," etc.) via a limited list of checkboxes in an email and have those changes made automatically, pending administrator approval, to listings without the email recipients needing to log in to the site. 	
<ul style="list-style-type: none"> Ability for users to search and filter site content on a wide variety of attributes such as issues specialized in, hours, location, etc. (See #9 in Reference Documents listed on p. 7 of the RFP.) 	
<ul style="list-style-type: none"> Ability to generate a date stamp that will show up on all search results to indicate when a provider's listing was last updated. 	
<ul style="list-style-type: none"> Ability for users (both consumer and professional) to send a provider profile link to others by text or email with comments. 	
<ul style="list-style-type: none"> Ability for logged-in users to save a frequently used search to be able to access it quickly without entering search criteria each time. 	
<ul style="list-style-type: none"> Ability for logged-in consumer and professional users to save search results or a list of favorites as a pdf, and as a link to the saved search that will repopulate with updated information when clicked; print a pdf of search results; and share the list and/or search link with whomever they choose via email and text. 	
<ul style="list-style-type: none"> Standard capability to create and display maps and to filter map results by distance/location and other criteria. 	

4. Private Group Functionality	Cost:
<ul style="list-style-type: none"> Ability for site administrators to create secure private user groups for professionals in specific organizations, such as the Health District's Connections program and interagency care coordination groups, and invite professionals to participate in these group. Group members could share notes/status updates on listed professionals among themselves privately. No protected health information (PHI) will be collected, shared, or stored by members of the groups. 	
<ul style="list-style-type: none"> Ability for a single professional user to be a member of multiple private groups. 	
<ul style="list-style-type: none"> Ability for professional users to create, view, and sort notes on specific providers or organizations. (See #8 in Reference Documents listed on p. 7 of the RFP.) 	
<ul style="list-style-type: none"> Indicate which notes can be shared with other professional groups. 	
<ul style="list-style-type: none"> Indicate when a note includes information to be permanently updated in the record by a site admin. In addition, ability of admins to see a list of which professional listings have notes made by members of private groups and to update those listings as needed. 	
<ul style="list-style-type: none"> Ability to set "effective" and "expire" dates for a private group note. 	
<ul style="list-style-type: none"> Ability to sort a list of notes on a provider by two or more fields (for example, sort by "effective date" and "contact" field to see recent changes to contact information). 	
<ul style="list-style-type: none"> Ability to categorize a note to direct where the note will show up in the record or tag content and have that content displayed on the page beside related information on the provider's listing. For example, a private note about a provider's availability would display next to the provider's hours, but would be viewable only by members of the private group whose member added it or to others if it has been shared. 	
5. Other Costs Not Associated With Categories Above But Required to Complete Scope of Work	
Description	Cost
TOTAL PROJECT COST:	

Key Bills of 2019 Legislative Session

Prepared by: Alyson Williams

7/18/2019

HB19-1004: Proposal for Affordable Health Coverage Option

- Allows Coloradans to buy insurance through a state program, possibly Medicaid. The bill directs Department of Health Care Policy & Financing (HCPF) and Division of Insurance (DOI) to develop a proposal that explains the design, costs, benefits, and how the option would be implemented. Legislators will get a look at the plan this fall before any necessary federal waivers are sent to the federal government, but it does not require further approval from the legislature.

HB19-1033: Local Governments May Regulate Nicotine Products

- Makes several changes related to the regulation of cigarettes, nicotine products, and tobacco products by local governments. Under current law, 27% of state cigarette tax revenues is distributed to municipalities and counties. In order to receive its portion of cigarette tax revenue, local governments currently cannot impose or attempt to impose fees, licenses, or taxes on people selling cigarettes. The bill changes this law, thus allowing local governments to impose fees, licenses, and consider taxes on cigarette sales without losing their portion of state cigarette tax revenue. However, if they *implement* a tax on cigarettes, they would still lose their “shareback.”

HB19-1168: State Innovation Waiver Reinsurance Program

- Requires the DOI to establish a reinsurance program, which aims to reduce premiums on the individual market by covering the highest-cost claims for insurers. It also authorizes the Commissioner to perform a study after two years of the program’s existence to determine if there are cost savings to consumers. The program requires approval federal 1332 waiver to become operational. The waiver application was filed by the DOI on May 20th. The program is authorized for two years rather than the original five years.

HB19-1174: Out-of-Network Health Care Services

- Health care facilities and insurance carriers must now provide better disclosures about possible out-of-network billing situations. This bill requires providers and facilities to work out the payment for services with the health insurance company, leaving the consumer out of the middle with the exception of any copay, coinsurance, or deductible amount a consumer would normally owe with their health insurance coverage. It also creates reimbursement benchmarks for out-of-network providers providing services at an in-network facility as well as for emergency services at an out-of-network facility and creates an arbitration process for addressing billing disputes between a provider or facility and an insurance company.

HB19-1216: Reduce Insulin Prices

- Requires an insurance carrier to cap the copayment or coinsurance amount imposed on a covered person for prescription insulin drugs at \$100 for a 30-day supply.

HB19-1237: Licensing Behavioral Health Entities

- Creates a new system for licensing behavioral health entities. Currently, an entity that provides behavioral health services may hold a license from the Department of Public Health and

Key Bills of 2019 Legislative Session

Prepared by: Alyson Williams

7/18/2019

Environment (CDPHE) or the Department of Human Services (DHS) or both. This bill consolidates behavioral health entity licenses through CDPHE.

HB19-1269: Mental Health Parity

- Aims to ensure that private insurance companies and Medicaid provide coverage for mental health and SUD services at the same level as physical care. The bill focuses on closing loopholes in existing law and requiring insurance companies to provide proof to the state that they are complying with the requirements. It also specifically prohibits prior authorization and step therapy for medication-assisted treatment (MAT) for both private insurance and Medicaid. The bill includes autism spectrum disorder under the definition of “behavioral, mental health, and substance use disorder.” The bill specifies that a diagnosis of an intellectual or developmental disability, traumatic brain injury, or neurological/neurocognitive disorder does not preclude the individual from receiving covered behavioral health services.

SB19-005: Import Prescription Drugs from Canada

- Creates a program to import cheaper prescription drugs from Canada, as long as the federal government gives its approval. Colorado must receive approval from U.S. Department of Health and Human Services after demonstrating that the program will reduce costs and be safe for patients. It will cost \$3 million to explore the idea and submit the request.

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
MEETING
August 14, 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
Bruce Cooper, Medical Director
Richard Cox, Communications Director
James Stewart, Incoming Medical Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
Lin Wilder, Community Impact Director
Lorraine Haywood, Finance Director
Anita Benavidez, Executive Assistant

Staff Present (cont'd)

Vivian Perry, CIT Project Manager
Pam Klein, CIT Project Specialist
Sue Hewitt, Evaluation Coordinator

Others Present:

Dawn Putney, ToolBox Creative
Tom Campbell, ToolBox Creative

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 5:33 p.m.

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

Carol introduced Dr. James Stewart, the new Medical Director. James gave a brief review of his experience, noting his eclectic background. He recently moved here from New York City, Mt. Sinai hospital, working in public health and preventive medicine (including a preventive medicine specialty). He has worked in East Harlem and the South Bronx with veteran populations. He has also done some work in Utah with outbreak investigations and health policy. Prior to that he was in the Army as a flight medicine physician doing primary care, and public health and preventive medicine work. Most recently he finished his MPH work, writing a thesis on outbreak investigation based on work he did in Utah. He is excited about the high impact work the Health District does.

PUBLIC COMMENT

No public comment.

PRESENTATIONS, DISCUSSION & ACTIONS

Possible Name Change for the Health District – Dawn Putney and Tom Campbell, ToolBox Creative (TBC)

Dawn did a quick recap of their meeting with the Board at the Board Retreat in which potential names were discussed. After making some adjustments from Board feedback, they have narrowed it down to the top three. Dawn briefly reviewed the rationale behind the possible name change, as well as reporting on some search engine optimization trends. They are now seeking Board feedback on the final options.

Dawn and Tom presented the current three options in some detail, noting rationale, pros/cons, name search and web search, and how they met criteria. The proposals include:

Greater
Fort Collins
Health
Our Health District

Elevate
Health District
Let's Elevate Health Together

Health
Together
Our Community Health District

Reviewing the search optimization information, they found that the relevant term most searched for is “Fort Collins” – rarely Health District, and “northern Larimer County” doesn’t exist in search terms. Taglines aren’t necessarily final; those might change once a name is determined. Once a name is chosen, Toolbox Creative recommends working with a trademark attorney to determine if it is available, and to protect it. Some testing could be done if there are any concerns about the community reaction.

In Board discussion, the name favored most was Greater Fort Collins Health; least was Elevate. Richard and Carol met to consider whether there would be difficulties implementing any of the names, and also lean toward Greater Fort Collins Health. The one issue worth considering carefully was whether people who don’t live in the Fort Collins area might not like the reference to greater Fort Collins. Dawn mentioned that some polling for risk assessment could be done with the broader communities if there was enough concern. Carol also noted that maintaining a geographical locator is very helpful as a descriptor. A Board comment was that the tag line “Our Health District” is a preferred tag line.

The “Picture of Health” approach will roll out at the same time. Toolbox will work with staff on how to manage the roll out. Next steps are to work with an attorney to solidify a name, finalize the tag line, create a new logo, create the graphic identity, and plan the rollout. There is a rough timeline for the work with Toolbox that will need some adjustment; more to come.

TIF Intergovernmental Agreement, College and Drake – Michael Liggett/Carol Plock

The City has accepted our proposed language for the TIF Agreement for the College and Drake Urban Renewal Plan, with one exception – they counter-proposed language for the ‘escape clause’ the Health District proposed should any key player (such as the School District) not participate in the agreement (the language for both wording suggestions was included in the Board packet).

The last thing for the board to consider, if ready to vote on the issue, is the addition of some clarifying language to their counter-proposed language. The Health District would be proposing the addition of the bolded information below, for language in section 7.2 (ii): “The Health District has authorized this Agreement based on the equitable deal structure referenced in Recital E to this Agreement. As such, in the event that the City fails to execute an agreement with the Authority regarding the Project, **such agreement to include a significant contribution of City incremental property tax and incremental sales tax revenues, as indicated in Recital E,** within one hundred eighty (180) days of the Effective Date, this Agreement is subject to renegotiation, at the Health District’s option.”

It was noted that the Library District passed the Agreement in July.

MOTION: To approve the TIF agreement with the additional language in section 7.2 (ii) (as listed above), “...such agreement to include a significant contribution of City incremental property tax and incremental sales tax revenues, as indicated in Recital E,...”

Moved/Seconded/Carried Unanimously (5 – 0)

Proposed Amendment to Nationwide 401 (a) Retirement Plan Document – Lorraine Haywood

The Health District permits permanent employees who work 20 hours or more per week to participate in its Nationwide 401 (a) Retirement Plan. Benefited employees are 100% vested after two years of ‘service’. Staff is proposing to change the way that the two years of service will be determined (“Service Crediting Method”) from a “Year of Service” – which currently requires 1,000 hours in a particular calendar year - to an “Elapsed Time (anniversary date)”, which would set the period of eligibility to begin at the date of hire, and vesting would be met two years after. Currently, those who start mid-year and work part time may not meet vesting requirements for longer than two years. A question from the Board was how many people would be affected by this; the response was that anyone who is currently working less than full-time hours and who started mid-year would be impacted (perhaps 10), with more going forward.

MOTION: To approve the proposed change in the Nationwide 401(a) Retirement Plan, which changes the “Service Crediting Method” from “Year of Service” to “Elapsed Time,” tying vesting eligibility to two years from the date of hire.

Moved/Seconded/Carried Unanimously (5 – 0)

Board Ratification of Comments regarding Nondiscrimination Regulation Changes – Carol Plock

Previously, Alyson gave the Board an overview of the changes proposed by the federal Department of Health and Human Services that make changes in Section 1557 of the Affordable Care Act, impacting protections for nondiscrimination in Health and Health Education Programs or Activities. The Board was in favor of comments being submitted. Director Liggett previously approved the comments because the deadline for submission was in advance of the next Board meeting. The Board needs to consider, and if in support, ratify the decision.

MOTION: To ratify the submission of comments regarding the federal proposed rule on Nondiscrimination in Health and Health Education Programs or Activities (HHS-OCR-2019-0007-0001) to the Department of Health and Human Services, as included in the Board packet.
Moved/Seconded/Carried Unanimously (5 – 0)

Ratification of Recommendations to the Opioid/Other SUD Opioid Interim Committee – Carol Plock

The “Colorado Opioid and Other Substance use Disorders Study Committee” Interim Committee sought stakeholder input (with a short timeline) to identify gaps in prevention, intervention, harm reduction, treatment, and recovery resources, and to identify possible legislative options to address those gaps. The Health District submitted comments last year, and this year, worked to determine what has changed in the interim, and what are the most critical remaining challenges. Director Liggett reviewed the comments in the interim between Board meetings, and ratification by the Board is now sought.

MOTION: To ratify the recommendations to the Opioid/Other SUD Opioid Interim Committee
Moved/Seconded/Carried Unanimously (5 – 0)

HealthInfoSource Redevelopment Vendor: Moving Forward with the Project – Lin Wilder

Staff are seeking general approval for the development of a contract with a vendor for HealthInfoSource Redevelopment, not to exceed \$130,000.

Lin reminded the Board that a second RFP had to be sent out because the first RFP process was cancelled due to all proposals being significantly over budget. The new RFP was developed, and four proposals came in. Two of the four vendors are currently being considered. Both are highly respected, demonstrate quality work, have experience in similar website development, and could effectively do the work, but there are notable differences in their proposals that are requiring more analysis. That analysis should be completed very soon, and staff will need to move forward with a contract soon. Currently, we anticipate that the project will start in September, with a launch date of April/May in 2020.

Director Gutilla noted that the RFP amount increased from what the Board approved in May (from \$115,000 to \$130,000). Ms. Wilder acknowledged that there could be a difference (staff did not think to raise the issue in the Board memo because the total two-year budget for the

project is not expected to be exceeded); stating that the RFP was sent out at about \$115,000, but that it is possible that additional security features could increase the cost to as much as \$130k. The total two-year budget remains, but the timing would be different; the expenditures will be split between 2019 and 2020, with about half of the development funds expended in 2020.

Director Prows asked a question about what specific features will be included, and what the timeline will be. Ms. Wilder responded that purpose is to develop a very robust site, capable of doing accurate filtering on a wide range of categories, and mobile enabled, so it can be pulled up on any device. Professional users will have password protected groups where they can share information between themselves on the system. The RFP contains a long list of requirements, and also gave vendors access to the detailed reference documents that have been used in the development of the plan, including the wireframes that were shared with the Board at a prior meeting, so that potential vendors could see the scope of the project. The timeline anticipates launch in April or May of 2020.

The Board decided to have staff share more information before making a decision on this topic; it will move to a second reading, and the Board will receive a memo about the history, process, and a copy of the RFP.

Community Health Survey Vendor: Moving Forward – Bruce Cooper/Sue Hewitt
Staff are seeking Board approval to enter into a contract (not to exceed \$80,000) with Market Decisions Research (MDR), a survey fielding firm, for the purpose of fielding the Community Health Survey, collecting and cleaning the data, etc. The HD is approaching the CHS a bit differently, making more use of the in-house skills at the front and back end, and utilizing a vendor for the actual collection of data. An RFP went out and we had eight vendors respond; Market Decisions Research was the vendor chosen.

MOTION: **To approve entering into a contract with Market Decisions Research**
Moved/Seconded/Carried Unanimously (5 – 0)

UPDATES & REPORTS

Executive Director updates:

Carol was pleased to announce that Karen Spink will continue in her position as Assistant Director, and will be back in Fort Collins on an ongoing basis on September 16. Final confirmation was received that MJ Jorgensen was awarded the 3-year Fellowship with the Robert Woods Johnson Foundation on the health equity leadership program. We have established a Health Equity Committee, and work has already begun.

In grant news, we have submitted a proposal for senior dental care to Delta Dental, and they have scheduled a site visit with us in early September. We have also submitted a grant request to Next 50, the organization that has funded Advanced Care Planning, for a continuation of 6 months. As the Board heard, things are hopping on the Triennial Health Assessment process; in addition to selecting a survey vendor, staff are busy organizing focus groups, and working on the content of the survey. Staff involved in HealthInfoSource are preparing for their work with a vendor; the redevelopment process is very complex and they will be very busy.

There is a day-long Rethinking Addiction Conference with Corey Waller and other highly recognized speakers, set for August 29 with about 475 attendees so far. There is a shorter session

for medical providers (currently 85 attendees) the night before (Aug 28, 5:30 – 8:30 pm) on what it might take to change the system. Overdose Awareness Day is Aug. 30, 4 – 8 pm. The Harmony Condo extension to 2062 is fully executed. At the recent Health Care Working Group (the group that originates from the Legislative Council for the Chambers of Commerce of Loveland, Greeley and Fort Collins), HCPF CEO Kim Bimestefer and CFO John Bartholomew presented, with a focus on health care costs and a particular emphasis on hospital costs, noting that Colorado has higher hospital costs than the national average. Chris Tholen, Executive Vice President of The Colorado Hospital Association, will be presenting at the August 27 meeting. The Board may want to hear similar presentations.

Directors and Supervisors attended a Strength Finder Assessment and Training. Some staff who have been involved in the Regional Institute for Health and Environment Leadership attended a special event sponsored by RIHEL entitled The Exhausted Majority; a key point was that when people discuss shared values, they are more likely to be open to working together on policy changes. The Board will be receiving information on the board policies discussed at the Retreat in late August or early September, for consideration during the September board meeting.

UCHealth-North/PVHS Board Liaison Report – Director Naqvi
No updates. Meeting a week from today.

PUBLIC COMMENT (2nd opportunity)

None.

CONSENT AGENDA

- Approval of May 28, 2019 Board Meeting Minutes
- Approval of December 2018 Financial Statements (post-audit)
- Approval of May 2019 Financial Statements

MOTION: To Approve the Consent Agenda as Presented
Moved/Seconded/Carried Unanimously (5 – 0)

ANNOUNCEMENTS

- August 27, 4:00 pm, Board of Directors Regular Meeting
- September 24, 4:00 pm, Board of Director Regular Meeting

EXECUTIVE SESSION

A motion was made to go into Executive Session.

MOTION: For the purpose of addressing personnel matters pursuant to §24-6-402(4)(f) of the C.R.S., topic: Executive Director Review

Motion/Seconded/Carried Unanimously

The Board retired to Executive Session at 6:30 p.m.

The Board came out of Executive Session at 7:10 p.m.

EXECUTIVE DIRECTOR REVIEW

The Board indicated the completion of a positive Executive Director review.

MOTION: **To increase the salary of the Executive Director from \$182,000 to \$185,000, retroactive to January 1, 2019.**
Moved/Seconded/Carried Unanimously

ADJOURN

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

The meeting was adjourned at 7:15 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

HEALTH DISTRICT
of Northern Larimer County
June 2019
Summary Financial Narrative

Revenues

The Health District is 0.3% behind year-to-date tax revenue projections. Interest income is 27.6% ahead of year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings remained steady at 2.34% (based on the weighted average of all investments). Fee for service revenue from clients is 5.0% behind year-to-date projections and revenue from third party reimbursements is 14.9% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 0.8% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 15.6% behind year-to-date projections. Program variances are as follows: Administration 10.9%; Board 16.8%; Connections: Mental Health/Substance Issues Services 23.9%; Dental Services 16.1%; MH/SUD/Primary Care 9.8%; Health Promotion 16.1%; Community Impact 9.9%; Program Assessment and Evaluation 8.7%; Health Care Access 13.3%; HealthInfoSource 37.7%; and Resource Development 11.1%.

Capital Outlay

Capital expenditures are 17.3% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 6/30/2019

ASSETS

Current Assets:

Cash & Investments	\$9,565,555.38
Accounts Receivable	77,502.79
Property Taxes Receivable	2,078,578.41
Specific Ownership Taxes Receivable	106,508.16
Prepaid Expenses and Deposits	62,647.10

Total Current Assets

11,890,791.84

Property and Equipment

Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,175,830.39
Accumulated Depreciation	(2,755,069.04)

Total Property and Equipment

7,434,472.10

Total Assets

\$19,325,263.94

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 6/30/2019

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	\$722,330.50
Deposits	1,000.00
Deferred Revenue	1,264,236.63
	<hr/>
Total Current Liabilities	1,987,567.13
	<hr/>
Long-term Liabilities:	
Compensated Absences Payable	12,215.00
	<hr/>
Total Long-term Liabilities	12,215.00
	<hr/>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	211,993.03
	<hr/>
Total Deferred Inflows of Resources	211,993.03
	<hr/>
Total Liabilities & Deferred Inflows of Resource	2,211,775.16
	<hr/>
EQUITY	
Retained Earnings	13,693,892.72
Net Income	3,419,596.06
	<hr/>
Total Equity	17,113,488.78
	<hr/>
Total Liabilities & Equity	\$19,325,263.94
	<hr/> <hr/>

STATEMENT OF REVENUES AND EXPENSES

For 1/1/2019 To 6/30/2019

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	\$1,922,615.00	\$7,025,492.97
Specific Ownership Taxes	50,477.74	314,388.33
Lease Revenue	93,880.37	552,346.70
Interest Income	17,982.52	89,296.51
Sales Revenue	58.80	253.37
Fee For Services Income	14,752.73	102,786.04
Third Party Reimbursements	44,334.56	349,568.11
Grant Revenue	88,207.38	370,663.50
Special Projects Revenue	4,265.43	32,667.47
Miscellaneous Income	2,195.43	13,867.06
Gain/(Loss) on Disposal of Assets	0.00	34.50
Gain/(Loss) on Investments	0.00	138.74
Total Revenue	<u>2,238,769.96</u>	<u>8,851,503.30</u>
Expenses:		
Operating Expenses		
Administration	\$80,531.56	\$462,847.93
Board Expenses	2,718.43	15,161.06
Connections: MentalHealth/Substance Issues Svcs	100,535.31	684,010.73
Dental Services	257,758.12	1,631,943.64
MH/SUD/Primary Care	87,716.00	504,760.69
Health Promotion	55,631.55	349,618.75
Community Impact	50,068.96	291,481.81
Program Assessment & Evaluation	15,737.23	98,689.62
Health Care Access	78,336.84	473,783.66
HealthInfoSource	6,615.69	35,873.56
Resource Development	13,232.61	77,951.63
Special Projects	82,011.34	387,348.37
Grant Projects	49,623.30	330,342.99
Total Operating Expenses	<u>880,516.94</u>	<u>5,343,814.44</u>
Depreciation and Amortization		
Depreciation Expense	<u>14,645.25</u>	<u>88,092.80</u>
Total Depreciation and Amortization	<u>14,645.25</u>	<u>88,092.80</u>
Total Expenses	<u>895,162.19</u>	<u>5,431,907.24</u>
Net Income	<u>\$1,343,607.77</u>	<u>\$3,419,596.06</u>

Unaudited - For Management Use Only

STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 6/30/2019

	Current Month		Current Month		Year to Date		Year to Date		Year to Date		Annual	
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds Remaining	
Revenue:												
Property Taxes	\$1,844,088	\$1,922,615	\$78,527 (2,283)	\$7,054,563	\$7,025,493	(\$29,070)	\$7,237,486			\$7,237,486	\$211,993	
Specific Ownership Taxes	52,761	50,478	0	308,423	314,388	5,965	650,000			650,000	335,612	
Lease Revenue	93,880	93,880	0	552,345	552,345	0	1,115,627			1,115,627	563,282	
Interest Income	11,667	17,983	6,316	70,000	89,297	19,297	140,000			140,000	50,703	
Sales Revenue	50	59	9	300	253	(47)	600			600	347	
Fee For Services Income	18,039	14,753	(3,286)	108,232	102,787	(5,445)	216,467			216,467	113,680	
Third Party Reimbursements	68,459	44,335	(24,124)	410,756	349,568	(61,188)	821,528			821,528	471,960	
Grant Revenue	61,331	88,207	26,876	489,267	370,664	(118,603)	1,303,259			1,303,259	932,595	
Special Projects/Partnership Revenue	2,079	4,266	2,187	11,405	28,667	17,262	63,878			63,878	35,211	
Miscellaneous Income	1,705	2,196	491	10,250	13,867	3,617	20,500			20,500	6,633	
Gain/(Loss) on Disposal of Assets	0	0	0	0	35	35	0			0	(35)	
Gain/(Loss) on Investments	0	0	0	0	139	139	0			0	(139)	
Total Revenue	\$2,154,059	\$2,238,772	\$84,713	\$9,015,541	\$8,847,503	(\$168,038)	\$11,569,345			\$11,569,345	\$2,721,842	
Expenditures:												
Operating Expenditures												
Administration	96,288	80,532	15,756	519,200	462,848	56,352	858,400			858,400	395,552	
Board Expenses	1,128	2,718	(1,590)	18,223	15,161	3,062	43,920			43,920	28,759	
Connections: Mental Health/Substance Issues Svc	197,852	100,536	97,316	898,625	684,011	214,614	1,650,745			1,650,745	966,734	
Dental Services	324,845	257,758	67,087	1,945,891	1,631,943	313,948	3,809,046			3,809,046	2,177,103	
MH/SUD/Primary Care	91,694	87,716	3,978	559,611	504,761	54,850	1,107,315			1,107,315	602,554	
Health Promotion	69,953	55,632	14,321	416,196	349,619	66,577	820,874			820,874	471,255	
Community Impact	53,904	50,069	3,835	323,668	291,481	32,187	637,766			637,766	346,285	
Program Assessment & Evaluation	17,875	15,737	2,138	108,055	98,690	9,365	213,652			213,652	114,962	
Health Care Access	88,908	78,337	10,571	544,445	473,784	70,661	1,074,616			1,074,616	600,832	
HealthInfoSource	9,303	6,616	2,687	57,606	35,874	21,732	109,263			109,263	73,389	
Resource Development	14,724	13,233	1,491	87,679	77,951	9,728	174,236			174,236	96,285	
Contingency (Operations)	0	0	0	0	0	0	60,000			60,000	60,000	
Special Projects	176,354	82,011	94,343	934,384	387,348	547,036	2,139,363			2,139,363	1,752,015	
Grant Projects	57,789	49,623	8,166	429,642	330,343	99,299	1,303,259			1,303,259	972,916	
Total Operating Expenditures	1,200,617	880,518	320,099	6,843,225	5,343,814	1,499,411	14,002,455			14,002,455	8,658,641	
Net Income	\$953,442	\$1,358,254	\$404,812	\$2,172,316	\$3,503,689	\$1,331,373	(\$2,433,110)			(\$2,433,110)	(\$5,936,799)	

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 1/1/2019 To 06/30/2019

	<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
Capital Equipment	-	-	-	5,000	-	5,000	20,000	20,000
General Office Equipment	-	-	-	-	-	-	20,000	20,000
Medical & Dental Equipment	-	-	-	19,815	20,512	(697)	28,425	7,913
Computer Software	-	-	-	-	-	-	7,300	7,300
Equipment for Building	-	-	-	-	-	-	-	-
Total Non-Operating Expenditures	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 24,815</u>	<u>\$ 20,512</u>	<u>\$ 4,303</u>	<u>\$ 99,725</u>	<u>\$ 79,213</u>

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 6/30/2019

	<u>Current Month Budget</u>	<u>Current Month Actual</u>	<u>Current Month Variance</u>	<u>Year to Date Budget</u>	<u>Year to Date Actual</u>	<u>Year to Date Variance</u>	<u>Annual Budget</u>	<u>Remaining Funds</u>
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$875	\$1,727	\$852	\$5,250	\$10,879	\$5,629	\$10,500	(\$379)
Total Revenue	\$875	\$1,727	\$852	\$5,250	\$10,879	\$5,629	\$10,500	(\$379)
Expenditures:								
Salaries and Benefits	44,699	34,964	9,735	268,196	241,225	26,971	536,392	295,167
Supplies and Purchased Services	51,589	45,567	6,022	251,004	221,623	29,381	322,008	100,385
Total Expenditures	\$96,288	\$80,531	\$15,757	\$519,200	\$462,848	\$56,352	\$858,400	\$395,552
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	\$0	\$0	\$0	\$8,635	\$7,466	\$1,169	\$8,635	\$1,169
Supplies and Purchased Services	1,128	2,718	(1,590)	9,588	7,695	1,893	35,285	27,590
Total Expenditures	\$1,128	\$2,718	(\$1,590)	\$18,223	\$15,161	\$3,062	\$43,920	\$28,759
<u>Community Impact</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$47,772	\$45,527	\$2,245	\$280,630	\$265,765	\$14,865	\$558,259	\$292,494
Supplies and Purchased Services	6,133	4,542	1,591	43,038	25,716	17,322	79,507	53,791
Total Expenditures	\$53,905	\$50,069	\$3,836	\$323,668	\$291,481	\$32,187	\$637,766	\$346,285

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 6/30/2019

	Current Month		Current Month		Current Month		Year to Date		Year to Date		Year to Date		Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Variance			
Program Assessment & Evaluation														
Revenue:														
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Expenditures:														
Salaries and Benefits	\$15,993	\$14,476	\$1,517	\$93,459	\$89,576	\$3,883	\$186,418	\$96,842						
Supplies and Purchased Services	1,882	1,261	621	14,596	9,113	5,483	27,234	18,121						
Total Expenditures	\$17,875	\$15,737	\$2,138	\$108,055	\$98,689	\$9,366	\$213,652	\$114,963						
Connections: Mental Health/Substance Issue														
Revenue:														
Fees, Reimbursements & Other Income	\$1,720	\$1,807	\$87	\$10,320	\$16,632	\$6,312	\$20,640	\$4,008						
Total Revenue	\$1,720	\$1,807	\$87	\$10,320	\$16,632	\$6,312	\$20,640	\$4,008						
Expenditures:														
Salaries and Benefits	\$75,112	\$79,581	(\$4,469)	\$639,124	\$480,267	\$158,857	\$1,092,288	\$612,021						
Supplies and Purchased Services	122,740	20,955	101,785	259,501	203,744	55,757	558,457	354,713						
Total Expenditures	\$197,852	\$100,535	\$97,317	\$898,625	\$684,011	\$214,614	\$1,650,745	\$966,734						
Dental Services														
Revenue:														
Fees, Reimbursements & Other Income	\$81,597	\$57,008	(\$24,589)	\$489,602	\$424,739	(\$64,863)	\$979,216	\$554,477						
Total Revenue	\$81,597	\$57,008	(\$24,589)	\$489,602	\$424,739	(\$64,863)	\$979,216	\$554,477						
Expenditures:														
Salaries and Benefits	\$249,738	\$207,324	\$42,414	\$1,490,431	\$1,313,423	\$177,008	\$2,978,861	\$1,665,438						
Supplies and Purchased Services	75,107	50,435	24,672	455,460	318,521	136,939	830,185	511,664						
Total Expenditures	\$324,845	\$257,759	\$67,086	\$1,945,891	\$1,631,944	\$313,947	\$3,809,046	\$2,177,102						

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 6/30/2019

	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	\$0	(\$2,916)	\$17,496	\$9,837	(\$7,659)	\$35,000	\$25,163
Total Revenue	\$2,916	\$0	(\$2,916)	\$17,496	\$9,837	(\$7,659)	\$35,000	\$25,163
Expenditures:								
Salaries and Benefits	\$81,792	\$77,995	\$3,797	\$493,754	\$454,638	\$39,116	\$987,507	\$532,869
Supplies and Purchased Services	9,838	9,720	118	65,476	49,799	15,677	119,045	69,246
Total Expenditures	\$91,630	\$87,715	\$3,915	\$559,230	\$504,437	\$54,793	\$1,106,552	\$602,115
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$1,145	\$760	(\$385)	\$6,870	\$4,217	(\$2,653)	\$13,739	\$9,522
Total Revenue	\$1,145	\$760	(\$385)	\$6,870	\$4,217	(\$2,653)	\$13,739	\$9,522
Expenditures:								
Salaries and Benefits	\$54,955	\$47,919	\$7,036	\$322,228	\$291,616	\$30,612	\$642,956	\$351,340
Supplies and Purchased Services	14,999	7,712	7,287	93,969	58,003	35,966	177,918	119,915
Total Expenditures	\$69,954	\$55,631	\$14,323	\$416,197	\$349,619	\$66,578	\$820,874	\$471,255

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 6/30/2019

	<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	\$40	\$40	\$0	\$171	\$171	\$0	(\$171)
Total Revenue	\$0	\$40	\$40	\$0	\$171	\$171	\$0	(\$171)
Expenditures:								
Salaries and Benefits	\$74,879	\$71,207	\$3,672	\$450,776	\$416,381	\$34,395	\$901,550	\$485,169
Supplies and Purchased Services	14,028	7,130	6,898	93,670	57,403	36,267	173,066	115,663
Total Expenditures	\$88,907	\$78,337	\$10,570	\$544,446	\$473,784	\$70,662	\$1,074,616	\$600,832
<u>Health Info Source</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$5,443	\$5,222	\$221	\$34,157	\$28,231	\$5,926	\$66,814	\$38,583
Supplies and Purchased Services	3,860	1,394	2,466	23,449	7,643	15,806	42,449	34,806
Total Expenditures	\$9,303	\$6,616	\$2,687	\$57,606	\$35,874	\$21,732	\$109,263	\$73,389
<u>Resource Development</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$12,431	\$11,989	\$442	\$74,585	\$71,729	\$2,856	\$150,720	\$78,991
Supplies and Purchased Services	2,293	1,244	1,049	13,094	6,222	6,872	23,516	17,294
Total Expenditures	\$14,724	\$13,233	\$1,491	\$87,679	\$77,951	\$9,728	\$174,236	\$96,285

Health District of Northern Larimer County

Investment Schedule

June 2019

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,364	0.014%	2.25%	N/A
Local Government Investment Pool	COLOTRUST	\$ 7,415,117	83.520%	2.44%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	\$ 10,115	0.106%	2.44%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	\$ 26,253	0.276%	2.44%	N/A
Flex Savings Account	First National Bank	\$ 172,393	1.813%	0.90%	N/A
Certificate of Deposit	Advantage Bank	\$ 136,932	1.436%	1.40%	12/27/2019
Certificate of Deposit	Advantage Bank	\$ 109,675	1.154%	1.40%	9/2/2019
Certificate of Deposit	First National Bank	\$ 112,723	1.182%	1.35%	9/6/2019
Certificate of Deposit	Points West	\$ 113,160	1.187%	1.35%	6/4/2020
Certificate of Deposit	Points West	\$ 153,049	1.610%	1.25%	4/2/2020
Certificate of Deposit	Adams State Bank	\$ 232,115	2.442%	1.29%	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		\$ 9,504,296	100.000%	2.34%	

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.