



BOARD OF DIRECTORS REGULAR MEETING

**Health District of Northern Larimer County
Virtual Meeting
See connection details at end of agenda**

**Tuesday, January 26, 2021
4:00 p.m.**



BOARD OF DIRECTORS MEETING

January 26, 2021

4:00 pm

Virtual

AGENDA

4:00 p.m. **Call to Order; Introductions; Approval of Agenda**.....Michael Liggett

4:05 p.m. **PUBLIC COMMENT**

Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.

4:10 p.m. **PRESENTATIONS & DISCUSSION**

- COVID-19
 - Current Status..... James Stewart
 - The COVID Vaccinations James Stewart
 - Update: COVID and the Health District..... Carol Plock
 - Isolation/Recovery, and Quarantine (IRQ) Site
 - Health District and COVID Vaccinations
 - Other

4:45 p.m. **BOARD ACTION**

- Amendments to Personnel Policies..... Carol Plock, Lorraine Haywood, Lin Wilder
 - Paid Time Off: Changes Required by New State Law: Ratification
 - Consideration of Increases in Paid Time Off

5:00 p.m. **PRESENTATION, DISCUSSION, POSSIBLE BOARD ACTION**

- Policy: Legislation..... Alyson Williams
 - State: Budget, Schedule and Content of 2021 Session
 - National Policy – potential policy change, new administration
 - Add May 11 Special Board Meeting?

5:15 p.m. **UPDATES & REPORTS**

- Executive Director Updates Carol Plock
- Liaison to PVHS/UCHealth-North Report Faraz Naqvi

5:25 p.m. **PUBLIC COMMENT (2nd opportunity) See Note above.**

5:30 p.m. **CONSENT AGENDA**

- Resolution 2021-01 – Establish Meeting Days
- Resolution 2021-02 – Public Posting of Meeting Notices
- Approval of the November 10 and December 11 Board Meeting Minutes
- Approval of the October 2020 Financials

5:35 p.m. **ANNOUNCEMENTS**

- February 9, 2021, 4:00 pm, Board of Directors Special Meeting
- February 23, 2021, 4:00 pm, Board of Directors Regular Meeting
- March 9, 2021, 4:00 pm, Board of Directors Special Meeting

5:40 p.m. **ADJOURN**

Join Zoom Meeting

Registration is required. Click this link to register:

https://healthdistrict.zoom.us/meeting/register/tJwrduiprDsjHtbRmH_8MLskGTk9onNkJg2D

After registering, you will receive a confirmation email containing information about joining the meeting.

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.**

■ 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

COVID-19 UPDATE & ANSWERS TO QUESTIONS ABOUT VACCINES

HEALTH DISTRICT BOARD OF DIRECTORS
MEETING
JANUARY 26, 2021

Key Metrics

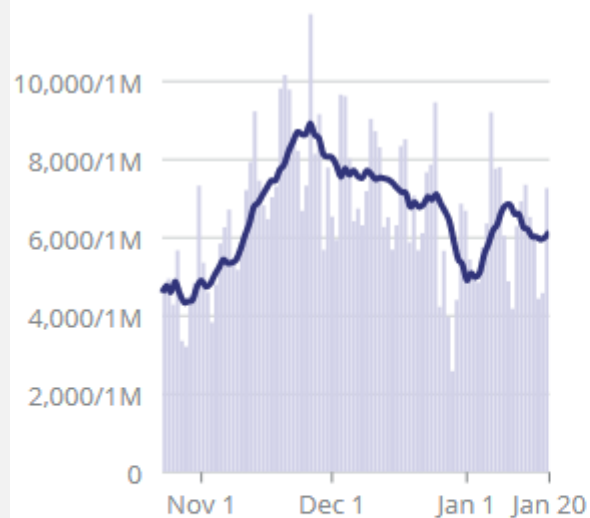
Total **Per 1M people** Last 90 days Historical

----- Dashed line represents National 7-day average

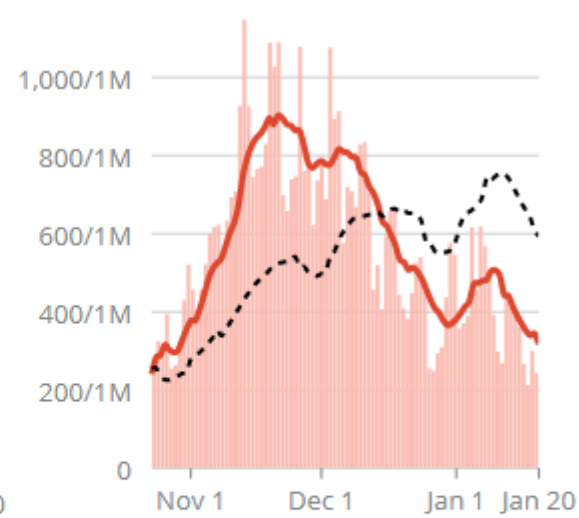
———— Solid line represents Colorado 7-day average

New tests

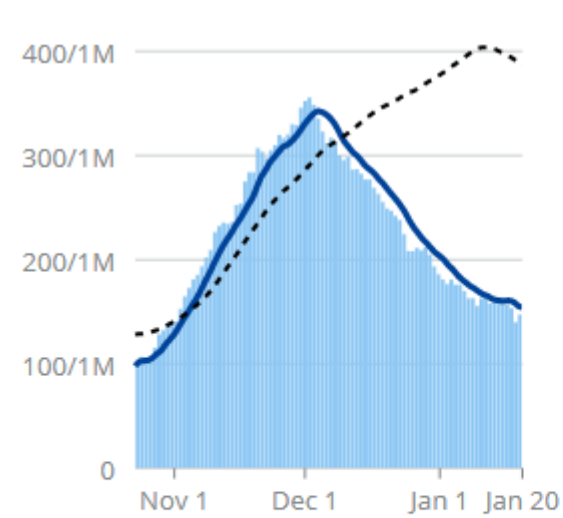
Total PCR tests (test encounters)



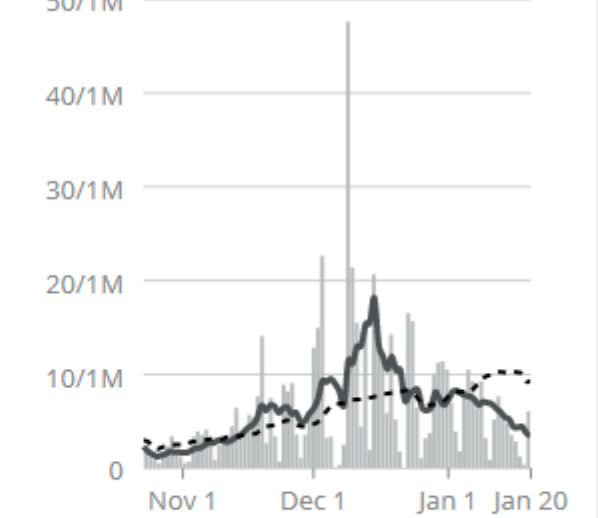
New cases



Current hospitalizations

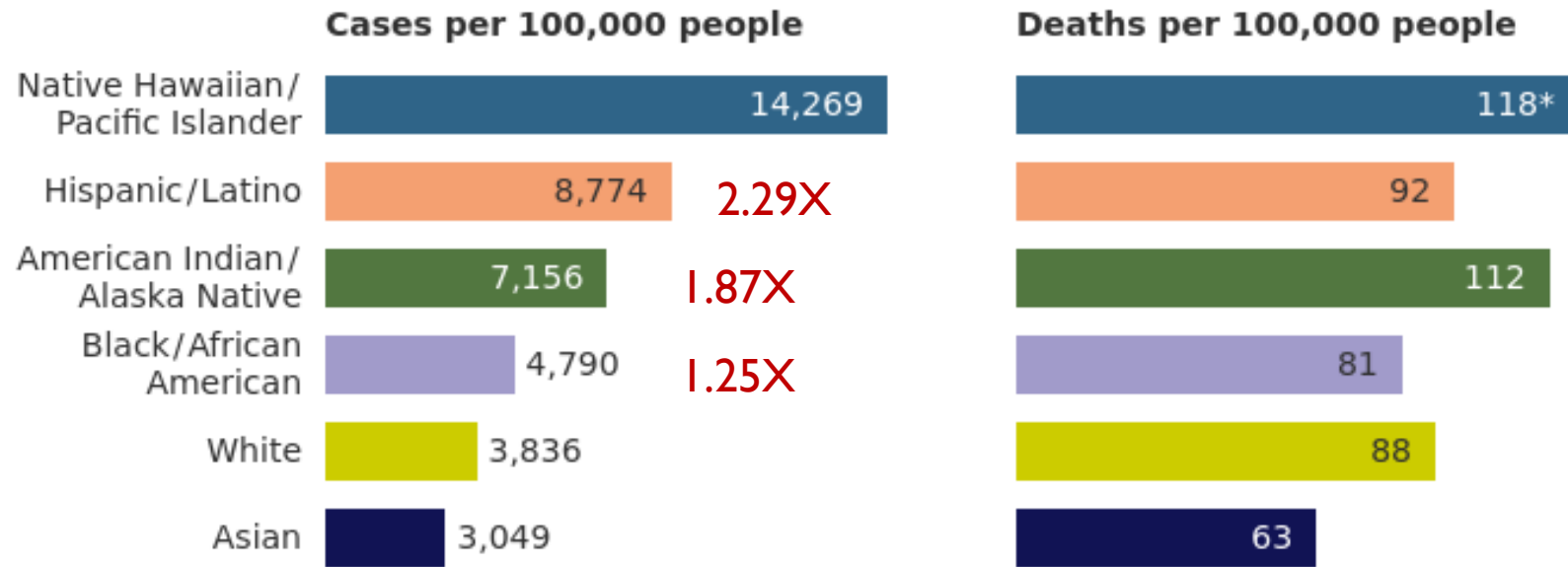


New deaths



[Chart information and data](#) ↓

In **Colorado**, through January 20, Native Hawaiians/Pacific Islanders were most likely to have contracted COVID-19 and were also most likely to have died.



Notes: Colorado has reported race and ethnicity data for 75% of cases and 93% of deaths. Graphic only includes demographic groups reported by the state. Race categories are mutually exclusive and defined as not Hispanic or Latino.

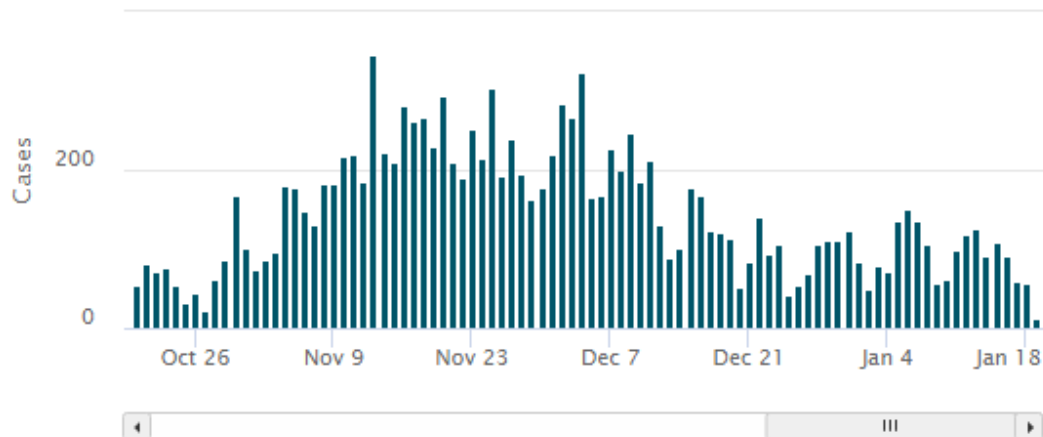
* Based on fewer than 10 deaths among members of this race/ethnicity. Interpret with caution.



Cases by Day



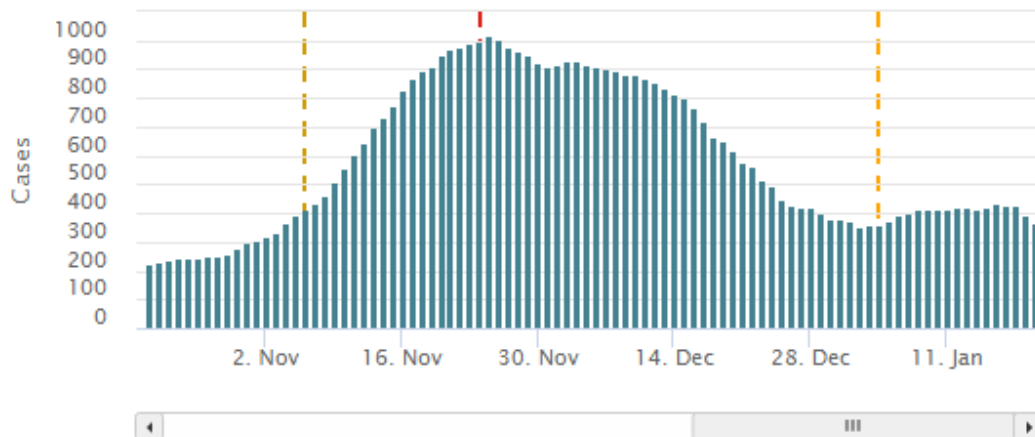
Zoom 1wk 1mo **3mo** All 7d 14d Mo



Cases/100K: 14-Day Rate



Zoom 1wk 1mo **3mo** All 7d 14d Mo

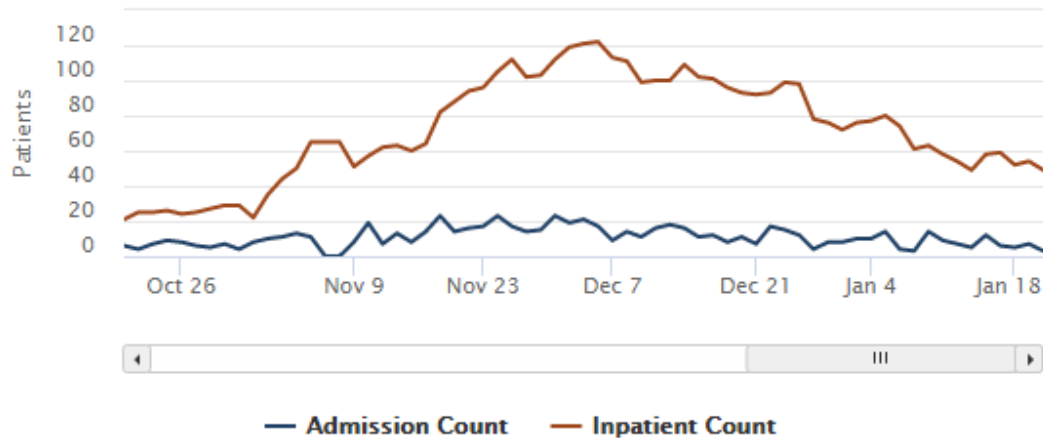


COVID Hospital Patients

Admission & Inpatient by Day



Zoom 1wk 1mo **3mo** All 7d 14d Mo

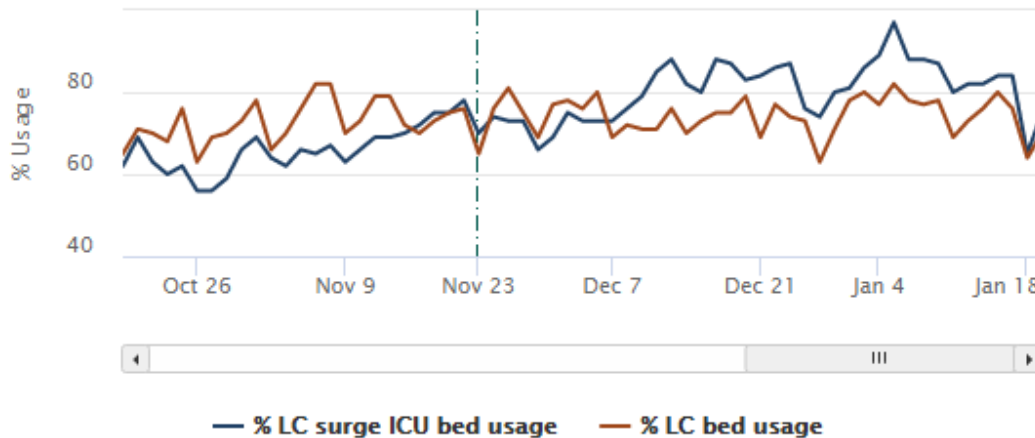


Hospital Utilization

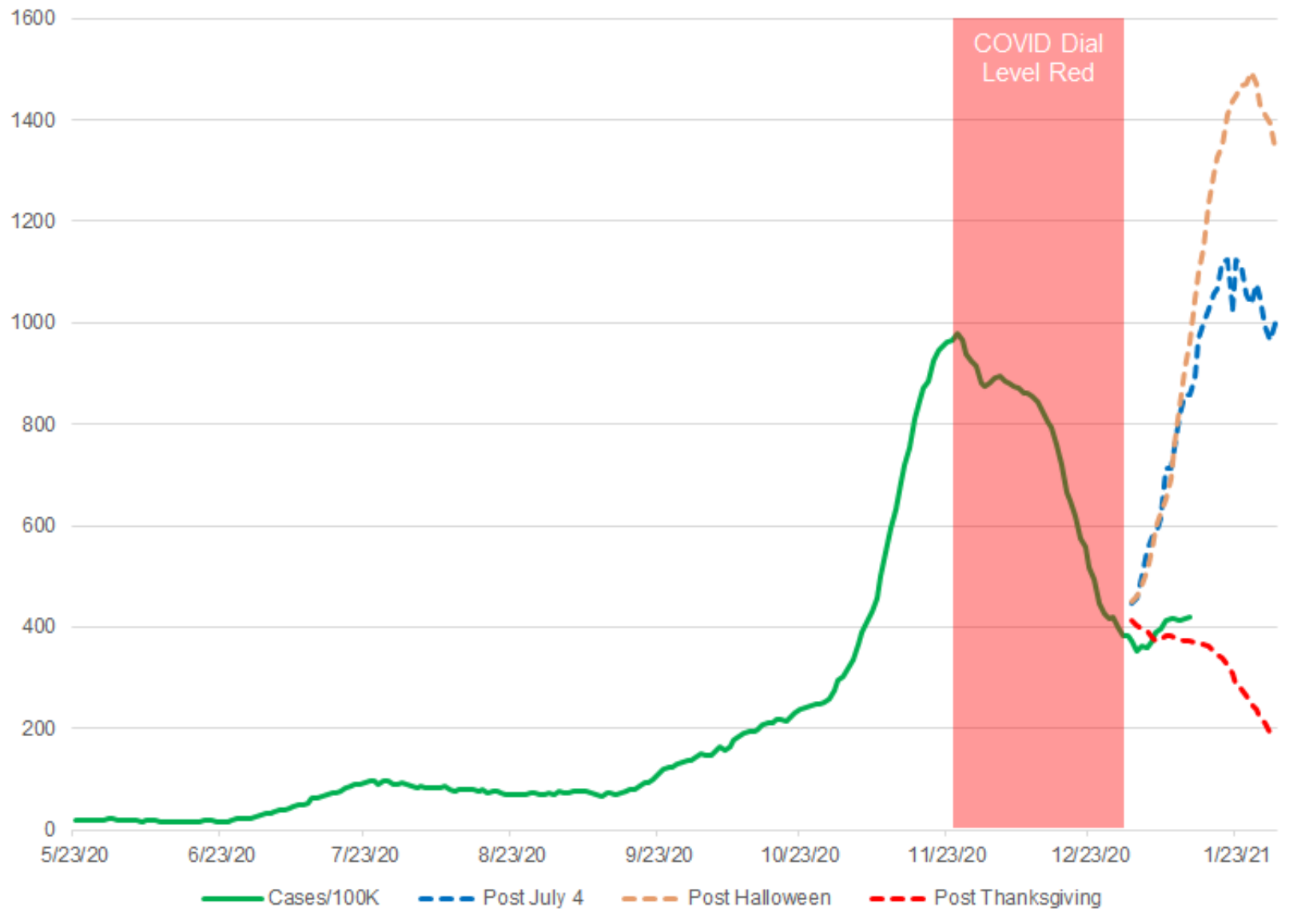
ICU & Hospital Usage % by Day

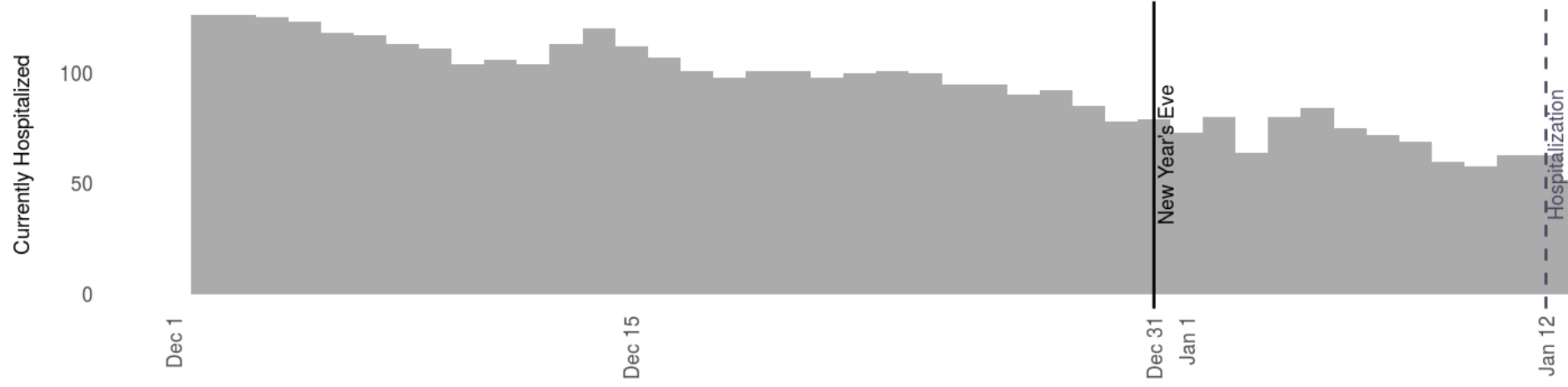
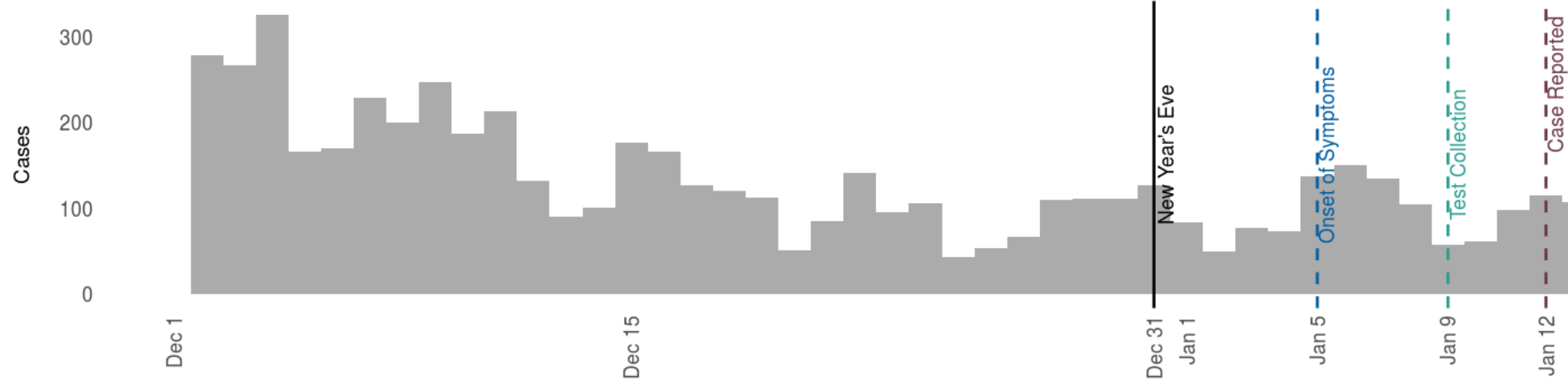


Zoom 1wk 1mo **3mo** All 7d 14d Mo



14 Day Case Rate and Possible COVID Trajectories Post-Holidays





COVID Deaths

Age	Larimer #	Larimer %	CO #	CO %
85+	93	52.0%	1626	37.2%
75-84	45	25.1%	1259	28.8%
65-74	30	16.8%	838	19.2%
55-64	8	4.5%	398	9.1%
45-54	4	2.2%	182	4.2%
25-44	0	0.0%	68	1.6%
<25	0	0.0%	0	0.0%

*94% deaths in Larimer Co are 65 years or older (85% in CO)

**for kids, they are 4-8X more likely to die from flu

BIGGEST VACCINATION CAMPAIGN IN HISTORY

- 54.4M doses given in 51 countries; 2.76M/day on average
- US vaccinating since Dec 14: 17.2M shots
- CO: 340K total doses so far (53% of supply, 631K distributed)
- Larimer Co: 5.3% of county as of 1/15/2021



WHY SHOULD I GET VACCINATED?

- Protect myself and my family
- Help stop spread in the community
- Return to “normal” society
- Set the example for others

COMMON QUESTIONS WE WILL ADDRESS:

- How do we know vaccine is effective and safe?
- Should we trust the vaccine?
- Is there new technology being used and is that dangerous to me?
- When and how long will I be protected?
- What are expected side effects?
- Where should I look to get accurate information?

ARE THE COVID-19 VACCINES SAFE?

- Safety is most important priority in vaccine approval
- Most side effects occur within 6 weeks of vaccination. To be more cautious, FDA (Food and Drug Administration) required 8 weeks of safety monitoring of COVID-19 vaccines
- Monitoring for safety ongoing as vaccine is distributed to public
- To assess safety FDA typically advises that a minimum of 3,000 participants are included in the trial. **COVID-19 vaccine trials included 30,000 to 50,000 participants**

WHO WAS INCLUDED IN THE COVID-19 VACCINE TRIALS?

	Pfizer (BNT162b2)	Moderna (mRNA-1273)
Number of people enrolled	Over 40,000	Over 25,000
Race and ethnicity of participants	Total 30% racially diverse 10% black, 13% Hispanic	37% racially diverse 10% black, 20% Hispanic/Latino
Older adults	45% were 56-85 years	23% were >65 years

- <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-conclude-phase-3-study-covid-19-vaccine>
- <https://www.pfizer.com/science/coronavirus/vaccine>
- <https://investors.modernatx.com/news-releases/news-release-details/modernas-covid-19-vaccine-candidate-meets-its-primary-efficacy>
- https://www.modernatx.com/sites/default/files/content_documents/2020-COVE-Study-Enrollment-Completion-10.22.20.pdf

HOW EFFECTIVE ARE THE COVID-19 VACCINES?

	Pfizer (BNT162b2)	Moderna (mRNA-1273)
Efficacy Overall	95% protection from having an infection	94.1% protection from having an infection

Similar efficacy with different race, ethnicity and age

***Even better at preventing severe COVID ~98% (hospitalization, oxygen, etc.)

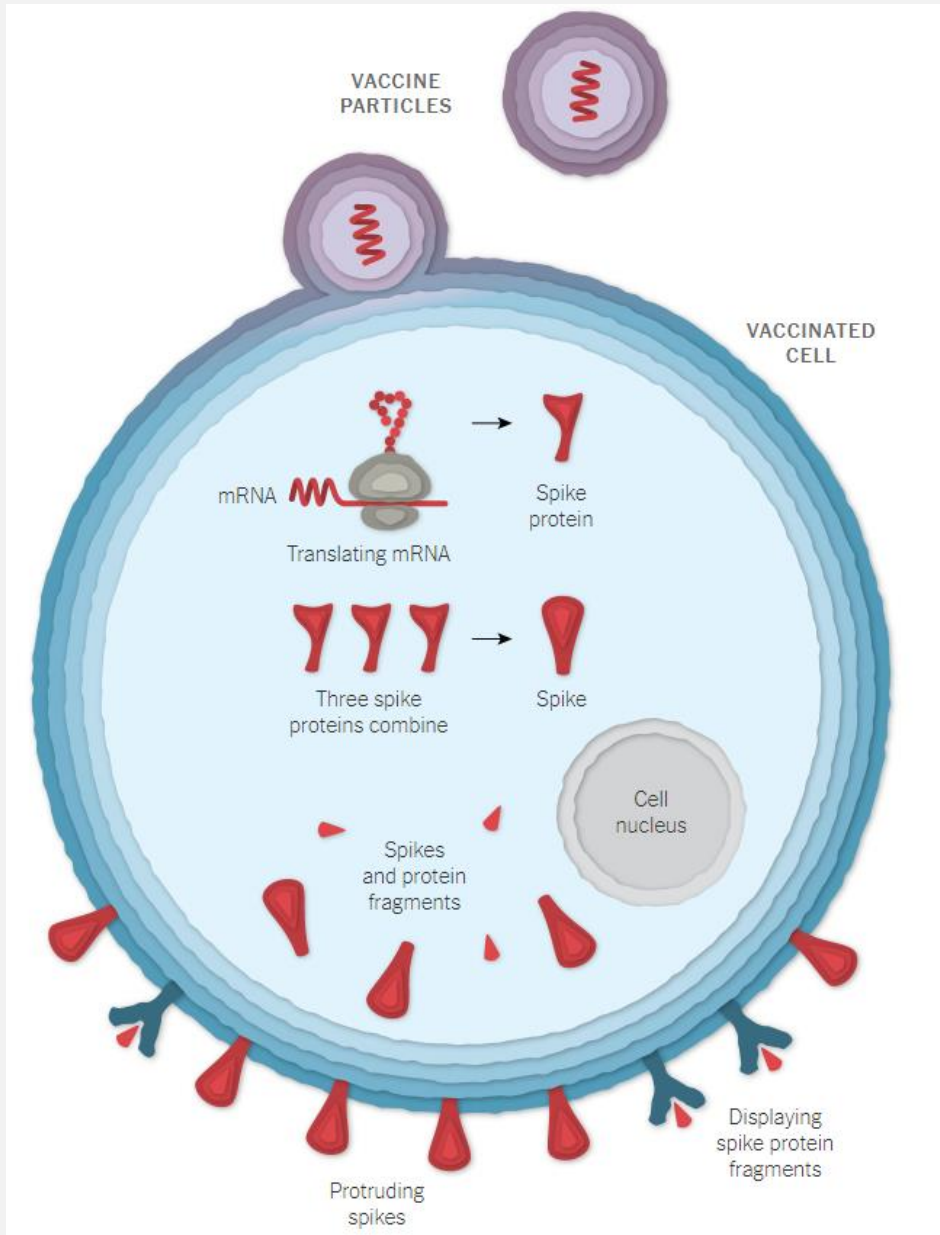
ARE THERE REASONS TO TRUST THE COVID-19 VACCINE?

- The FDA used the same strict standards that it has for decades
- No steps were “skipped”
- Two **independent advisory committees** reviewed the results. Members and experts of these committees have no conflict of interest and are not associated with any vaccine manufacturers
 1. FDA
 2. CDC

HOW WAS THE VACCINE DEVELOPED SO QUICKLY?

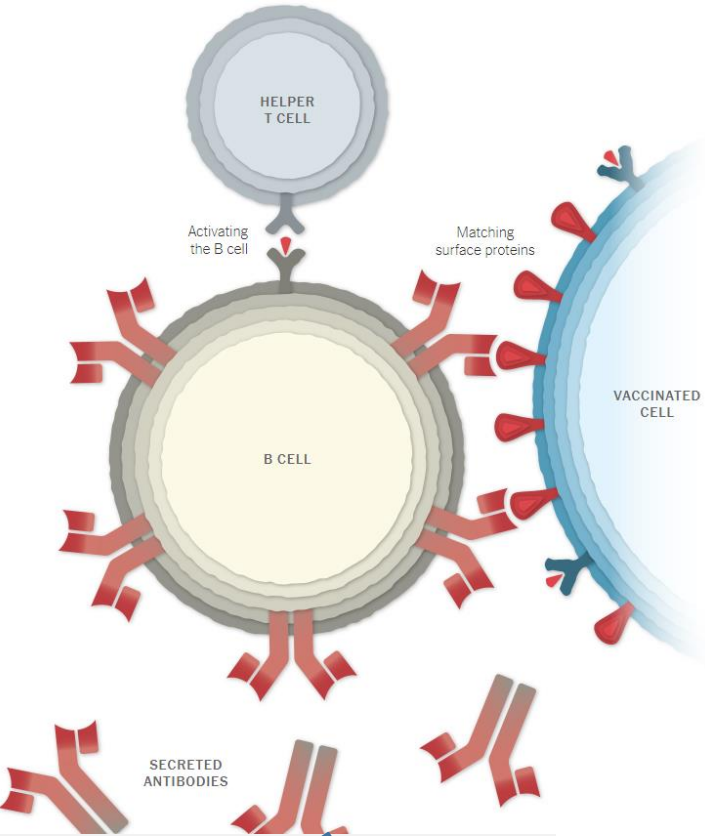
Major reasons we were able to get these vaccines developed more quickly than usual include :

- Global effort with the world's leading scientists focused on a single task
- Nearly unlimited resources (money, knowledge, manpower, technology)
- A large pool of diverse adult volunteer trial participants
- mRNA technology used in cancer/HIV treatment for ~10 years
- Able to build on studies around SARS (2003), MERS (2012)

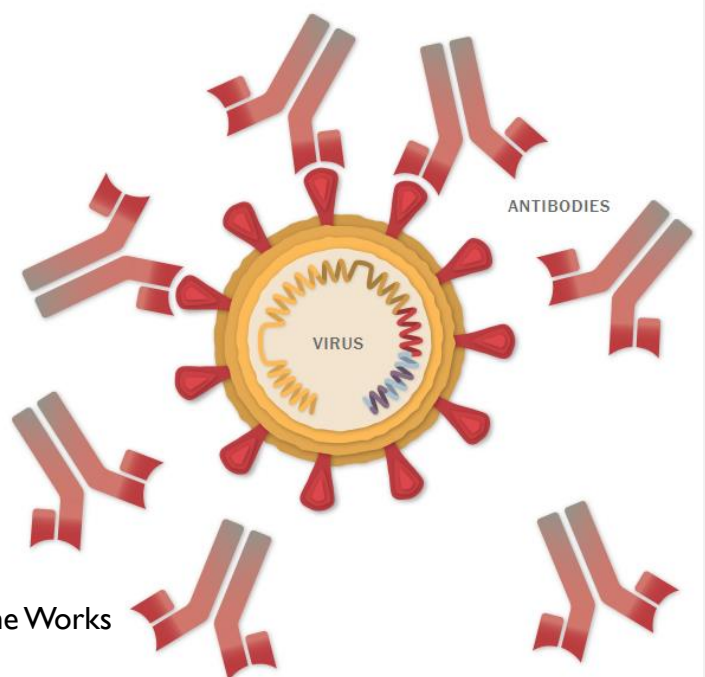


mRNA COVID-19 Vaccines

- mRNA technology is new in vaccines but >10 years old in cancer treatment
- COVID-19 mRNA vaccines give instructions for our cells to make a **harmless piece** that looks like the “spike protein.” The spike protein is found on the surface of the COVID-19 virus.
- **They Do NOT contain COVID-19 virus**



- Our bodies recognize that this protein should not be there, so they build antibodies that will remember how to fight the virus that causes COVID-19 if we are infected in the future.



Can mRNA vaccine give me COVID-19? NO
Can mRNA vaccine change my DNA? NO

WHEN AND HOW LONG WILL I BE PROTECTED BY THE COVID-19 VACCINE?

- Two approved vaccines are **2 doses**, 3-4 weeks apart
- Full protection occurs **1-2 weeks after the second dose**
- Unknown how long protection will last
- New studies show natural immunity after COVID infection lasts for months, with similar protection to vax

**WHAT
SHOULD I
EXPECT
WHEN I
GET THE
VACCINE?**

THE VACCINE CANNOT GIVE YOU COVID-19!

- Side effects: fatigue, headache, muscle pain, chills, fever and pain at injection site after vaccination
- These reactions will last for 24-48 hours and are more intense after second dose
- Side effects mean your body is doing its job and making antibodies (IT IS A GOOD THING)
- These side effects are normal, common and expected, and were present in those with placebo injection

MOST COMMON SIDE EFFECTS

BASED ON DATA FROM
CLINICAL TRIAL OF PFIZER
COVID-19 VACCINE

- Fever: 4-16%
- Fatigue 34-59%
- Headache: 25-52%
- Muscular pain: 14-37%

Side effects were more common after the second dose of the vaccine.

Reference: Data published in the New England Journal of Medicine:

<https://www.nejm.org/doi/full/10.1056/NEJMoa2034577>

WHERE SHOULD I LOOK TO GET ACCURATE INFORMATION?

It is important to get information from reliable sources like the CDC. **Social media is full of misinformation and opinions based on that misinformation**

Here are some link to information:

- CDC: <https://www.cdc.gov/vaccines/hcp/covid-conversations/answering-questions.html>
- New England Journal of Medicine COVID vaccine FAQ: <https://www.nejm.org/covid-vaccine/faq>
- CDC: Provider Resources for COVID-19 Vaccine Conversations with Patients and Answering Patients' Questions: <https://www.cdc.gov/vaccines/hcp/covid-conversations/>

VACCINES ARE
THE SAFEST
MOST EFFECTIVE
WAY TO
CONTROL THE
COVID-19
PANDEMIC

Everyone can do their part and
get vaccinated to get back to a
normal life



QUESTIONS?

COVID-19 Vaccines:

Tomatometer

ALL CRITICS

TOP CRITICS



8.70/10 **140**
Avg rating Ratings

138 rated Fresh

2 rated Rotten

Audience Score

VERIFIED AUDIENCE

ALL AUDIENCE



★ 4.88 **42**
Avg rating Ratings

COVID-19 VACCINE DISTRIBUTION

PHASE 1 Winter



1A

Highest-risk health care workers and individuals:

- People who have direct contact with COVID-19 patients for 15 minutes or more over a 24-hour period.
- Long-term care facility staff and residents.

1B

Coloradans age 70+, moderate-risk health care workers, first responders, frontline essential workers, and continuity of state government:

- Health care workers with less direct contact with COVID-19 patients (e.g. home health, hospice, pharmacy, dental, etc.) and EMS.
- Firefighters, police, COVID-19 response personnel, correctional workers, and funeral services.
- People age 70 and older.
- Frontline essential workers in education, food and agriculture, manufacturing, U.S. postal service, public transit and specialized transportation staff, grocery, public health, frontline essential human service workers, and direct care providers for Coloradans experiencing homelessness.
- Essential officials from executive, legislative and judicial branches of state government.
- Essential frontline journalists.

PHASE 2 Spring



2

Higher-risk individuals and other essential workers:

- People age 60-69.
- People age 16-59 with obesity, diabetes, chronic lung disease, significant heart disease, chronic kidney disease, cancer, or are immunocompromised.
- Other essential workers and continuity of local government.
- Adults who received a placebo during a COVID-19 vaccine clinical trial.

PHASE 3 Summer



3

The general public:

- Anyone age 16-59.

Revised date: 12/30/2020

*Timeline subject to change based on supply chain. Prioritization subject to change based on data, science, availability.



MEMO

TO: Health District Board of Directors
FROM: Carol Plock, Executive Director
DATE: January 22, 2021
RE: Paid Leave Policy Changes

Attached is a change in our Paid Leave Policy that is required due to the passage of the new Colorado Healthy Families and Workplaces Act (HFWA). The policy, which will be included in the agency's Personnel Policies, was completed earlier this month and reviewed and approved by both myself and Michael Liggett, Board President, but is being presented to the Board for ratification during the June 26 board meeting.

To summarize, there are three major changes in our policies:

- 1) HFWA requires that our organization provide paid sick leave. Since we already provide flexible paid time off in an amount that exceeds the requirement, the main change for those who are in benefitted positions (work 20 or more hours a week in a regular or time-limited position) is that they will need to indicate in their time-off requests when the request is for a qualifying 'sick leave' under the new law, since we are required to keep records of how much sick leave is being used.
- 2) Prior to this, those who were not in benefitted positions (those who worked under 20 hours/week, or in PRN or temporary status) did not accumulate sick leave. With HFWA, they will earn 1 hour of sick leave for every 30 hours worked, up to a limit of 48 hours in a calendar year. This requirement has been added to our personnel policies, and to our payroll system.
- 3) The State added a requirement that in a declared Public Health Emergency, employers are required to give 80 hours of paid time off for qualifying events.

400 Leave Policies

400.01 PAID TIME OFF (PTO)

Overview and Eligibility

PTO is combined leave that provides flexibility to the employee (vacation, sick leave, and other needs) and applies to employees who fall into the following employment categories:

- Regular, Full-time or Part-time (at 20 or more hours/week)
- Time-Limited, Full-time or Part-time (at 20 or more hours/week)

This policy meets and exceeds the requirements for sick leave under the Colorado Healthy Families and Workplaces Act (HFWA) (C.R.S. § 8-13.3-403(1)(b), (2), (3)).

This leave policy provides PTO:

1. In at least an amount of hours and with pay sufficient to satisfy HFWA and applicable rules (including without limitation the supplemental leave required during a qualifying public health emergency),
2. For all the same purposes covered by HFWA and applicable rules, not a narrower set of purposes, and
3. Under all the same conditions as in HFWA and applicable rules, not stricter or more onerous conditions (e.g., accrual, use, payment, annual carryover of unused accrued leave, notice and documentation requirements, and anti-retaliation and anti-interference rights); and
4. Additional sick leave will not be provided if an employee uses all their PTO for non-HFWA reasons (e.g., vacation), except in the case of a public health emergency, during which Section 400.03 will apply.

Employees who are classified as Part Time (under 20 hours), Temporary, or Casual/PRN are **not** eligible for PTO. However, because the HFWA requires that all employees accrue leave for the reasons listed in the HFWA, such employees are eligible for paid sick leave (see Section 400.02).

Accrual

Eligible employees will start accruing PTO, according to the schedule below, on the first day of eligible employment and PTO is earned following the pay period. PTO may not be requested until earned. However, in compelling cases, supervisors may give conditional approval for requests for PTO from employees if by the date of the planned absence the employee expects to have accrued sufficient PTO to cover the time off.

PAID TIME OFF EARNING SCHEDULE		
Years of Eligible Service	Monthly Paid Time Off	Yearly Paid Time Off
Upon initial eligibility	1 day	12 days
After 1 year	1.5 days	18 days
After 2 years	2 days	24 days
<i>For accrual purposes, a day is defined as the number of hours that an employee is allocated to work weekly divided by 5</i>		

PTO accrues only while the employee is in an active pay status. Active pay status is defined as any pay period that includes wages for actual time worked, wages for approved PTO and wages for eligible holiday pay. Active pay status does not include wages paid under worker's compensation benefits, payments made in lieu of health insurance coverage, wages paid with donated PTO, or wages paid for Intermediate Medical Leave.

Because PTO is for vacation, sickness, and other leave needs, it is extremely important that employees build up and save a reasonable amount of time to be used in case of illnesses or emergency. Additional paid leave will not be provided when an employee has used all of their available PTO [except during a public health emergency as set forth in Section 400.03, or for donated leave in rare emergency situations], so employees should not use all of their PTO for vacation. Approval of time off without pay is only given in rare instances and is not guaranteed.

Under the HFWA, additional supplemental leave is provided for limited use in public health emergencies, as described in Section 400.03 PUBLIC HEALTH EMERGENCY LEAVE.

The Health District Board of Directors has declared that in any year where there is not enough anticipated funding for Intermediate Medical Leave (IML) the earning schedule for employees with more than one year of service may be reduced by one day per year. Employees will be notified by the end of the year prior to the change.

Use of PTO

Eligible employees may use accrued PTO for the following categories:

1. Vacation or other personal needs not otherwise listed in categories 2-5;
2. A mental or physical illness, injury, or health condition that prevents work, including diagnosis or preventive care;
3. Domestic abuse, sexual assault, or criminal harassment leading to needed medical attention, mental health care or other counseling, relocation, legal, or victim services;
4. To care for a family member experiencing a condition described in categories 2 or 3;
5. Due to a public health emergency, a public official having closed either (A) the employee's place of business, or (B) the school or place of care of the employee's child, requiring the employee needing to be absent from work to care for the child.

PTO can be used in minimum increments of one-quarter hour. PTO is paid at the employee's base pay rate at the time that it occurs. It does not include overtime or any special forms of compensation.

Notification and Documentation

- For **vacation or other personal use** time off requests (not otherwise defined above under categories 2-6), an employee **must** request advance approval from their supervisor. Requests will be reviewed based on a number of factors, including business needs and staffing requirements. Employees should request time off as early as possible, since approval is not guaranteed. Any vacation requests of 3 or more days, or those surrounding designated holidays, should normally be submitted through the online time keeping system to the supervisor at **least** 14 days prior to the start of the requested time off. No more than 14 days of paid time off for *vacation or other personal needs* may be taken at any one time, except in special circumstances approved by the Executive Director.
- For leave related to categories 2-5 above, the employee must provide their supervisor with as much advance notice as possible where the absence is foreseeable and anticipated. Where it is not, an employee must provide notice as soon as is practicable and no less than each day at the beginning of their shift. The employee should let their supervisor know when they expect to return to work.
- Payroll will provide guidance and training related to requesting/reporting time off and shall maintain a record of PTO accrued and paid sick leave used.
- In the event the employee is absent for 4 or more consecutive work days, medical or legal certification is required. HR will provide a form for the employee to complete, when needed, for certification of leave.

Time-Limited Full-Time or Time-Limited Part-Time employees hired under a special project or funding source with a defined ending date are expected to use all accrued PTO during the project period. Such employees may not take more than 2 days of PTO during the last 14 days of the project without their supervisor's written approval.

Carry-over and Pay-out

Full time employees who work 40 hours per week may carry over up to 25 days (200 hours) of PTO to the following year. Employees who work less than 40 hours per week may carry over a prorated amount of PTO to the following year.

For example:

#Hours per week	Days in week	#Hours worked per day	X 25 days =	Total # hours employee may accumulate
40 ÷	5	= 8	8 x 25 =	200 hours
32 ÷	5	= 6.4	6.4 x 25 =	160 hours
30 ÷	5	= 6	6 x 25 =	150 hours
20 ÷	5	= 4	4 x 25 =	100 hours

Any accrued PTO that is unused as of the date of an employee's separation of employee **will be** paid out at the employee's current rate of pay.

If an employee voluntarily resigns and is re-hired within 365 days of such resignation, they will retain their years of eligible service for the purpose of calculating PTO.

400.02 SICK LEAVE

Overview and Eligibility

Sick leave is provided to employees **who are not eligible for PTO**, to comply with the HFWA, and includes employees classified as:

- Part Time (under 20 hours)
- Temporary
- Casual/PRN

Accrual

Eligible employees will start accruing sick leave on their first day of employment and will be earned at a rate of 1 hour per every 30 hours worked and capped at 48 hours in a calendar year.

Use of Sick Leave

Sick leave may be used for the following safety or health needs:

1. A mental or physical illness, injury, or health condition that prevents work, including diagnosis or preventive care;
2. Domestic abuse, sexual assault, or criminal harassment leading to needed medical attention, mental health care or other counseling, relocation, legal, or victim services;
3. To care for a family member experiencing a condition described in categories 1 or 2; or
4. Due to a public health emergency, a public official having closed either (A) the employee's place of business, or (B) the school or place of care of the employee's child, requiring the employee needing to be absent from work to care for the child.

Paid sick leave may not be requested until it is earned. Paid sick leave can be used in minimum increments of one-quarter hour. Sick leave is paid at the employee's base pay rate at the time that it occurs. Paid sick leave will not be used in the calculation of overtime.

Notification and Documentation

The employee must provide their supervisor with as much advance notice as possible where the absence is foreseeable and anticipated. Where it is not, employees must provide notice as soon as is practicable and no less than each day at the beginning of their shift. The employee should let their supervisor know when they expect to return to work.

Payroll will provide guidance and training related to requesting/reporting time off and shall maintain a record of PTO accrued and paid sick leave used.

In the event the employee is absent for 4 or more consecutive work days, medical or legal certification is required. HR will provide a form for the employee to complete, when needed, for certification of leave.

Carry-over

Unused sick leave is carried over from year to year up to a maximum 48 hours. Employees will not accrue additional sick time until the balance falls below 48 hours.

The employee will not be paid for unused sick leave when they leave.

If an employee separates from employment and is rehired within 180 days after separation, any unused sick leave that the employee had accrued and had not been compensated for at the time of separation will be reinstated.

400.03 PUBLIC HEALTH EMERGENCY LEAVE (PHEL)

Overview and Eligibility

ALL employees (Regular, Time-Limited, Part-time (under 20 hours), Temporary, or PRN/Casual) will be provided access to up to 80 hours of supplemental leave for a qualifying reason from the day a PHE is declared until four weeks after the PHE ends. The number of hours available to an employee is based on their normal hours worked. An employee working full-time (40 hours a week) will have access to 80 hours. Employees normally working under 40 hours in a week will receive access to the greater of the number of hours the employee (a) is scheduled for work or paid leave in the upcoming 14-day period, or (b) actually worked on average in the 14-day period prior to the declaration of the public health emergency.

A PHE is defined by C.R.S. 8-13.3-402(9), and includes a range of pandemic, infectious disease, or other disaster emergencies declared by the Governor or a federal, state, or local health agency.

Use of Leave

An employee can access this supplemental leave when the employee is scheduled to work, but:

1. Needs to self-isolate due to either being diagnosed with, or having symptoms of, a communicable illness that is the cause of a PHE;
2. Is seeking diagnosis, treatment, or care (including preventive care) of such an illness;
3. Is excluded from work by a government health official, or by an employer, due to the employee having exposure to, or symptoms of, such an illness (whether or not actually diagnosed with the illness);
4. Is unable to work due to a health condition that may increase susceptibility or risk of such an illness; or

5. Is caring for a child or other family member who is in category 1, 2, or 3, or whose school, child care provider, or other care provider is either unavailable, closed, or providing remote instruction due to the PHE.

The employee must provide their supervisor with as much advance notice as possible where the absence is foreseeable and anticipated. Where it is not, employees must provide notice as soon as is practicable and no less than each day at the beginning of their shift. The employee should let their supervisor know when they expect to return to work.

Supplemental leave is granted one time during the entirety of the declared PHE. Employees can use their available supplemental leave immediately upon the declaration of the PHE, until 4 weeks after the end of the PHE, for any of the above purposes.

400.04 RETALIATION OR INTERFERENCE WITH EMPLOYER RIGHTS – HFWA LEAVE

Applies to:

- PTO for categories 2-6 for Regular and Time-limited employees (**NOT** PTO for vacation);
- Sick Leave for Part-time (under 20 hours), Temporary, or PRN/Casual employees; and
- PHEL for all employees.

An employer cannot deny paid leave that an employee has a right to take under the new law. An employer cannot fire, threaten, or otherwise retaliate against, or interfere with, an employee for: requesting or taking HFWA leave; informing another person about, or supporting their exercise of, HFWA rights; filing a complaint or cooperating in an investigation about a potential HFWA violation.

The law prohibits adverse employment action against employees for incorrect complaints or information, provided their belief was reasonable and in good faith. However, employers can take action for misusing paid leave for purposes other than those provided in Sections 400.01 and 400.02, dishonesty, or other leave-related misconduct.

An employee who is denied paid leave can file a complaint with the Colorado Division of Labor and Employment (CDLE) for unpaid wages or file a lawsuit. An employee can also file a complaint with the CDLE or in court for unlawful retaliation or interference with their statutory rights.

400.05 TEMPORARY LEAVE POLICY APPROVAL IN PUBLIC HEALTH EMERGENCIES

In any PHE, the Executive Director may implement a temporary leave policy for critical situations where additional leave measures and greater flexibility are deemed necessary for increased protection of employees, visitors and clients.

MEMO

TO: Health District Board of Directors
FROM: Carol Plock, Executive Director
DATE: January 25, 2021
RE: Potential Increases in Paid Time Off

Before COVID hit, we were starting to review our paid time off policies in comparison to other organizations. As a result of that review, we are proposing an increase in paid time off at two different time periods, as discussed below. The attached slides help illustrate the situation.

As background for the requests, the Health District uses a flexible paid time off system, where an employee earns a specific amount of time based on their years of service, and the time can be used for anything, at the employees' discretion. There is not separate sick leave, so the employee needs to retain enough time off to be able to cover sick leave situations. The goal of a fully flex time system is to offer employees a little more in flex time than what an organization that divides up vacation and sick time would offer in just vacation time, giving the employee the benefit of additional guaranteed time off when health allows.

The two proposals include:

1) Add two days of flexible paid time off as an employee is hired.

Currently, a new employee accrues one day a week in paid time off. The challenge is that they have no time available to them at the beginning if they should get sick, so there may be an inclination to come to work sick. A change in policy adding two days of flexible paid time off as the person begins their position would mean that by the end of the first month, a new hire would have accumulated three paid days off, which is the minimum that we recommend that all employees retain in order to ensure that they will have some paid time available should they become ill. We would also allocate two extra days, one time only, for all current employees who have worked less than one year.

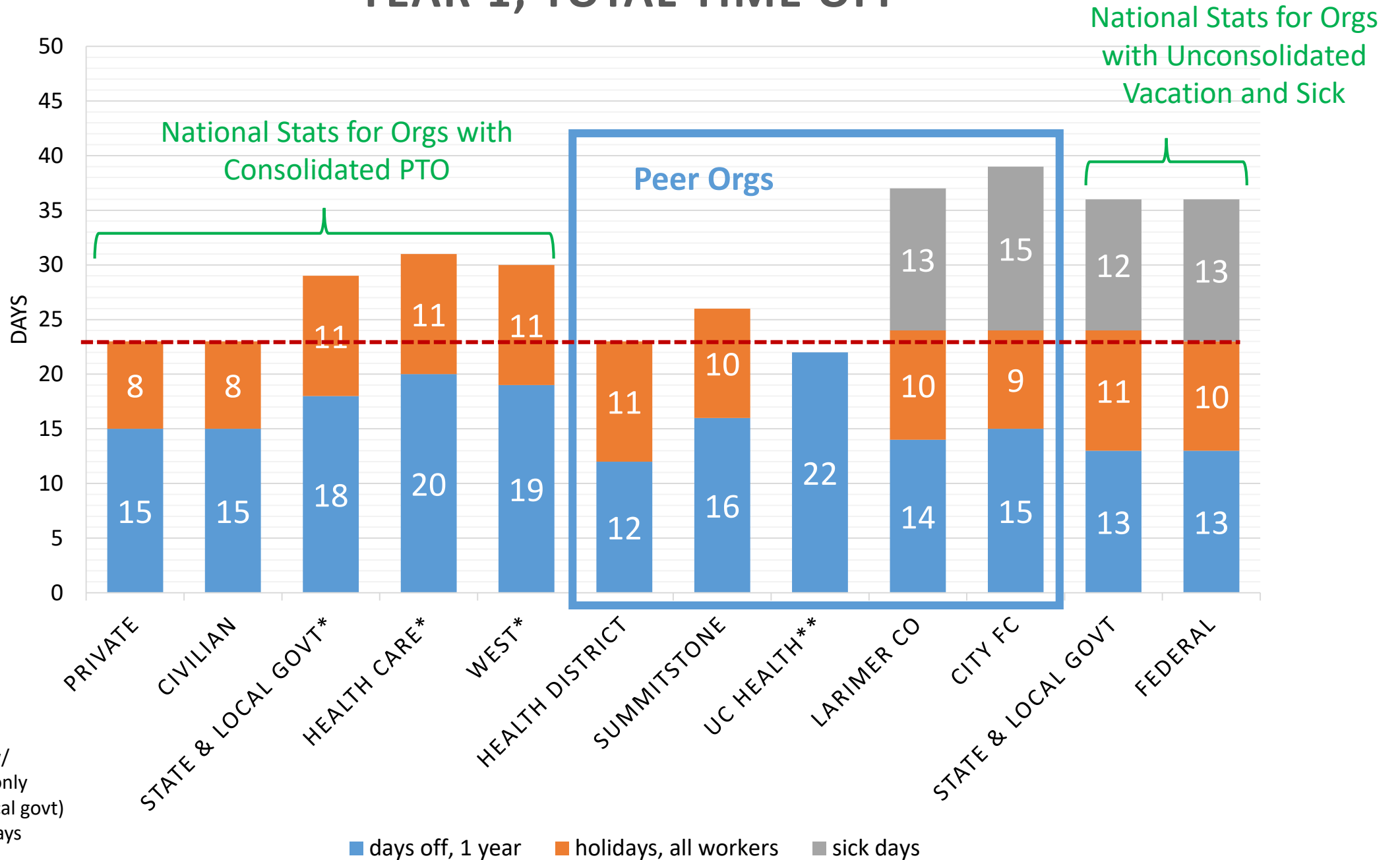
As we reviewed information from both national employers and our local peer organizations, we recognized that our total time off in the first year is currently a little less than our peer organizations. Over the years, we have dropped behind peers in year one paid time off.

Our employees do benefit from a significant increase in accrual of paid time off at the beginning of year two, increasing from 12 to 18 days per year, and at the start of year three, with an increase to 24 days per year.

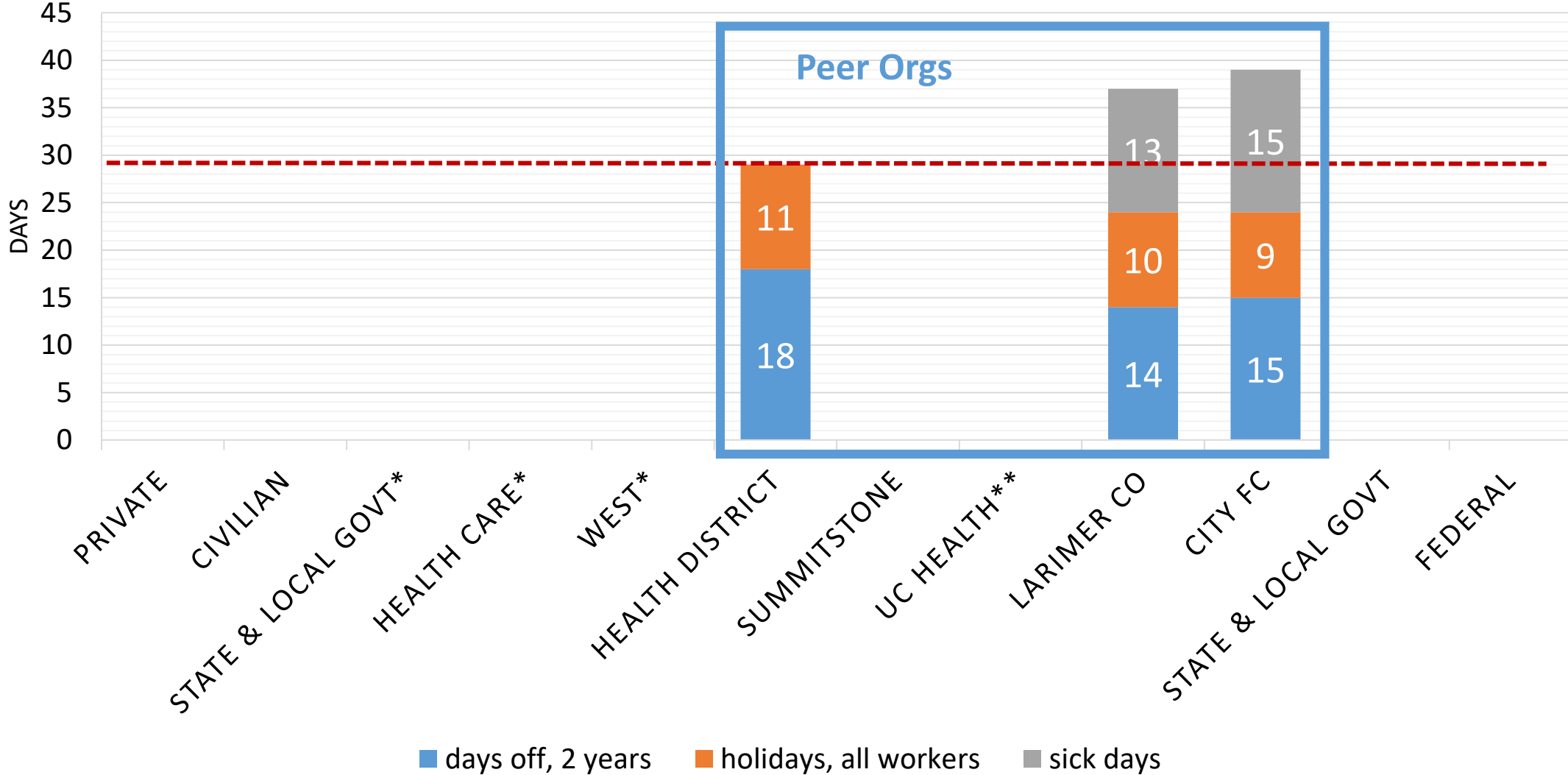
2) Starting in 2021, those employees who have reached at least 15 years' service would begin accruing an additional 2 days of flex time accumulation per year.

As we reviewed data from other organizations on their paid time off policies at 10 and 20 years, we recognized that although we appear to have reasonable time off allocations at 10 years, we had fallen well behind by 20 years. Every organization has different approaches to how their paid time off grows over the years, but the Health District has kept the annual allocation of paid time off consistent from the start of year three on. In order to bring the Health District more in line with our local peer organizations, we recommend that those reaching at least 15 years' service would begin accruing an additional 2 days of flex time accumulation per year.

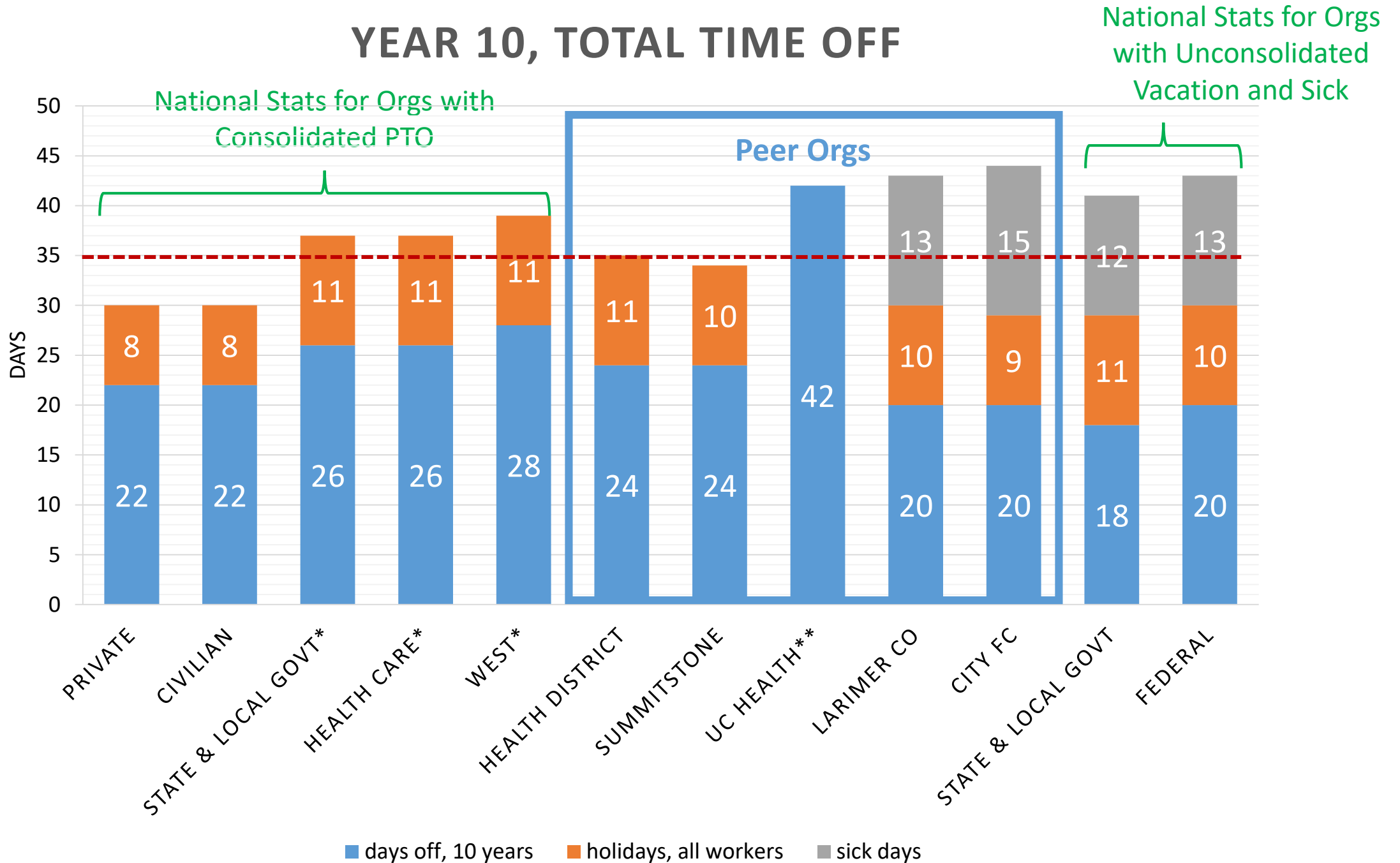
YEAR 1, TOTAL TIME OFF



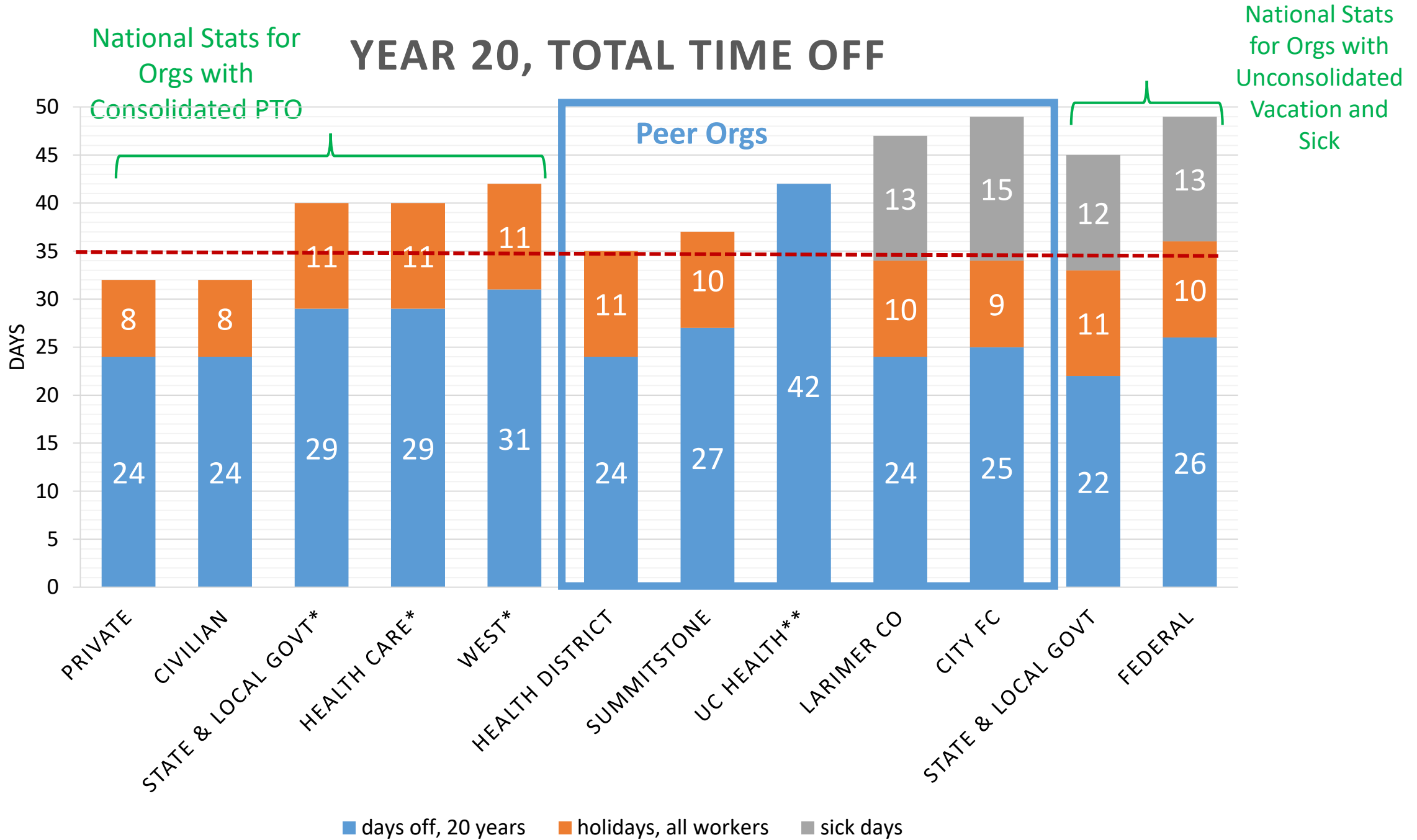
YEAR 2 TOTAL TIME OFF COMPARISON (WITH LIMITED DATA ON PEER ORGS AT YEAR 2)



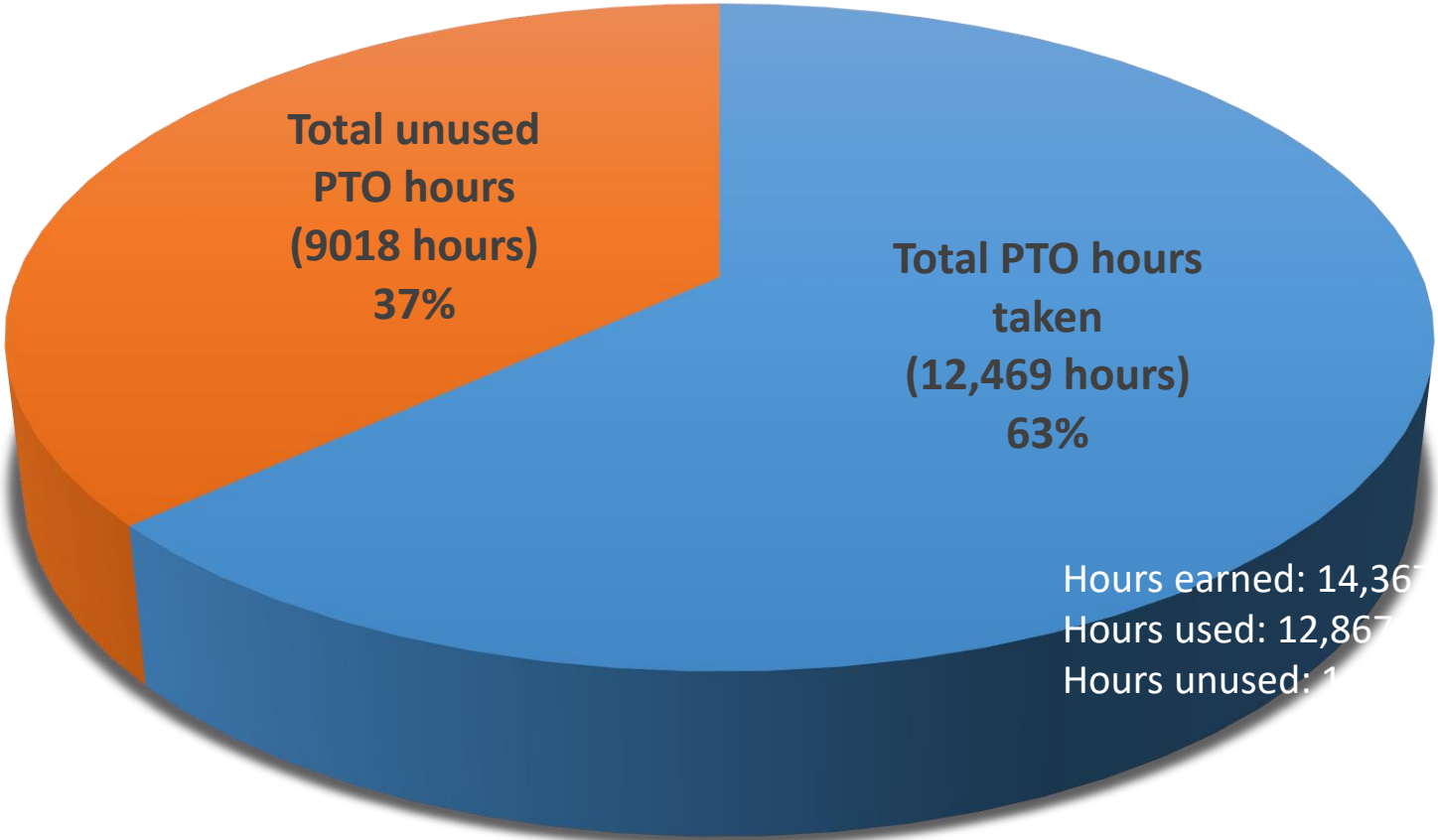
YEAR 10, TOTAL TIME OFF



YEAR 20, TOTAL TIME OFF



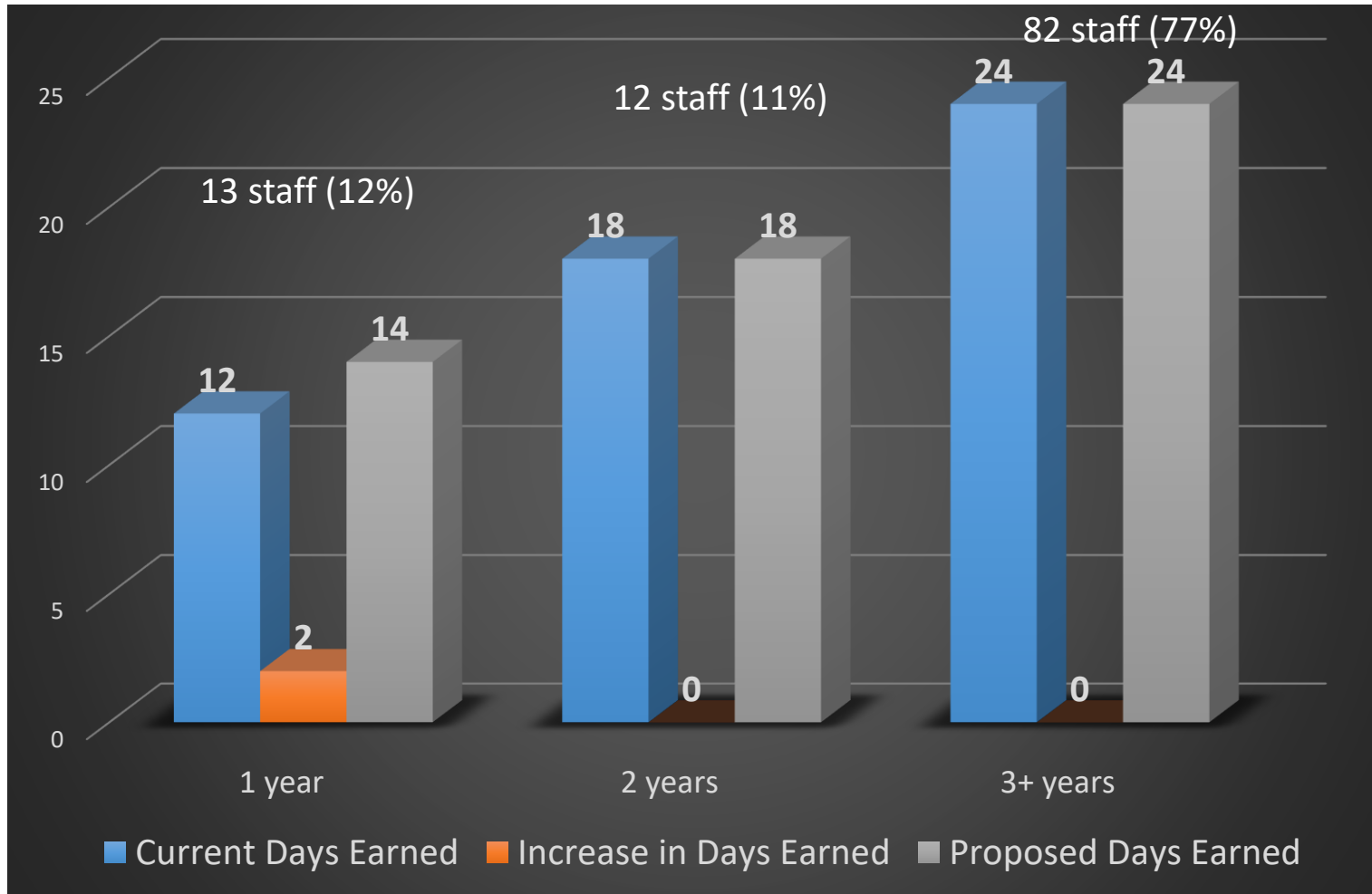
Average Percent of Available PTO Days Taken by Staff (2019*)



Total PTO hours available 2019:
24,634

**2019 numbers used due to 2020 being non-representative of typical year*

Option 1: Provide 2 PTO days upon hire and add 2 PTO days to current staff in first year

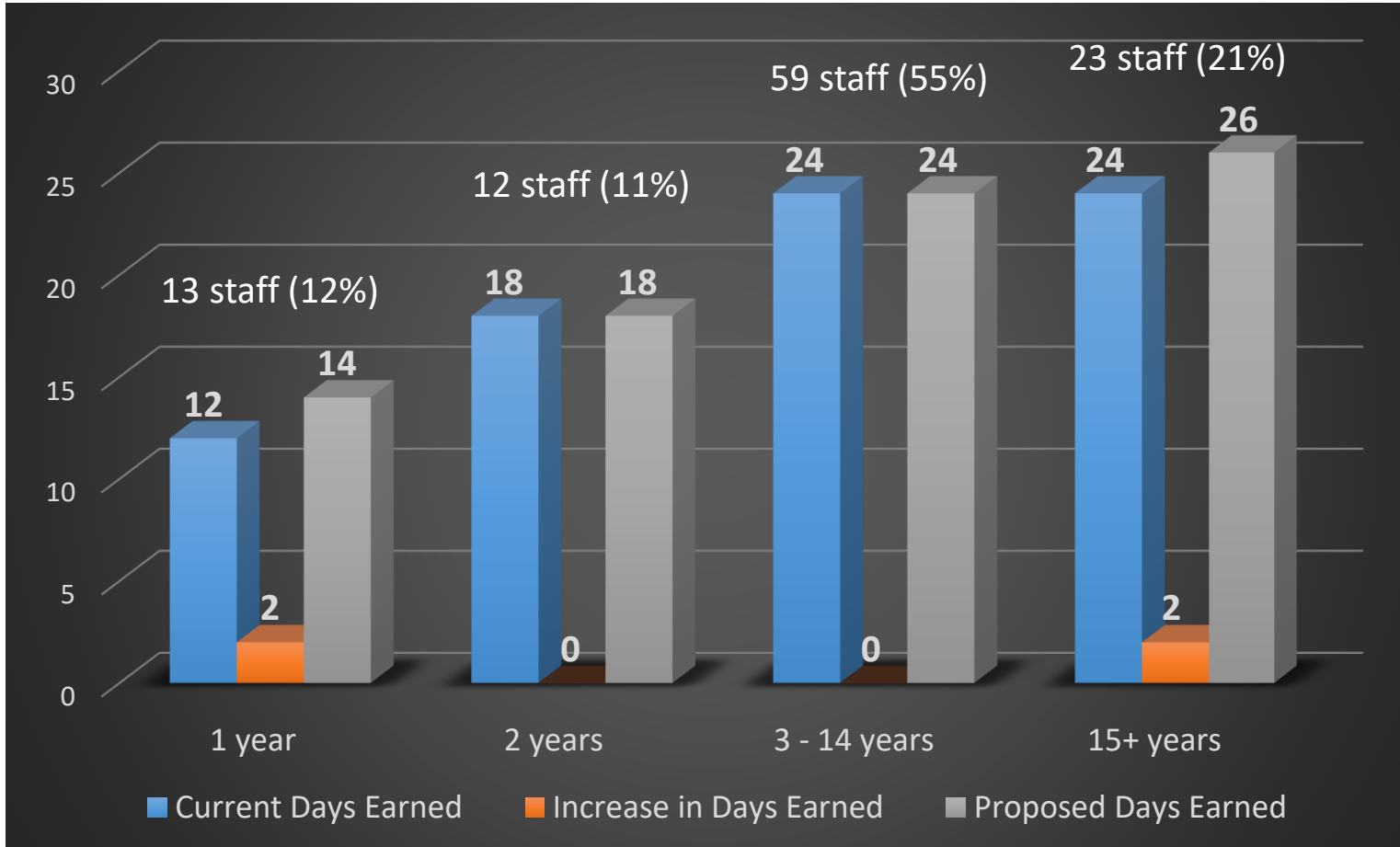


Estimated Impact on Productivity of Adding 2 PTO days at hire	
Current	Option 1
5.4 FTE	5.5 FTE

Estimated Max One-Time Cost of 2 days for Year 1 Staff (Prorated and only for 1 year)		
Approx # staff in 2021	# of total PTO days	Total Max Estimated Cost (at 63% usage)
13 (9 FT, 4 PT)	24	\$2,900.00

Estimated Max One-Time Cost of 2 days for Year 1 Staff (Prorated and only for 1 year)		
Approx # staff in 2021	# of total PTO days	Total Max Estimated Cost (at 63% usage)
13 (9 FT, 4 PT)	24	\$2,900.00

Option 2: Option 1 Plus add 2 PTO Days at 15+ years

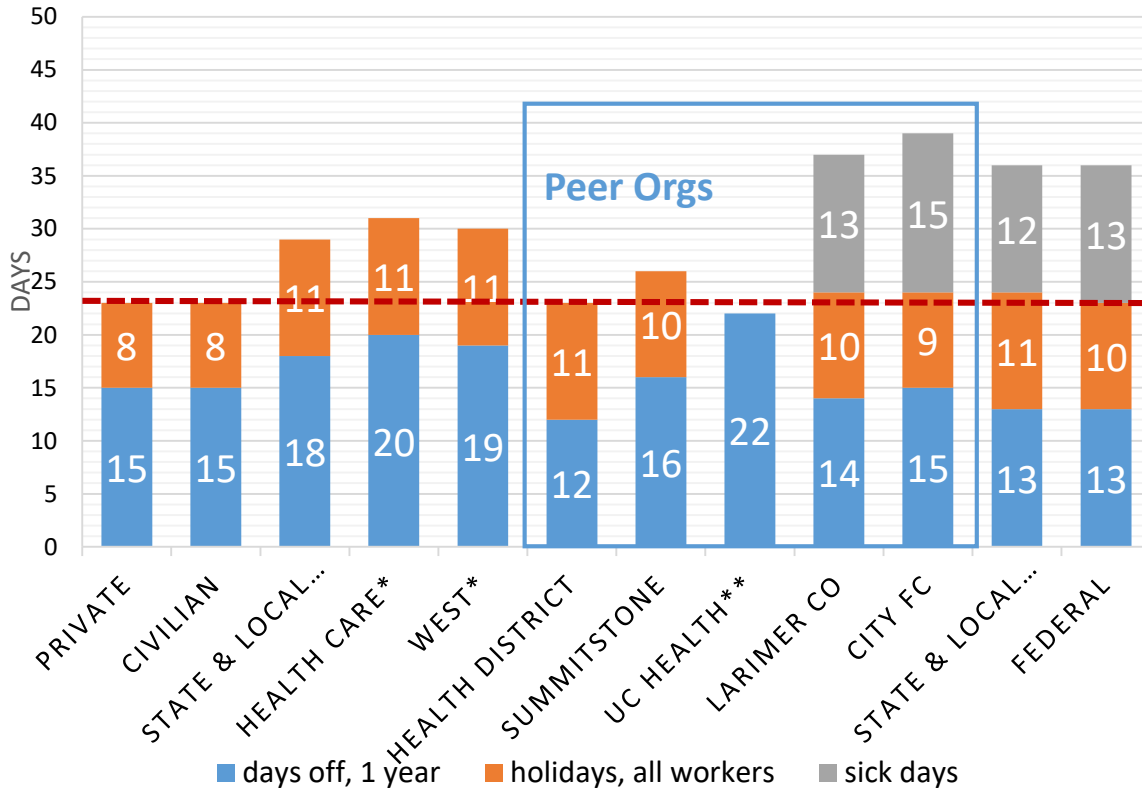


Estimated Impact on Productivity of Adding 2 PTO days at hire & 2 for 15+	
Current	Option 2
5.4 FTE	5.9 FTE

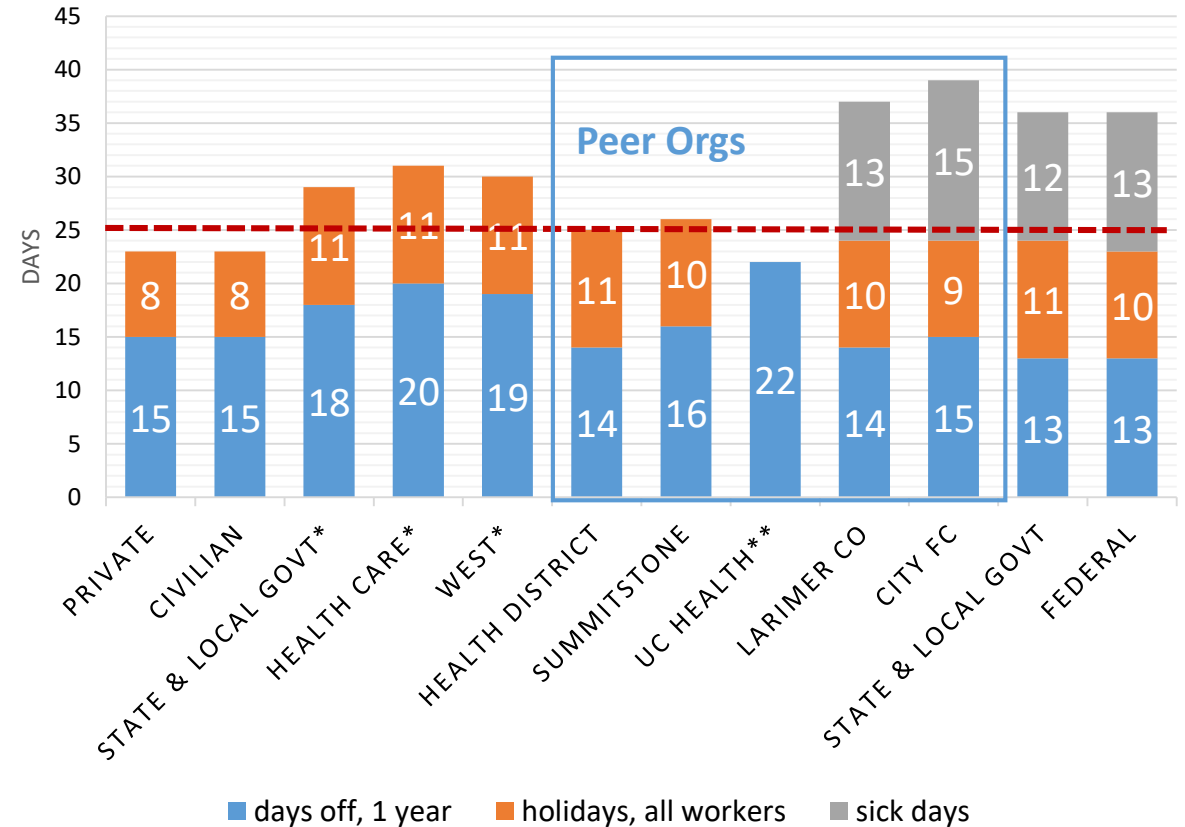
Cost of 2 days at 15+ years		
Approx # staff	# of total PTO days	Total Estimated Cost (at 63% usage)
23 (22 FT, 1 PT)	46	\$9,213

Year 1: Difference in Comparison with Peer Organizations Upon Adding 2 PTO Days at Hire

YEAR 1 CURRENT TOTAL TIME OFF



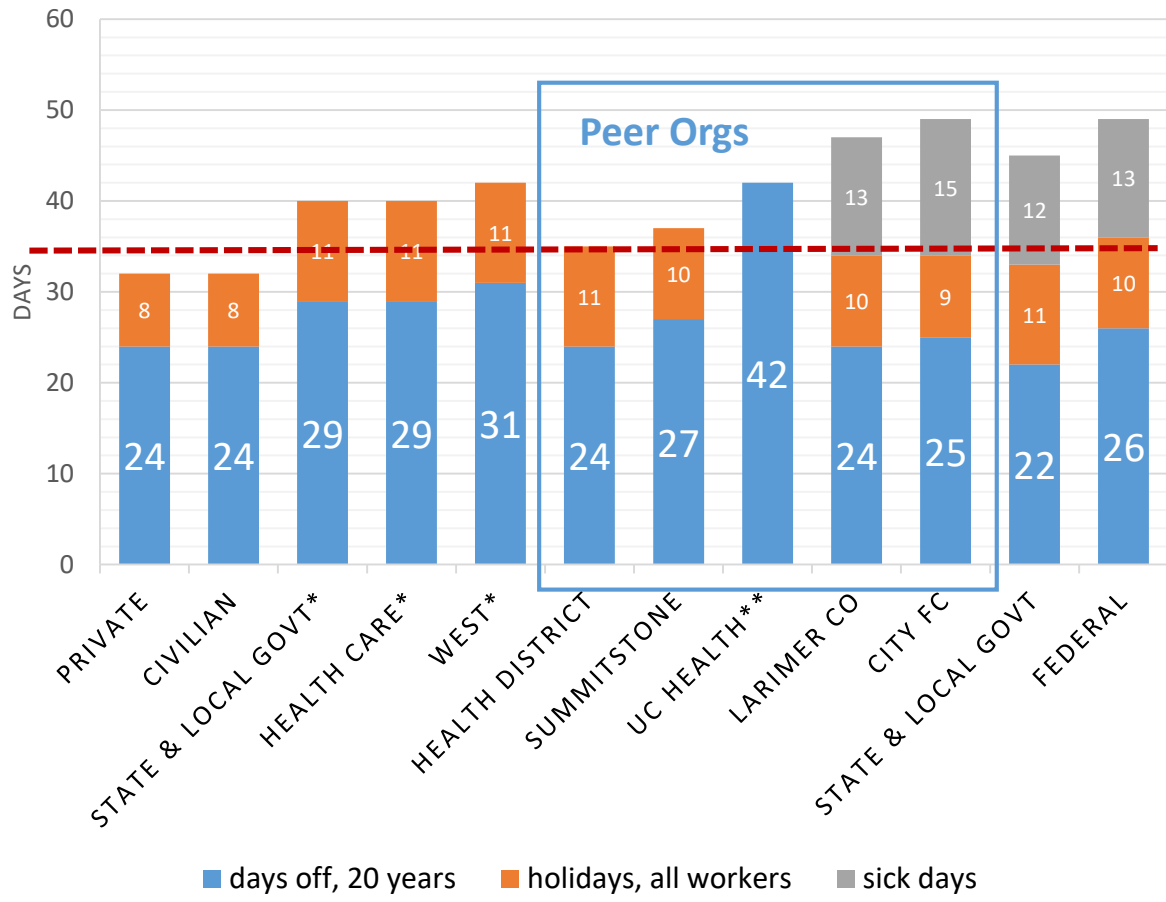
YEAR 1 TOTAL TIME OFF IF ADD 2 PTO DAYS



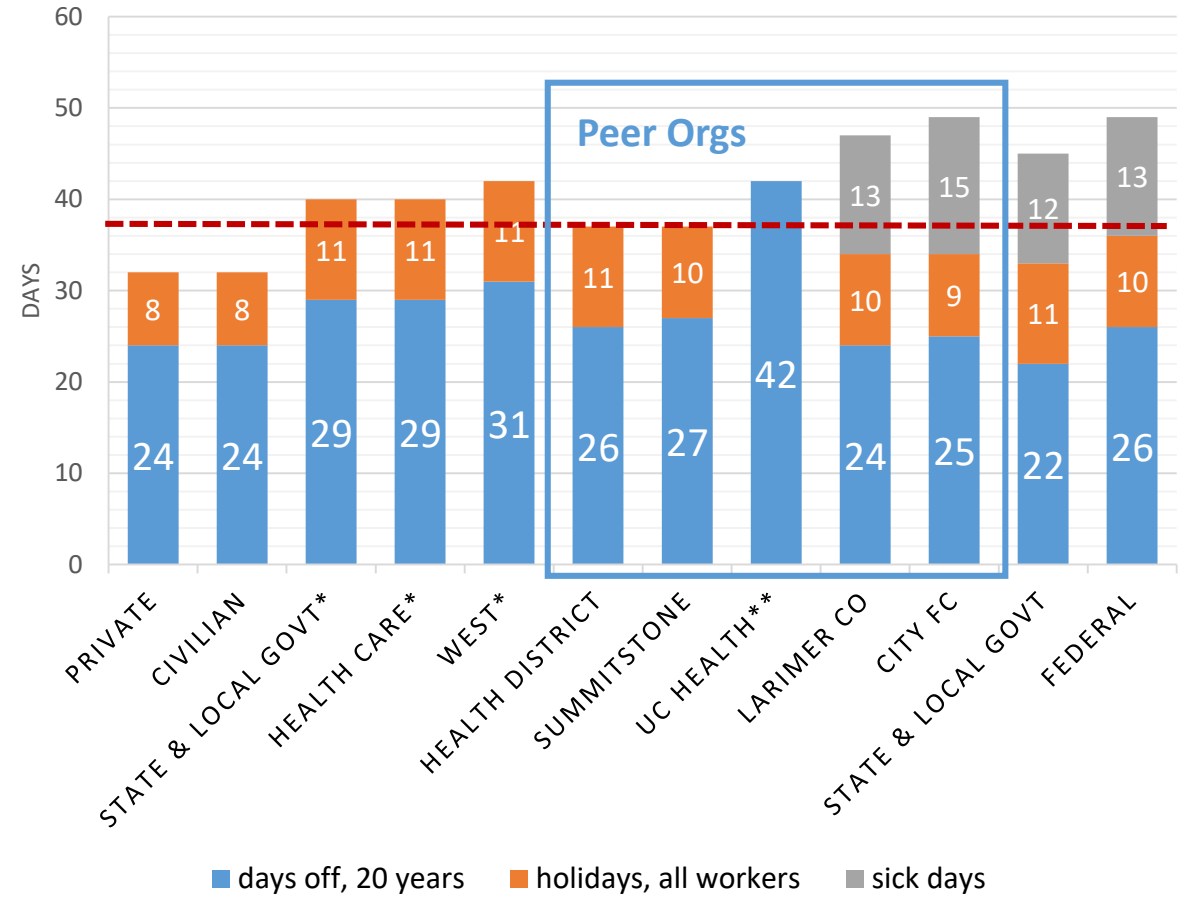
*consolidated w/
subcategories (only 11% of
state/local govt)
**no paid holidays

Year 20: Difference in Comparison with Peer Organizations Upon Adding 2 PTO Days for Years 15+

YEAR 20 CURRENT TIME OFF



YEAR 20 COMPARISON IF ADD 2 DAYS AT 15+ YRS



*consolidated w/
subcategories (only 11% of
state/local govt)
**no paid holidays



**RESOLUTION TO ESTABLISH
MEETING DAYS, TIMES AND LOCATIONS
FOR MONTHLY BOARD OF DIRECTORS MEETINGS
Resolution 2021-01**

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

That the Health District of Northern Larimer County Board of Directors regular meetings for 2020 shall normally be held on the fourth Tuesday of the month, at 4:00 p.m., with the exception of the November and December meetings, which are assigned per the attached schedule. Special meetings will be held as needed. Currently scheduled meetings are included on the attached schedule, however the Board may move, add or cancel any meeting if found to be necessary. Notice of any meetings shall be posted.

Meetings shall be held virtually until further notice.

ADOPTED, this 26th day of January, A.D., 2021.

Attest:

Michael D. Liggett, Esq., President

Molly Gutilla, PhD, Vice President

Celeste Kling, J.D., Secretary

Joseph Prows, M.D., Treasurer

Faraz Naqvi, M.D.
Liaison to UCHealth-North/PVHS Board



BOARD OF DIRECTORS 2021 Meeting Schedule

UNDER TITLE 32 SPECIAL DISTRICT ACT OF THE COLORADO STATUTES

Regular meeting dates are generally the fourth Tuesday at 4:00 p.m. of each month, with the exception of November and December. Additional special meetings and/or work sessions may be scheduled by the Board on an AS NEEDED basis.

Meeting Location: Meetings will be held virtually until further notice

*NOTE: Meetings may be cancelled or dates and times may change.
Please contact Ms. Anita Benavidez at 224-5209 to confirm any Board meeting.*

MEETING DATES		COMMENTS
January 26	Tuesday, 4:00 pm	
February 9	Tuesday, 4:00 pm	Special Meeting
February 23	Tuesday, 4:00 pm	
March 9	Tuesday, 4:00 pm	Special Meeting
March 23	Tuesday, 4:00 pm	
April 13	Tuesday, 4:00 pm	Special Meeting
April 27	Tuesday, 4:00 pm	
May 25	Tuesday, 4:00 pm	
June 22	Tuesday, 4:00 pm	
July 27	Tuesday, 4:00 pm	
August 24	Tuesday, 4:00 pm	
September 28	Tuesday, 4:00 pm	
October 28	Thursday, 4:00 pm	Presentation of next year's Budget
November 9	Tuesday, 4:00 pm	Budget Hearing
December 13	Monday, 4:00 pm	Budget Approval

OTHER IMPORTANT DATES/EVENTS

TBD – Annual Board Retreat TBD – Joint Board Meeting with UCHealth North/PVHS Board February 16 – 18, 2021 – National Health Policy Conference October 24 - 27, 2021 – American Public Health Association Annual Conference
--

Board Approved:

Updated:



**RESOLUTION TO ESTABLISH A DESIGNATED
PUBLIC PLACE FOR THE POSTING OF
MEETING NOTICES AS REQUIRED BY THE
COLORADO OPEN MEETINGS LAW**

Resolution 2021-02

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

Section 1. The designated public place for the posting of meeting notices as required by the Colorado Open Meetings Law, C.R.S. §24-6-402(2)(c), shall be at the Health District, 120 Bristlecone Drive, Fort Collins, Colorado. In addition, meeting notices shall be posted on the Health District website.

Section 2. The District Secretary or its designee shall also be responsible for posting meeting agendas no later than twenty-four (24) hours prior to the holding of the meeting. Such agendas will be posted at the Health District, 120 Bristlecone Drive, Fort Collins, CO, as well as on the Health District website.

ADOPTED, this 26th day of January, A.D., 2021.

Attest:

Michael D. Liggett, Esq., President

Molly Gutilla, Ph.D., Vice President

Celeste Kling, J.D., Secretary

Joseph Prows, M.D., Treasurer

Faraz Naqvi, M.D.
Liaison to UCHealth-North/PVHS Board

HEALTH DISTRICT
of Northern Larimer County
October 2020
Summary Financial Narrative

Revenues

The Health District is 1.3% behind year-to-date tax revenue projections. Interest income is 59.7% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings decreased from 0.34% to 0.30% (based on the weighted average of all investments). Fee for service revenue from clients is 54.0% behind year-to-date projections and revenue from third party reimbursements is 41.4% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 5.9% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 20.0% behind year-to-date projections. Program variances are as follows: Administration 13.7%; Board 11.6%; Connections: Mental Health/Substance Issues Services 16.1%; Dental Services 23.2%; MH/SUD/Primary Care 22.5%; Health Promotion 20.5%; Community Impact 15.2%; Program Assessment and Evaluation 15.0%; Health Care Access 20.6%; HealthInfoSource 27.1%; and Resource Development 16.7%.

Capital Outlay

Capital expenditures are 96.0% behind year-to-date projections due to the postponement of some capital purchases due to current COVID-19 circumstances.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 10/31/2020

ASSETS

Current Assets:	
Cash & Investments	\$9,029,345
Accounts Receivable	449,248
Property Taxes Receivable	144,793
Specific Ownership Tax Receivable	60,670
Prepaid Expenses	46,947
Total Current Assets	<u>9,731,002</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	4,421,116
Equipment	1,110,359
Accumulated Depreciation	(2,902,223)
Total Property and Equipment	<u>7,221,847</u>
Total Assets	<u><u>16,952,849</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	763,520
Deposits	1,000
Deferred Revenue	742,993
Total Current Liabilities	1,507,513
Long-term Liabilities:	
Compensated Absences Payable	13,579
Total Long-term Liabilities	13,579
Deferred Inflows of Resources	
Deferred Property Tax Revenue	123,232
Total Deferred Inflows of Revenues	123,232
Total Liabilities & Deferred Inflows of Resources	1,644,324
EQUITY	
Retained Earnings	13,706,789
Net Income	1,601,736
TOTAL EQUITY	15,308,525
TOTAL LIABILITIES AND EQUITY	16,952,849

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 10/31/2020

	Current Month	Year to Date
Revenue		
Property Taxes	21,561	8,127,384
Specific Ownership Taxes	60,669	523,036
Lease Revenue	96,697	955,702
Interest Income	2,462	60,423
Sales Revenue	0	80
Fee For Service Income	10,903	88,439
Third Party Income	70,602	466,255
Grant Income	46,757	390,472
Special Projects	0	5,307
Miscellaneous Income	806	17,219
Gain/(Loss) on Asset Disposal	(3,570)	(3,570)
Total Revenue	306,885	10,630,746
Expenses:		
Operating Expenses		
Administration	49,714	697,456
Board Expenses	623	60,753
Connections: Mental Health/Substance Issues Svcs	149,294	1,415,445
Dental Services	285,657	2,657,717
Integrated Care (MHSA/PC)	85,416	814,782
Health Promotion	69,757	593,199
Healthy Mind Matters	52,000	532,783
Program Assessment & Evaluation	17,806	170,660
Health Care Access	88,095	808,167
HealthInfoSource	8,161	72,836
Resource Development	13,953	130,455
Special Projects	97,851	916,729
Grant Projects	61,525	342,715
Total Operating Expenses	<u>979,852</u>	<u>9,213,698</u>
Depreciation and Amortization		
Depreciation Expense	<u>13,377</u>	<u>137,510</u>
Total Depreciation and Amortization	<u>13,377</u>	<u>137,510</u>
Total Expenses	<u>993,229</u>	<u>9,351,208</u>
Net Inome	<u>(686,343)</u>	<u>1,279,538</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 10/31/2020

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$16,093	\$21,561	\$5,468	\$8,217,561	\$8,127,384	(\$90,177)	\$8,250,616	\$123,232
Specific Ownership Taxes	68,683	60,669	(8,014)	546,884	523,036	(23,848)	650,000	126,964
Lease Revenue	96,697	96,697	0	955,702	955,702	0	1,149,096	193,394
Interest Income	15,000	2,462	(12,538)	150,000	60,423	(89,577)	180,000	119,577
Sales Revenue	42	0	(42)	422	80	(342)	506	426
Fee for Services Income	19,243	10,903	(8,340)	192,433	88,439	(103,994)	230,919	142,480
Third Party Reimbursements	65,294	70,602	5,308	795,979	466,255	(329,724)	974,247	507,992
Grant Revenue	31,104	46,757	15,653	416,378	390,472	(25,906)	1,201,408	810,936
Partnership Revenue	2,563	0	(2,563)	25,627	5,307	(20,321)	31,270	25,963
Miscellaneous Income	1,708	806	(902)	17,083	17,219	136	20,500	3,281
Gain/(Loss) on Disposal of Assets	0	(3,570)	(3,570)	0	(3,570)	(3,570)	0	3,570
Total Revenue	\$316,427	\$306,885	(\$9,542)	\$11,318,068	\$10,630,746	(\$687,322)	\$12,688,562	\$2,057,816
Expenditures:								
Operating Expenditures								
Administration	\$70,689	\$49,714	\$20,975	\$808,045	\$697,456	\$110,589	\$932,658	\$235,202
Board Expenses	3,509	623	2,887	68,705	60,753	7,952	75,723	14,970
Connections: Mental Health/Substance Issues Svcs	191,135	149,294	41,842	1,687,543	1,415,445	272,098	2,015,365	599,920
Dental Services	395,354	285,657	109,697	3,460,118	2,657,717	802,400	4,136,444	1,478,727
Integrated Care (MH/SUD/PC)	118,998	85,416	33,582	1,051,080	814,782	236,297	1,256,927	442,144
Health Promotion	85,177	69,757	15,421	745,889	593,199	152,690	892,564	299,365
Community Impact	71,948	52,000	19,948	628,501	532,783	95,718	751,297	218,514
Program Assessment & Evaluation	22,578	17,806	4,772	200,807	170,660	30,148	240,165	69,505
Health Care Access	117,624	88,095	29,529	1,018,329	808,167	210,161	1,216,945	408,777
HealthInfoSource	11,776	8,161	3,615	99,844	72,836	27,008	119,237	46,401
Resource Development	17,995	13,953	4,042	156,575	130,455	26,120	187,143	56,688
Contingency (Operations)	0	0	0	45,000	4,330	40,670	192,000	187,670
Special Projects	205,239	97,851	107,388	1,991,886	912,399	1,079,487	2,718,118	1,805,719
Grant Proejects	31,104	61,525	(30,421)	416,378	342,715	73,663	1,201,408	858,693
Total Operating Expenditures	\$1,343,128	\$979,852	\$363,276	\$12,378,699	\$9,213,698	\$3,165,001	\$15,935,993	\$6,722,295
Net Income	(\$1,026,701)	(\$672,967)	\$353,734	(\$1,060,631)	\$1,417,048	\$2,477,678	(\$3,247,431)	(\$4,664,479)

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 1/1/2020 to 10/31/2020

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Annual Funds Remaining
Non-Operating Expenditures								
Building	(140,000)	-	(140,000)	52,000	-	52,000	192,000	192,000
Capital Equipment	5,000	-	5,000	15,000	-	15,000	20,000	20,000
General Office Equipment	-	-	-	34,000	-	34,000	54,000	54,000
Medical & Dental Equipment	-	-	-	45,489	2,750	42,739	56,541	53,791
Computer Equipment	-	-	-	54,714	5,712	49,002	54,714	49,002
Computer Software	7,300	-	7,300	9,500	-	9,500	16,800	16,800
Total Non-Operating Expenditures	\$ (127,700)	\$ -	\$ (127,700)	\$ 210,703	\$ 8,462	\$ 202,241	\$ 394,055	\$ 385,593

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2020

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Administration								
Revenue:								
Miscellaneous Income	\$875	\$0	(\$875)	\$8,750	\$8,871	\$121	\$10,500	\$1,629
Total Revenue	875	0	(875)	8,750	8,871	121	10,500	1,629
Expenditures:								
Salaries and Benefits	48,636	41,934	6,702	486,358	429,719	56,638	583,629	153,910
Supplies and Purchased Services	22,054	7,780	14,274	321,687	267,736	53,951	349,029	81,292
Total Expenditures	70,689	49,714	20,975	808,045	697,456	110,589	932,658	235,202
Board of Directors								
Expenditures:								
Salaries and Benefits	0	0	0	8,612	16,253	(7,641)	8,612	(7,641)
Supplies and Purchased Services	3,509	623	2,887	35,093	17,431	17,661	42,111	24,680
Election Expenses	0	0	0	25,000	27,069	(2,069)	25,000	(2,069)
Total Expenditures	3,509	623	2,887	68,705	60,753	7,952	75,723	14,970
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	2,500	2,470	(30)	25,000	15,394	(9,606)	30,000	14,606
Total Revenue	2,500	2,470	(30)	25,000	15,394	(9,606)	30,000	14,606
Expenditures:								
Salaries and Benefits	140,238	91,848	48,390	1,282,377	1,050,484	231,892	1,562,852	512,368
Supplies and Purchased Services	50,898	57,446	(6,548)	405,166	364,961	40,206	452,513	87,552
Total Expenditures	191,135	149,294	41,842	1,687,543	1,415,445	272,098	2,015,365	599,920
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	81,967	79,841	(2,126)	819,667	455,560	(364,108)	983,601	528,041
Total Revenue	81,967	79,841	(2,126)	819,667	455,560	(364,108)	983,601	528,041
Expenditures:								
Salaries and Benefits	267,542	214,997	52,545	2,675,420	2,259,964	415,456	3,210,504	950,540
Supplies and Purchased Services	127,812	70,660	57,152	784,698	397,754	386,944	925,940	528,186
Total Expenditures	395,354	285,657	109,697	3,460,118	2,657,717	802,400	4,136,444	1,478,727

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2020

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Integrated Care (MHSA/PC)								
Revenue:								
Fees, Reimbursements & Other Income	42	0	(42)	143,467	91,146	(52,321)	191,233	100,087
Total Revenue	<u>42</u>	<u>0</u>	<u>(42)</u>	<u>143,467</u>	<u>91,146</u>	<u>(52,321)</u>	<u>191,233</u>	<u>100,087</u>
Expenditures:								
Salaries and Benefits	93,063	71,594	21,469	930,627	750,624	180,003	1,116,752	366,128
Supplies and Purchased Services	25,935	13,822	12,113	120,453	64,159	56,295	140,175	76,016
Total Expenditures	<u>118,998</u>	<u>85,416</u>	<u>33,582</u>	<u>1,051,080</u>	<u>814,782</u>	<u>236,297</u>	<u>1,256,927</u>	<u>442,144</u>
Community Impact								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Expenditures:								
Salaries and Benefits	53,983	43,932	10,051	539,831	490,284	49,547	647,797	157,513
Supplies and Purchased Services	17,965	8,068	9,897	88,670	42,499	46,171	103,500	61,001
Total Expenditures	<u>71,948</u>	<u>52,000</u>	<u>19,948</u>	<u>628,501</u>	<u>532,783</u>	<u>95,718</u>	<u>751,297</u>	<u>218,514</u>
Program Assessment & Evaluation								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Expenditures:								
Salaries and Benefits	17,155	15,017	2,139	171,554	154,391	17,163	205,865	51,474
Supplies and Purchased Services	5,423	2,789	2,634	29,253	16,269	12,984	34,300	18,031
Total Expenditures	<u>22,578</u>	<u>17,806</u>	<u>4,772</u>	<u>200,807</u>	<u>170,660</u>	<u>30,148</u>	<u>240,165</u>	<u>69,505</u>
Health Promotion								
Revenue:								
Fees, Reimbursements & Other Income	903	0	(903)	9,032	928	(8,104)	10,838	9,910
Total Revenue	<u>903</u>	<u>0</u>	<u>(903)</u>	<u>9,032</u>	<u>928</u>	<u>(8,104)</u>	<u>10,838</u>	<u>9,910</u>
Expenditures:								
Salaries and Benefits	58,712	52,565	6,147	587,123	509,948	77,175	704,547	194,599
Supplies and Purchased Services	26,465	17,192	9,274	158,766	83,251	75,515	188,017	104,765
Total Expenditures	<u>85,177</u>	<u>69,757</u>	<u>15,421</u>	<u>745,889</u>	<u>593,199</u>	<u>152,690</u>	<u>892,564</u>	<u>299,365</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2020

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Health Care Access								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	94	94	0	(94)
Total Revenue	0	0	0	0	94	94	0	(94)
Expenditures:								
Salaries and Benefits	83,268	69,022	14,246	832,680	712,863	119,817	999,216	286,353
Supplies and Purchased Services	34,356	19,073	15,283	185,649	95,304	90,345	217,729	122,425
Total Expenditures	117,624	88,095	29,529	1,018,329	808,167	210,161	1,216,945	408,777
Health Info Source								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	7,967	5,451	2,516	79,671	60,718	18,953	95,605	34,887
Supplies and Purchased Services	3,809	2,711	1,098	20,173	12,119	8,054	23,632	11,514
Total Expenditures	11,776	8,161	3,615	99,844	72,836	27,008	119,237	46,401
Resource Development								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	13,513	12,051	1,462	135,130	121,849	13,281	162,156	40,307
Supplies and Purchased Services	4,482	1,902	2,581	21,445	8,606	12,839	24,987	16,381
Total Expenditures	17,995	13,953	4,042	156,575	130,455	26,120	187,143	56,688

Health District of Northern Larimer County

Investment Schedule October 2020

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,383	0.016%	0.07%	N/A
Local Government Investment Pool	COLOTRUST	\$ 7,269,365	82.889%	0.15%	N/A
Flex Savings Account	First National Bank	\$ 238,380	2.718%	0.13%	N/A
Certificate of Deposit	Advantage Bank	\$ 139,552	1.591%	1.60%	12/27/2021
Certificate of Deposit	Advantage Bank	\$ 112,766	1.286%	2.15%	9/2/2021
Certificate of Deposit	Points West	\$ 114,720	1.308%	0.70%	12/12/2021
Certificate of Deposit	Points West	\$ 155,754	1.776%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	\$ 238,121	2.715%	1.59%	10/7/2021
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	2.851%	1.01%	1/9/2021
Certificate of Deposit	Farmers Bank	\$ 250,000	2.851%	0.65%	6/27/2022
Total/Weighted Average		\$ 8,770,040	100.000%	0.30%	

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.