



BOARD OF DIRECTORS MEETING

**August 14, 2019
5:30 pm**

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



BOARD OF DIRECTORS MEETING
August 14, 2019
5:30 pm
Health District, 1st Floor Conference Room

AGENDA

- 5:30 p.m. Call to Order; Introductions; Approval of Agenda**.....Michael Liggett
- 5:35 p.m. PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.
- 5:40 p.m. PRESENTATIONS, DISCUSSION & ACTIONS**
(Presentation from Kevin Unger, UCHealth, moved to September meeting)
- Possible name change for the Health District.....Dawn Putney
 - Health District Name and Tagline Options and Recommendations
 - TIF Intergovernmental Agreement, College and DrakeMichael Liggett, Carol Plock
 - Proposed Amendment to Nationwide 401(a) Retirement Plan DocumentLorraine Haywood
 - Board Ratification of Comments Regarding NonDiscrimination Reg Changes Carol Plock
 - Ratification of Recommendations to the Opioid/Other SUD Opioid Interim Committee Carol Plock
 - HealthInfoSource Redevelopment Vendor: Moving Forward with the Project Lin Wilder
 - Community Health Survey Vendor: Moving Forward Bruce Cooper, Sue Hewitt
- 6:40 p.m. UPDATES & REPORTS**
- Executive Director Updates Carol Plock
 - UCHealth-North/PVHS Board Liaison Report Faraz Naqvi
- 6:50 p.m. CONSENT AGENDA**
- Approval of the May 28, 2019 Board Meeting Minutes
 - Approval of the December 2018 Financials (post-audit)
 - Approval of May 2019 Financials
- 6:55 p.m. ANNOUNCEMENTS**
- August 27, 4:00 pm, Board of Directors Regular Meeting
 - September 24, 4:00 pm, Board of Director Regular Meeting
- 7:00 p.m. EXECUTIVE SESSION**
- For the purpose of addressing personnel matters pursuant to §24-6-402(4)(f) of the C.R.S., topic: Executive Director Review
- 7:45 p.m. RESULTS OF EXECUTIVE DIRECTOR REVIEW**
- 7:50 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.**

TAX INCREMENT REVENUE AGREEMENT

(Health District of Larimer County)
(College & Drake Urban Renewal Plan)

This Tax Increment Revenue Agreement (the “Agreement”) is entered into as of _____, 2019 (the “Effective Date”) by and between the FORT COLLINS URBAN RENEWAL AUTHORITY, a body corporate and politic of the State of Colorado (the “Authority”), whose address is 222 LaPorte Avenue, P.O. Box 580, Fort Collins, CO 80522, and the HEALTH DISTRICT OF NORTHERN LARIMER COUNTY, a political subdivision of the State of Colorado (the “Health District”), whose address is 120 Bristlecone Drive, Fort Collins, CO 80524. The Authority and the Health District are referred to herein individually as a “Party” and collectively as the “Parties.”

RECITALS.

The following recitals are incorporated in and made a part of this Agreement. Capitalized terms used herein and not otherwise defined are defined in Section 1 below.

A. Proposed Redevelopment. The Parties have been advised that the real property described in Exhibit A (the “Property”) lying within the corporate limits of the City of Fort Collins (the “City”) is being studied for designation as an urban renewal area to be redeveloped by one or more developers and/or property owner(s) as a mixed use development(s) that will eliminate existing blighted conditions which constitute threats to the health, safety and welfare of the community and barriers to development.

B. Urban Renewal and Tax Increment Financing. To accomplish the proposed redevelopment and to provide certain required improvements, the Authority has recommended inclusion of the Property in a proposed urban renewal plan, entitled the “College & Drake Urban Renewal Plan” (the “Plan” or “Urban Renewal Plan”) authorizing and utilizing tax increment financing in accordance with the Colorado Urban Renewal Law, Part 1 of Article 25 of Title 31, C.R.S. (the “Act”), to pay Eligible Costs of the Improvements. The proposed Plan that includes the Property has been provided to the Health District under separate cover. The final Plan approved by the City Council of the City shall be the “Plan” for purposes of this Agreement.

C. Nature of Urban Renewal Project and Purpose of Agreement. The proposed Urban Renewal Project consists of designing, developing and constructing the Improvements (which includes paying the Eligible Costs of public improvements) necessary to serve the proposed Urban Renewal Area and to comply with C.R.S. §31-25-107(4)(g) of the Act, which requires the Plan to afford maximum opportunity, consistent with the sound needs of the municipality as a whole, for the rehabilitation or redevelopment of the Urban Renewal Area by private enterprise. Approval of the Urban Renewal Plan is subject to recent legislation, including requirements imposed by the Act for new urban renewal plans adopted after January 1, 2016.

D. Fiscal Impact Model. The Health District and the Authority, along with other taxing districts, have undertaken and utilized a system prepared by the Larimer County TIF Study Group in 2015-2016 (the “Fiscal Impact Model”), to assess the financial and economic impacts of the Plan on the Health District and other taxing districts.

E. Equitable Deal Structure. The Health District and the Authority, along with other taxing districts, have undertaken to prepare an equitable deal structure including a significant contribution of City incremental property tax and incremental sales tax revenues.

F. Colorado Urban Renewal Law. In accordance with the Act as amended to the date of this Agreement, the Parties desire to enter into this Agreement to facilitate adoption of the Plan and redevelopment of the proposed Urban Renewal Area described therein. The Agreement addresses, among other things, the estimated impacts of the Urban Renewal Plan on Health District services associated solely with the Urban Renewal Plan.

AGREEMENT

NOW, THEREFORE, in consideration of the covenants, promises and agreements of each of the Parties hereto, to be kept and performed by each of them, it is agreed by and between the Parties hereto as set forth herein.

1. DEFINITIONS. As used in this Agreement:

1.1. "Act" means the Colorado Urban Renewal Law, Part 1 of Article 25 of Title 31, C.R.S.

1.2. "Agreement" means this Agreement, as it may be amended or supplemented in writing. References to sections or exhibits are to this Agreement unless otherwise qualified.

1.3. "Authority" means the Party described in the Preamble to this Agreement, the Fort Collins Urban Renewal Authority, a body corporate and politic of the State of Colorado.

1.4. "Bonds" shall have the same meaning as defined in §31-25-103 of the Act.

1.5. "Cap" means the maximum amount of Health District Increment which may be received by the Authority pursuant to this Agreement, which amount is four hundred fourteen thousand dollars (\$414,000), unless the Parties agree in writing to a different amount. The Authority shall use good faith efforts to calculate the Health District Increment as accurately as possible from the total Property Tax Increment Revenues received from the County Assessor.

1.6. "City" means the Party described in Recital A to this Agreement, the City of Fort Collins, Colorado.

1.7. "Eligible Costs" means those costs eligible to be paid or reimbursed from the Property Tax Increment Revenues pursuant to the Act. For purposes of this Agreement, the Eligible Costs associated with the Improvements are shown on Exhibit B, subject to an annual escalation factor as reported by the Engineering News Record (ENR).

1.8. "Fiscal Impact Model" means the system prepared by the Larimer County TIF Study Group in 2015-2016, to assess the financial and economic impacts of the Plan on the Health District and other taxing districts.

1.9. “Health District” means the Party described in the Preamble to this Agreement, the Health District of Northern Larimer County, a political subdivision of the State of Colorado.

1.10. “Health District Increment” means the portion of Property Tax Increment Revenues generated by the Health District’s mill levy of 2.167 mills received by the Authority from the County Treasurer.

1.11. “Impact Report” means the impact report setting forth the burdens and benefits of the Urban Renewal Project pursuant to C.R.S. §31-25-107(3.5) of the Act.

1.12. “Improvements” means the public improvements and private improvements listed on Exhibit B attached hereto, to be constructed on the Property pursuant to the Plan.

1.13. “Party” or “Parties” means the Authority or the Health District or both and their lawful successors and assigns.

1.14. “Plan” means the urban renewal plan defined in Recital B above.

1.15. “Project” shall have the same meaning as Urban Renewal Project.

1.16. “Property Tax Increment Revenues” means all of the TIF revenues derived from ad valorem property tax levies described in C.R.S. §31-25-107(9)(a)(II) of the Act from the Project, subject to the Cap.

1.17. “TIF” means the property tax increment portion of the property tax assessment roll described in C.R.S. §31-25-107(9)(a)(II) of the Act.

1.18. “Urban Renewal Area” means the area included in the boundaries of the Plan.

1.19. “Urban Renewal Plan” means the urban renewal plan defined in Recital B above.

1.20. “Urban Renewal Project” means all undertakings and activities, or any combination thereof, required to carry out the Urban Renewal Plan pursuant to the Act.

2. FISCAL IMPACT MODEL. The Parties acknowledge and agree that the Fiscal Impact Model addresses the following information typically provided in an Impact Report pursuant to C.R.S. §31-25-107(3.5)(a), and hereby make and adopt the following findings relating to the Fiscal Impact Model as a substitute for the Impact Report:

2.1. The Urban Renewal Project is projected to create significant benefit to the community, as specified in the Fiscal Impact Model, as determined by the Project Area Review Committee (the “PRC”), that will benefit the Parties, the region, and the State of Colorado.

2.2. The duration of time estimated to complete the Urban Renewal Project is the earlier of the twenty-five (25) year period of time specified in C.R.S. §31-25-107(9)(a) of the Act, or until the payment in full of any debt, as defined in the Act, incurred to pay for the Improvements (the “Duration”).

2.3. The estimated annual Property Tax Increment Revenue to be generated by the Urban Renewal Project for the Duration and the portion of such Property Tax Increment Revenue to be allocated to fund the Urban Renewal Project are set forth in this Agreement and the Fiscal Impact Model.

2.4. The Fiscal Impact Model addresses the following information concerning the impact of the Plan:

- (i) The increase in base value resulting from biennial general reassessments for the Duration in accordance with C.R.S. §31-25-107(9)(e) of the Act;
- (ii) The benefit of improvements in the Urban Renewal Area to existing taxing entity infrastructure in accordance with C.R.S. §31-25-107(3.5) of the Act;
- (iii) The estimate of the impact of the Urban Renewal Project on the Health District and taxing entity revenues in accordance with §31-25-107(3.5) of the Act;
- (iv) The cost of additional Health District and taxing body infrastructure and services required to serve development in the Urban Renewal Area in accordance with §31-25-107(3.5) of the Act;
- (v) The capital or operating costs of the Parties, the City and other taxing entities that are expected to result from the Urban Renewal Project in accordance with the Act; and
- (vi) Although not analyzed as part of the Fiscal Impact Model, pursuant to the Act, the Parties have also considered, and this Agreement addresses, the legal limitations on the use of revenues belonging to the Parties, the City and any taxing entity in accordance with HB 15-1348 and SB 18-248; and
- (vii) Although not analyzed as part of the Fiscal Impact Model, the Parties agree that this Agreement also addresses the other estimated impacts of the Urban Renewal Project on the Health District and other taxing body services or revenues in accordance with C.R.S. §31-25-107(3.5) of the Act.

3. PROPERTY TAX INCREMENT REVENUES. In compliance with the requirements of the Act, the Parties have negotiated and agreed to the sharing of Property Tax Increment Revenues as set forth herein.

3.1. Health District Increment Revenues. The Health District and the Authority agree that the Authority may retain and expend in furtherance of the Urban Renewal Project sixty-six percent (66%) of the Health District Increment, commencing on the date of approval by the City of the Plan, and ending upon the earlier of: (a) the occurrence of the Duration; or (b) the payment in full of any debt, as defined in the Act, incurred to pay for the Improvements; or (c) the date on which the Cap is reached, at which time the entire Health District Increment shall be provided by the County Assessor to the Health District. If the Health District's mill levy increases after the effective date of this Agreement, any revenue derived from the increased mill levy shall not be

considered part of the Health District Increment. The Health District shall notify the Authority of any increase in its mill levy, and the Authority shall take all required steps necessary to remit such revenues to the Health District within a reasonable time following receipt of same. The Authority shall annually provide a written report to the Health District on progress towards completion of the Improvements included in Exhibit B. The report shall include information related to any significant changes in project scope or cost.

4. AUTHORITY'S PLEDGE OF PROPERTY TAX INCREMENT REVENUES. The Health District recognizes and agrees that in reliance on this Agreement and in accordance with the provisions of §31-25-109(12) of the Act, the Authority may issue an irrevocable pledge of all of the Property Tax Increment Revenues, including the Health District Increment, to pay the Authority's Bonds (if any are issued) and other financial obligations in connection with the Urban Renewal Project. The Authority has elected to apply the provisions of C.R.S. §11-57-208, C.R.S., to this Agreement. The Property Tax Increment Revenues, when and as received by the Authority are and shall be subject to the lien of such pledge without any physical delivery, filing, or further action.

5. NOTIFICATION OF PROPOSED MODIFICATIONS OF THE PLAN; AGREEMENT NOT PART OF PLAN. The Authority agrees to notify the Health District of any intended modification of the Plan as required by C.R.S. §31-25-107(7) of the Act. This Agreement is not part of the Plan.

6. LIMITATION OF AGREEMENT. This Agreement applies only to the Health District Increment, as calculated, produced, collected from the Urban Renewal Area and paid to the Authority by the Larimer County Treasurer in accordance with §31-25-107(9)(a)(II) of the Act and the rules and regulations of the Property Tax Administrator of the State of Colorado, and does not include any other revenues of the Health District, County, City or the Authority.

7. MISCELLANEOUS.

7.1. Delays. Any delays in or failure of performance by any Party of its obligations under this Agreement shall be excused if such delays or failure are a result of acts of God; fires; floods; earthquake; abnormal weather; strikes; labor disputes; accidents; regulation or order of civil or military authorities; shortages of labor or materials; or other causes, similar or dissimilar, including economic downturns, which are beyond the control of such Party.

7.2. Termination and Renegotiation.

i) In the event of termination of the Plan, including its TIF financing component, or litigation regarding this Agreement, if Bonds have not been issued to which the Health District Increment has been pledged, either Party may terminate this Agreement by delivering written notice to the other Party at least thirty (30) days prior to the date of termination. The Parties further agree that in the event legislation is adopted or a decision by a court of competent jurisdiction after the Effective Date that invalidates or materially affects any provisions hereof, the Parties will in good faith negotiate for an amendment to this Agreement that most fully implements the original intent,

purpose and provisions of this Agreement, but does not impair any otherwise valid contracts in effect at such time.

~~ii) 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 within one hundred eighty (180) days of the Effective Date, this Agreement is subject to renegotiation, at the Health District's option.~~

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iii) Proposed by HD:

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 any of the following entities fails to execute an agreement with the Authority regarding the Project that contains substantially similar material terms as this Agreement within one hundred eighty (180) days of the Effective Date, this Agreement is subject to renegotiation, at the Health District's option: the City of Fort Collins, Larimer County; the Poudre River Public Library District; or the Poudre School District.

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iv) Proposed by URA:

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 within one hundred eighty (180) days of the Effective Date, this Agreement is subject to renegotiation, at the Health District's option.

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7.3. Entire Agreement. This instrument embodies the entire agreement of the Parties with respect to the subject matter hereof. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written, between the Parties. No modification to this Agreement shall be valid unless agreed to in writing by the Parties.

7.4. Binding Effect. This Agreement shall inure to the benefit of and be binding upon the Parties and their successors in interest.

7.5. No Third-Party Enforcement. It is expressly understood and agreed that the enforcement of the terms and conditions of this Agreement, and all rights of action relating to such enforcement, shall be strictly reserved to the undersigned Parties and nothing in this agreement shall give or allow any claim or right of action whatsoever by any other person not included in this Agreement. It is the express intention of the undersigned Parties that any person or entity other than the undersigned Parties receiving services or benefits under this Agreement shall be an incidental beneficiary only.

7.6. No Waiver of Immunities. Nothing in this Agreement shall be construed as a waiver of the rights and privileges of the Parties pursuant to the Colorado Governmental Immunity Act, C.R.S §24-10-101, et seq., as may be amended. No portion of this Agreement shall be deemed

to have created a duty of care which did not previously exist with respect to any person not a party to this agreement.

7.7. Amendment. This Agreement may be amended only by an instrument in writing signed by the Parties.

7.8. Parties not Partners. Notwithstanding any language in this Agreement or any other agreement, representation, or warranty to the contrary, the Parties shall not be deemed to be partners or joint venturers, and no Party shall be responsible for any debt or liability of any other Party.

7.9. Interpretation. All references herein to Bonds shall be interpreted to include the incurrence of debt by the Authority in any form consistent with the definition of "Bonds" in the Act, including payment of Eligible Costs or any other lawful financing obligation.

7.10. Incorporation of Recitals and Exhibits. The provisions of the Recitals and the Exhibits attached to this Agreement are incorporated in and made a part of this Agreement.

7.11. No Assignment. No Party may assign any of its rights or obligations under this Agreement.

7.12. Section Captions. The captions of the sections are set forth only for the convenience and reference of the Parties and are not intended in any way to define, limit, or describe the scope or intent of this Agreement.

7.13. Execution in Counterparts. This Agreement may be executed in several counterparts, each of which shall be deemed an original and all of which shall constitute but one and the same instrument.

7.14. Governing Law. This Agreement and the provisions hereof shall be governed by and construed in accordance with the laws of the State of Colorado.

7.15. No Presumption. The Parties to this Agreement and their attorneys have had a full opportunity to review and participate in the drafting of the final form of this Agreement. Accordingly, this Agreement shall be construed without regard to any presumption or other rule of construction against the Party causing the Agreement to be drafted.

7.16. Notices. Any notice required by this Agreement shall be in writing. All notices, demands, requests and other communications required or permitted hereunder shall be in writing, and shall be (a) personally delivered with a written receipt of delivery; (b) sent by a nationally-recognized overnight delivery service requiring a written acknowledgement of receipt or providing a certification of delivery or attempted delivery; (c) sent by certified or registered mail, return receipt requested; or (d) sent by confirmed facsimile transmission or electronic delivery with an original copy thereof transmitted to the recipient by one of the means described in subsections (a) through (c) no later than 5 business days thereafter. All notices shall be deemed effective when actually delivered as documented in a delivery receipt; provided, however, that if the notice was sent by overnight courier or mail as aforesaid and is affirmatively refused or cannot be delivered during customary business hours by reason of the absence of a signatory to acknowledge receipt,

or by reason of a change of address with respect to which the addressor did not have either knowledge or written notice delivered in accordance with this paragraph, then the first attempted delivery shall be deemed to constitute delivery. Each Party shall be entitled to change its address for notices from time to time by delivering to the other Party notice thereof in the manner herein provided for the delivery of notices. All notices shall be sent to the addressee at its address set forth in the Preamble to this Agreement.

7.17. Days. If the day for any performance or event provided for herein is a Saturday, a Sunday, a day on which national banks are not open for the regular transactions of business, or a legal holiday pursuant to C.R.S. § 24-11-101(1), such day shall be extended until the next day on which such banks and state offices are open for the transaction of business.

7.18. Precedent. The Parties agree that this Agreement is entered into for the specific Plan described herein. All other future urban renewal projects will be evaluated on their specific attributes and merits and agreements for those Projects may include additional or different terms from this Agreement. This Agreement is not deemed to set precedent for such future agreements.

7.19. Authority. The persons executing this Agreement on behalf of the Parties covenant and warrant that each is fully authorized to execute this Agreement on behalf of such Party.

7.20. Subject to Annual Appropriation. Consistent with Article X, § 20 of the Colorado Constitution, any financial obligation of the Health District not performed during the current fiscal year is subject to annual appropriation, shall extend only to monies currently appropriated, and shall not constitute a mandatory charge, requirement, debt or liability beyond the current fiscal year.

[Remainder of page intentionally left blank]

IN WITNESS WHEREOF, the Authority and the Health District have caused their duly authorized officials to execute this Agreement effective as of the Effective Date.

HEALTH DISTRICT OF LARIMER COUNTY, a political subdivision of the State of Colorado

By: _____
Title: _____

ATTEST:

By: _____

FORT COLLINS URBAN RENEWAL AUTHORITY, a body corporate and politic of the State of Colorado

By: _____
Title: _____

ATTEST:

By: _____

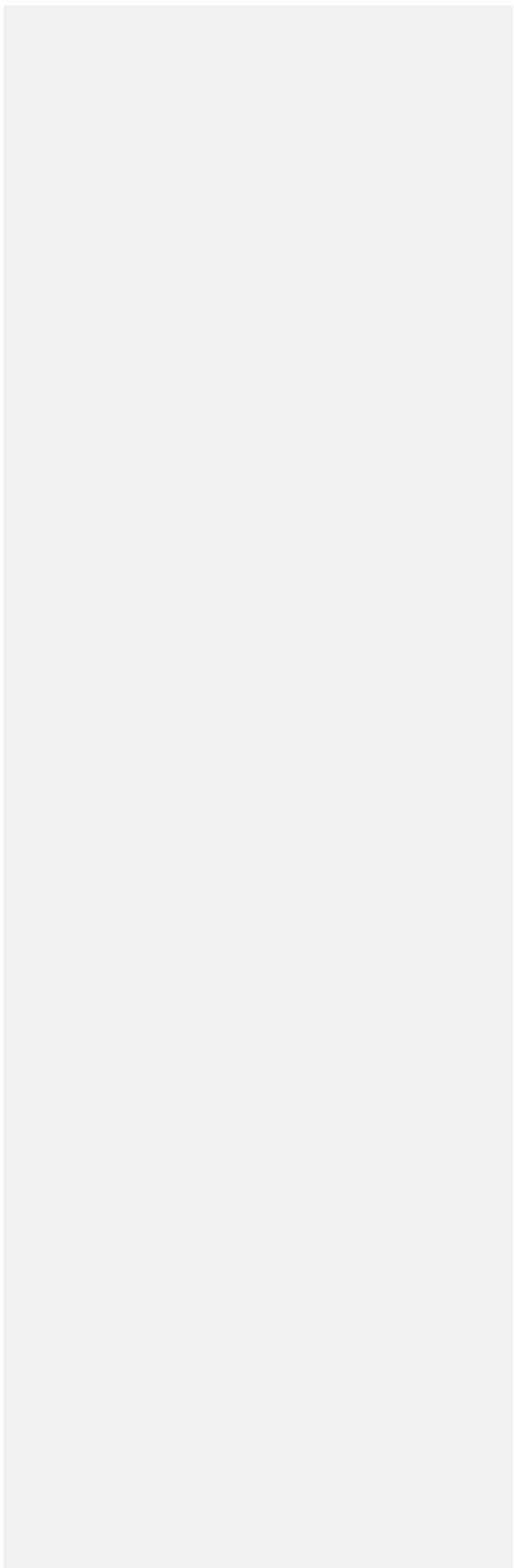


Exhibit A

The Property

DESCRIPTION OF URA DRAKE-COLLEGE

A PARCEL OF LAND LOCATED IN THE SOUTHEAST QUARTER OF SECTION 23, THE SOUTHWEST QUARTER OF SECTION 24, THE NORTHWEST QUARTER OF SECTION 25, AND THE NORTHEAST QUARTER OF SECTION 26, TOWNSHIP 7 NORTH, RANGE 69 WEST OF THE SIXTH PRINCIPAL MERIDIAN; CITY OF FORT COLLINS; COUNTY OF LARIMER; STATE OF COLORADO; BEING DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF LOT 4, K-MART PLAZA SUBDIVISION;
THENCE EASTERLY ALONG THE EASTERLY PROLONGATION OF THE NORTH LINE OF SAID LOT 4 TO THE EAST RIGHT-OF-WAY LINE OF S. COLLEGE AVENUE;
THENCE SOUTHERLY ALONG SAID EAST RIGHT-OF-WAY LINE TO THE NORTH RIGHT-OF-WAY LINE OF E. DRAKE ROAD;
THENCE EASTERLY ALONG SAID NORTH RIGHT-OF-WAY LINE TO THE POINT OF INTERSECTION WITH THE NORTHERLY PROLONGATION OF THE EAST BOUNDARY OF THE TRACT DESCRIBED IN THE WAHMANIY DEED RECORDED AUGUST 29, 2016 AT RECEIPTION NO. 2016005/285;
THENCE SOUTHERLY ALONG SAID PROLONGATION LINE TO THE NORTHEAST CORNER OF SAID TRACT;
THENCE WESTERLY ALONG THE SOUTH RIGHT-OF-WAY LINE OF E. DRAKE ROAD TO THE EAST RIGHT-OF-WAY LINE OF S. COLLEGE AVENUE;
THENCE SOUTHERLY ALONG SAID EAST RIGHT-OF-WAY LINE TO THE POINT OF INTERSECTION WITH THE EASTERLY PROLONGATION OF THE SOUTH RIGHT-OF-WAY LINE OF W. THUNDERBIRD DRIVE;
THENCE WESTERLY ALONG SAID EASTERLY PROLONGATION, ALONG THE SOUTH RIGHT-OF-WAY LINE OF SAID W. THUNDERBIRD DRIVE, AND ALONG ITS WESTERLY PROLONGATION TO THE WEST RIGHT-OF-WAY LINE OF THE BNSF RAILWAY;
THENCE NORTHERLY ALONG SAID WEST RIGHT-OF-WAY LINE TO A POINT 60.00 FEET SOUTHERLY OF THE SOUTH RIGHT-OF-WAY LINE OF W. DRAKE ROAD;
THENCE WESTERLY, PERPENDICULAR TO THE LAST COURSE, TO THE WEST RIGHT-OF-WAY LINE OF REDWING ROAD;
THENCE NORTHERLY ALONG SAID WEST RIGHT-OF-WAY LINE AND ITS NORTHERLY PROLONGATION TO THE NORTH RIGHT-OF-WAY LINE OF W. DRAKE ROAD;
THENCE EASTERLY ALONG SAID NORTH RIGHT-OF-WAY LINE TO THE POINT OF INTERSECTION WITH THE WEST EDGE OF ASPHALT OF BAY ROAD;
THENCE NORTHERLY ALONG SAID WEST EDGE OF ASPHALT, TO THE POINT OF INTERSECTION WITH THE WESTERLY PROLONGATION OF THE NORTH LINE OF LOT 2, EXTENSION OF K-MART PLAZA SUBDIVISION;
THENCE EASTERLY ALONG SAID WESTERLY PROLONGATION, ALONG SAID NORTH LINE OF LOT 2, AND ALONG THE NORTH LINE OF LOT 4, K-MART PLAZA SUBDIVISION TO THE **POINT OF BEGINNING**.



Exhibit B

Improvements

Item	Development Related (Financial Gap)	Plan Area Improvements (Blight Remediation)	Plan Related Expenditures (Subtotal)	Additional Opportunities (Community Benefit)	Total
Intersection Improvements & Safety	\$ 125,000	\$ 3,900,000	\$ 4,025,000	\$ -	\$ 4,025,000
1. Dual Left Turns EB Drake to NB College	\$ 10,000	\$ 740,000	\$ 750,000	\$ -	\$ 750,000
2. Pedestrian Refuge Islands (Drake & College)	\$ 15,000	\$ 210,000	\$ 225,000	\$ -	\$ 225,000
3. Relocate College Ave. Street Lights from Medians	\$ -	\$ 250,000	\$ 250,000	\$ -	\$ 250,000
4. Right Turn Decel. Lane EB Drake to SB College	\$ 100,000	\$ -	\$ 100,000	\$ -	\$ 100,000
5. Color concrete crosswalks at Drake & College (4 Total)	\$ -	\$ 350,000	\$ 350,000	\$ -	\$ 350,000
6. New Traffic Signal System at Drake & College	\$ -	\$ 350,000	\$ 350,000	\$ -	\$ 350,000
7. Extend Concrete Pavement on Drake for College Approach	\$ -	\$ 1,250,000	\$ 1,250,000	\$ -	\$ 1,250,000
8. Dual Left Turns WB Drake to SB College	\$ -	\$ 750,000	\$ 750,000	\$ -	\$ 750,000
Bicycle & Multi-Use Improvements & Safety	\$ 150,000	\$ 1,490,000	\$ 1,640,000	\$ -	\$ 1,640,000
1. McClelland & MAX Promenade	\$ 150,000	\$ 90,000	\$ 240,000	\$ -	\$ 240,000
2. Eastside College Multi-use path	\$ -	\$ 150,000	\$ 150,000	\$ -	\$ 150,000
3. Bike & Pedestrian Grade Separated Crossing - Mason Trail	\$ -	\$ 1,250,000	\$ 1,250,000	\$ -	\$ 1,250,000
Traffic Safety Improvements	\$ 325,000	\$ 1,300,000	\$ 1,625,000	\$ -	\$ 1,625,000
1. Mid-block left turns on Drake - College & McClelland	\$ -	\$ 400,000	\$ 400,000	\$ -	\$ 400,000
2. Thunderbird improvements - College to McClelland	\$ 100,000	\$ 50,000	\$ 150,000	\$ -	\$ 150,000
3. Connecting Roadways - East to West	\$ 225,000	\$ -	\$ 225,000	\$ -	\$ 225,000
4. Access / turn lane improvements on Drake - College to Redwing	\$ -	\$ 600,000	\$ 600,000	\$ -	\$ 600,000
5. Access / turn lane improvement on Drake - College to Harvard	\$ -	\$ 250,000	\$ 250,000	\$ -	\$ 250,000
Parking Management	\$ -	\$ -	\$ -	\$ 200,000	\$ 200,000
1. Expand and/or Acquire the Easement	\$ -	\$ -	\$ -	\$ 200,000	\$ 200,000
Pedestrian & Sidewalk Improvements <small>(ADA Compliance)</small>	\$ 530,000	\$ 115,000	\$ 645,000	\$ -	\$ 645,000
1. Detached sidewalks with landscaped parkways	\$ -	\$ 115,000	\$ 115,000	\$ -	\$ 115,000
2. Mid-Block Drive/Private Street Sidewalk & Enhancements	\$ 530,000	\$ -	\$ 530,000	\$ -	\$ 530,000
Landscaping & Streetscape	\$ -	\$ 500,000	\$ 500,000	\$ -	\$ 500,000
1. Landscape Medians Per Streetscape Standards	\$ -	\$ 500,000	\$ 500,000	\$ -	\$ 500,000
Transit Access & Improvements	\$ 85,000	\$ 85,000	\$ 170,000	\$ -	\$ 170,000
1. Bus Stop Improvements on Drake Road (4 Total)	\$ 85,000	\$ 85,000	\$ 170,000	\$ -	\$ 170,000
Other Expenses	\$ 4,660,000	\$ -	\$ 4,660,000	\$ -	\$ 4,660,000
1. Demolition (Include Underground Tank Remediation)	\$ 700,000	\$ -	\$ 700,000	\$ -	\$ 700,000
2. On-site Low Impact Design Requirements (Water Quality)	\$ 410,000	\$ -	\$ 410,000	\$ -	\$ 410,000
3. On-site Public Stigework	\$ 3,000,000	\$ -	\$ 3,000,000	\$ -	\$ 3,000,000
4. Site Utility Infrastructure	\$ 550,000	\$ -	\$ 550,000	\$ -	\$ 550,000
5. Affordable Housing Commitment (Covered by Developer)	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 5,875,000	\$ 7,390,000	\$ 13,265,000	\$ 200,000	\$ 13,465,000

* NOTE: Costs may escalate based on the Engineering News Record annual rate for the Denver/Boulder Metropolitan Statistical Area

TO: Board of Directors
FROM: Lorraine Haywood, Finance Director
RE: Proposed change to Nationwide 401(a) Plan Document
DATE: July 23, 2019

The Health District permits permanent employees who work 20 or more hours per week to participate in its Nationwide 401(a) Retirement Plan. The Health District's required contribution is 5% and the employee's required contribution is 3% of the employee's compensation. Benefited employees are 100% vested after two years of "service". The current "Service Crediting Method" includes the following defaults:

- A Year of Service means completion of at least 1,000 Hours of Service during the applicable computation period.
- Hours of Service will be based on actual Hours of Service.
- For vesting and allocation purposes, the computation period will be the Plan Year (January 1st through December 31st).

We are proposing that the "Service Crediting Method" be changed from "Year of Service" to "Elapsed Time". This method uses "Period of Service" instead of "Year of Service" and instead of Hours of Service (1,000 hours in the applicable computation period) uses "Elapsed Time" (anniversary date) to determine whether an employee has met the Plan's vesting requirements. With this change, employees will be 100% vested on their two year anniversary date of hire with no requirement to have worked 1,000 hours in the Plan year.

This change will allow benefited employees (in particular those employees hired under grant programs that begin at various times during the year) to be fully vested if they work two years based on their anniversary date of hire.

We are requesting authorization to make the appropriate changes in the 401(a) Retirement Plan with an effective date of August 1, 2019.



MEMO

To: Health District Board of Directors

From: Carol Plock

RE: Comments Regarding NonDiscrimination Reg Changes

Date: August 14, 2019

The Health District staff drafted, and Michael Liggett approved, the submission of these comments, which were due on August 13. They were submitted to meet the deadline and are now being submitted to the Board for ratification.

7/18/2019

STAFF: ALYSON WILLIAMS

POLICY MEMO

FEDERAL PROPOSED RULE:

**Nondiscrimination in Health and Health Education Programs or Activities
(HHS-OCR-2019-0007-0001)**

Policy Issue Summary

On June 14, 2019, the Department of Health and Human Services (HHS) published a rule to revise several important parts of Section 1557 of the Affordable Care Act (ACA). This section includes the prohibition of discrimination based on race, color, national origin, sex, age, and disability by health programs and activities that receive federal financial assistance. HHS also requests comment on eliminating nondiscrimination language for gender identity and sexual orientation in 10 other Medicaid, insurance, and education program regulations that are outside Section 1557.

The 60-day comment period on the proposed rule closes on August 13, 2019.

Reason for Involvement by the Health District of Northern Larimer County

The proposed rule does not change Section 1557's protections under the ACA as enacted by Congress but narrows the scope of the regulations that implement that section of the ACA.¹ The following points include the main changes proposed by HHS.

- The proposed rule proposes to eliminate the general prohibition on gender identity discrimination and the insurance coverage protections for transgender individuals. For example, eliminating this provision could allow an insurer to deny coverage for a hysterectomy that a provider determines is medically necessary to treat a patient's gender dysphoria, even though hysterectomies are covered in other circumstances.
- It adopts blanket abortion and religious freedom exemptions for health providers. Currently, 32 percent of LGBTQ Coloradans say that they do not have sufficient choice of and access to LGBTQ-competent, in-network health care providers.²
- The rule strikes language that prevents insurers from altering benefits that discriminate certain groups, including those with an HIV diagnosis and LGBTQ individuals. This may include placing drugs for HIV treatment on the highest tier of the plan's formulary or applying age limits to treatments.
- Provisions that provide protected access to interpretation services for those with limited English proficiency are weakened. These language access protections are essential in preventing discrimination based on national origin.
- The provisions that affirm the right of individuals to challenge suspected violations of Section 1557 in court and obtain financial damages are eliminated.
- Covered entities would not be required to provide nondiscrimination notices and grievance procedures to clients. By eliminating the notice requirement and designating an employee to coordinate compliance and investigate complaints, HHS acknowledges in the proposed rule that "an unknown number of persons are likely not aware of their right to file complaints with the HHS OCR [Office of

¹ Musumeci, M., et al. (July 1, 2019). HHS's Proposed Changes to Non-Discrimination Regulations Under ACA Section 1557. *Kaiser Family Foundation*. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/hhss-proposed-changes-to-non-discrimination-regulations-under-aca-section-1557/>

² One Colorado Education Fund (2019). *Closing the Gap: The Turning Point for LGBTQ Health*. Retrieved from https://drive.google.com/file/d/1wE_87-h1JP1Ge8m_rb7SnrVBZjN8LE7L/view

Civil Rights] and some unknown subset of this population may suffer remediable grievances, but will not complain to OCR absent notices informing them of the process.”

Staff Recommendation

Staff recommends board approval to develop and submit comments in opposition to the proposed regulation by the Department of Health and Human Services. Weakening nondiscrimination protections may negatively affect access to health care or health coverage for groups in the community. Further, if discrimination does occur individuals may have excessive difficulty in trying to report their grievances.

About this Memo

This memo was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This memo is not a complete analysis of this policy issue. This memo is accurate to staff knowledge as of date printed. For more information about this memo or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

8/8/2019

Secretary Alex Azar
U.S. Department of Health and Human Services
Herbert H. Humphrey Building, Room 509F
200 Independence Avenue SW
Washington, DC 20201

RE: Nondiscrimination in Health and Health Education Programs or Activities (Federal Register Number 2019-11512; RIN 0945-AA11)

Dear Secretary Azar,

The Board of Directors of the Health District of Northern Larimer County appreciates the opportunity to comment in response to the Department of Health and Human Service's proposed rule revising Section 1557 of the Affordable Care Act (ACA). The Health District is a special tax district — like a school, fire or water district— that voters created in 1960 to serve the health needs of our community. It is a local government, operating under special district laws of the State of Colorado.

It is the Health District's opinion that the proposed rule on nondiscrimination in health programs could damage the health of our community. The proposed rule would severely threaten access to health care for many patients, create confusion among patients and providers about their rights and obligations, and promote discrimination. **We urge that this rule be withdrawn in its entirety and that the current regulation remain in effect.**

Sexual and Gender Identity

The proposed rule removes the definition of sex-based discrimination in its entirety, including "gender identity" and "sex stereotyping." Specifically removing these two terms from the regulation could allow health care providers to refuse to serve individuals who are transgender or who do not conform to traditional sex stereotypes. People who identify as LGBTQ+ are already more likely than their heterosexual and gender conforming peers to experience health disparities linked to social stigma, discrimination, and denial of their civil and human rights.¹ In 2018, a Colorado state-specific survey found that Colorado high school students who identify as LGBTQ+ are three times more likely to report seriously considering suicide than their peers who identify as heterosexual.² Twenty-nine percent of transgender individuals were refused to be seen by a health care provider on the basis of their perceived or actual gender identity and 29 percent experienced unwanted physical contact from a

¹ Center for Disease Control, Healthy People 2020, Lesbian, Gay, Bisexual, and Transgender Health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

² Colorado Department of Health and the Environment, Healthy Kids Colorado Survey, 2017. Retrieved from <https://drive.google.com/file/d/1-fcgq91BtPBCPCdhstPYO4PZD3NXdtW7/view>

health care provider.³ Reducing access to care for LGBTQ individuals would exacerbate current health disparities.⁴

The current regulation prohibits varying coverage or cost-sharing by a health plan for services based on the fact that an individual's sex assigned at birth, gender identity, or gender in a record differs from the one to which such services are ordinarily or exclusively available. Under the proposed regulation, a health plan could deny coverage or impose greater cost-sharing in circumstances like medically necessary treatment for ovarian cancer in a transgender man based on his gender identity.

The proposed regulation also would eliminate the provision that prohibits a health plan from categorically or automatically excluding or limiting coverage for health services related to gender transition. The elimination of this provision could allow a health plan to deny coverage for a hysterectomy that has been deemed medically necessary to treat a patient's gender dysphoria, even though hysterectomies are covered in other circumstances. When adopting this provision in 2016, the Department of Health and Human Services (HHS) noted that such categorical exclusions are outdated and do not reflect current standards of care.⁵

Reproductive Health

The 2016 final rule made clear that sex discrimination under Section 1557 includes discrimination on the basis of pregnancy, false pregnancy, termination of pregnancy or recovery therefrom, childbirth, and related conditions. The proposed rule attempts to roll back these protections. Although HHS acknowledges in the preamble to this proposed rule that Title IX prohibits discrimination based on pregnancy, including termination of pregnancy, it refuses to state whether the Department would enforce those protections. While the scope of protection under Section 1557 is clear, without unambiguous implementing regulations and enforcement, illegal discrimination is likely to flourish.

The proposed rule would have a disproportionate impact on those who are pregnant, which could particularly impact those living in rural areas and women of color. Rural Coloradans already face disproportionate barriers to accessing health care because of cost.⁶ Women of color face unique barriers to accessing pregnancy-related care and abortion care, such as a discrimination, harassment and refusals of care. They also experience high rates of pregnancy-related complications; black women, for instance, are 3-4 times more likely to die from pregnancy-related complications than white women.⁷

Language Access

HHS proposes relaxing the standards governing access to language assistance services, including oral interpretation and written translation, for individuals with limited English proficiency (LEP). Language access protections are required to prevent discrimination based on national origin. Over 66 million

³ Mirza, S.A. & Rooney, C. (Jan. 18, 2018) Discrimination Prevents LGBTQ People from Accessing Health Care. *Ctr. for American Progress*. Retrieved from https://www.americanprogress.org/issues/lgbt/news/2018/01/18/445130/discrimination-prevents-lgbtq-peopleaccessing-health-care/?link_id=2&can_id=d90c309ac9b5a0fa50d294d0b1cdf0b2&source=email-rx-fordiscrimination&email_referrer=&email_subject=rx-for-discrimination.

⁴ Musumeci et al. (July 1, 2019). HHS' Proposed Changes to Non-Discrimination Regulations Under ACA Section 1557. *Kaiser Family Foundation*. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/hhss-proposed-changes-to-non-discrimination-regulations-under-aca-section-1557/>

⁵ 81 *Fed. Reg.* at 31429

⁶ Colorado Health Institute (Feb. 2019). *Insurance Prices*. Retrieved from <https://www.coloradohealthinstitute.org/research/insurance-prices>

⁷ Centers for Disease Control and Prevention (Feb. 26, 2019). *Pregnancy Related Deaths*. Retrieved from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

people in the U.S. speak a language other than English at home and approximately 25 million do not speak English “very well” and may be considered to have LEP.⁸ These services are essential because ineffective communication between health care providers and LEP patients for the purposes of diagnosis, treatment, proper use of medication, informed consent, and insurance coverage can result in adverse health consequences, even death.

Notice and Enforcement

The proposed rule would eliminate all of the existing Section 1557 nondiscrimination notice and grievance procedure requirements. By eliminating the notice requirement and designated employee to coordinate compliance and investigate complaints, individuals may experience remediable grievances but are unable to resolve issues of discrimination because they are not informed on the process to follow.

Proposed Changes beyond Section 1557

Beyond the Section 1557 regulations, HHS also proposes eliminating explicit nondiscrimination protections related to gender identity and sexual orientation in 10 other existing regulations. Without these prohibitions, a health plan issuer could inquire about an applicant’s sexual orientation and use sexual orientation for the purposes of underwriting or determining insurability. Issuers also could charge higher premiums or other fees or cancel or deny coverage for those who are LGBTQ+. Medicaid managed care entities could discriminate against LGBTQ+ beneficiaries in enrollment, and PACE organizations could refuse to serve someone based on their sexual orientation. Each of these proposals would significantly reduce access to care for populations that are vulnerable to discrimination.

In general, eliminating nondiscrimination protections could have dire consequences on many people, whose health and mental health could suffer greatly from discriminatory practices and lack of access to needed health services. Colorado, with its unique geographical disparities and resulting inequities in health care, must work to dismantle existing barriers to care, not erect new ones, to ensure that every Coloradan has access to quality health care.

Thank you for this opportunity to comment in response to the proposed rule regarding revisions to nondiscrimination in health programs. If you have any questions or concerns about our comments, please contact Alyson Williams at awilliams@healthdistrict.org or (970)224-5209.

Sincerely,

Board of Directors of the Health District of Northern Larimer County

⁸ U.S. Census Bureau (2017). *Characteristics of People by Language Spoken at Home*. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

Colorado Opioid and Other Substance Use Disorders Study Committee

Stakeholder Response Form

Send Questions to: leg@corxconsortium.org

The [Opioid and Other Substance Use Disorders Study Committee](#) of the Colorado General Assembly is convening for the summer beginning early July.

The Study Committee leadership is interested in stakeholder input to identify the gaps in prevention, intervention, harm reduction, treatment, and recovery resources, and to identify possible legislative options to address those gaps.

The members of the Study Committee are interested in your recommendations for policy and practice solutions in addressing opioid and other substance use disorders in Colorado.

Please complete the following [online form](#) to have your input included. Once submitted electronically, you may edit your entry up to the submission deadline. If you are unable to submit electronically, you may also complete this Word document form and send to leg@corxconsortium.org.

Submission deadline: Close of business, June 25, 2019.

CONTACT INFORMATION	
Name of person submitting form:	Alyson Williams
Email address:	awilliams@healthdistrict.org
If submitting on behalf of an organization, provide organization name:	Health District of Northern Larimer County
PROBLEM OR ISSUE:	
Increase evidence-based withdrawal, treatment, and recovery capacity <ul style="list-style-type: none">• More capacity needs to be created and available for medically monitored withdrawal management, , medically managed withdrawal management, inpatient, and residential treatment, as well as long term recovery residences• All services should follow state-of-the-art standards of care, as supported by SAMHSA, NIDA and American Society of Addiction Medicine (ASAM).	
Improve comprehensive assessments <ul style="list-style-type: none">• Implement a standardized substance use disorder (SUD) assessment, using ASAM Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, to assist with proper treatment placement at all levels.• Provide statewide training on this instrument to assure fidelity to the model, and inter-rater reliability.• Assure that a person with a SUD has access to psychiatric assessment (preferably by a psychiatrist that has a subspecialty board certification in addiction psychiatry) in order to identify any underlying mental illness	
Increase access to recovery housing and support	

- Fund recovery housing and recovery support services across the state (capital expenses allowable)
- Partner with licensed behavioral health treatment agencies to add recovery beds/housing to their program

POLICY RECOMMENDATIONS:

Please include any changes requiring legislative or regulatory authority. This may be a need for a new statute or revision to existing statute.

If responding on behalf of an organization, indicate if the suggested policy recommendations have already received support from organizational leadership/members.

Increase access to and utilization of medication-assisted treatment (MAT) and treatment

- Require all SUD services funded by the state to have MAT available, and allow patients to start and stay on MAT at all levels of treatment
- Require withdrawal management services funded by the state to provide a stay of sufficient length to establish the required length of abstinence prior to MAT induction (this varies with the type of MAT being provided).
- Prohibit blanket policies which forbid the utilization of MAT in any setting (treatment, correctional, withdrawal management, problem solving courts, etc.)

PLEASE CHECK CATEGORY THE POLICY ISSUE PERTAINS TO:

- Prevention
- Harm Reduction
- Criminal Justice
- Treatment
- Recovery
- Other, Please List _____

Increase the behavioral health workforce

- Incentivize psychiatrists to become board certified in addiction psychiatry
- Expand loan forgiveness and scholarship programs for those seeking licensure as Licensed Addiction Counselors, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Licensed Clinical Social Workers and Clinical Psychologists, who agree to specialize in Addictive and Co-Occurring Disorders
- Offer loan forgiveness and scholarships to those seeking certification as Peer Support Specialists and Recovery Coaches
- Work with higher education institutions (such as medical and social work programs) to raise awareness of behavioral health specialties and focuses and well as increase substance use disorder competency before graduation

PLEASE CHECK CATEGORY THE POLICY ISSUE PERTAINS TO:

- Prevention
- Harm Reduction
- Criminal Justice
- Treatment
- Recovery

× Other, Please List _____ Workforce_____

NAME ANY INDIVIDUALS OR AGENCIES RECOMMENDED TO TESTIFY ON THIS ISSUE:

OTHER SUGGESTIONS/COMMENTS FOR STUDY COMMITTEE:

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:

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 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.

Memorandum

Date: August 14, 2019

To: Health District Board of Directors

From: Health District Research and Evaluation Team (Bruce Cooper, M.D., Sue Hewitt)

Subject: Approval to Contract with Market Decisions Research for 2019 Community Health Survey

Health District staff seek approval to contract with Market Decisions Research (MDR), a survey research, analytics, and program evaluation firm, to field the 2019 Community Health Survey, in an amount not to exceed \$80,000. MDR was selected by the Research and Evaluation Team after a thorough review of eight proposals that were submitted in response to an RFP. MDR will be responsible for the following:

- printing and mailing all survey materials including notice letters, incentives, reminder postcards, and the survey questionnaire
- developing, testing, and fielding an online version of the survey using their web data collection platform, Voxco
- tracking both on-line and mailed survey completions and merging the data from both data collection modes into one dataset
- providing the Health District with a raw data file, a codebook, and a methodological report

Final costs will be determined following consultation with MDR regarding the need for additional targeted mailings to increase response and representation in our survey. The contract will be capped at an amount not to exceed \$80,000. The amount could be as low as \$72,351, ranging to \$80,000, dependent upon options. The Research and Evaluation Team will begin work with the vendor upon initiation of the contract, with mailings and data collection to begin mid-September and ending in early December 2019 and a clean dataset arriving within 30 days after the close of data collection.

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
MEETING
May 28, 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

BOARD MEMBERS ABSENT: Faraz Naqvi, MD, Liaison to UHealth-North/PVHS Board
(Excused)

Staff Present:

Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director

Staff Present: (cont'd)

Lin Wilder, Community Impact Director
Mindy Rickard, ACP Coordinator
Julie Estlick, Communications Specialist
Anita Benavidez, Executive Assistant

Others Present:

Allison Slife, Auditor

CALL TO ORDER; APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:03 p.m.

The agenda was amended to reflect that Alyson Williams could not be present due to a family issue, so the Legislative Wrap-up discussion will be moved to the July meeting.

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

PUBLIC COMMENT

None

DISCUSSION & ACTIONS

HealthInfoSource Bid Process – Lin Wilder

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 features.

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.

**MOTION: To approve a total budget of \$115,000 for this RFP (which includes a \$27,000 increase), and the launch a new RFP process.
*Moved/Seconded/Carried (3 yes; Gutilla abstained)***

Executive Director Review Process – Director Gutilla

The packet includes the proposed tool to be used for this Executive Director Review process. Directors Gutilla and Liggett propose that the Board moves discussion about creating a 360 degree process and tool to the upcoming Board retreat; the Board agreed by consensus. The tool for this year will be ready next week.

PRESENTATIONS

Advance Care Planning – Mindy Rickard

Ms. Plock noted that the purpose of this presentation was to assure that the Board is familiar with the work and achievements of the Advance Care Planning Team. There will be discussion at the upcoming retreat about those programs that have grants and/or reserves commitments ending in 2020, and this is one of those programs.

Ms. Rickard gave the presentation. The Advance Care Planning (ACP) program was launched in 2016 with grant dollars from the Colorado Health Foundation and reserve funds from the Health District, and when CHF funds ended, parts of the work were continued by a NextFifty grant. The intent of the program is to assure end of life decisions and conversations early - around the kitchen table rather than the ICU bed - putting people in the driver's seat for choosing the care they would prefer at the end of their life. The program focuses on helping people make their choices in advance, and assuring that their loved ones know their preferences. The key question in the program is "Who would make your medical decisions if you were unable to speak for yourself?" The end goal is to communicate those plans to loved ones and medical professionals.

There are typically four barriers to ACP: (1) lack of awareness, (2) medical personnel who don't have the time or comfort level to broach the topic, (3) confusion, and (4) denial. The ACP team goal is to provide help in overcoming those barriers.

In 2016, as the CHF grants were being announced, the community came to the Health District asking for help on this topic. They were looking for a neutral organization (not tied to a particular health system) to provide leadership and organization/coordination for the various efforts underway, as well as a resource to which medical professionals could refer patients, and resources to guide patients through the planning process. The Health District had previously prioritized addressing health issues related to the aging, and agreed to work with multiple community partners to apply for the grant. We were awarded a \$300K grant over 2 years, matched by approximately \$250K in HD funding from 2016 – 2018. Since July 2016, over 12,000 individuals have been engaged and

educated, there have been 400 presentations and workshops, 1,000 medical personnel have been trained in ACP, and 4,000 advance care directives have been completed and shared.

Completing Advance Care Planning is a process with three steps: Starting the Conversation, Decision-Making, and Directive Completed & Shared. All along these three key actions is a continuum of services, including raising awareness, and training for facilitators, coaches, medical providers and more.

Services currently offered include: Facilitator/clinical training, guide work – offering one on one assistance for individuals and families doing their own personal planning (we are a referral option for providers in UCHealth and Associates for Family Medicine, Rocky Mountain Healthcare, Adult Protection Services, and more), and Patient Passports. Recently, a major effort is completion of Patient Passports, which is a packet of information that provides first responders and medical professionals with information on diagnoses, medications, dementia status, contact information, and advance directives. Patient Passports have a focus population (those most in need, including the elderly and chronically ill), and were created by UCHealth. We are working closely with them to implement and evaluate the program. We currently have 305 passports completed (grant goal is 400). In the course of implementing them, we uncovered behavioral health needs, and now refer people to Connections when appropriate.

As indicated in the one-pager, the program has accomplished a lot – there has been momentum and shifts in increased awareness. One example is that during National Health Care Decision week, over 5 days 29 volunteers were instrumental in getting 404 directives put in play. The program has the ability to go anywhere; it is not silo'd in one health system or another. It works in collaboration across sectors, and with multiple entities, and is seeing some significant practice changes. Currently we are getting ready to train 250 EMS personnel at UCHealth on medical orders/scope of treatment and the Patient Passport.

Yet we find that we still have a lot more to do. There is still a great deal of work to develop sustainability through system improvements, to continue clinical training across systems (long-term care is a key focus), large workplace campaigns to do (there is growing interest among large employers), and continuing community education and awareness (including working with the faith community, and others who also work with those with low incomes). We also see an ongoing need for one-on-one support in completing directives regardless of age or health system affiliation. Without our program, key community momentum would likely decrease - and considerably less assistance would be available for training medical professionals, and for community members who need assistance.

A question was asked about how Senate Bill 73 – establishing a statewide advance care directives database – might impact the situation. Although it's too early to tell, it is up to the Colorado Department of Health to implement. It remains to be seen whether information will be input into the system, and whether first responders and medical personnel will use it.

Audit Presentation – Lorraine Haywood and Allison Slife

Ms. Haywood introduced the Health District's new auditor, Allison Slife, from CliftonLarsonAllen LLP. Ms. Slife reviewed the significant audit findings, noting that the audit went smoothly. The auditors issued an unmodified, clean opinion – the best opinion possible in an audit. There were no big changes, and no audit adjustments. The management letter found no material weaknesses or

deficiencies. It did include two recommendations; one related to moving towards more automated journal entry processes (accounts payable, payroll, and general ledger) in order to improve efficiencies and controls – and continued review by several levels (Directors, the Executive Director, and the Board), and one to track federal funds separately (including state or local funds that may originate from federal sources), in order to be sure not to miss if enough funds are received that would require a higher-level audit. There was a \$4,977 change in net position year over year.

Ms. Haywood noted that our administrative overhead remains quite low, at 7%.

MOTION: To acknowledge receipt of a clean audit of the 2018 financials.
Moved/Seconded/Carried Unanimously

Policy: End of Session Highlights – Alyson Williams

Ms. Williams is out due to an unexpected death in the family; topic deferred to July.

DISCUSSION & ACTIONS

Changes in Eligibility – Carol Plock

Ms. Plock called attention to the Memo in the board packet. The Health District has developed an internal committee to review the eligibility practices of each of our programs, in order to both update them and make them more consistent. As a result of this review, two changes are being proposed: (1) to eliminate asset testing across the organization, and 2) to assign automatic eligibility for clients enrolled in Medicaid. For those on the regular Medicaid program who might require dental services that are either not covered by Medicaid, or exceed the annual Medicaid limit, assign a sliding fee level based on self-reported income.

Several key health care programs have eliminated asset testing, including the regular Medicaid Program, Child Health Plan Plus, and Salud. Some, however, such as SNAP and TANF, still maintain asset testing.

The proposed changes are expected to: (1) reduce Dental eligibility/intake appointments from 60 minutes to 30; (2) facilitate getting patients in for eligibility appointments very quickly; (3) reduce barriers in accessing dental care; (4) help fill open capacity; and (5) closely align the HD eligibility requirements with Medicaid, CHP+, Salud, and other public health clinics.

MOTION: To adopt two policy changes: (1) eliminate asset testing across the organization; and (2) Assign automatic eligibility for clients enrolled in Medicaid. For those on the regular Medicaid program who might require dental services that are either not covered by Medicaid, or exceed the annual Medicaid limit, assign sliding fee level based on self-reported income.

Moved/Seconded/Carried Unanimously

Harmony Campus Document Amendments – Carol Plock

As requested by the owners of the Harmony Valley Condominiums, two amendment documents are proposed in order to extend the building site lease for the Harmony Valley Condominium building from 2044 to 2062, to mirror the extension of the Hospital Operating Lease (between the Health District and PVHS) completed in 2012, which also ends in 2062. The documents include the First Amendment to Building Site Lease (originally dated October 27, 1999), and the Third Amendment

to Declaration of Covenants, Conditions, and Restrictions for Harmony Valley Condominiums (A Common Interest Community) (originally recorded on June 30, 2000). A board question was asked regarding the context of Section 3 of the Third Amendment, which states an amendment ‘by the replacement of “fifty-five (55)” with “thirty-seven (37).” Section 19.04(c) of the Declaration document allows an extension of the lease to 2099 if certain conditions apply. In order to stay within that extension to 2099, the 55 years from 2044 needed to be adjusted to 37 years from 2062.

MOTION: To approve the First Amendment to Building Site Lease and the Third Amendment to Declaration of Covenants, Conditions, and Restrictions for Harmony Valley Condominiums (A Common Interest Community), as proposed.

Moved/Seconded/Carried Unanimously

Prospective Compass Advisory Committee members – Julie Estlick

Ms. Estlick reviewed three potential new members of the *Compass* Advisory Committee. Kate Ward, a health promotion program specialist for the HD; Jan Gianola, a retired registered nurse; and Angel Hoffman, regional program coordinator for the Alzheimer’s Association. Ms. Estlick requested approval to appoint these three to the Advisory Committee.

MOTION: To approve the appointment of candidates Kate Ward, Jan Gianola, and Angel Hoffman to the *Compass* Advisory Committee

Moved/Seconded/Carried Unanimously

UPDATES & REPORTS

Executive Director updates:

Ms. Plock noted that the passage rate of bills for the 2019 Legislative session was unusually high, so there will be much to track in health changes going forward. She also reported that we have hired a new medical director: James Stewart, DO, who will start July 22. His background is in primary care, and he is just completing his preventive medicine residency (as lead resident). He has experience in many of the areas of Health District focus. He has worked in the VA, and has experience in both a tobacco cessation clinic, and with people experiencing substance use disorders.

In other news, the search for an Assistant Director is in process. We don’t yet have a final proposed TIF Intergovernmental Agreement; we are still in conversations with the City about language, and hope to have final language by the July meeting. The City and Poudre School District will be going to arbitration on their IGA, and the process will take some time.

UCHealth-North/PVHS Board Liaison Report – Director Naqvi

No update as Director Naqvi was out ill.

PUBLIC COMMENT (2nd opportunity)

None.

CONSENT AGENDA

- Approval of the April 9 and April 23 Board Meeting Minutes.
- Approval of the January and February, 2019 Financial Statements, Post-Audit
- Approve of the March and April 2019 Financial Statements.

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

ANNOUNCEMENTS

- June 25, 2019, 4:00 pm, Board of Directors Regular Meeting CANCELLED
- July 3, 2019, 8:00 am – 3:00 pm, Board of Directors Retreat
- July 23, 4:00 pm, Board of Directors Regular Meeting (OR MOVE TO JULY 30?)

Director Kling is available on the 23rd by phone.

ADJOURN

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

The meeting was adjourned at 5:15 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
December 2018
Summary Financial Narrative**

Revenues

The Health District is 0.8% ahead of year-to-date tax revenue projections. Interest income is 102.3% ahead of year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings increased slightly from the previous month from 2.21% to 2.28% (based on the weighted average of all investments). Fee for service revenue from clients is 5.3% behind year-to-date projections and revenue from third party reimbursements is 3.5% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 1.5% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 11.4% behind year-to-date projections. Program variances are as follows: Administration 6.4%; Board 53.8%; Connections: Mental Health/Substance Issues Services 13.3%; Dental Services 9.0%; Integrated Care 7.6%; Health Promotion 10.1%; Community Impact 5.3%; Program Assessment and Evaluation 3.1%; Health Care Access 10.1%; HealthInfoSource 11.1%; and Resource Development 9.3%.

Capital Outlay

Capital expenditures are 99% behind year-to-date projects due to the postponement of the purchase of a new building.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 12/31/2018

ASSETS

Current Assets:

Cash & Investments	\$7,528,165.12
Accounts Receivable	147,512.69
Property Taxes Receivable	7,237,486.00
Specific Ownership Taxes Receivable	56,030.42
Prepaid Expenses and Deposits	93,412.35

Total Current Assets 15,062,606.58

Property and Equipment

Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,174,024.23
Accumulated Depreciation	(2,685,496.88)

Total Property and Equipment 7,502,238.10

Total Assets \$22,564,844.68

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 12/31/2018

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	\$887,578.65
Deposits	1,000.00
Deferred Revenue	732,672.31
	<hr/>
Total Current Liabilities	1,621,250.96
	<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	7,237,486.00
	<hr/>
Total Deferred Inflows of Resources	7,237,486.00
	<hr/>
Total Liabilities & Deferred Inflows of Resource	8,870,951.96
	<hr/>
EQUITY	
Retained Earnings	13,688,915.65
Net Income	4,977.07
	<hr/>
Total Equity	13,693,892.72
	<hr/>
Total Liabilities & Equity	\$22,564,844.68
	<hr/> <hr/>

STATEMENT OF REVENUES AND EXPENSES

For 1/1/2018 To 12/31/2018

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	(\$2,888.79)	\$7,172,092.56
Specific Ownership Taxes	56,029.62	655,234.20
Lease Revenue	91,145.99	1,083,134.92
Interest Income	14,337.46	161,848.59
Sales Revenue	26.28	634.48
Fee For Services Income	18,060.36	222,212.43
Third Party Reimbursements	154,897.02	910,673.11
Grant Revenue	36,809.62	813,365.65
Donations	5.00	5.00
Special Projects	24,053.74	133,674.87
Miscellaneous Income	685.97	34,999.61
Insurance Proceeds	8,357.95	39,030.52
Gain/(Loss) on Asset Disposal	(1,876.75)	(1,663.75)
Gain on Investment	0.00	2,828.84
	<hr/>	<hr/>
Total Revenue	399,643.47	11,228,071.03
	<hr/>	<hr/>
Expenses:		
Operating Expenses		
Administration	\$56,668.78	\$772,851.59
Board Expenses	3,553.65	29,811.78
Connections: MentalHealth/Substance Issues Svcs	140,522.97	1,356,023.63
Dental Services	311,790.55	3,502,475.13
Integrated Care (MHSA/PC)	89,576.30	1,001,389.60
Health Promotion	69,418.99	742,831.16
Community Impact	53,262.10	601,493.05
Program Assessment & Evaluation	18,931.51	198,961.73
Health Care Access	116,346.97	989,895.00
HealthInfoSource	6,170.93	73,655.31
Resource Development	14,281.56	153,990.48
Special Projects	117,501.62	896,805.21
Grant Projects	78,354.50	709,875.79
Repair & Maintenance - Storm	11,500.80	11,500.80
	<hr/>	<hr/>
Total Operating Expenses	1,087,881.23	11,041,560.26
	<hr/>	<hr/>
Depreciation and Amortization		
Depreciation Expense	181,533.70	181,533.70
	<hr/>	<hr/>
Total Depreciation and Amortization	181,533.70	181,533.70
	<hr/>	<hr/>
Total Expenses	1,269,414.93	11,223,093.96
	<hr/>	<hr/>
Net Income	(\$869,771.46)	\$4,977.07
	<hr/> <hr/>	<hr/> <hr/>

Unaudited - For Management Use Only

STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 12/31/2018

	Current Month	Current Month	Current Month	Year to Date	Year to Date	Year to Date	Annual	Annual
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds Remaining
Revenue:								
Property Taxes	\$100	(\$2,889)	(\$2,989)	\$7,188,431	\$7,172,093	(\$16,338)	\$7,188,431	\$16,338
Specific Ownership Taxes	43,978	56,030	12,052	580,000	655,234	75,234	580,000	(75,234)
Lease Revenue	91,146	91,146	0	1,083,133	1,083,135	2	1,083,133	(2)
Interest Income	6,663	14,337	7,674	80,000	161,849	81,849	80,000	(81,849)
Sales Revenue	27	26	(1)	325	634	309	325	(309)
Fee For Services Income	14,646	18,061	3,415	234,606	222,213	(12,393)	234,606	12,393
Third Party Reimbursements	70,102	154,897	84,795	943,354	910,673	(32,681)	943,354	32,681
Grant Revenue	233,271	36,810	(196,461)	1,695,319	813,366	(881,953)	1,695,319	881,953
Special Projects/Partnership Revenue	3,708	24,054	20,346	44,498	133,675	89,177	44,498	(89,177)
Donations	0	5	5	0	5	5	0	(5)
Miscellaneous Income	1,663	686	(977)	19,930	34,999	15,069	19,930	(15,069)
Insurance Proceeds	0	8,358	8,358	0	39,031	39,031	0	(39,031)
Gain/(Loss) on Disposal of Assets	0	(1,877)	(1,877)	0	(1,664)	(1,664)	0	1,664
Gain/(Loss) on Investments	0	0	0	0	2,829	2,829	0	(2,829)
Total Revenue	\$465,304	\$399,644	(\$65,660)	\$11,869,596	\$11,228,071	(\$641,525)	\$11,869,596	\$641,525
Expenditures:								
Operating Expenditures								
Administration	52,817	56,669	(3,852)	825,915	772,852	53,063	825,915	53,063
Board Expenses	3,795	3,554	241	46,476	29,515	16,961	46,476	16,961
Election Expenses	0	0	0	18,000	297	17,703	18,000	17,703
Connections: Mental Health/Substance Issues Svcs	125,187	140,523	(15,336)	1,564,904	1,356,024	208,880	1,564,904	208,880
Dental Services	303,878	311,790	(7,912)	3,847,166	3,502,475	344,691	3,847,166	344,691
Integrated Care (MHSA/PC)	86,994	89,577	(2,583)	1,083,230	1,001,390	81,840	1,083,230	81,840
Health Promotion	66,795	69,419	(2,624)	826,433	742,831	83,602	826,433	83,602
Community Impact	50,713	53,262	(2,549)	635,016	601,493	33,523	635,016	33,523
Program Assessment & Evaluation	16,397	18,932	(2,535)	205,411	198,961	6,450	205,411	6,450
Health Care Access	85,537	116,347	(30,810)	1,101,355	989,895	111,460	1,101,355	111,460
HealthInfoSource	6,250	6,171	79	82,850	73,655	9,195	82,850	9,195
Resource Development	13,904	14,281	(377)	169,844	153,990	15,854	169,844	15,854
Contingency (Operations)	239,000	0	239,000	239,000	0	239,000	239,000	239,000
Repair & Maintenance - Storm	0	11,501	(11,501)	0	11,501	(11,501)	0	(11,501)
Special Projects	201,090	117,501	83,589	1,879,519	896,805	982,714	1,879,519	982,714
Grant Projects	233,271	78,355	154,916	1,695,319	709,876	985,443	1,695,319	985,443
Total Operating Expenditures	1,485,628	1,087,882	397,746	14,220,438	11,041,560	3,178,878	14,220,438	3,178,878
Net Income	(\$1,020,324)	(\$688,238)	\$332,086	(\$2,350,842)	\$186,511	\$2,537,353	(\$2,350,842)	(\$2,537,353)

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON-OPERATING EXPENDITURES - BUDGET AND ACTUAL

For 12/1/2018 To 12/31/2018

	Current Month		Year to Date		Year to Date		Year to Date		Annual Budget	Annual Funds Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Variance			
Non-Operating Expenditures										
Land	-	-	-	-	-	-	-	-	-	-
Building	2,400,000	-	2,400,000	3,013,000	-	3,013,000	-	3,013,000	3,013,000	3,013,000
Construction in Progress	-	-	-	-	-	-	-	-	-	-
Leasehold Improvement	-	-	-	-	-	-	-	-	-	-
Capital Equipment	-	-	-	-	-	-	-	-	-	-
General Office Equipment	-	4,737	(4,737)	20,000	4,737	15,263	-	20,000	20,000	15,263
Medical & Dental Equipment	5,967	2,995	2,972	20,797	20,589	208	-	20,797	20,797	208
Computer Equipment	-	-	-	11,600	-	11,600	-	11,600	11,600	11,600
Computer Software	-	-	-	7,300	6,704	596	-	7,300	7,300	596
Equipment for Building	-	-	-	-	-	-	-	-	-	-
Furniture	-	-	-	10,000	-	10,000	-	10,000	10,000	10,000
Total Non-Operating Expenditures	\$ 2,405,967	\$ 7,732	\$ 2,398,235	\$ 3,082,697	\$ 32,030	\$ 3,050,667	\$ 3,082,697	\$ 3,082,697	\$ 3,050,667	\$ 3,050,667

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 12/31/2018

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$792	\$100	(\$692)	\$9,500	\$23,074	\$13,574	\$9,500	(\$13,574)
Total Revenue	\$792	\$100	(\$692)	\$9,500	\$23,074	\$13,574	\$9,500	(\$13,574)
Expenditures:								
Salaries and Benefits	42,815	48,051	(5,236)	513,783	495,960	17,823	513,783	17,823
Supplies and Purchased Services	10,002	8,618	1,384	312,132	276,892	35,240	312,132	35,240
Total Expenditures	\$52,817	\$56,669	(\$3,852)	\$825,915	\$772,852	\$53,063	\$825,915	\$53,063
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	\$0	\$0	\$0	\$8,632	\$7,681	\$951	\$8,632	\$951
Supplies and Purchased Services	3,796	3,554	242	55,844	22,131	33,713	55,844	33,713
Election Expenses	0	0	0	18,000	297	17,703	18,000	17,703
Total Expenditures	\$3,796	\$3,554	\$242	\$82,476	\$30,109	\$52,367	\$82,476	\$52,367
<u>Community Impact</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$46,388	\$46,713	(\$325)	\$556,661	\$530,922	\$25,739	\$556,661	\$25,739
Supplies and Purchased Services	4,324	6,549	(2,225)	78,355	70,572	7,783	78,355	7,783
Total Expenditures	\$50,712	\$53,262	(\$2,550)	\$635,016	\$601,494	\$33,522	\$635,016	\$33,522

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 12/31/2018

	<u>Current Month</u> Budget	<u>Current Month</u> Actual	<u>Current Month</u> Variance	<u>Year to Date</u> Budget	<u>Year to Date</u> Actual	<u>Year to Date</u> Variance	<u>Annual</u> Budget	<u>Remaining</u> Funds
<u>Program Assessment & Evaluation</u> Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$14,997	\$16,193	(\$1,196)	\$179,969	\$177,740	\$2,229	\$179,969	\$2,229
Supplies and Purchased Services	1,400	2,739	(1,339)	25,442	21,221	4,221	25,442	4,221
Total Expenditures	\$16,397	\$18,932	(\$2,535)	\$205,411	\$198,961	\$6,450	\$205,411	\$6,450
<u>Connections: Mental Health/Substance Issue</u> Revenue:								
Fees, Reimbursements & Other Income	\$2,080	\$1,484	(\$596)	\$24,960	\$28,305	\$3,345	\$24,960	(\$3,345)
Total Revenue	\$2,080	\$1,484	(\$596)	\$24,960	\$28,305	\$3,345	\$24,960	(\$3,345)
Expenditures:								
Salaries and Benefits	\$78,146	\$85,978	(\$7,832)	\$1,050,635	\$929,268	\$121,367	\$1,050,635	\$121,367
Supplies and Purchased Services	47,042	54,545	(7,503)	514,269	426,756	87,513	514,269	87,513
Total Expenditures	\$125,188	\$140,523	(\$15,335)	\$1,564,904	\$1,356,024	\$208,880	\$1,564,904	\$208,880
<u>Dental Services</u> Revenue:								
Fees, Reimbursements & Other Income	\$79,477	\$168,349	\$88,872	\$1,114,692	\$1,078,752	(\$35,940)	\$1,114,692	\$35,940
Total Revenue	\$79,477	\$168,349	\$88,872	\$1,114,692	\$1,078,752	(\$35,940)	\$1,114,692	\$35,940
Expenditures:								
Salaries and Benefits	\$246,118	\$252,017	(\$5,899)	\$2,953,411	\$2,778,560	\$174,851	\$2,953,411	\$174,851
Supplies and Purchased Services	57,760	59,773	(2,013)	893,755	723,915	169,840	893,755	169,840
Total Expenditures	\$303,878	\$311,790	(\$7,912)	\$3,847,166	\$3,502,475	\$344,691	\$3,847,166	\$344,691

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 12/31/2018

	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>Integrated Care (MHS/A/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$2,917	\$3,020	\$103	\$35,000	\$30,697	(\$4,303)	\$35,000	\$4,303
Total Revenue	\$2,917	\$3,020	\$103	\$35,000	\$30,697	(\$4,303)	\$35,000	\$4,303
Expenditures:								
Salaries and Benefits	\$79,098	\$81,493	(\$2,395)	\$949,180	\$898,294	\$50,886	\$949,180	\$50,886
Supplies and Purchased Services	7,830	8,083	(253)	133,264	102,091	31,173	133,264	31,173
Total Expenditures	\$86,928	\$89,576	(\$2,648)	\$1,082,444	\$1,000,385	\$82,059	\$1,082,444	\$82,059
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$1,172	\$709	(\$463)	\$14,063	\$7,212	(\$6,851)	\$14,063	\$6,851
Total Revenue	\$1,172	\$709	(\$463)	\$14,063	\$7,212	(\$6,851)	\$14,063	\$6,851
Expenditures:								
Salaries and Benefits	\$52,710	\$54,253	(\$1,543)	\$629,058	\$574,906	\$54,152	\$629,058	\$54,152
Supplies and Purchased Services	14,086	15,166	(1,080)	197,375	167,925	29,450	197,375	29,450
Total Expenditures	\$66,796	\$69,419	(\$2,623)	\$826,433	\$742,831	\$83,602	\$826,433	\$83,602

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 12/31/2018

	<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	\$13	(\$13)	\$0	\$485	\$485	\$0	(\$485)
Total Revenue	\$0	\$13	\$13	\$0	\$485	\$485	\$0	(\$485)
Expenditures:								
Salaries and Benefits	\$72,715	\$76,111	(\$3,396)	\$872,574	\$832,266	\$40,308	\$872,574	\$40,308
Supplies and Purchased Services	12,822	40,236	(27,414)	228,781	157,630	71,151	228,781	71,151
Total Expenditures	\$85,537	\$116,347	(\$30,810)	\$1,101,355	\$989,896	\$111,459	\$1,101,355	\$111,459
<u>Health Info Source</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$4,989	\$5,040	(\$51)	\$59,865	\$57,181	\$2,684	\$59,865	\$2,684
Supplies and Purchased Services	1,261	1,130	131	22,985	16,474	6,511	22,985	6,511
Total Expenditures	\$6,250	\$6,170	\$80	\$82,850	\$73,655	\$9,195	\$82,850	\$9,195
<u>Resource Development</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$12,048	\$12,898	(\$850)	\$144,574	\$137,510	\$7,064	\$144,574	\$7,064
Supplies and Purchased Services	1,856	1,383	473	25,270	16,480	8,790	25,270	8,790
Total Expenditures	\$13,904	\$14,281	(\$377)	\$169,844	\$153,990	\$15,854	\$169,844	\$15,854

Health District of Northern Larimer County

Investment Schedule December 2018

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,348	0.018%	2.35%	N/A
Local Government Investment Pool	COLOTRUST	\$ 5,893,788	78.893%	2.54%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	\$ 8,148	0.109%	2.54%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	\$ 23,047	0.309%	2.54%	N/A
Flex Savings Account	First National Bank	\$ 191,576	2.564%	0.90%	N/A
Certificate of Deposit	Advantage Bank	\$ 135,986	1.820%	1.40%	12/27/2019
Certificate of Deposit	Advantage Bank	\$ 108,922	1.458%	1.40%	9/2/2019
Certificate of Deposit	First National Bank	\$ 111,957	1.499%	1.35%	9/6/2019
Certificate of Deposit	Points West	\$ 112,402	1.505%	1.35%	6/4/2020
Certificate of Deposit	Points West	\$ 152,099	2.036%	1.25%	4/2/2020
Certificate of Deposit	Adams State Bank	\$ 231,363	3.097%	1.29%	10/7/2019
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	3.346%	0.80%	12/27/2018
Certificate of Deposit	Farmers Bank	\$ 250,000	3.346%	2.00%	6/27/2020
Total/Weighted Average		\$ 7,470,636	100.000%	2.28%	

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.

HEALTH DISTRICT
of Northern Larimer County
May 2019
Summary Financial Narrative

Revenues

The Health District is 1.8% behind year-to-date tax revenue projections. Interest income is 22.3% ahead of year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings increased slightly from the previous month from 2.32% to 2.34% (based on the weighted average of all investments). Fee for service revenue from clients is 2.4% behind year-to-date projections and revenue from third party reimbursements is 10.8% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 1.9% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 14.1% behind year-to-date projections. Program variances are as follows: Administration 9.6%; Board 27.2%; Connections: Mental Health/Substance Issues Services 16.7%; Dental Services 15.2%; MH/SUD/Primary Care 10.9%; Health Promotion 15.1%; Community Impact 10.5%; Program Assessment and Evaluation 8.0%; Health Care Access 13.2%; HealthInfoSource 39.4%; and Resource Development 11.3%.

Capital Outlay

Capital expenditures are 18.1% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 5/31/2019

ASSETS

Current Assets:

Cash & Investments	\$9,864,531.50
Accounts Receivable	46,570.20
Property Taxes Receivable	2,489,828.50
Specific Ownership Taxes Receivable	114,292.16
Prepaid Expenses and Deposits	66,346.96

Total Current Assets	12,581,569.32
----------------------	---------------

Property and Equipment

Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,175,830.39
Accumulated Depreciation	(2,740,423.79)

Total Property and Equipment	7,449,117.35
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Total Assets	\$20,030,686.67
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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 5/31/2019

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	\$736,231.90
Deposits	1,000.00
Deferred Revenue	1,379,485.11
	<hr/>
Total Current Liabilities	2,116,717.01
	<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	2,134,608.03
	<hr/>
Total Deferred Inflows of Resources	2,134,608.03
	<hr/>
Total Liabilities & Deferred Inflows of Resource	4,263,540.04
	<hr/>
EQUITY	
Retained Earnings	13,693,892.72
Net Income	2,073,253.91
	<hr/>
Total Equity	15,767,146.63
	<hr/>
Total Liabilities & Equity	\$20,030,686.67
	<hr/> <hr/>

STATEMENT OF REVENUES AND EXPENSES

For 1/1/2019 To 5/31/2019

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	\$411,250.09	\$5,102,877.97
Specific Ownership Taxes	58,261.74	263,910.59
Lease Revenue	93,880.37	458,466.33
Interest Income	18,646.57	71,313.99
Sales Revenue	43.98	194.57
Fee For Services Income	18,642.05	88,033.31
Third Party Reimbursements	70,785.37	305,233.55
Grant Revenue	46,220.09	282,456.12
Special Projects Revenue	4,659.83	28,402.04
Miscellaneous Income	653.86	11,671.63
Gain/(Loss) on Disposal of Assets	0.00	34.50
Gain/(Loss) on Investments	0.00	138.74
	<hr/>	<hr/>
Total Revenue	723,043.95	6,612,733.34
	<hr/>	<hr/>
Expenses:		
Operating Expenses		
Administration	\$72,675.25	\$382,316.37
Board Expenses	8,308.79	12,442.63
Connections: MentalHealth/Substance Issues Svcs	134,691.97	583,475.42
Dental Services	289,029.26	1,374,185.52
MH/SUD/Primary Care	88,945.97	417,044.69
Health Promotion	64,728.50	293,987.20
Community Impact	52,359.82	241,412.85
Program Assessment & Evaluation	16,835.71	82,952.39
Health Care Access	82,187.94	395,446.82
HealthInfoSource	5,886.03	29,257.87
Resource Development	13,873.59	64,719.02
Special Projects	51,506.31	305,337.03
Grant Projects	58,274.28	280,719.69
	<hr/>	<hr/>
Total Operating Expenses	939,303.42	4,463,297.50
	<hr/>	<hr/>
Depreciation and Amortization		
Depreciation Expense	14,727.99	73,447.55
	<hr/>	<hr/>
Total Depreciation and Amortization	14,727.99	73,447.55
	<hr/>	<hr/>
Total Expenses	954,031.41	4,536,745.05
	<hr/>	<hr/>
Net Income	(\$230,987.46)	\$2,075,988.29
	<hr/> <hr/>	<hr/> <hr/>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 5/31/2019

	Current Month		Current Month		Year to Date		Year to Date		Annual Budget	Annual Funds Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds Remaining		
Revenue:										
Property Taxes	\$439,063	\$411,250	(\$27,813)	\$5,210,475	\$5,102,878	(\$107,597)	\$7,237,486	\$2,134,608		
Specific Ownership Taxes	54,101	58,262	4,161	255,662	263,911	8,249	650,000	386,089		
Lease Revenue	93,880	93,880	0	458,464	458,464	0	1,115,627	657,163		
Interest Income	11,667	18,647	6,980	58,333	71,314	12,981	140,000	68,686		
Sales Revenue	50	44	(6)	250	195	(55)	600	405		
Fee For Services Income	18,039	18,642	603	90,193	88,034	(2,159)	216,467	128,433		
Third Party Reimbursements	68,459	70,786	2,327	342,296	305,234	(37,062)	821,528	516,294		
Grant Revenue	111,950	46,220	(65,730)	427,936	282,456	(145,480)	1,303,259	1,020,803		
Special Projects/Partnership Revenue	2,079	660	(1,419)	9,327	24,402	15,075	63,878	39,476		
Miscellaneous Income	1,705	654	(1,051)	8,545	11,672	3,127	20,500	8,828		
Gain/(Loss) on Disposal of Assets	0	0	0	0	35	35	0	(35)		
Gain/(Loss) on Investments	0	0	0	0	139	139	0	(139)		
Total Revenue	\$800,993	\$719,045	(\$81,948)	\$6,861,481	\$6,608,734	(\$252,747)	\$11,569,345	\$4,960,611		
Expenditures:										
Operating Expenditures										
Administration	68,867	72,675	(3,808)	422,912	382,316	40,596	858,400	476,084		
Board Expenses	11,088	8,309	2,779	17,095	12,443	4,652	43,920	31,477		
Connections: Mental Health/Substance Issues Sv	139,556	134,692	4,864	700,773	583,476	117,297	1,650,745	1,067,269		
Dental Services	326,591	289,030	37,561	1,621,046	1,374,185	246,861	3,809,046	2,434,861		
MH/SUD/Primary Care	95,374	88,946	6,428	467,918	417,045	50,873	1,107,315	690,270		
Health Promotion	69,692	64,729	4,963	346,242	293,987	52,255	820,874	526,887		
Community Impact	55,494	52,360	3,134	269,764	241,412	28,352	637,766	396,354		
Program Assessment & Evaluation	18,954	16,836	2,118	90,180	82,953	7,227	213,652	130,699		
Health Care Access	92,699	82,188	10,511	455,538	395,446	60,092	1,074,616	679,170		
HealthInfoSource	11,174	5,886	5,288	48,303	29,258	19,045	109,263	80,005		
Resource Development	14,801	13,873	928	72,956	64,719	8,237	174,236	109,517		
Contingency (Operations)	0	0	0	0	0	0	60,000	60,000		
Special Projects	158,638	51,506	107,132	758,030	305,337	452,693	2,139,363	1,834,026		
Grant Projects	66,908	58,274	8,634	371,853	280,720	91,133	1,303,259	1,022,539		
Total Operating Expenditures	1,129,836	939,304	190,532	5,642,610	4,463,297	1,179,313	14,002,455	9,539,158		
Net Income	(\$328,843)	(\$220,259)	\$108,584	\$1,218,871	\$2,145,437	\$926,566	(\$2,433,110)	(\$4,578,547)		

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 1/1/2019 To 05/31/2019

	Current Month		Year to Date		Year to Date		Annual Budget	Annual Funds Remaining
	Budget	Actual	Budget	Actual	Variance	Variance		
Non-Operating Expenditures	-	-	-	-	-	-	24,000	24,000
Building	-	-	-	-	-	-	20,000	20,000
Capital Equipment	-	-	5,000	-	5,000	-	20,000	20,000
General Office Equipment	-	-	-	-	-	-	28,425	8,098
Medical & Dental Equipment	-	-	19,815	20,327	(512)	-	7,300	7,300
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	-	-	-	-
Total Non-Operating Expenditures	\$ -	\$ -	\$ 24,815	\$ 20,327	\$ 4,488	\$ -	\$ 99,725	\$ 79,398

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 5/31/2019

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$875	\$189	(\$686)	\$4,375	\$9,152	\$4,777	\$10,500	\$1,348
Total Revenue	\$875	\$189	(\$686)	\$4,375	\$9,152	\$4,777	\$10,500	\$1,348
Expenditures:								
Salaries and Benefits	44,699	45,667	(968)	223,497	206,261	17,236	536,392	330,131
Supplies and Purchased Services	24,167	27,008	(2,841)	199,415	176,056	23,359	322,008	145,952
Total Expenditures	\$68,866	\$72,675	(\$3,809)	\$422,912	\$382,317	\$40,595	\$858,400	\$476,083
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	\$8,635	\$7,466	\$1,169	\$8,635	\$7,466	\$1,169	\$8,635	\$1,169
Supplies and Purchased Services	2,453	843	1,610	8,460	4,977	3,483	35,285	30,308
Total Expenditures	\$11,088	\$8,309	\$2,779	\$17,095	\$12,443	\$4,652	\$43,920	\$31,477
<u>Community Impact</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$46,272	\$45,332	\$940	\$232,858	\$220,238	\$12,620	\$558,259	\$338,021
Supplies and Purchased Services	9,223	7,028	2,195	36,906	21,174	15,732	79,507	58,333
Total Expenditures	\$55,495	\$52,360	\$3,135	\$269,764	\$241,412	\$28,352	\$637,766	\$396,354

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 5/31/2019

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
<u>Program Assessment & Evaluation</u> Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$15,493	\$14,697	\$796	\$75,101	\$75,101	\$2,365	\$186,418	\$111,317
Supplies and Purchased Services	3,461	2,139	1,322	12,714	7,852	4,862	27,234	19,382
Total Expenditures	\$18,954	\$16,836	\$2,118	\$90,180	\$82,953	\$7,227	\$213,652	\$130,699
<u>Connections: Mental Health/Substance Issue</u> Revenue:								
Fees, Reimbursements & Other Income	\$1,720	\$3,560	\$1,840	\$8,600	\$14,825	\$6,225	\$20,640	\$5,815
Total Revenue	\$1,720	\$3,560	\$1,840	\$8,600	\$14,825	\$6,225	\$20,640	\$5,815
Expenditures:								
Salaries and Benefits	\$112,303	\$82,016	\$30,287	\$564,013	\$400,686	\$163,327	\$1,352,630	\$951,944
Supplies and Purchased Services	27,253	52,676	(25,423)	136,761	182,790	(46,029)	298,115	115,325
Total Expenditures	\$139,556	\$134,692	\$4,864	\$700,774	\$583,476	\$117,298	\$1,650,745	\$1,067,269
<u>Dental Services</u> Revenue:								
Fees, Reimbursements & Other Income	\$81,597	\$84,063	\$2,466	\$408,005	\$367,731	(\$40,274)	\$979,216	\$611,485
Total Revenue	\$81,597	\$84,063	\$2,466	\$408,005	\$367,731	(\$40,274)	\$979,216	\$611,485
Expenditures:								
Salaries and Benefits	\$247,738	\$214,474	\$33,264	\$1,240,692	\$1,106,099	\$134,593	\$2,978,861	\$1,872,762
Supplies and Purchased Services	78,853	74,556	4,297	380,353	268,087	112,266	830,185	562,098
Total Expenditures	\$326,591	\$289,030	\$37,561	\$1,621,045	\$1,374,186	\$246,859	\$3,809,046	\$2,434,860

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 5/31/2019

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
<u>MH/SUD/Primary Care</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$2,916	\$1,332	(\$1,584)	\$14,580	\$9,837	(\$4,743)	\$35,000	\$25,163
Total Revenue	\$2,916	\$1,332	(\$1,584)	\$14,580	\$9,837	(\$4,743)	\$35,000	\$25,163
Expenditures:								
Salaries and Benefits	\$81,792	\$76,222	\$5,570	\$411,961	\$376,643	\$35,318	\$987,507	\$610,864
Supplies and Purchased Services	13,518	12,724	794	55,639	40,077	15,562	119,045	78,968
Total Expenditures	\$95,310	\$88,946	\$6,364	\$467,600	\$416,720	\$50,880	\$1,106,552	\$689,832
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$1,145	\$937	(\$208)	\$5,725	\$3,457	(\$2,268)	\$13,739	\$10,282
Total Revenue	\$1,145	\$937	(\$208)	\$5,725	\$3,457	(\$2,268)	\$13,739	\$10,282
Expenditures:								
Salaries and Benefits	\$53,455	\$48,608	\$4,847	\$267,273	\$243,696	\$23,577	\$642,956	\$399,260
Supplies and Purchased Services	16,238	16,121	117	78,970	50,291	28,679	177,918	127,627
Total Expenditures	\$69,693	\$64,729	\$4,964	\$346,243	\$293,987	\$52,256	\$820,874	\$526,887

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2019 To 5/31/2019

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
Health Care Access								
Revenue:								
Fees, Reimbursements & Other Income	\$0	\$45	\$45	\$0	\$131	\$131	\$0	(\$131)
Total Revenue	\$0	\$45	\$45	\$0	\$131	\$131	\$0	(\$131)
Expenditures:								
Salaries and Benefits	\$74,879	\$69,765	\$5,114	\$375,896	\$345,173	\$30,723	\$901,550	\$556,377
Supplies and Purchased Services	17,820	12,424	5,396	79,642	50,273	29,369	173,066	122,793
Total Expenditures	\$92,699	\$82,189	\$10,510	\$455,538	\$395,446	\$60,092	\$1,074,616	\$679,170
Health Info Source								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$5,443	\$4,856	\$587	\$28,714	\$23,009	\$5,705	\$66,814	\$43,805
Supplies and Purchased Services	5,732	1,030	4,702	19,589	6,249	13,340	42,449	36,200
Total Expenditures	\$11,175	\$5,886	\$5,289	\$48,303	\$29,258	\$19,045	\$109,263	\$80,005
Resource Development								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$12,431	\$12,138	\$293	\$62,154	\$59,740	\$2,414	\$150,720	\$90,980
Supplies and Purchased Services	2,370	1,735	635	10,802	4,979	5,823	23,516	18,537
Total Expenditures	\$14,801	\$13,873	\$928	\$72,956	\$64,719	\$8,237	\$174,236	\$109,517

Health District of Northern Larimer County

Investment Schedule

May 2019

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,362	0.014%	2.32%	N/A
Local Government Investment Pool	COLOTRUST	\$ 7,937,970	83.520%	2.52%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	\$ 10,094	0.106%	2.52%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	\$ 26,200	0.276%	2.52%	N/A
Flex Savings Account	First National Bank	\$ 172,266	1.813%	0.90%	N/A
Certificate of Deposit	Advantage Bank	\$ 136,453	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	\$ 112,335	1.182%	1.35%	9/6/2019
Certificate of Deposit	Points West	\$ 112,776	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.