



BOARD OF DIRECTORS REGULAR MEETING

Health District of Northern Larimer County

120 Bristlecone Drive, Fort Collins

Hybrid

(see registration details on the back of the agenda)

Tuesday, February 28, 2023

5:00 p.m.



AGENDA

BOARD OF DIRECTORS REGULAR MEETING

February 28, 2023

5:00 pm

- 5:00 p.m. Call to Order; Introductions; Approval of Agenda..... Molly Gutilla**
- 5:05 p.m. PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.
- 5:10 p.m. DISCUSSION & ACTIONS**
- PolicyLisa Ward/Alyson Williams
- 5:30 p.m. PRESENTATIONS**
- Medicaid Redetermination Rosie Duran/Vanessa Fewell
 - Advance Care Planning..... Jessica Shannon/Sue Hewitt
- 5:50 p.m. OTHER UPDATES & REPORTS**
- Liaison to PVHS/UCHealth North Report Celeste Holder Kling
 - Executive Director Updates..... Lee Thielen
- 6:10 p.m. CONSENT AGENDA**
- Approval of the January 24, 2023 Regular Meeting Minutes and February 14, 2023 Special Meeting Minutes
 - Board Policies 97-2: Board Governing Manner and Board Meetings; 97-3: Board Job Description; and 97-7: Executive Director Performance
 - November 2022 and Preliminary December 2022 Financials
- 6:15 p.m. PUBLIC COMMENT (2nd opportunity) See Note above.**
- 6:20 p.m. ANNOUNCEMENTS**
- March 14, 5:00 pm – Board of Directors Special Meeting
 - March 28, 5:00 pm – Board of Directors Regular Meeting
 - April 11, 5:00 pm – Board of Directors Special Meeting
- 6:25 p.m. EXECUTIVE SESSION**
Executive Session to determine positions relative to matters that may be subject to negotiations, develop a strategy for negotiations, and/or instruct negotiators, pursuant to C.R.S. § 24-6-402(4)(e) regarding the appointment of a new Executive Director.
- 7:00 p.m. ADJOURN OUT OF EXECUTIVE SESSION AND THE REGULAR MEETING**

Register in advance for this webinar:

https://healthdistrict.zoom.us/webinar/register/WN_SXLKs2IfR4-kwEzs1erEXw

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

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. **Public comments or input are taken only during the time on the agenda listed as 'Public Comment.'** 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



Frontline

PUBLIC AFFAIRS

2023 HDNL Priority Bill List

2023 HDNL Priority Bill List

HB23-1003

School Mental Health Assessment

Position:

Actively Monitor

Calendar

NOT ON CALENDAR

Notification:

News:

Sponsors:

D. Michaelson Jenet (D) / L. Cutter (D)

Summary:

The bill creates the sixth through twelfth grade mental health assessment program (program) administered by the department of public health and environment (department).

The bill allows any public school that serves any of grades 6 through 12 to participate in the program and requires a public school that wants to participate in the program to notify the department.

The bill requires participating schools to provide written notice to the parents of students within the first 2 weeks of the start of the school year in order to allow parents to opt their child out of participating in the mental health assessment.

The bill specifies that a student 12 years of age or older may consent to participate in the mental health assessment even if the student's parent opts out.

Mental health assessments must be conducted in participating schools by a qualified provider. The bill requires the department to select a qualified provider to administer the mental health assessment and establishes requirements that the qualified provider must meet.

The bill requires a qualified provider to notify the student's parent under certain circumstances, if the qualified provider finds that additional treatment is needed after reviewing the student's mental health assessment results.

The bill authorizes the department to promulgate rules as necessary to implement

and administer the program.

(Note: This summary applies to this bill as introduced.)

Status: 2/7/2023 House Committee on Public & Behavioral Health & Human Services Refer
Amended to Appropriations

Amendments:

House Journal, February 8

5 HB23-1003 be amended as follows, and as so amended, be referred to
6 the Committee on Appropriations with favorable
7 recommendation:

8

9 Amend printed bill, page 2, line 6, strike "ASSESSMENT" and substitute
10 "SCREENING".

11

12 Page 2, line 8, strike "ASSESSMENT" and substitute "SCREENING".

13

14 Page 3, strike lines 1 and 2 and substitute "USED FOR EARLY
15 IDENTIFICATION OF A MENTAL HEALTH CONCERN, WHICH CONCERN
16 EITHER VALIDATED OR REFUTED UPON REVIEW BY A SUBJECT

17 EXPERT".

18

19 Page 3, line 4, strike "LEGAL GUARDIAN, OR OTHER ADULT PERSON
20 RECOGNIZED BY THE" and substitute "OR LEGAL GUARDIAN".

21

22 Page 3, strike line 5.

23

24 Page 3, line 13, strike ""QUALIFIED PROVIDER"" and substitute
25 ""SCREENER"".

26

27 Page 3, line 17, strike "assessment" and substitute "screening".

28

29 Page 3, line 21, strike "AN AT-RISK STUDENT" and substitute "A STUDENT
30 WHO HAS A MENTAL OR EMOTIONAL HEALTH CONCERN".

31

32 Page 5, line 7, strike "AND".

33

34 Page 5, line 9, strike "SECTION." and substitute "SECTION;".

35

36 Page 5, after line 9 insert:

37

38 "(c) UTILIZE AN EVIDENCE-BASED SCREENING TOOL TO CONDUCT
39 THE MENTAL HEALTH SCREENING;

40 (d) BE MADE AVAILABLE IN A STUDENT'S NATIVE LANGUAGE; AND

41 (e) BE REPRODUCIBLE IN A DIGITAL FORMAT AND IN ANY OTHER

42 FORMAT NECESSARY TO BE ACCESSIBLE TO ALL STUDENTS.".

43

44 Page 5, line 14, strike "ASSESSMENTS" and substitute "SCREENINGS".

45

46 Page 5, line 24, strike "AND".

47

48 Page 5, after line 24 insert:

49

50 "(e) BE TRAUMA-INFORMED; AND".

51

52 Reletter succeeding paragraph accordingly.

53

54

1 Page 6, line 2, strike "SERVICES." and substitute "SERVICES WITHIN
2 TWENTY-FOUR HOURS AFTER A STUDENT COMPLETES THE MENTAL
3 HEALTH
4 SCREENING."

4

5 Page 6, line 7, after "STUDENT'S" insert "PARENTS AND".

6

7 Page 6, line 9, strike "POLICY." and substitute "POLICY AND MUST
8 IMMEDIATELY NOTIFY THE SCHOOL DISTRICT'S SECTION 504
9 COORDINATOR
10 AND SPECIAL EDUCATION DIRECTOR. THIS INFORMATION MUST NOT
11 BE
12 USED TO PREVENT A STUDENT FROM CONTINUING TO ATTEND
13 SCHOOL;
14 EXCEPT THAT A SCHOOL SHALL ADHERE TO SECTION 504 AND
15 DISCIPLINARY PROTECTIONS PURSUANT TO THE FEDERAL
16 "INDIVIDUALS
17 WITH DISABILITIES EDUCATION ACT", 20 U.S.C. SEC. 1400, AS
18 AMENDED,
19 SUCH AS REQUIRING THAT THE STUDENT PARTICIPATE IN A THREAT
20 OR RISK
21 ASSESSMENT BEFORE RETURNING TO SCHOOL."

16

17 Page 6, strike lines 10 through 19 and substitute:

18

19 "(b) IF, AFTER REVIEWING THE MENTAL HEALTH SCREENING
20 RESULTS, THE SCREENER BELIEVES A STUDENT HAS A MENTAL
21 HEALTH
22 CONCERN, INCLUDING, BUT NOT LIMITED TO, THOSE STATED IN
23 SUBSECTION
24 (10)(a) OF THIS SECTION, AND IS IN NEED OF ADDITIONAL MENTAL
25 HEALTH
26 SERVICES, THE SCREENER SHALL NOTIFY THE STUDENT'S PARENT
27 WITHIN
28 FORTY-EIGHT HOURS AFTER THE STUDENT COMPLETES THE
29 MENTAL
30 HEALTH SCREENING AND PROVIDE THE STUDENT'S PARENT WITH
31 INFORMATION ON RESOURCES AND SERVICES PROVIDED THROUGH
32 IMATTER, INCLUDING HOW TO APPLY FOR SERVICES THROUGH
33 IMATTER,
34 AND INFORMATION ABOUT THE RIGHTS OF STUDENTS WITH
35 DISABILITIES
36 PURSUANT TO SECTION 504 OF THE FEDERAL "REHABILITATION ACT
37 OF
38 1973", 29 U.S.C. SEC. 794, AS AMENDED; AND THE FEDERAL
39 "INDIVIDUALS
40 WITH DISABILITIES EDUCATION ACT", 20 U.S.C. SEC. 1400, AS
41 AMENDED,
42 IF:".

33

34 Page 6, strike lines 23 through 27.

35

36 Page 7, strike line 1 and substitute:

37

38 "(c) IF, AFTER REVIEWING THE MENTAL HEALTH SCREENING
39 RESULTS, THE SCREENER BELIEVES A STUDENT HAS A MENTAL
HEALTH
40 CONCERN, INCLUDING, BUT NOT LIMITED TO, THOSE STATED IN
SUBSECTION
41 (10)(a) OF THIS SECTION, AND IS IN NEED OF ADDITIONAL MENTAL
HEALTH
42 SERVICES, THE SCREENER SHALL REFER THE STUDENT TO IMATTER
FOR
43 MENTAL HEALTH SERVICES WITHIN FORTY-EIGHT HOURS AFTER
THE
44 STUDENT COMPLETES THE MENTAL HEALTH SCREENING IF THE
STUDENT IS
45 TWELVE YEARS OF AGE OR OLDER AND DOES NOT CONSENT TO THE
46 NOTIFICATION PURSUANT TO SUBSECTION (10)(b)(II) OF THIS
SECTION."

47

48 Page 7, line 7, strike "PURSUANT TO SECTION 19-3-304." and substitute
49 "TO THE STUDENT'S SCHOOL."

50

51 Page 7, line 12, strike "ASSESSMENTS." and substitute "SCREENINGS."

52

53 Page 7, line 15, strike "INFORMATION".

54

55

1 Page 7, strike lines 16 through 22 and substitute "ALL PARTIES SUBJECT
2 TO THE REQUIREMENTS OF THIS SECTION SHALL COMPLY WITH ALL
3 APPLICABLE REQUIREMENTS OF THE FEDERAL "AMERICANS WITH
4 DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101, ET SEQ., AS
AMENDED;

5 SECTION 504 OF THE FEDERAL "REHABILITATION ACT OF 1973, 29
U.S.C.

6 SEC. 794, AS AMENDED; AND TITLE VI OF THE FEDERAL "CIVIL RIGHTS
7 ACT OF 1964", AS AMENDED."

8

9 Page 7, after line 25 insert:

10

11 "(14) WITHIN SIX MONTHS AFTER CONDUCTING A MENTAL HEALTH
12 SCREENING AT A SCHOOL, THE SCREENER SHALL MAKE
DISAGGREGATED

13 DATA CONCERNING THE RESULTS OF THE MENTAL HEALTH
SCREENING

14 AVAILABLE TO THE SCHOOL."

15

16 Page 7, strike lines 26 and 27.

17

18 Page 8, strike lines 1 through 9 and substitute:

19

20 "SECTION 2. In Colorado Revised Statutes, 27-60-109, amend
21 (1)(b) and (2)(a); repeal (5.5)(c) and (6); and add (5.5)(d) and as follows:

22 27-60-109. Youth mental health services program - established
23 - report - rules - definitions. (1) As used in this section, unless the
24 context otherwise requires:

25 (b) "Program" means the temporary youth mental health services
26 program established in this section.

27 (2) (a) There is established in the behavioral health administration
28 the temporary youth mental health services program to facilitate access
29 to mental health services, including substance use disorder services, for

30 youth to respond to mental health needs identified in an initial mental
31 health screening through the portal, including those needs that may have
32 resulted from the COVID-19 pandemic. The program reimburses
33 providers for up to three mental health sessions with a youth.
34 (5.5) (c) This subsection (5.5) is repealed, effective June 30, 2024.
35 (d) FOR THE 2024-25 STATE FISCAL YEAR AND EACH STATE FISCAL
36 YEAR THEREAFTER, THE GENERAL ASSEMBLY SHALL APPROPRIATE
MONEY
37 TO THE STATE DEPARTMENT FOR THE PURPOSE OF THIS SECTION.
THE
38 STATE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND GIFTS,
GRANTS, OR
39 DONATIONS FROM ANY PUBLIC OR PRIVATE RESOURCE FOR THE
PURPOSE
40 OF THIS SECTION.
41 (6) This section is repealed, effective June 30, 2024.
42 SECTION 3. In Colorado Revised Statutes, 27-50-105, amend
43 (1)(g) as follows:
44 27-50-105. Administration of behavioral health programs -
45 state plan - sole mental health authority. (1) The BHA shall administer
46 and provide the following behavioral health programs and services:
47 (g) The temporary youth mental health services program created
48 pursuant to section 27-60-109;"
49
50 Renumber succeeding section accordingly.
51
52 Strike "ASSESSMENT" and substitute "SCREENING" on: Page 2, line 15;
53 Page 3, lines 8, 10, 15, and 19; Page 4, lines 5, 7, 9, 10, 13, 20, and 23;
54 Page 5, lines 1, 3, 5, 10, 21, 23, and 27; Page 6, line 3; and Page 7, lines
55 2 and 25.
1 Strike "QUALIFIED PROVIDER" and substitute "SCREENER" on: Page 4, line
2 8; Page 5, lines 8, 11, 13, and 16; Page 6, lines 1, 4, 7, 11, and 14; and
3 Page 7, lines 3, 5 and 6, 9, 11, and 13.
4
5 Page 1, line 102, strike "ASSESSMENT" and substitute "SCREENING".
6
7

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1009

Secondary School Student Substance Use

Position:

Support

**Calendar
Notification:**

NOT ON CALENDAR

News:

Sponsors:

M. Lindsay (D) / D. Moreno (D)

Summary:

Colorado Youth Advisory Council Committee. The bill creates the secondary school student substance use committee (committee) in the department of education (department) to develop a practice, or identify or modify an existing practice, for secondary schools to implement that identifies students who need substance use

treatment, offers a brief intervention, and refers the student to substance use treatment resources.

The department is required to publicly publish a report of the committee's findings and submit the report to the superintendent of every school district and chief administrator of every institute charter school that is a secondary school.

(Note: This summary applies to this bill as introduced.)

Status: 1/25/2023 House Committee on Education Refer Amended to Appropriations

Amendments:

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1070**Mental Health Professionals Practice Requirements**

Position: **Actively Monitor**

Calendar Notification: Tuesday, February 28 2023
Health & Insurance
Upon Adjournment Room 0112
(3) in house calendar.

News:

Sponsors: N. Ricks (D) / J. Buckner (D)

Summary: Effective January 1, 2024, the bill:

- ★ Reduces the individual and marriage and family therapy practice requirement for licensure as a marriage and family therapist from at least 2 years of post-master's or one year of postdoctoral practice to at least one year of post-master's or one year of postdoctoral practice; and
 - ★ Reduces the post-degree clinical supervised practice period required for an applicant for licensure as a licensed professional counselor from at least 2 years of post-master's practice or one year of postdoctoral supervised clinical practice to at least one year of post-master's or post-doctoral supervised clinical practice.
- (Note: This summary applies to this bill as introduced.)*

Status: 1/19/2023 Introduced In House - Assigned to Health & Insurance

Amendments:

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1071**Licensed Psychologist Prescriptive Authority**

Position: **Actively Monitor**

Calendar Notification: Monday, February 27 2023
CONSIDERATION OF SENATE AMENDMENTS TO HOUSE BILLS
(2) in house calendar.

News: [Coloradans Might Soon Get Increased Access To Medically Assisted Mental Health Services](#)

[Colorado House approves prescriptive authority for psychologists](#)

Sponsors: J. Amabile (D) | M. Bradfield (R) / C. Simpson (R) | S. Fenberg (D)

Summary:

The bill adds 2 members to the state board of psychologist examiners (board) and requires 2 of the 9 1 of the 7 members of the state board of psychologist examiners (board) to be a prescribing psychologist .

The bill allows a licensed psychologist to prescribe and administer psychotropic medications if the licensed psychologist holds a conditional prescription certificate or a prescription certificate issued by the board.

A licensed psychologist may apply to the board for a conditional prescription certificate and must include in the application satisfactory evidence that the applicant: has met specific educational, supervisory, and clinical requirements. The board is required to issue a conditional prescription certificate to the licensed psychologist if the board determines the applicant has met the requirements. The licensed psychologist with a conditional prescription certificate may only administer and prescribe psychotropic medications under the supervision of a licensed physician or advanced practice registered nurse and must maintain a collaborative relationship with the patient's health-care provider.

A licensed psychologist who holds a conditional prescription certificate for 2 years and who meets the specified requirements may apply for and receive a prescription certificate (prescribing psychologist). A licensed psychologist with a prescription certificate may prescribe psychotropic medication to a person if the licensed psychologist:

- ★ Has completed a doctoral program in psychology;
- ★ Has completed a master of science in a clinical psychopharmacological program with specified areas of core instruction;
- ★ Has passed the psychopharmacology examination for psychologists;
- ★ Has completed a supervised and relevant clinical experience approved by the board;
- ★ Has successfully undergone a process of independent peer review ;
- ★ Holds a current license in good standing;
- ★ Maintains the required malpractice insurance; and
- ★ Annually completes at least 20 40 hours of continuing education every 2 years .

The bill requires a prescribing psychologist to maintain a collaborative relationship with the health-care provider who oversees the client's general medical care.

The board is authorized to promulgate rules to:

- ★ Implement procedures for obtaining a conditional prescription certificate and a prescription certificate; and
- ★ Establish grounds for denial, suspension, and revocation of the certificates.

The Colorado medical board is required to review complaints regarding violations of the bill and make recommendations to the board regarding disciplinary action.

The bill requires a prescribing psychologist to disclose to each patient that the psychologist is not a licensed physician.

The bill requires a prescribing psychologist and a licensed psychologist with a conditional prescription certificate to file with the board all individual federal drug

enforcement administration registrations and numbers. The board and the Colorado medical board are required to maintain current records of every psychologist with prescriptive authority, including registrations and numbers.

The department of regulatory agencies (department) is required to annually collect information regarding prescribing psychologists ~~and licensed psychologists with conditional prescription certificates~~, to compile the information, and to share the information with the office in the department responsible for conducting sunset reviews for inclusion in each scheduled sunset review concerning the regulation of mental health professionals.

(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.)

(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)

Status: 2/24/2023 House Considered Senate Amendments - Result was to Laid Over Daily

Amendments:

House Journal, February 8

9 Amendment No.1, by Representative Amabile:

10

11 Amend printed bill, page 6, lines 9 and 10, strike "A CONDITIONAL
12 PRESCRIPTION CERTIFICATE OR".

13

14 Page 6, line 12, strike "Conditional prescription" and substitute
15 "Prescription".

16

17 Page 6, line 13, strike "CONDITIONAL".

18

19 Page 6, strike line 18 and substitute "AN APPROVED".

20

21 Page 6, lines 24 and 25, strike "APPROVED BY THE BOARD AND" and
22 substitute "ANY EDUCATION AS SET FORTH IN RULES PROMULGATED
23 BY

24 THE BOARD WITH APPROVAL OF".

25

26 Page 7, line 14, strike "ONE YEAR" and substitute "TWELVE MONTHS".

27

28 Page 7, line 15, strike "TWO YEARS," and substitute "TWENTY-FOUR
29 MONTHS,".

30

31 Page 7, strike lines 18 through 23 and substitute:

32

33 "(A) A ONE-TO-ONE, IN-PERSON SUPERVISED PRACTICUM, OF AT
34 LEAST SEVEN HUNDRED FIFTY HOURS TREATING AT LEAST ONE
35 HUNDRED

36 FIFTY CLIENTS WITH".

37

38 Page 8, after line 1 insert:

39

40 "(B) INCLUDED IN THE THE SEVENTY HUNDRES FIFTY HOURS
41 REQUIRED IN SUBSECTION (2)(a)(IV)(B) OF THIS SECTION AT LEAST
42 AN

43 EIGHTY-HOUR PRACTICUM IN OBSERVATIONAL CLINICAL
44 ASSESSMENT AND

45 PATHOPHYSIOLOGY UNDER THE SUPERVISION OF AN

INDEPENDENTLY
42 LICENSED PRESCRIBING PHYSICIAN; AND
43 (C) IF THE LICENSED PSYCHOLOGIST IS WORKING WITH PEDIATRIC
44 OR GERIATRIC PATIENTS, AT LEAST TWO HUNDRED FIFTY OF THE
SEVEN
45 HUNDRED FIFTY HOURS REQUIRED IN SUBSECTION (2)(a)(IV)(B) OF
THIS
46 SECTION UNDER THE SUPERVISION OF ONE OR MORE INDEPENDENT
47 LICENSED PRESCRIBING CLINICIANS WHO WORK WITH PEDIATRIC
OR
48 GERIATRIC PATIENTS, WHICHEVER IS APPLICABLE, IF THE LICENSED
49 PSYCHOLOGIST IS WORKING WITH PEDIATRIC OR GERIATRIC
PATIENTS;".

50

51 Page 8, strike lines 2 through 27.

52

53 Page 9, strike lines 1 through 20 and substitute:

54

55

1 "(V) HAS SUCCESSFULLY UNDERGONE A PROCESS OF INDEPENDENT
2 PEER REVIEW AS SET FORTH IN RULE OF THE BOARD AND APPROVED
BY THE
3 COLORADO MEDICAL BOARD;".

4

5 Renumber succeeding subsections accordingly.

6

7 Page 9, line 21, strike "(III)" and substitute "(VI)".

8

9 Page 9, line 27 strike "(IV)" and substitute "(VII)".

10

11 Page 10, line 4, strike "(3)(a)" and substitute "(2)(a)".

12

13 Page 10, line 10, strike "(3)(a)(III)" and substitute "(2)(a)(VI)".

14

15 Page 11, lines 5 and 6, strike "A CONDITIONAL PRESCRIPTION
CERTIFICATE

16tAND".

17

18 Page 11, strike line 10 and substitute "REVOCATION OF A".

19

20 Page 11, strike lines 15 and 16 and substitute "PSYCHOLOGIST MAY:".

21

22 Page 14, lines 23 and 24, strike "OR LICENSED PSYCHOLOGIST WITH A
23 CONDITIONAL PRESCRIPTION CERTIFICATE".

24

25 Page 15, strike lines 9 through 20 and substitute "PRESCRIBING
26 PSYCHOLOGIST SHALL COMPLY WITH APPLICABLE STATE AND
FEDERAL

27tLAWS.".

28

29 Renumber succeeding subsections accordingly.

30

31 Page 15, lines 22 and 23 strike "AND LICENSED PSYCHOLOGIST WITH A
32 CONDITIONAL PRESCRIPTION CERTIFICATE".

33

34 Page 16, strike lines 5 through 7 and substitute:

35

36 "(I) THE NUMBER OF PRESCRIBING PSYCHOLOGISTS IN THIS

37 STATE;".
38
39 Page 16, strike lines 9 and 10 and substitute "PSYCHOLOGIST;".
40
41 Page 16, line 11, strike "AND LICENSED".
42
43 Page 16, strike line 12 and substitute "WHO".
44
45 Page 16, line 16, strike "PSYCHOLOGIST" and substitute "PSYCHOLOGIST;
46 AND".
47
48 Page 16, strike lines 17 and 18.
49
50 Page 16, strike lines 20 and 21 and substitute "PSYCHOLOGIST."
51
52 Amendment No. 2, by Representative Amabile:
53
54 Amend the Amabile floor amendment (HB1071_L.004), page 1, strike
55 line 18 and substitute:
56
1 ""(B) INCLUDED IN THE SEVEN HUNDRED FIFTY HOURS".
2
3 Amendment No. 3, by Representative Bradfield:
4
5 Amend printed bill, page 5, line 13, strike "(2) introductory portion and".
6
7 Page 5, line 15, strike "seven NINE" and substitute "seven".
8
9 Page 5, line 17, strike "Four SIX" and substitute "Four".
10
11 Page 5, strike line 19 and substitute "AND ONE OF WHOM IS A
12 PRESCRIBING
13 PSYCHOLOGIST; except that, if,".
14
14 Page 10, strike lines 11 and 12 and substitute:
15
16 "(III) COMPLETES AT LEAST FORTY HOURS OF CONTINUING
17 EDUCATION EVERY TWO YEARS IN THE AREAS OF PHARMACOLOGY
18 AND".
19
19 Page 14, strike line 27.
20
21 Page 15, strike lines 1 through 6 and substitute:
22
23 "(7) Complaints. THE COLORADO MEDICAL BOARD SHALL REVIEW
24 COMPLAINTS IN THE NORMAL COURSE OF BUSINESS AND MAKE
25 RECOMMENDATIONS TO THE BOARD REGARDING VIOLATIONS OF
26 THIS
27 SECTION AND DISCIPLINARY ACTION TO BE TAKEN BY THE BOARD,
28 IF
29 APPLICABLE.".
30
31 Amendment No. 4, by Representative Bradfield:
32
31 Amend printed bill, page 15, after line 20 insert:
33
33 "(10) Disclosure. A PRESCRIBING PSYCHOLOGIST SHALL DISCLOSE
34 TO EACH PATIENT TO WHOM THE PSYCHOLOGIST PRESCRIBES A

35 PSYCHOTROPIC MEDICATION THAT THE PSYCHOLOGIST IS NOT A
36 PHYSICIAN
37 LICENSED TO PRACTICE MEDICINE. THE DISCLOSURE MUST BE IN
38 WRITING,
39 SIGNED BY THE PATIENT, AND KEPT IN THE PATIENT'S RECORD ON
40 FILE
41 WITH THE PSYCHOLOGIST."

42 Amend printed bill, page 15, after line 20, insert:
43

44 "(10) A PRESCRIBING PSYCHOLOGIST SHALL NOT PRESCRIBE ANY
45 DRUG TO A PERSON UNDER EIGHTEEN YEARS OF AGE WITHOUT
46 INFORMED
47 CONSENT FROM THE PARENT OR GUARDIAN OF SUCH PERSON."
48 Renumber succeeding subsections accordingly.

Senate Journal, February 17

Amend reengrossed bill, page 3, strike lines 6 through 10 and substitute "part
3 "INDEPENDENTLY LICENSED PRESCRIBING PHYSICIAN" MEANS A
PHYSICIAN
LICENSED PURSUANT TO ARTICLE 240 OF THIS TITLE 12 WHO
SUPERVISES
LICENSED PSYCHOLOGISTS PARTICIPATING IN PRACTICUMS
DESCRIBED IN
SECTION 12-245-309 (2)(a)(IV)."

Page 3, strike lines 20 through 24 and substitute ""LICENSED PSYCHOLOGIST"
MEANS A PERSON LICENSED PURSUANT TO THIS PART 3."

Page 3, line 26, strike ""LICENSED".

Page 3, strike line 27.

Page 4, strike line 1 and substitute ""NARCOTIC DRUG" HAS THE SAME
MEANING
AS SET FORTH IN".

Page 4, line 3, strike "(8)" and substitute "(7)".

Renumber succeeding subsections accordingly.

Page 4, line 6, strike "BOARD" and substitute "BOARD, WITH APPROVAL OF
THE
COLORADO MEDICAL BOARD,".

Page 5, strike lines 5 through 9.

Renumber succeeding subsection accordingly.

Page 7, line 6, strike "AND".

Page 7, strike line 7 and substitute:

"(G) CLINICAL PHARMACOTHERAPEUTICS; AND
(H) BASIC SCIENCES, INCLUDING GENERAL BIOLOGY, MICROBIOLOGY,
CELL AND MOLECULAR BIOLOGY, HUMAN ANATOMY, HUMAN

PHYSIOLOGY,
BIOCHEMISTRY, AND GENETICS, AS PART OF OR PRIOR TO
ENROLLMENT IN A
MASTER OF SCIENCE DEGREE PROGRAM IN CLINICAL
PSYCHOPHARMACOLOGY."

Page 7, line 26, strike "(2)(a)(IV)(B) OF THIS SECTION" and substitute
"(2)(a)(IV)(A) OF THIS SECTION,".

Page 8, lines 3 and 4, strike "PEDIATRIC OR GERIATRIC PATIENTS," and
substitute
"PATIENTS UNDER EIGHTEEN YEARS OF AGE OR OVER SIXTY-FIVE
YEARS OF
AGE,".

Page 8, line 5, strike "(2)(a)(IV)(B)" and substitute "(2)(a)(IV)(A)".

Page 8, lines 7 and 8, strike "PEDIATRIC OR GERIATRIC PATIENTS," and
substitute
"PATIENTS UNDER EIGHTEEN YEARS OF AGE OR OVER SIXTY-FIVE
YEARS OF
AGE,".

Page 8, line 9, strike "PEDIATRIC OR GERIATRIC PATIENTS;" and substitute
"SUCH
PATIENTS;"

Page 10, line 14, strike "CLIENT" and substitute "PATIENT".

Page 10, lines 14 and 15, strike "OR THE LICENSED PSYCHOLOGIST WITH A
CONDITIONAL PRESCRIPTION CERTIFICATE".

Page 10, lines 16 and 17, strike "HEALTH-CARE PROVIDER WHO OVERSEES
THE
CLIENT'S" and substitute "PHYSICIAN WHO OVERSEES THE PATIENT'S".

Page 10, line 19, strike "CLIENT'S" and substitute "PATIENT'S".

Page 10, line 20, strike "CLIENT'S" and substitute "PATIENT'S".

Page 10, line 24, strike "CLIENT OR THE CLIENT'S" and substitute "PATIENT
OR
THE PATIENT'S".

Page 10, strike line 26 and substitute "PATIENT'S PRIMARY TREATING
PHYSICIAN,
AS REQUIRED BY".

Page 11, line 1, strike "CLIENT OR THE CLIENT'S" and substitute "PATIENT OR
THE PATIENT'S".

Page 11, line 2, strike "CLIENT'S" and substitute "PATIENT'S".

Page 11, line 3, strike "HEALTH-CARE PROVIDER," and substitute "PHYSICIAN
WHO OVERSEES THE PATIENT,".

Page 11, line 6, strike "CLIENT" and substitute "PATIENT".

Page 11, line 8, strike "HEALTH-CARE PROVIDER;" and substitute "PHYSICIAN;".

Page 11, line 9, strike "CLIENT" and substitute "PATIENT".

Page 11, strike line 11 and substitute "WITH A PHYSICIAN.".

Page 11, strike lines 12 through 16 and substitute:

"(III) BEFORE PRESCRIBING OR ADMINISTERING A PSYCHOTROPIC MEDICATION TO A PATIENT, A PRESCRIBING PSYCHOLOGIST SHALL COMMUNICATE TO THE PATIENT'S PRIMARY TREATING PHYSICIAN THE INTENT TO PRESCRIBE OR ADMINISTER THE MEDICATION AND MUST RECEIVE ELECTRONIC WRITTEN AGREEMENT FROM THE PHYSICIAN THAT THE PRESCRIPTION FORtOR ADMINISTERING OF THE MEDICATION IS APPROPRIATE.".

Page 11, line 17, strike "CLIENT" and substitute "PATIENT".

Page 11, line 18, strike "PROVIDER," and substitute "PROVIDER WHO IS A LICENSED PHYSICIAN,".

Page 11, line 20, strike "CLIENT TO A HEALTH-CARE PROVIDER" and substitute "PATIENT TO A LICENSED PHYSICIAN".

Page 11, line 22, strike "HEALTH-CARE PROVIDER'S" and substitute "LICENSED PHYSICIAN'S".

Page 11, line 23, strike "HEALTH-CARE PROVIDER" and substitute "LICENSED PHYSICIAN".

Page 11, strike line 25 and substitute "PATIENT.".

Page 11, strike line 27.

Page 12, strike line 1 and substitute "THE PRIMARY TREATING PHYSICIAN TO WHOM THE PSYCHOLOGIST REFERS THE PATIENT PURSUANT TO".

Page 12, line 2, strike "(6)(c)(IV)" and substitute "(5)(c)(IV)".

Page 12, strike line 10.

Page 12, line 11, strike "PROVIDER" and substitute "PRIMARY TREATING PHYSICIAN".

Page 12, line 12, strike "(6)(c)(IV)" and substitute "(5)(c)(IV)" and strike "CLIENT" and substitute "PATIENT".

Page 12, line 14, strike "CLIENT'S" and substitute "PATIENT'S".

Page 12, strike lines 15 and 16 and substitute "THE PATIENT IS BEING TREATED BY THE PRIMARY TREATING PHYSICIAN;".

Page 12, strike lines 19 and 20, and substitute "PRIMARY TREATING

PHYSICIAN
TO WHOM THE PSYCHOLOGIST REFERS THE PATIENT PURSUANT TO".

Page 12, line 21, strike "(6)(c)(IV)" and substitute "(5)(c)(IV)".

Page 12, line 22, strike "CLIENT" and substitute "PATIENT".

Page 12, strike line 27.

Page 13, line 1, strike "PROVIDER" and substitute "PRIMARY TREATING
PHYSICIAN" and strike "CLIENT" and substitute "PATIENT".

Page 13, line 3, strike "CLIENT'S" and substitute "PATIENT'S".

Page 13, strike lines 4 through 11 and substitute "THE MEDICAL TREATMENT
BEING PROVIDED BY THE PHYSICIAN."

Page 13, line 13, strike "CLIENT" and substitute "PATIENT".

Page 14, line 2, strike "MEDICINE." and substitute "MEDICINE, AND WILL BE
SHARING INFORMATION REGARDING THE DELIVERY OF PRESCRIBING
SERVICES
TO THE PATIENT'S PRIMARY TREATING HEALTH-CARE PROVIDER AS
REQUIRED BY
LAW."

Strike "OR A LICENSED PSYCHOLOGIST WITH A CONDITIONAL
PRESCRIPTION
CERTIFICATE" on: Page 10, lines 22 and 23.

Strike "OR LICENSED PSYCHOLOGIST WITH A CONDITIONAL
PRESCRIPTION
CERTIFICATE" on: Page 11, lines 3 and 4, and 18 and 19; and Page 12, lines 3
and 4, 8 and 9, 17 and 18, and 25 and 26.

Senate Journal, February 22

Amend reengrossed bill, page 7, line 12, strike "CLINICIANS" and substitute
"PHYSICIANS".

Page 7, line 21, strike "CLINICIANS" and substitute "PHYSICIANS".

Page 8, line 6, strike "INDEPENDENT" and substitute "INDEPENDENTLY".

Page 8, line 7, strike "CLINICIANS" and substitute "PHYSICIANS".
Amendment No. 3(L.018), by Senator Fenberg.

Amend reengrossed bill, page 2, after line 1 insert:

"SECTION 1. In Colorado Revised Statutes, 12-30-109, amend (1)(b),
(4)(e), and (4)(f); and add (4)(g) as follows:

12-30-109. Prescriptions - limitations - definition - rules.

(1) (b) Prior to prescribing any opioid or benzodiazepine prescription pursuant
to this section, a prescriber must comply with section 12-280-404 (4). Failure
to comply with section 12-280-404 (4) constitutes unprofessional conduct or
grounds for discipline, as applicable, under section 12-220-201, 12-240-121,
12-245-224, 12-255-120, 12-275-120, 12-290-108, or 12-315-112, as applicable
to the particular prescriber, only if the prescriber repeatedly fails to comply.

(4) As used in this section, "prescriber" means:

- (e) A podiatrist licensed pursuant to article 290 of this title 12; or
- (f) A veterinarian licensed pursuant to part 1 of article 315 of this title 12; or
- (g) A LICENSED PSYCHOLOGIST WITH PRESCRIPTIVE AUTHORITY PURSUANT TO SECTION 12-245-309."

Renumber succeeding sections accordingly.

Amendment No. 4(L.019), by Senator Fenberg.

Amend printed bill, page 2, after line 1 insert:

"SECTION 1. In Colorado Revised Statutes, 12-245-224, add (3) as follows:

12-245-224. Prohibited activities - related provisions - definition.

(3) (a) THE BOARD SHALL DESIGN AND SEND A QUESTIONNAIRE TO ALL LICENSED PSYCHOLOGISTS WITH PRESCRIPTIVE AUTHORITY WHO APPLY FOR LICENSE RENEWAL. EACH APPLICANT FOR LICENSE RENEWAL SHALL COMPLETE THE BOARD-DESIGNED QUESTIONNAIRE. THE PURPOSE OF THE QUESTIONNAIRE IS TO DETERMINE WHETHER A LICENSEE HAS ACTED IN VIOLATION OF THIS PART 2 OR HAS BEEN DISCIPLINED FOR ANY ACTION THAT MIGHT BE CONSIDERED A VIOLATION OF THIS PART 2 OR THAT MIGHT MAKE THE LICENSEE UNFIT TO PRACTICE PSYCHOLOGY WITH REASONABLE CARE AND SAFETY. THE BOARD SHALL INCLUDE ON THE QUESTIONNAIRE A QUESTION REGARDING WHETHER THE LICENSEE HAS COMPLIED WITH SECTION 12-30-111 AND IS IN COMPLIANCE WITH SECTION 12-280-403 (2)(a). IF AN APPLICANT FAILS TO ANSWER THE QUESTIONNAIRE ACCURATELY, THE FAILURE CONSTITUTES GROUNDS FOR DISCIPLINE UNDER THIS SECTION. THE BOARD MAY INCLUDE THE COST OF DEVELOPING AND REVIEWING THE QUESTIONNAIRE IN THE FEE PAID PURSUANT TO SECTION 12-245-205 OF THIS SECTION. THE BOARD MAY DENY AN APPLICATION FOR LICENSE RENEWAL THAT DOES NOT ACCOMPANY AN ACCURATELY COMPLETED QUESTIONNAIRE.

(b) ON AND AFTER JULY 1, 2024, AS A CONDITION OF RENEWAL OF A LICENSE, EACH LICENSEE SHALL ATTEST THAT THE LICENSEE IS IN COMPLIANCE WITH SECTION 12-280-403 (2)(a) AND THAT THE LICENSEE IS AWARE OF THE PENALTIES FOR NONCOMPLIANCE WITH THAT SECTION."

Renumber succeeding sections accordingly.

As amended, ordered revised and placed on the calendar for third reading and final passage.

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1130

Drug Coverage For Serious Mental Illness

Position: **Actively Monitor**

Calendar Notification: NOT ON CALENDAR

News:

Sponsors: D. Michaelson Jenet (D) / R. Rodriguez (D)

Summary:

With respect to step-therapy protocols (protocols) for health insurance, the bill defines "serious mental illness" and prohibits the protocols from requiring a person to try more than one prescription drug prior to receiving coverage for the drug recommended by the person's health-care provider. If certain conditions are met and attested to by the person's health-care provider, the carrier, private utilization review organization, or pharmacy benefit manager must cover the drug recommended by the person's health-care provider.

The bill defines "serious mental illness" for purposes of the "Colorado Medical Assistance Act" in the same manner as the term is defined for commercial health insurance. The bill requires the medical services board to require a review for coverage of a new drug approved by the federal food and drug administration for a serious mental illness within 90 days after the drug is approved.

(Note: This summary applies to this bill as introduced.)

Status: 2/21/2023 House Committee on Health & Insurance Refer Amended to Appropriations

Amendments:

House Journal, February 21

1 Amend printed bill, page 2, line 19, after "A" insert "COVERED".

2

3 Page 2, line 21, strike "IF" and substitute "IF, UNDER A HEALTH BENEFIT
4 PLAN,".

5

6 Page 4, strike lines 12 through 20 and substitute:

7

8 "SECTION 4. Act subject to petition - effective date. Section
9 1 of this act takes effect January 1, 2025, and the remainder of this act
10 takes effect at 12:01 a.m. on the day following the expiration of the
11 ninety-day period after final adjournment of the general assembly; except
12 that, if a referendum petition is filed pursuant to section 1 (3) of article V
13 of the state constitution against this act or an item, section, or part of this
14 act within such period, then the act, item, section, or part will not take
15 effect unless approved by the people at the general election to be held in
16 November 2024 and, in such case, will take effect on the date of the
17 official declaration of the vote thereon by the governor; except that
18 section 1 of this act takes effect January 1, 2025."

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-002

Medicaid Reimbursement For Community Health Services

Position: **Support**

Calendar Notification: NOT ON CALENDAR

News:

Sponsors: K. Mullica (D) | C. Simpson (R) / J. McCluskie (D) | M. Bradfield (R)

Summary:

The bill authorizes the department of health care policy and financing (state department) to seek federal authorization from the centers for medicare and medicaid services to provide medicaid reimbursement for community health worker services.

The bill requires the state department to hold at least 4 public stakeholder meetings to solicit input on considerations to include in the state department's request for federal authorization.

The bill grants the state department the authority to promulgate rules necessary to facilitate reimbursement for community health worker services.

The bill requires that on or before January 31, 2026, the state department include a report on how community health workers are being utilized through medicaid in its presentation to the joint budget committee of the general assembly and in its presentation at the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing.

(Note: This summary applies to this bill as introduced.)

Status: 1/9/2023 Introduced In Senate - Assigned to Health & Human Services

Amendments:

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-004

Employment Of School Mental Health Professionals

Position: **Actively Support**

Calendar Notification: NOT ON CALENDAR

News: [Colorado Senate unanimously OKs reducing license requirements for school therapists](#)

Sponsors: J. Marchman | S. Jaquez Lewis (D) / D. Michaelson Jenet (D) | M. Young (D)

Summary:

Under current law, a mental health professional must be licensed by the department of education (department) in order to work in a school. The bill authorizes *a school or a school district, the state charter school institute, and a board of cooperative services that operates a school, or the division of youth services* to employ certain ~~mental health professionals~~ *school-based therapists* who are not licensed by the department but hold a Colorado license for their profession *to work in coordination with licensed special*

service providers coordinating mental health supports for students . Before being employed, the ~~mental health professional~~ *school-based therapists* must satisfy other requirements for nonlicensed school employees, including a fingerprint-based criminal background check. Any ~~mental health professional~~ *school-based therapists* employed may be supervised by a mentor special services provider in the field in which the person is employed or a licensed administrator.

(Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.)

(Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)

Status: 2/21/2023 Introduced In House - Assigned to Education

Amendments:

Senate Journal, February 13

Amend printed bill, page 2, lines 4 and 5, strike "school mental health professionals" and substitute "school-based therapists".

Page 2, lines 15 and 16, strike "MENTAL HEALTH PROFESSIONALS" and substitute "SCHOOL-BASED THERAPISTS".

Page 2, line 18, strike "MENTAL HEALTH PROFESSIONALS" and substitute "SCHOOL-BASED THERAPISTS".

Page 2, line 20, strike "MENTAL HEALTH PROFESSIONALS" and substitute "SCHOOL-BASED THERAPISTS".

Page 2, line 23, and page 3, line 1, strike "MENTAL HEALTH PROFESSIONALS" and substitute "SCHOOL-BASED THERAPISTS".

Page 3, line 1, strike "CRIMINAL" and substitute "FINGERPRINT-BASED CRIMINAL HISTORY".

Page 3, line 7, strike "SCHOOL MENTAL HEALTH PROFESSIONAL"" and substitute "SCHOOL-BASED THERAPIST"".

Page 3, after line 19 insert:

"(b) "SCHOOL" MEANS A SCHOOL OF A SCHOOL DISTRICT, A CHARTER SCHOOL AUTHORIZED BY A SCHOOL DISTRICT PURSUANT TO PART 1 OF ARTICLE 30.5 OF THIS TITLE 22, A CHARTER SCHOOL AUTHORIZED BY THE STATE CHARTER SCHOOL INSTITUTE PURSUANT TO PART 5 OF ARTICLE 30.5 OF THIS TITLE 22, OR THE COLORADO SCHOOL FOR THE DEAF AND THE BLIND."

Reletter succeeding paragraph accordingly.

Page 3, lines 21 and 22, strike "LAW BUT DOES NOT INCLUDE A LOCAL COLLEGE DISTRICT." and substitute "LAW."

Page 3, line 23, strike "INSTITUTE AND" and substitute "INSTITUTE,".

Page 3, line 24, strike "SCHOOL." and substitute "SCHOOL, AND SCHOOLS OPERATED BY THE DIVISION OF YOUTH SERVICES."

Page 3, line 26, after "A", insert "SCHOOL OR A".

Page 3, line 27, and page 4, line 1, strike "SCHOOL MENTAL HEALTH PROFESSIONAL." and substitute "SCHOOL-BASED THERAPIST TO WORK IN COORDINATION WITH LICENSED SPECIAL SERVICE PROVIDERS AT THE SCHOOL OR SCHOOL DISTRICT COORDINATING MENTAL HEALTH SUPPORTS FOR STUDENTS."

Page 4, lines 1 and 2, strike "SCHOOL MENTAL HEALTH PROFESSIONAL" and substitute "SCHOOL-BASED THERAPIST".

Page 4, lines 3 and 4, strike "SCHOOL MENTAL HEALTH PROFESSIONAL" and substitute "SCHOOL-BASED THERAPIST".

Page 4, line 6, after "THE", insert "SCHOOL OR A".

Page 4, line 7, strike "SCHOOL MENTAL HEALTH PROFESSIONAL" and substitute "SCHOOL-BASED THERAPIST".

Page 4, line 9, strike "MENTAL HEALTH PROFESSIONAL" and substitute "SCHOOL-BASED THERAPIST".

Page 4, after line 10 insert:
"(5) IF AN ELIGIBLE SCHOOL-BASED THERAPIST PROVIDES SERVICES TO A STUDENT RELATED TO THE STUDENT'S INDIVIDUALIZED EDUCATION PROGRAM, AS DEVELOPED PURSUANT TO PART 1 OF ARTICLE 20 OF THIS TITLE 22, THE ELIGIBLE SCHOOL-BASED THERAPIST MUST HAVE QUALIFICATIONS CONSISTENT WITH THE STUDENT'S INDIVIDUALIZED EDUCATION PROGRAM."

Page 1, lines 101 and 102, strike "SCHOOL MENTAL HEALTH PROFESSIONALS."
and substitute "SCHOOL-BASED THERAPISTS."

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-091 **Access To Behavioral Health Services**

Position: **Actively Monitor**
Calendar Notification: NOT ON CALENDAR
News:
Sponsors: C. Kolker (D) | B. Gardner (R)

Summary:

The bill requires the department of health care policy and financing (state department) to create a limited risk factors that influence health benefit (benefit) for medicaid recipients under 21 years of age who experience a qualifying risk factor that influences health.

The bill requires the benefit to include access to certain behavioral health services.

The bill requires the state department to implement the benefit no later than July 1, 2024.

(Note: This summary applies to this bill as introduced.)

Status: 2/16/2023 Senate Committee on Health & Human Services Postpone Indefinitely

Amendments:

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-170**Extreme Risk Protection Order Petitions**

Position:

Calendar Notification: NOT ON CALENDAR

News: [Colorado Democrats unveil their proposed expansion of the state's red flag gun law](#)
[Colorado lawmakers unveil series of bills to add more regulations around purchasing, possession of firearms](#)

Sponsors: T. Sullivan (D) | S. Fenberg (D) / J. Bacon (D) | M. Weissman (D)

Summary:

The bill repeals and reenacts the statutory article related to extreme risk protection orders.

Under current law a family or household member and a law enforcement officer or agency can petition for an extreme risk protection order. The bill expands the list of who can petition for an extreme risk protection order to include licensed medical care providers, licensed mental health-care providers, licensed educators, and district attorneys.

The bill requires the office of gun violence prevention to expend funds annually on a public education campaign regarding the availability of, and the process for requesting, an extreme risk protection order.

(Note: This summary applies to this bill as introduced.)

Status: 2/23/2023 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

Amendments:

Fiscal Notes:

Status History: [Status History](#)

Advance Care Planning

Health  District
ADVANCE CARE PLANNING TEAM

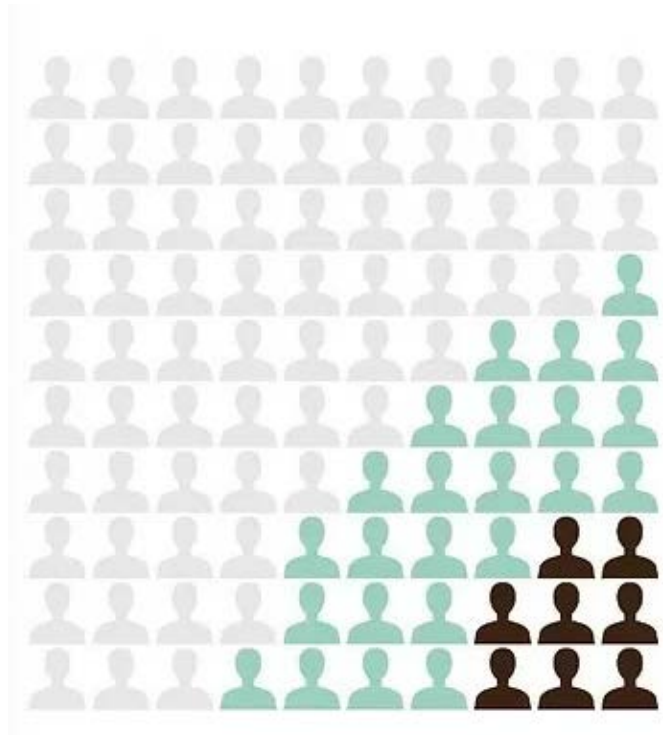
What is Advance Care Planning?



The process of creating a documented plan for future medical care that represents one's values and wishes in the event they are not able to speak for themselves.

The Need for ACP

In 2016, only **30%** of Larimer County residents had completed their advance care directives and ***just a third*** of those with directives had discussed their preferences for end-of-life care with their health-care providers.



Initial Community Partners



Colorado Health
Medical Group

UNIVERSITY OF COLORADO HEALTH



ASSOCIATES IN
FAMILY
MEDICINE, P.C.

uchealth
Palliative Care Team

 **Aspen Club**

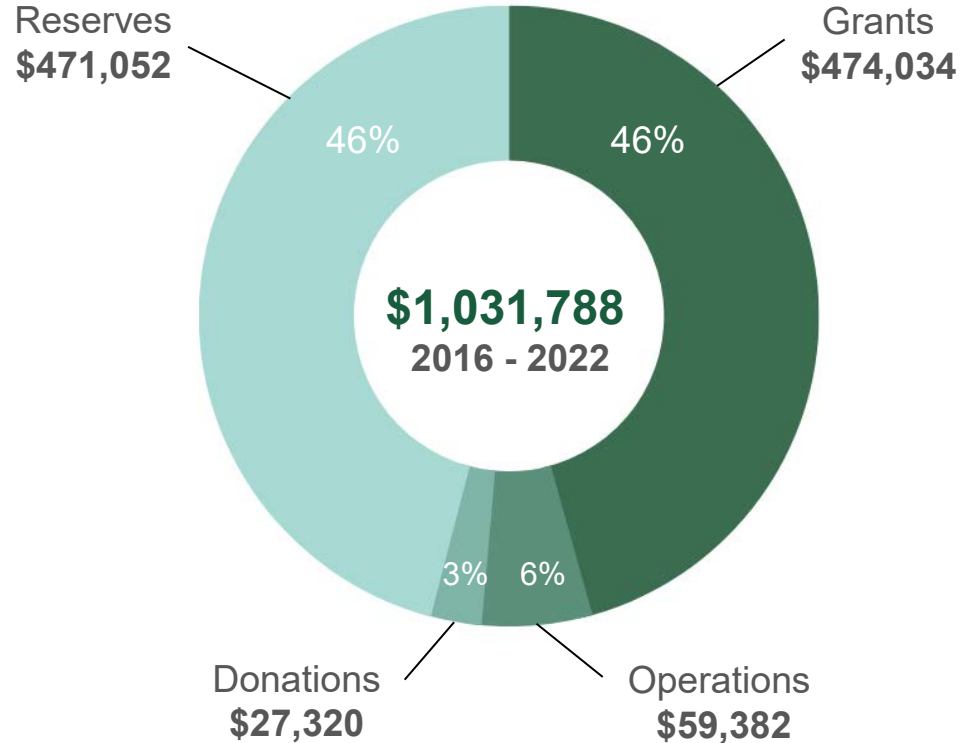
Program Funding 2016-2022



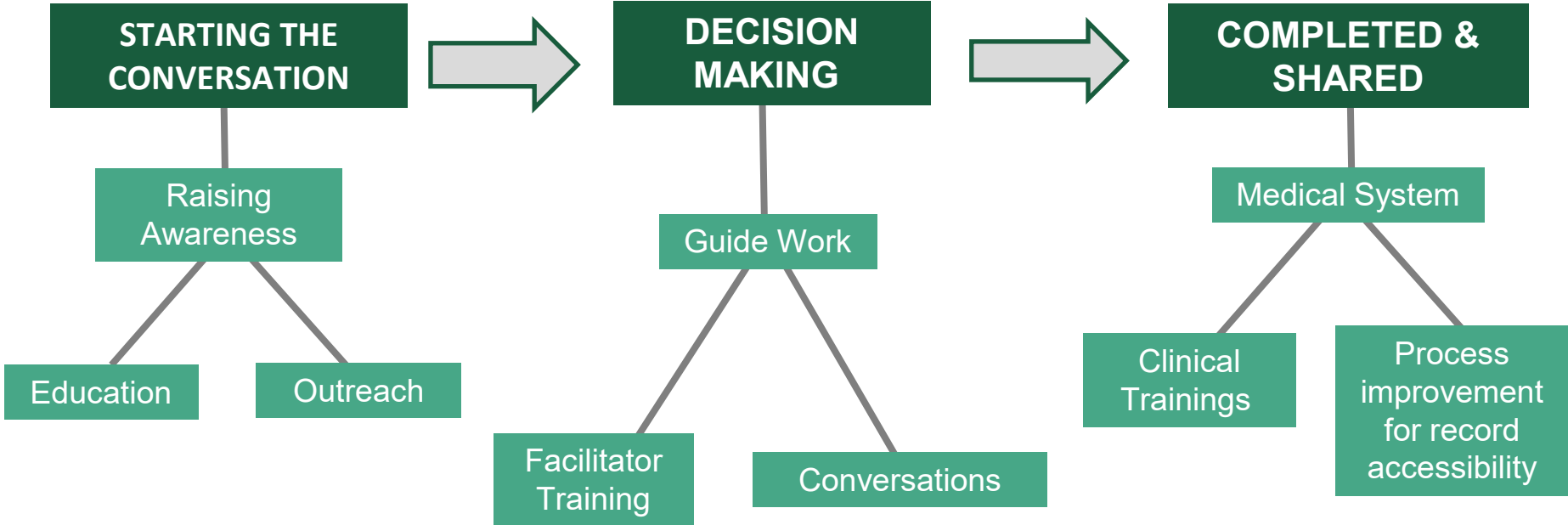
The Colorado
Health Foundation™



Health District
OF NORTHERN LARIMER COUNTY



The ACP Process



Accomplishments



5,303

Individuals
with ACDs



1,365

Health care
providers
trained



613

Workshops/
presentations
provided



18,092

People
educated
about ACP

Client & Participant Survey Results



That ACP staff helped them understand their options and addressed their concerns and questions



That they were treated with respect and compassion



That clinical trainings increased provider knowledge about completing advance directives with their patients

Other Successes



Estes Park
ACP Campaign

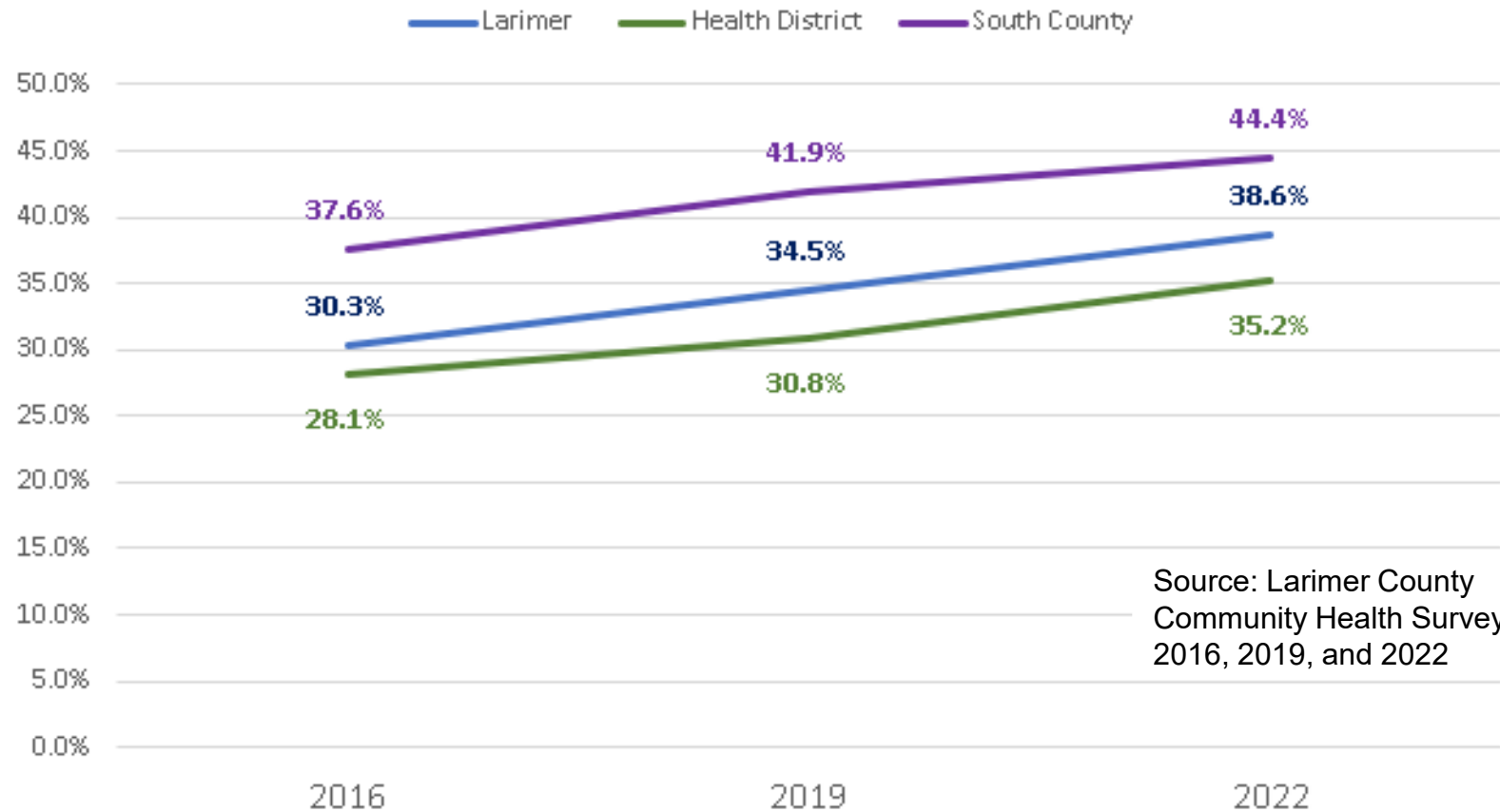


Entities
Worked With!



Workplace
Campaigns!

Adults in Larimer County ACDs Completed



The Lives Touched

“

A couple came into our office to complete their directives after the husband had received a diagnosis of mild cognitive loss. The husband knew that he would come to a point in his illness where he would be unable to tell his wife his wishes. He was proud that he knew what he wanted and could speak for himself now, declaring how he wanted to be cared for in the future.

He told his wife:

“ I don't want you to have to make hard decisions. I will do that now so you won't have to.”

It meant so much to him to care for himself and his wife in ways that he might not be able to in the years to come.

- ACP Team Staff

”

“

“Through collaborating with the Larimer ACP Team, UCHealth has evolved our culture around Advance Care Planning across our health system. We have helped many staff and patients complete an advance care directive, and have created processes to ensure our patient's wishes are expressed and honored.

We still have much work to do, but **we couldn't have done it without the Larimer ACP Team's efforts!**”

- UCHealth Program Partner

”

Other Accomplishments



Culture shift from
increased
awareness



Sustainability
within health
care entities



Cross-sector
collaboration

Key Program Partners

- Sharing the Care Campaign
- UHealth Aspen Club
- UHealth Palliative Care Team
- UHealth Health Medical Group
- Associates in Family Medicine
- Columbine Health Systems
- Larimer County Office on Aging
- Respecting Choices
- Senior Access Points
- Kaiser Permanente
- Columbine Health
- CSU - Human Development & Family Studies
- CSU - Cooperative Extension
- Conversation Project
- Coalition to Transform Advance Care
- Center for Improving Value in Healthcare

What's Next?



LARIMER COUNTY
COLORADO STATE UNIVERSITY
EXTENSION

- Transferring program to
- Services will end with the Health District on March 31st

Thank You!!!



Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
January 24, 2023

Health District Office Building
120 Bristlecone Drive, Fort Collins
Hybrid Meeting

MINUTES

BOARD MEMBERS PRESENT: Molly Gutilla, MS DrPH, Board President
Julie Kunce Field, JD, Board Vice President
Joseph Prows, MD MPH, Board Treasurer
Celeste Holder Kling, JD, Liaison to UCH-North/PVH (via Zoom)
Ann Yanagi, MD, Board Secretary

Staff Present:

Lee Thielen, Interim Executive Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
Laura Mai, Finance Director
Lorraine Haywood, Deputy Director
Anita Benavidez, Executive Assistant
Jessica Shannon, Resource Development Coord.
Richard Cox, Communications Director
Pam Klein, Connections Project Specialist
Rosie Duran, Larimer Health Connect Manager

Staff Present:

Alyson Williams, Policy Advisor
Julie Abramoff, Clinical Nurse Manager
Colton Frady, Assistant Finance Director
Andrea Holt, Integrated Care Program Manager
Sam Bruick
Angela Castillo

Public Present:

Lisa Ward, Frontline Public Affairs
Erin Hottenstein
Mike Ruttenberg
June Hyman-Cismoski, LWV

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 5:02 p.m.

MOTION: To approve the agenda as presented

Motion by Julie Kunce Field / Second by Joseph Prows / Carried Unanimously

The Interim Executive Director, Lee Thielen, introduced Dr. Paul Mayer, the Health District's new Medical Director. He has already made his place in the organization. Dr. Mayer commented that he is very excited to be at the Health District, which he has held in high regard.

PUBLIC COMMENT

None

DISCUSSION

Urban Renewal Authority Board, Chris Sheafor

In 2016, the Colorado State Legislature changed the law regarding the Urban Renewal Authority Board, creating spaces for non-city council members, including representatives from the school board, a community representative, and special districts. This is the Board that manages Tax Increment Financing, which has an impact on special districts. Joe Weiss from the Poudre River Public Library District Board has been representing the special district interest for quite some time. He will be leaving the Library Board which leaves a Special Districts vacancy on the Urban Renewal Authority Board. The Chairman of

the Library Board, Fred Colby, has expressed an interest in that role. Mr. Sheafor inquired if anyone on this Board was interested in filling the vacancy. Mr. Weiss was an excellent representative – very balanced, weighing the pros and cons – and there is no reason to believe that Mr. Colby would be any less effective. None of the Health District Board members asked to be considered for the role. If any concerns arise in the future, they would like to hear those concerns.

DISCUSSION AND ACTIONS

Youth Assessment Contract Follow-Up, Jessica Shannon

Ms. Shannon, Interim Manager for CIT, Special Projects & Resource Development, noted the memorandum of explanation and the contract that were included in the Board packets. She is seeking a motion of approval to sign the contract. An initial solutions report had been conducted as part of Larimer County’s Behavioral Master Plan in 2018. It provided the foundation upon which the 2018 1A behavioral health ballot measure was passed. Every five years, Larimer County is required to reassess the local behavioral health system’s components to drive further action and improvements with 1A funding. The youth assessment is a chapter of the larger master plan that Larimer County is compiling and will provide a clear set of prioritized recommendations to improve mental and emotional wellbeing for Larimer County youth, ages 0 – 22. The Health District budgeted staffing to support the assessment in 2022. An extension has been granted to mid-June 2023 to complete the youth assessment. The County and the Health District have approved the use of a consultant, selected through a formal RFP process, to complete the assessment by summarizing existing Larimer County assessments and data; conducting an environmental scan; novel and qualitative data collection to fill gaps in existing data; and to produce a final recommendations report and deliverables as outlined in the contract. Funds were budgeted to complete the assessment from 2023 reserves. This assessment will identify the key gaps that need to be filled along the youth behavioral health care continuum, will support strategic planning for both the CAYAC and CIT teams, and is aligned with Board priorities. The CIT is working with all three school districts and community partners to collect existing data. When possible, focus groups will be conducted remotely or within district boundaries. The executive sponsors for the 2023 master plan have offered to support needs related to supporting project needs outside our district boundaries. A board member expressed consideration that we ensure focus groups include those under-represented (i.e., rural youth, black youth, etc.) and the need to bridge access to care for participants as needed. The Aurora Mental Health Research Institute has expertise specifically related to conducting youth behavioral health assessments. Their qualifications, background, and methodology were considered in the RFP selection process. Once the results are complete, the report and deliverables will be shared with community stakeholders. It was noted that there was a correction needed regarding the amount of the contract between “III. Compensation” (\$82K) and the contract total on Exhibit A (\$83K). Ms. Shannon made the correction to \$83K prior to the Board President’s signing.

MOTION: To approve the contract as amended

Motion by Joseph Prows / Second by Julie Kunce Field / Carried Unanimously

Building Cleaning Services Agreement, Chris Sheafor

Mr. Sheafor is seeking General Approval from the Board for Building Cleaning Services. Services are combined for the Mason Street building and the Bristlecone site. Some changes have been made including eliminating the mid-day touchpoint cleaning and cleaning of the plexiglass screens.

MOTION: To approve the cleaning contract with Total Facility Care, LLC

Motion by Joseph Prows / Second by Celeste Holder Kling / Carried Unanimously

Cultural Assessment Report, Sue Hewitt

Ms. Hewitt reminded the Board that staff focus groups were conducted in December as part of the cultural climate survey. There were seven employee groups; one virtually, with about 68% of the staff participating. The focus groups were varied in programs and levels of employees. There were five key themes: Accountability, Relationships, Communication and Engagement, Professional Development, and

Change Management. The full report, when received, will be shared with staff and be posted on the Board Portal. The Board noted that this is particularly useful information for staff and the Executive Director, and that this assessment should be done more regularly.

PRESENTATIONS

Policy – Lisa Ward

Ms. Ward commented that this year’s Legislative Session is in full swing with hundreds of bills already introduced. She submitted a letter, approved by the Board, to the Joint Budget Committee supplemental budget request for the Health Care Policy and Financing. The funding will allow counties to redetermine Medicaid enrollment once the PHE ends. The initial bill included a 20% match requirement for counties, creating a burden for counties as budgets have already been set. It was approved yesterday, funded in full without any local match requirements.

Priority bills:

HB23-1003: School Mental Health Assessment – CDPHE will award grants to qualified contract providers for “mental health screening” for Grades 6 – 12. It allows schools to participate and notify parents if they want to opt their children out. However, if a student is 12 years or older, they can opt themselves back in and choose not to notify parents of the screening results. Students that need additional services will be referred to the IMatter Program with six free mental health sessions via telehealth. There is no fiscal note yet for this Bill, but it will likely be very large. The Board raised questions about the definition of a “qualified provider” and “screening”; and whether there are other resources in the community. Ms. Ward will get back to the Board on who is sponsoring the Bill. The current process utilizes mental health professionals residing in the school. It was noted that suicide is the second leading cause of death between the ages of 10 and 34. Massachusetts has a very robust program starting in first grade.

HB23-1009 Secondary School Student Substance Use – This bill was sponsored by the Colorado Youth Advisory Interim Committee in the department of education to develop a practice for SBIRT-like practices in schools to identify students needing substance use treatment. The Committee consists of students, teachers, and “school mental health professionals” with expertise in adolescent SUD. It must include members from rural areas and reflect racial, ethnic, and geographic diversity of the state.

MOTION: To support HB23-1009: Secondary School Student Substance Use
Motion by Joseph Prows / Second by Julie Kunce Field / Carried Unanimously

HB23-1023: Special District Construction Contract – This is a bi-partisan bill. It increases the threshold for public notice for special district construction contracts to \$120K or more (currently \$60K). It requires that the amount be adjusted every five years for inflation. Mr. Sheafor, Support Services Director, indicated that this would be a huge aid in getting work done in a timely manner. This Bill is subject to petition and can be made a ballot initiative.

MOTION: To support HB23-1023: Special District Construction Contract
Motion by Celeste Holder Kling / Second by Joseph Prows / Carried Unanimously

HB23-1070: Mental Health Professionals Practice Requirements – This Bill reduces the individual and marriage and family therapy practice requirement for licensure from at least two years of post-Masters or one year post-Doctoral to at least one year for both. It reduces the post-degree clinical supervised practice period for an applicant to gain licensure as a licensed professional council from two years post-Masters and one year post-Doctoral supervised clinical practice to one year for both. There is concern around this bill, and professional associations believe it is not time to reduce requirements. The Board agreed to monitor the Bill.

HB23-1071: Licensed Psychologist Prescriptive Authority – The bill requires a two-year master’s degree in clinical psychopharmacology from an APA designated program. They would be required to

pass the national exam and complete a preceptorship of 480 hours of more; hold a conditional Rx license for two years; pass an independent peer review and complete the independent Rx license application. The National Association of Social Workers support the Bill as it provides access that is currently lacking. Some providers have concerns about “scope creep” beyond mental health-related Rx. Currently, psychologists coordinate with primary care providers. Concerns were raised that there is overlap between physical and mental health medications, and some may have side effects the psychologist may not be aware of. Benzo withdrawal is horrendous. Benzos are included but not opioids. The HD psychiatrists strongly oppose the Bill. The US military and five states are already practicing this, within appropriate scope. The Board would like to continue to monitor the Bill without expending resources to do deeper research. The drugs that can be prescribed need to be defined. Ms. Ward will send a bit more information on drug specification.

SB23-002: Medicaid Reimbursement for Community Health Services – The Bill allows the Department of Health Care Policy and Financing to seek federal authorization from the Centers for Medicare and Medicaid services to provide Medicaid reimbursement for community health worker services. The Bill directs HCPF to designate one or more new provider types that will facilitate community health worker services outside of the traditional health care setting and shall consider the inclusion of a community-based organization provider type. HCPF Amendment strikes the language related to peer support professionals and violence prevention professionals being able to bill for CHW services. HCPF further stated that it is very difficult to create new provider types. These services are out there and are not being reimbursed.

MOTION: To support SB23-002: Medicaid Reimbursement for Community Health Services

Motion by Ann Yanagi / Second by Joseph Prows / Carried Unanimously

SB23-004: Employment of School Mental Health Professionals – The bill allows schools to hire Mental Health Professionals that hold a state license, without requiring a Department of Education license to work in a school. Schools could employ certain MHP who are not licensed by the department but hold a Colorado license for their profession. Eligible school MHP includes psychologists, social workers, marriage and family therapists, licensed professional counselor, and addiction counselors. The intent is to augment school social workers. It is estimated that the additional Department of Education licensing would add approximately two years due to a requirement for clinical rotations. The response from the Social Worker community is mixed – rural schools support the bill vs. the state standard. The Youth Mental Health State of Emergency is a factor. The Board would like to monitor the Bill while obtaining additional information.

The Board discussed the process that gets bills put on a priority list. What type of bills make the list? Housing and social determinants of health are important, though the current focus is on direct service lines. They noted that staff recommendations are sometimes useful. The links to the bill lists will be posted on the Board portal.

PUBLIC COMMENT (2nd opportunity)

Mike Ruttenberg encouraged the Board to stay open to HB23-1071 which provides much wider prescription authority. He noted that on SB23-004, the Department of Education credentialing is technically a teaching license.

2023 Board of Directors Election Timeline and Overview – Chris Sheafor

Mr. Sheafor reviewed the key dates for the 2023 election (the schedule was included in the Board packet). The Call for Nominations will be distributed by legal notice, our website, and other social media. At the request of the Board, he investigated the possibility of dropping off ballots after hours. To meet requirements for a Ballot Box freestanding from the building runs at a cost of \$15K per box. When conversing with the Larimer County election office, they expressed concern that people would get

confused if we used the regular county ballot boxes. It would require new locks designated for the HD and a change in the graphics. A request can be submitted but is likely to be denied. The Board agreed to hold for this year.

UPDATES & REPORTS

Liaison to PVHS/UCHealth North Report – Celeste Holder Kling

The Board met just last week including discussions around training on credentialing and other topics. There was nothing that affects the relationship with the Health District.

Executive Director Updates – Lee Thielen

Ms. Thielen expressed her appreciation for the quick turn-around on the letter of support for funding of eligibility redetermination. Another letter of support was written for the MIH state grant for the North Colorado Health Alliance and the Larimer County Longview campus. She announced some upcoming visits: Senator Marchman on February 3 at 1:30 pm, Mayor Arndt on February 8 at 11:00 am, and a future (after Session) visit from Representative Boesenecker. In the meanwhile, Rep. Boesenecker will meet with staff via Zoom on February 10. The Board members were invited to participate. Three will join the meeting with Mayor Arndt, and a Special Meeting Notice will be generated. The HD will be having all-staff meetings every quarter and United Way will present at the meeting planned for January 26. Due to the number of new managers, a “Management Academy” is being instituted with training every two weeks highlighting one topic, as well as one on “How to be a Leader”. Work plans have been mandated, as well as program plans, and plans for professional development. The climate is stabilizing. There is a meeting tomorrow morning with EFL.

CONSENT AGENDA

- Approval of the December 13, 2022, Regular Meeting Minutes and January 18, 2023 Special Meeting Minutes
- Resolution 2023-01: Establish a Designated Public Place for Posting of Meeting Notices

MOTION: To approve the consent agenda as presented

Motion by Julie Kunce Field / Second by Celeste Holder Kling / Carried

Unanimously

ANNOUNCEMENTS

- February 14, 5:00 pm – Board of Directors Special Meeting
- February 28, 5:00 pm – Board of Directors Regular Meeting
- March 14, 5:00 pm - Board of Directors Special Meeting

ADJOURN

MOTION: To adjourn the Regular Meeting

Motion by Ann Yanagi / Second by Julie Kunce Field / Carried Unanimously

The Regular Board Meeting was adjourned at 7:02 pm.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

Julie Kunce Field, JD, Board Vice President

Celeste Holder Kling, JD, Liaison to UCH-North and PVHS Board

Joseph Prows, MD MPH, Board Treasurer

Ann Yanagi, MD, Board Secretary

DRAFT

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
SPECIAL MEETING
February 14, 2023

Health District Office Building
120 Bristlecone Drive, Fort Collins
Hybrid Meeting

MINUTES

BOARD MEMBERS PRESENT: Molly Gutilla, MS DrPH, Board President
Julie Kunce Field, JD, Board Vice President
Joseph Prows, MD MPH, Board Treasurer
Celeste Holder Kling, JD, Liaison to UCH-North/PVH
Ann Yanagi, MD, Board Secretary

Staff Present:

Lee Thielen, Interim Executive Director
Dana Turner, Dental Services Director
Laura Mai, Finance Director
Lorraine Haywood, Deputy Director
Anita Benavidez, Executive Assistant
Richard Cox, Communications Director
Rosie Duran, Larimer Health Connect Manager
Alyson Williams, Policy Advisor

Staff Present:

Angela Castillo, Evaluator/Data Analyst
Andrea Holt, Integrated Care Program Manager

Public Present:

Lisa Ward, Frontline Public Affairs
Anna Makovec-Fuller
Suzanne Kinney
Joyce DeVaney
Daniel Cummings, EFL

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 5:01 p.m.

MOTION: To approve the agenda as presented
Motion by Julie Kunce Field / Second by Celeste Holder Kling /
Carried Unanimously

DISCUSSION & ACTIONS

Legislative Policy, Lisa Ward and Alyson Williams

Lisa Ward, Frontline Public Affairs, reviewed the levels of support for Legislative Bills. Our contract allows ten bills support, opposition, or amending the bill. There are three in total for lobbying.

HB1003: This bill requires the Colorado Department of Public Health and Environment to administer a mental health screening program available to public schools serving grades 6 – 12 and is tied to the IMatter Program. The bill passed House with amendments. It has a huge fiscal note for 2023/24 - \$475K; 2024/25 - \$16M. Position: Actively Monitor

HB1009: This bill creates the Secondary School Student Substance Use Committee to determine practices to identify substance abuse in secondary schools and to connect students with resources. It passed House Education, with an amendment striking “school counselors” and substituting “state licensed or state-certified mental health professionals that provide mental health counseling.” There is some Republican opposition. Position: Support.

HB1023: This bill increases the threshold for public notice requirement for special district construction contracts from \$60K to \$120K with an inflation adjustment every five years. It passed House on the 13th with no amendments. Position: Support.

HB1070: The bill reduces the practical experience requirements for a marriage or family therapist license. Whether a Masters Degree, or Doctorate, the required supervised clinical practice would be one year. There is a lot of opposition to the bill and an effort to kill it in first committee. Position: Actively Monitor

HB1071: The bill allows licensed psychologists to obtain certification to prescribe psychotropic medications. One of the amendments states that the prescribing psychologist must disclose, to each patient, that they are not a physician licensed to practice medicine. It passed House with amendments and is now in Senate. Position: Actively Monitor

Ms. Ward noted that she had answered questions the Board had at the last meeting. They are included in the handout.

HB1130: This bill would prohibit step therapy for “serious mental illness”. It would prohibit the protocols from requiring a person to try more than one prescription drug prior to receiving coverage for the drug recommended by the person’s health care provider. Ms. Ward reviewed the definition of Serious Mental Illnesses. It has been introduced in House and assigned to Health and Insurance. A Board member asked if there has been any discussion of the cost of drugs and whether there are limits on what insurers are required to pay. That will be addressed as a different part of the bill. Position: Monitor

SB002: The bill requires the Department of Health Care Policy and Financing to seek federal approval for Medicaid to pay for services provided by community health workers and to implement new coverage once federal approval is granted. There are currently 161 registered community health navigators. The fiscal note is built around an increase of up to 3,000 community health workers (based on what other states have seen). It stalled in committee due to the HCPF fiscal note, increasing to \$94M in 2026/27. The bill would have a federal draw-down upon federal approval, and includes Health Department workers. The Fiscal Note is only looking at direct costs not potential savings from early intervention. Position: Support

SB004: This bill allows school districts to employ licensed mental health professionals who are not licensed by the Department of Education. An amendment was made to clarify language. This would allow Health District staff to assist at public schools.

MOTION: To actively support SB004: Employment of School Mental Health Professionals
Motion by Celeste Holder Kling / Second by Julie Kunce Field /
Carried Unanimously

HB1115: Repeal of Statutory Provisions prohibiting local governments from enacting rent control on private residential property or a private residential housing unit.

Overdose Prevention Centers: This bill has not yet been introduced. The intent is to leave it up to municipalities/local control to open and/or operate an overdose prevention center. If it passes at the State level, the city and county of Denver will have a center.

SB23-091: The bill requires therapy, prevention and education services, case management, and evaluation and treatment planning services to be covered by Medicaid members under 21 who do not have an official diagnosis. The intent is to ensure kids are accessing care as early as possible but it isn’t really changing the status quo. It has no fiscal note. There may be more impactful ways to change

policies to increase access to these services. It was noted that we do not currently bill Medicaid for our mental health services. Psychological testing is not covered by Medicaid. The Board feels this is a critical bill and has asked that it be actively monitored.

To stay at HD contract of ten bills, the Board determined to take HB1023 off the list for now. It can be added back later, if needed.

PUBLIC COMMENT

Erin Hottenstein thanked the Board and Health District for providing the hybrid option for Board meetings. Her topic is Health District elections: She believes that voters are burdened with barriers to voting. Upon reviewing the website page for this year’s election, she was excited to see a fillable form, but she would like to see some additional features, like signing by typing your name. Ms. Hottenstein felt there were difficulties in the last election. She recommends an online form to register to vote, or another simpler option such as a phone call.

A Board member noted that the check box on the website clarifies the intent of the check box, and a phone number is provided to reach Kerri Fagan. Chris Sheafor will look into some of the options, noting that the budget is a barrier to implementing some. It was agreed that an online form would be nice.

Upcoming Meetings:

- February 28, Regular Board Meeting
- March 14, Special Board Meeting
- March 28, Regular Board Meeting

EXECUTIVE SESSION

MOTION: To enter into Executive Session for the purposes of determining positions relative to matters that may be subject to negotiations, developing strategy for negotiations, and instructing negotiators, pursuant to C.R.S. § 24-6-402(4)(e), regarding an executive search firm.

Motion by Joseph Prows / Second by Celeste Holder Kling / Carried Unanimously

ADJOURN

The Meeting was adjourned from Executive Session at 6:00 pm

Motion by Joseph Prows / Second by Julie Kunce Field/ Carried Unanimously

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

Julie Kunce Field, JD, Board Vice President

Celeste Holder Kling, JD, Liaison to UCH-North and PVHS Board

Joseph Prows, MD MPH, Board Treasurer

Ann Yanagi, MD, Board Secretary

MEMO

Date: February 28, 2023
To: Health District Board of Directors
CC: Lee Thielen
From: Anita Benavidez
Re: Board Policies 97-2, 97-3, and 97-7

I would like to summarize the changes to these policies for your review in the February 28, 2023 Board Meeting.

97-2: Board Governance Policy – Governing Manner and Board Meetings: Revised for ADA compliance, updated language per 2022 Board Member Manual, and pronoun changes.

97-3: Board Governance Policy – Board Job Description: Revised for ADA compliance and a change from “Chief Executive Officer” to “Executive Director”. The remaining changes are updated language based on the 2022 SDA Board Member Manual.

97-7: Executive Director Performance: Pronoun changes and ADA formatting only.

Kind regards,

Anita Benavidez





97-2 Pol: Board Governance Policy – Governing Manner and Board Meetings

Adopted April 22, 1997

~~Revised and Ratified January 28, 2020~~ Amended Month DD, 2023

Purpose of Policy: To state the manner in which the board members will relate to each other and to staff, and how board meetings will be conducted.

Guiding Principle: The Board will emphasize governance, not management.

1. Meetings will be open.

- Board meetings will comply with the Health District's bylaws, Colorado State laws and regulations, and with Special District regulations ~~legislation~~.
- The Health District will comply with all current, present and future open meetings laws, and regulations ~~legislation~~.
- The public will be welcome to attend all meetings, except when the Board is in executive session, and to participate in meetings according to guidelines established by the Board.

2. To keep the proper focus, the Board will:

- Concentrate on long-term planning and goal-setting.
- Set policy that
 - ~~d~~ Determines the overall goals and programmatic direction of the organization, and
 - ~~a~~ Assures proper financial direction and management.
- Minimize direct involvement in the administrative, management, and specific programmatic means of attaining those goals.
- Focus on the long-term impact of its decisions and achieving established goals.

3. In relating to others, the Board will:

- Perform its obligations and make decisions as a body.
- Allow adequate time for information-gathering and discussion.
- Not act by the authority of individual board members unless the Board authorizes a member to do so to implement a decision of the Board.
- Generally, the Board President is authorized to take action between board meetings if they ~~hey~~ ~~he~~ / she judges the situation to be of such urgency that action is required, provided that the situation and decision is brought to the next board meeting for ratification or further action.

4. In relating to each other, the Board will expect individual members to:

Formatted: Left: 1.2"

Formatted: Font: Not Bold

Commented [AB1]: It is not just SD legislation but also Colorado state law and regulations.

Commented [AB2]: Pronoun correction

- Treat each other with respect.
- Acquire and share knowledge and information that will help the Board make informed decisions.
- Respect and encourage healthy dissent and disagreement.
- Listen to other board members' views even if different from their own.
- Raise legal and/or ethical concerns, if any, to be considered by the Board, including personal conflicts of interest.
- Refrain from acting to undermine decisions of the Board once made.

Commented [AB3]: Reformatted to make conflict of interest a separate bullet from undermining decisions (pulled up from #5)

Formatted: Font: Bold

5. ~~Refrain from acting to undermine decisions of the Board once made.~~ In relating to staff, the Board will:

- Give direction to the Executive Director as a body, since oversight rests with the entire board. The exception is that the Board President may work with the Executive Director to develop board meeting agendas, subject to board approval of the agendas at meetings.
- Not give direction to staff, but will instead request the Executive Director to do so where appropriate. Exceptions include:
 - Individual members may share relevant information with staff, as long as the Executive Director is copied. Such information will not be considered direction.
 - Individual members may bring issues of importance to the Executive Director's attention for action at the Executive Director's discretion concerning procedural matters which for timing reasons cannot be brought to the Board at a meeting.
 - The Board may give occasional assignments to staff members who have been assigned to assist the Board.

6. In relating to legal counsel the Board will:

- Access the Board's legal counsel through the Executive Director as a result of a Board decision, except that the Board as a whole may:
 - Access legal counsel directly as a result of a Board decision, without the involvement of the Executive Director.
 - Through, individual members may access legal counsel directly if they have a concern about a legal or ethical issue involving a board process, action or issue; provided that the member will share ~~their~~his or her concerns first with the Board as a whole, if possible, and will request first that the Board agree to seek legal counsel's opinion on the matter, if possible.

Commented [AB4]: Pronoun correction.

7. In all policy decisions, the Board will adopt a formal process for making policy decisions and will follow that process once adopted. Refer to Policy Process 97-1 ~~Pol.~~

ADOPTED, on the 22nd day of April, A.D., 1997

RATIFIED, on the 28th day of July, A.D., 1998

RATIFIED, on the 22nd day of February, A.D., 2000

RATIFIED, on the 27th day of May, A.D., 2003

RATIFIED, on this 17th day of November, A.D., 2009

Formatted: Font: Not Bold

REVISED AND RATIFIED, on this 28th day of January, A.D., 2020
AMENDED, on this DD day of Month, A.D., 2023

Attested by:

Molly J. Gutilla, MS, DrPH, President

Julie Kunce Field, Vice President

Formatted: Space Before: 30 pt

Formatted: Space Before: 3 pt

Ann Yanagi, MD, Secretary

Joseph Prows, MD, Treasurer

Formatted: Space Before: 30 pt

Formatted: Space Before: 3 pt

Celeste Holder Kling, JD, Liaison to PVHS Board

Formatted: Centered, Space Before: 30 pt

Formatted: Centered, Space Before: 3 pt



97-2 Pol: Board Governance Policy – Governing Manner and Board Meetings

Adopted April 22, 1997

Amended Month DD, 2023

Purpose of Policy: To state the manner in which the board members will relate to each other and to staff, and how board meetings will be conducted.

Guiding Principle: The Board will emphasize governance, not management.

1. Meetings will be open.

- Board meetings will comply with the Health District’s bylaws, Colorado State laws and regulations, and with Special District regulations.
- The Health District will comply with all current and future open meeting laws and regulations.
- The public will be welcome to attend all meetings, except when the Board is in executive session, and to participate in meetings according to guidelines established by the Board.

2. To keep the proper focus, the Board will:

- Concentrate on long-term planning and goal-setting.
- Set policy that
 - Determines the overall goals and programmatic direction of the organization, and
 - Assures proper financial direction and management.
- Minimize direct involvement in the administrative, management, and specific programmatic means of attaining those goals.
- Focus on the long-term impact of its decisions and achieving established goals.

3. In relating to others, the Board will:

- Perform its obligations and make decisions as a body.
- Allow adequate time for information-gathering and discussion.
- Not act by the authority of individual board members unless the Board authorizes a member to do so to implement a decision of the Board.
- Generally, the Board President is authorized to take action between board meetings if they judge the situation to be of such urgency that action is required, provided that the situation and decision is brought to the next board meeting for ratification or further action.

4. In relating to each other, the Board will expect individual members to:

- Treat each other with respect.

- Acquire and share knowledge and information that will help the Board make informed decisions.
- Respect and encourage healthy dissent and disagreement.
- Listen to other board members' views even if different from their own.
- Raise legal and/or ethical concerns, if any, to be considered by the Board, including personal conflicts of interest.
- Refrain from acting to undermine decisions of the Board once made.

5. In relating to staff, the Board will:

- Give direction to the Executive Director as a body, since oversight rests with the entire board. The exception is that the Board President may work with the Executive Director to develop board meeting agendas, subject to board approval of the agendas at meetings.
- Not give direction to staff, but will instead request the Executive Director to do so where appropriate. Exceptions include:
 - Individual members may share relevant information with staff, as long as the Executive Director is copied. Such information will not be considered direction.
 - Individual members may bring issues of importance to the Executive Director's attention for action at the Executive Director's discretion concerning procedural matters which for timing reasons cannot be brought to the Board at a meeting.
 - The Board may give occasional assignments to staff members who have been assigned to assist the Board.

6. In relating to legal counsel the Board will:

- Access the Board's legal counsel through the Executive Director as a result of a Board decision, except that the Board as a whole may:
 - Access legal counsel directly as a result of a Board decision, without the involvement of the Executive Director.
 - Individual members may access legal counsel directly if they have a concern about a legal or ethical issue involving a board process, action or issue; provided that the member will share their concerns first with the Board as a whole, if possible, and will request first that the Board agree to seek legal counsel's opinion on the matter, if possible.

7. In all policy decisions, the Board will adopt a formal process for making policy decisions and will follow that process once adopted. Refer to Policy Process 97-1.

ADOPTED, on the 22nd day of April, A.D., 1997

RATIFIED, on the 28th day of July, A.D., 1998

RATIFIED, on the 22nd day of February, A.D., 2000

RATIFIED, on the 27th day of May, A.D., 2003

RATIFIED, on this 17th day of November, A.D., 2009

REVISED AND RATIFIED, on this 28th day of January, A.D., 2020

AMENDED, on this DD day of Month, A.D., 2023

Attested by:

Molly J. Gutilla, MS, DrPH, President

Julie Kunce Field, Vice President

Ann Yanagi, MD, Secretary

Joseph Prows, MD, Treasurer

Celeste Holder Kling, JD, Liaison to PVHS Board



97-3 Pol: Board Governance Policy – Board Job Description

Adopted April 22, 1997

~~Amended January 28, 2020~~ Amended Month Day, 2023

Purpose of Policy: To describe the responsibilities expected of the Health District of Northern Larimer County Board of Directors.

Summary of Responsibility

The Board’s major governance responsibility is to develop the organization’s mission statement, vision, strategy, and values; strategic direction; legal and fiduciary assurances; and policy that reflect responsible stewardship on behalf of the residents of the Health District.

Accountability

The Board is responsible to the residents of the Health District of Northern Larimer County.

Board Duties

- Develop the mission and vision of the Health District of Northern Larimer County and establish its values statement.
- Develop and review Board policies periodically.
- Approve a strategic plan based on the mission, vision, strategy, and values. Review and evaluate plan annually.
- Provide management leadership by:
 - Employing a qualified Executive Director (ED)~~Chief Executive Officer~~
 - Defining the Board – Executive Director relationship
 - Establishing goals and objectives for the ED~~CEO~~ based on the strategic plan
 - Setting executive limitations
 - Evaluating the ED~~CEO~~ on an annual basis utilizing the agreed-upon goals and objectives
- Fulfill fiduciary responsibility by:
 - ~~Adopting~~ Approved the budget and monitoring financial performance, including revenues and expenditures
 - Setting the mill levy, within the parameters of the law
 - Taking precautions against risk
 - Assuring that any bonded debt is appropriately managed and payments, if any, are timely made.
 - Investing public funds responsibly, in accordance with District policy 97-11
- Fulfill legal and regulatory responsibilities of a special district
- Establish/amend Board process

Commented [AB1]: Only listing adoption date and most recent revision. History at the end of the document.

Formatted: Font: Not Bold

Commented [AB2]: Any references to CEO were changed to Executive Director, our current job title.

Commented [AB3]: Changed to align with By-Laws

Commented [AB4]: Changed to align with By-Laws

- Evaluate the Board’s performance on an annual basis and make corrections based on that evaluation.
- Provide for Board continuing education and development of core competencies.
- Hold an Annual Retreat, at which the mission, vision, strategy, and values are reviewed.
- Oversee the election process.
- Assure the provision of orientation to newly elected board members.
- Monitor compliance by all parties with the Hospital Operating Lease Agreement between the District and lease with Poudre Valley Health System dated May 1, 1994, as amended, and with the Consent Agreement dated March 9, 2012, and to further provide that all property interests of the District are protected to the fullest extent.
- Facilitate effective communication with staff, peers, community, and media.
- Represent the Health District in the community.

Commented [AB5]: Made its own unique bullet

Commented [AB6]: Amended to align with By-Laws.

ADOPTED, on the 22nd day of April, A.D., 1997
 RATIFIED, on the 28th day of July, A.D., 1998
 REVISED, on the 22nd day of February, A.D., 2000
 REVISED, this 24th day of June, A.D., 2003
 REVISED, this 4th day of October, A.D., 2005
 AMENDED, this 28th day of January, A.D., 2020
AMENDED, this DD day of Month, A.D., 2023

Formatted: Font: Not Bold

Attested by:

Molly J. Gutilla, MS, DrPH, President Julie Kunce Field, JD, Vice President

Formatted: Space Before: 30 pt

Formatted: Space Before: 3 pt

Ann Yanagi, MD, Secretary Joseph Prows, MD, Treasurer

Formatted: Space Before: 30 pt

Formatted: Space Before: 3 pt

Celeste Holder Kling, JD, Liaison to PVHS Board

Formatted: Centered, Space Before: 30 pt

Formatted: Centered, Space Before: 3 pt



97-3 Pol: Board Governance Policy – Board Job Description

Adopted April 22, 1997
Amended Month Day, 2023

Purpose of Policy: To describe the responsibilities expected of the Health District of Northern Larimer County Board of Directors.

Summary of Responsibility

The Board's major governance responsibility is to develop the organization's mission statement, vision, strategy, and values; strategic direction; legal and fiduciary assurances; and policy that reflect responsible stewardship on behalf of the residents of the Health District.

Accountability

The Board is responsible to the residents of the Health District of Northern Larimer County.

Board Duties

- Develop the mission and vision of the Health District of Northern Larimer County and establish its values statement.
- Develop and review Board policies periodically.
- Approve a strategic plan based on the mission, vision, strategy, and values. Review and evaluate plan annually.
- Provide management leadership by:
 - Employing a qualified Executive Director (ED)
 - Defining the Board – Executive Director relationship
 - Establishing goals and objectives for the ED based on the strategic plan
 - Setting executive limitations
 - Evaluating the ED on an annual basis utilizing the agreed-upon goals and objectives
- Fulfill fiduciary responsibility by:
 - Adopting the budget and monitoring financial performance, including revenues and expenditures
 - Setting the mill levy, within the parameters of the law
 - Taking precautions against risk
 - Assuring that any bonded debt is appropriately managed and payments, if any, are timely made.
 - Investing public funds responsibly, in accordance with District policy 97-11
- Fulfill legal and regulatory responsibilities of a special district
- Establish/amend Board process

- Evaluate the Board’s performance on an annual basis and make corrections based on that evaluation.
- Provide for Board continuing education and development of core competencies.
- Hold an Annual Retreat, at which the mission, vision, strategy, and values are reviewed.
- Oversee the election process.
- Assure the provision of orientation to newly elected board members.
- Monitor compliance by all parties with the Hospital Operating Lease Agreement between the District and Poudre Valley Health System dated May 1,994, as amended, and with the Consent Agreement dated March 9, 2012, and to further provide that all property interests of the District are protected to the fullest extent.
- Facilitate effective communication with staff, peers, community, and media.
- Represent the Health District in the community.

ADOPTED, on the 22nd day of April, A.D., 1997

RATIFIED, on the 28th day of July, A.D., 1998

REVISED, on the 22nd day of February, A.D., 2000

REVISED, this 24th day of June, A.D., 2003

REVISED, this 4th day of October, A.D., 2005

AMENDED, this 28th day of January, A.D., 2020

AMENDED, this DD day of Month, A.D., 2023

Attested by:

Molly J. Gutilla, MS,DrPH, President

Julie Kunce Field, JD, Vice President

Ann Yanagi, MD, Secretary

Joseph Prows, MD, Treasurer

Celeste Holder Kling, JD, Liaison to PVHS Board

HEALTH DISTRICT OF NORTHERN LARIMER
COUNTY

97-7 Pol: Executive Director Performance Policy

Approved February 20, 1997

~~Revised May 27, 2003~~ Amended Month Day, 2023

Purpose of Policy: In order to assure successful operation of the Health District's function a regular mechanism for Executive Director evaluation is established and guidelines to assist the Executive Director's performance are in place. The Executive Director will:

- Be responsible for implementing the strategic plan within the limitations of the board- approved budget and policies;
- Be responsible for insuring that staff adhere to board adopted policies and decisions;
- Adhere to the Health District's mission and values, as defined by the Board of Directors, in ~~their~~her/his implementation of policies and procedures;
- Assure fiscal responsibility;
- Carry out ~~their~~his or her duties in a manner consistent with these standards, and conduct themselves at all times in a manner that would not be detrimental to the mission of the Health District;

Board evaluation of the Executive Director will occur annually in concordance with the above stated criteria. At that time evaluation goals for the following year will be identified.

ADOPTED, on the 20th day of February, 1997.

REVISED, on the 28th day of April, 1998.

RATIFIED, on the 22nd day of February, 2000.

REVISED, this 27th day of May ~~A.D.~~, 2003

~~AMENDED, this DD of Month, 2023.~~

Formatted: Left: 1.2", Right: 0.83", Top: 0.72", Bottom: 0.19", Width: 8.5", Height: 11"

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Commented [AB1]: Pronouns

Commented [AB2]: Pronouns

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Attested by:

Molly J. Gutilla, MS, DrPH., President Julie Kunce Field, JD, Vice President

Ann Yanagi, MD, Secretary Joseph Prows, MD, Treasurer

Celeste Holder Kling, JD, Liaison to PVHS Board

Formatted: Font: 10 pt

Formatted: Width: 8.5", Height: 11"

Formatted: Font: Times New Roman, 12 pt

Formatted: Font: Times New Roman, 12 pt

Formatted: Space Before: 36 pt

Formatted: Space Before: 3 pt

Formatted: Space Before: 36 pt

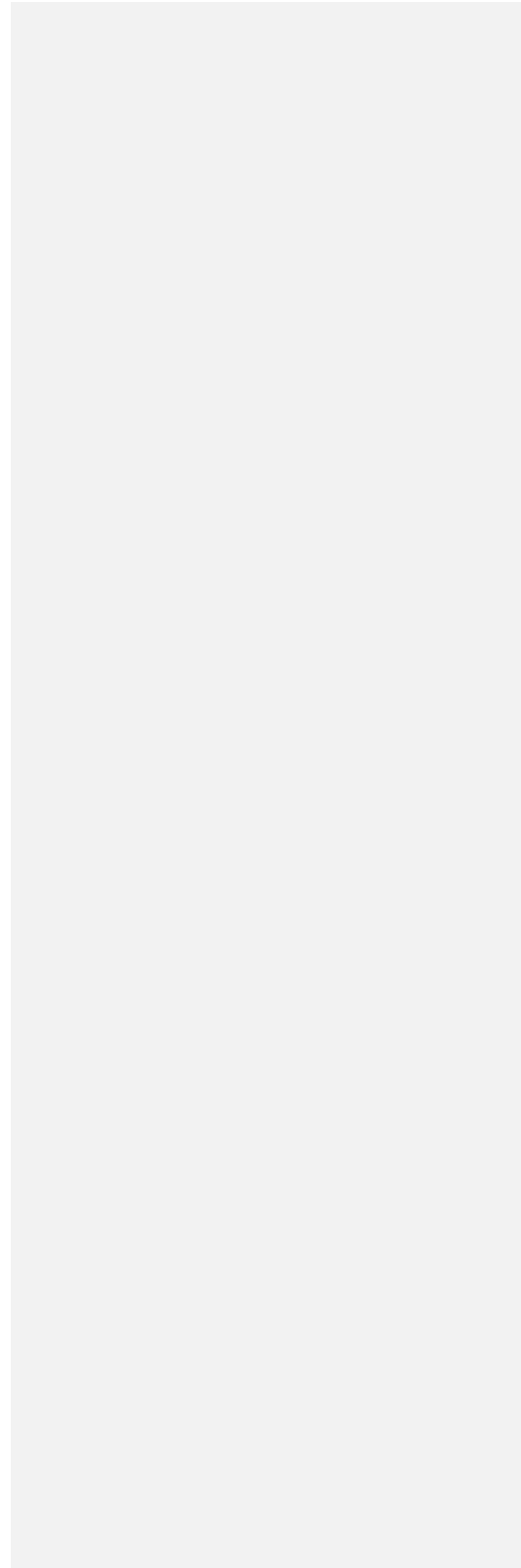
Formatted: Space Before: 3 pt

Formatted: Centered, Space Before: 36 pt

Formatted: Font: Times New Roman

Formatted: Centered, Space Before: 3 pt

Formatted: Space Before: 0.55 pt



HEALTH DISTRICT OF NORTHERN LARIMER
COUNTY

97-7 Pol: Executive Director Performance Policy

Approved February 20, 1997
Amended Month Day, 2023

Purpose of Policy: In order to assure successful operation of the Health District's function a regular mechanism for Executive Director evaluation is established and guidelines to assist the Executive Director's performance are in place. The Executive Director will:

- Be responsible for implementing the strategic plan within the limitations of the board- approved budget and policies;
- Be responsible for insuring that staff adhere to board adopted policies and decisions;
- Adhere to the Health District's mission and values, as defined by the Board of Directors, in their implementation of policies and procedures;
- Assure fiscal responsibility;
- Carry out their duties in a manner consistent with these standards, and conduct themselves at all times in a manner that would not be detrimental to the mission of the Health District;

Board evaluation of the Executive Director will occur annually in concordance with the above stated criteria. At that time evaluation goals for the following year will be identified.

ADOPTED, on the 20th day of February, 1997.

REVISED, on the 28th day of April, 1998.

RATIFIED, on the 22nd day of February, 2000.

REVISED, this 27th day of May, 2003

AMENDED, this DD of Month, 2023.

Attested by:

Molly J. Gutilla, MS, DrPH., President

Julie Kunce Field, JD, Vice President

Ann Yanagi, MD, Secretary

Joseph Prows, MD, Treasurer

Celeste Holder Kling, JD, Liaison to PVHS Board

**HEALTH DISTRICT
OF NORTHERN LARIMER COUNTY
November 2022
Summary Financial Narrative**

Revenues

The Health District is .15% ahead of year-to-date tax revenue projections. Interest income is 78.1% ahead year-to-date projections. Lease revenue is 37.9% ahead of year-to-date projections. Yield rates on investment earnings increased to 3.25% (based on the weighted average of all investments). Fee for service revenue from clients is 10.5% behind year-to-date projections and revenue from third party reimbursements is 12.6% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 5.3% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 19.4% behind year-to-date projections. Program variances are as follows: Administration 9.5%; Board 28.9%; Connections: Mental Health/Substance Issues Services 21.4%; Dental Services 19.5%; MH/SUD/Primary Care 16.7%; Health Promotion 10.9%; Community Impact 22.7%; Program Assessment and Evaluation 8.8%; Health Care Access 26.6%; Resource Development 21.2% and Mulberry Offices 27.3%.

Capital Outlay

Capital expenditures are 98.7% behind year-to-date.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 11/30/2022

ASSETS

| | |
|-------------------------------------|--------------------------|
| Current Assets: | |
| Cash & Investments | \$7,623,008 |
| Accounts Receivable | 75,621 |
| Property Taxes Receivable | 65,700 |
| Specific Ownership Tax Receivable | 48,841 |
| Prepaid Expenses | 27,463 |
| Total Current Assets | <u>7,840,632</u> |
| Other Assets: | |
| Lease Receivable | <u>59,452,473</u> |
| Total Other Assets | <u>59,452,473</u> |
| Property and Equipment | |
| Land | 4,592,595 |
| Building and Leasehold Improvements | 7,322,261 |
| Equipment | 1,257,582 |
| Accumulated Depreciation | <u>(3,353,245)</u> |
| Total Property and Equipment | <u>9,819,193</u> |
| Total Assets | <u><u>77,112,298</u></u> |

LIABILITIES AND EQUITY

| | |
|---|--------------------------|
| Current Liabilities: | |
| Accounts Payable | 813,303 |
| Deposits | 15,261 |
| Deferred Revenue | 300,459 |
| Total Current Liabilities | <u>1,129,024</u> |
| Long-term Liabilities: | |
| Compensated Absences | <u>28,631</u> |
| Total Long-term Liabilities | <u>28,631</u> |
| Deferred Inflows of Resources | |
| Property Taxes | 32,525 |
| Leases | 59,550,288 |
| Total Deferred Inflows of Resources | <u>59,582,814</u> |
| Total Liabilities & Deferred Inflows of Resources | <u>60,740,469</u> |
| EQUITY | |
| Retained Earnings | 14,288,299 |
| Net Income | <u>2,083,530</u> |
| TOTAL EQUITY | <u>16,371,829</u> |
| TOTAL LIABILITIES AND EQUITY | <u><u>77,112,298</u></u> |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 11/30/2022

| | <u>Current Month</u> | <u>Year to Date</u> |
|--|----------------------|---------------------|
| Revenue | | |
| Property Taxes | 33,174 | 8,685,852 |
| Specific Ownership Taxes | 48,840 | 610,333 |
| Lease Revenue | 113,300 | 1,681,586 |
| Interest Income | 20,336 | 101,523 |
| Fee For Service Income | 12,282 | 137,001 |
| Third Party Income | 65,156 | 824,105 |
| Grant Income | 50,619 | 563,247 |
| Special Projects | 15 | 12,841 |
| Miscellaneous Income | 0 | 21,377 |
| Total Revenue | <u>343,722</u> | <u>12,637,864</u> |
| Expenses: | | |
| Operating Expenses | | |
| Administration | 61,873 | 803,342 |
| Board Expenses | 2,446 | 53,991 |
| Connections: Mental Health/Substance Issues Svcs | 122,477 | 1,686,643 |
| Dental Services | 239,383 | 2,869,179 |
| Integrated Care (MHSA/PC) | 82,606 | 973,372 |
| Health Promotion | 61,720 | 695,653 |
| Community Impact | 50,923 | 536,245 |
| Program Assessment & Evaluation | 16,924 | 225,261 |
| Health Care Access | 67,774 | 879,063 |
| Resource Development | 6,480 | 140,981 |
| Mulberry Offices | 13,118 | 120,154 |
| Contingency -Operational | 954 | 9,582 |
| Special Projects | 62,028 | 793,642 |
| Grant Projects | 35,094 | 545,648 |
| Total Operating Expenses | <u>823,799</u> | <u>10,332,753</u> |
| Depreciation and Amortization | | |
| Depreciation Expense | <u>20,560</u> | <u>226,314</u> |
| Total Depreciation and Amortization | <u>20,560</u> | <u>226,314</u> |
| Total Expenses | <u>844,359</u> | <u>10,559,068</u> |
| Net Income | <u>(500,636)</u> | <u>2,078,797</u> |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Revenues and Expenditures Report - Budget and Actual
As of 11/30/2022

| | Current Month | | | Year to Date | | | Annual | Remaining |
|--|--------------------|------------------|-------------------|---------------------|---------------------|--------------------|---------------------|--------------------|
| | Budget | Actual | Variance | Budget | Actual | Variance | Budget | Funds |
| Revenue: | | | | | | | | |
| Property Taxes | \$23,133 | \$33,174 | (\$10,041) | \$8,700,661 | \$8,685,852 | \$14,809 | \$8,700,766 | \$14,914 |
| Specific Ownership Taxes | 48,278 | 48,840 | (562) | 581,548 | 610,333 | (28,785) | 625,000 | 14,667 |
| Lease Revenue | 112,292 | 118,034 | (5,742) | 1,223,256 | 1,686,320 | (463,064) | 1,335,549 | (350,771) |
| Interest Income | 8,000 | 20,336 | (12,336) | 57,000 | 101,523 | (44,523) | 65,000 | (36,523) |
| Sales Revenue | 25 | 0 | 25 | 275 | 0 | 275 | 300 | 300 |
| Fee for Services Income | 13,918 | 12,282 | 1,636 | 153,098 | 137,001 | 16,097 | 167,021 | 30,020 |
| Third Party Reimbursements | 79,023 | 85,374 | (6,351) | 869,253 | 978,820 | (109,567) | 948,273 | (30,547) |
| Grant Revenue | 18,079 | 50,619 | (32,539) | 411,946 | 563,247 | (151,301) | 1,246,441 | 683,194 |
| Partnership Revenue | 0 | 15 | (15) | 0 | 12,841 | (12,841) | 0 | (12,841) |
| Miscellaneous Income | 1,892 | 0 | 1,892 | 20,812 | 21,377 | (565) | 22,704 | 1,327 |
| Total Revenue | \$304,640 | \$368,674 | (\$64,034) | \$12,017,849 | \$12,797,313 | (\$779,464) | \$13,111,054 | \$313,741 |
| Expenditures: | | | | | | | | |
| Operating Expenditures | | | | | | | | |
| Administration | \$63,621 | \$61,873 | \$1,748 | \$887,817 | \$803,342 | \$84,476 | \$952,280 | \$148,938 |
| Board Expenses | 3,442 | 2,446 | 996 | 75,924 | 53,991 | 21,933 | 79,118 | 25,127 |
| Connections: Mental Health/Substance Issues Svcs | 192,041 | 122,477 | 69,565 | 2,145,755 | 1,686,643 | 459,112 | 2,339,007 | 652,364 |
| Dental Services | 321,423 | 239,383 | 82,040 | 3,564,267 | 2,869,179 | 695,088 | 3,894,293 | 1,025,114 |
| Integrated Care (MH/SUD/PC) | 105,656 | 82,606 | 23,050 | 1,168,104 | 973,372 | 194,732 | 1,275,292 | 301,920 |
| Health Promotion | 72,211 | 61,720 | 10,491 | 780,744 | 695,653 | 85,091 | 854,448 | 158,795 |
| Community Impact | 62,750 | 50,923 | 11,827 | 693,745 | 536,245 | 157,500 | 757,422 | 221,177 |
| Program Assessment & Evaluation | 22,353 | 16,924 | 5,429 | 246,941 | 225,261 | 21,680 | 269,530 | 44,269 |
| Health Care Access | 113,391 | 67,774 | 45,617 | 1,197,881 | 879,063 | 318,818 | 1,312,744 | 433,681 |
| Resource Development | 16,183 | 6,480 | 9,703 | 178,883 | 140,981 | 37,902 | 195,262 | 54,281 |
| Mulberry Office | 12,830 | 13,118 | (287) | 165,177 | 120,154 | 45,024 | 178,020 | 57,866 |
| Contingency (Operations) | 5,000 | 954 | 4,046 | 55,000 | 9,582 | 45,418 | 60,000 | 50,418 |
| Special Projects | 152,440 | 62,028 | 90,412 | 1,796,740 | 793,642 | 1,003,098 | 3,078,726 | 2,285,084 |
| Grant Projects | 86,114 | 35,094 | 51,020 | 1,160,327 | 545,648 | 614,679 | 1,246,441 | 700,793 |
| Total Expenditures | \$1,229,455 | \$823,799 | \$405,657 | \$14,117,306 | \$10,332,753 | \$3,784,552 | \$16,492,583 | \$6,159,830 |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 11/1/2022 to 11/30/2022

| | <u>Current Month</u> <u>Budget</u> | <u>Current Month</u> <u>Actual</u> | <u>Current Month</u> <u>Variance</u> | <u>Year to Date</u> <u>Budget</u> | <u>Year to Date</u> <u>Actual</u> | <u>Year to Date</u> <u>Variance</u> | <u>Annual Budget</u> | <u>Annual Funds</u> <u>Remaining</u> |
|----------------------------------|---------------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------------|--|----------------------|---|
| Non-Operating Expenditures | | | | | | | | |
| Land | - | - | | - | - | | | |
| Building | 190,000 | - | 190,000 | 920,000 | - | 920,000 | 1,064,500 | 1,064,500 |
| Construction in Progress | | 35,780 | (35,780) | - | 116,111 | - | - | - |
| Capital Equipment | 25,000 | - | 25,000 | 50,000 | - | 50,000 | 50,000 | 50,000 |
| General Office Equipment | - | - | - | 10,000 | 1,492 | 8,508 | 10,000 | 8,508 |
| Medical & Dental Equipment | - | 12,290 | (12,290) | 34,487 | 9,495 | 24,992 | 34,487 | 24,992 |
| Computer Equipment | - | - | - | - | - | - | - | - |
| Computer Software | - | - | - | - | - | - | - | - |
| Equipment for Building | 33,000 | - | 33,000 | 132,000 | 4,000 | 128,000 | 132,000 | 128,000 |
| Total Non-Operating Expenditures | \$ 248,000 | \$ 48,070 | \$ 199,930 | \$ 1,146,487 | \$ 131,097 | \$ 1,131,500 | \$ 1,290,987 | \$ 1,276,000 |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2022

| | Current Month | | | Year to Date | | | Annual | Remaining |
|---|---------------|---------|----------|--------------|-----------|-----------|-----------|-----------|
| | Budget | Actual | Variance | Budget | Actual | Variance | Budget | Funds |
| Administration | | | | | | | | |
| Revenue: | | | | | | | | |
| Miscellaneous Income | \$875 | \$0 | \$875 | \$9,625 | \$11,386 | (\$1,761) | \$10,500 | (\$886) |
| Total Revenue | 875 | 0 | 875 | 9,625 | 11,386 | (1,761) | 10,500 | (886) |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 49,508 | 53,134 | (3,626) | 544,582 | 502,272 | 42,310 | 594,079 | 91,807 |
| Supplies and Purchased Services | 14,113 | 8,739 | 5,374 | 343,235 | 301,070 | 42,166 | 358,201 | 57,131 |
| Total Expenditures | 63,621 | 61,873 | 1,748 | 887,817 | 803,342 | 84,476 | 952,280 | 148,938 |
| Board of Directors | | | | | | | | |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 0 | 0 | 0 | 8,612 | 9,796 | (1,184) | 8,612 | (1,184) |
| Supplies and Purchased Services | 3,442 | 2,446 | 996 | 35,312 | 19,650 | 15,662 | 38,506 | 18,856 |
| Election Expenses | 0 | 0 | 0 | 32,000 | 24,545 | 7,456 | 32,000 | 7,456 |
| Total Expenditures | 3,442 | 2,446 | 996 | 75,924 | 53,991 | 21,933 | 79,118 | 25,127 |
| Connections: Mental Health/substance Issue | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 3,083 | 4,063 | (980) | 33,913 | 37,315 | (3,402) | 37,000 | (315) |
| Total Revenue | 3,083 | 4,063 | (980) | 33,913 | 37,315 | (3,402) | 37,000 | (315) |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 164,182 | 115,880 | 48,302 | 1,806,002 | 1,488,839 | 317,163 | 1,970,180 | 481,341 |
| Supplies and Purchased Services | 27,859 | 6,597 | 21,263 | 339,753 | 197,803 | 141,949 | 368,827 | 171,024 |
| Total Expenditures | 192,041 | 122,477 | 69,565 | 2,145,755 | 1,686,643 | 459,112 | 2,339,007 | 652,364 |
| Dental Services | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 61,678 | 65,959 | (4,281) | 678,458 | 805,839 | (127,381) | 740,136 | (65,703) |
| Total Revenue | 61,678 | 65,959 | (4,281) | 678,458 | 805,839 | (127,381) | 740,136 | (65,703) |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 261,536 | 202,966 | 58,570 | 2,876,896 | 2,270,950 | 605,946 | 3,138,417 | 867,467 |
| Supplies and Purchased Services | 59,887 | 36,417 | 23,470 | 687,371 | 598,228 | 89,143 | 755,876 | 157,648 |
| Total Expenditures | 321,423 | 239,383 | 82,040 | 3,564,267 | 2,869,179 | 695,088 | 3,894,293 | 1,025,114 |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2022

| | Current Month | | | Year to Date | | | Annual | Remaining |
|---|---------------|--------|----------|--------------|---------|----------|-----------|-----------|
| | Budget | Actual | Variance | Budget | Actual | Variance | Budget | Funds |
| <u>Integrated Care (MHSA/PC)</u> | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 19,285 | 7,416 | 11,869 | 212,135 | 127,043 | 85,092 | 231,419 | 104,376 |
| Total Revenue | 19,285 | 7,416 | 11,869 | 212,135 | 127,043 | 85,092 | 231,419 | 104,376 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 94,990 | 78,462 | 16,528 | 1,044,890 | 882,128 | 162,762 | 1,139,873 | 257,745 |
| Supplies and Purchased Services | 10,666 | 4,144 | 6,522 | 123,214 | 91,245 | 31,969 | 135,419 | 44,174 |
| Total Expenditures | 105,656 | 82,606 | 23,050 | 1,168,104 | 973,372 | 194,732 | 1,275,292 | 301,920 |
| <u>Community Impact</u> | | | | | | | | |
| 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 | 55,254 | 48,203 | 7,051 | 607,794 | 461,741 | 146,053 | 663,073 | 201,332 |
| Supplies and Purchased Services | 7,496 | 2,720 | 4,776 | 85,951 | 74,504 | 11,447 | 94,349 | 19,845 |
| Total Expenditures | 62,750 | 50,923 | 11,827 | 693,745 | 536,245 | 157,500 | 757,422 | 221,177 |
| <u>Program Assessment & Evaluation</u> | | | | | | | | |
| 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 | 19,645 | 15,211 | 4,434 | 216,095 | 194,886 | 21,209 | 235,728 | 40,842 |
| Supplies and Purchased Services | 2,708 | 1,713 | 995 | 30,846 | 30,375 | 471 | 33,802 | 3,427 |
| Total Expenditures | 22,353 | 16,924 | 5,429 | 246,941 | 225,261 | 21,680 | 269,530 | 44,269 |
| <u>Health Promotion</u> | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 231 | 0 | 231 | 2,541 | 899 | 1,642 | 2,770 | 1,871 |
| Total Revenue | 231 | 0 | 231 | 2,541 | 899 | 1,642 | 2,770 | 1,871 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 57,566 | 49,741 | 7,825 | 633,226 | 585,762 | 47,464 | 690,780 | 105,018 |
| Supplies and Purchased Services | 14,645 | 11,978 | 2,667 | 147,518 | 109,890 | 37,628 | 163,668 | 53,778 |
| Total Expenditures | 72,211 | 61,720 | 10,491 | 780,744 | 695,653 | 85,091 | 854,448 | 158,795 |

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2022

| | 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 | 0 | 0 | 0 | 0 |
| Total Revenue | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 90,114 | 61,923 | 28,191 | 991,254 | 770,268 | 220,986 | 1,081,343 | 311,075 |
| Supplies and Purchased Services | 23,277 | 5,851 | 17,426 | 206,627 | 108,795 | 97,832 | 231,401 | 122,606 |
| Total Expenditures | 113,391 | 67,774 | 45,617 | 1,197,881 | 879,063 | 318,818 | 1,312,744 | 433,681 |
| Health Info Source | | | | | | | | |
| Revenue: | | | | | | | | |
| Expenditures: | | | | | | | | |
| 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 | 14,249 | 5,850 | 8,399 | 156,739 | 127,419 | 29,320 | 170,985 | 43,566 |
| Supplies and Purchased Services | 1,934 | 630 | 1,304 | 22,144 | 13,562 | 8,582 | 24,277 | 10,715 |
| Total Expenditures | 16,183 | 6,480 | 9,703 | 178,883 | 140,981 | 37,902 | 195,262 | 54,281 |
| Mulberry Offices | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | 9,706 | 20,218 | (10,512) | 106,766 | 154,715 | (47,949) | 116,473 | (38,242) |
| Total Revenue | 9,706 | 20,218 | (10,512) | 106,766 | 154,715 | (47,949) | 116,473 | (38,242) |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 2,892 | 2,827 | 65 | 31,818 | 31,029 | 789 | 34,694 | 3,665 |
| Supplies and Purchased Services | 9,938 | 10,291 | (352) | 133,359 | 89,125 | 44,235 | 143,326 | 54,201 |
| Total Revenue | 12,830 | 13,118 | (287) | 165,177 | 120,154 | 45,024 | 178,020 | 57,866 |

Health District of Northern Larimer County

Investment Schedule November 2022

| Investment | Institution | Current Value | % | Current Yield | Maturity |
|----------------------------------|----------------------|---------------|----------|---------------|------------|
| Local Government Investment Pool | COLOTRUST | \$ 1,398 | 0.019% | 3.41% | N/A |
| Local Government Investment Pool | COLOTRUST | \$ 5,989,465 | 82.547% | 3.83% | N/A |
| Flex Savings Account | First National Bank | \$ 239,413 | 3.300% | 1.46% | N/A |
| Certificate of Deposit | Advantage Bank | \$ 142,875 | 1.969% | 0.40% | 12/27/2023 |
| Certificate of Deposit | Advantage Bank | \$ 115,328 | 1.589% | 0.25% | 9/2/2023 |
| Certificate of Deposit | Points West | \$ 116,175 | 1.601% | 0.28% | 6/12/2023 |
| Certificate of Deposit | Points West | \$ 158,357 | 2.182% | 0.32% | 4/2/2024 |
| Certificate of Deposit | Adams State Bank | \$ 242,777 | 3.346% | 0.35% | 10/7/2023 |
| Certificate of Deposit | Mountain Valley Bank | \$ 250,000 | 3.446% | 0.10% | 1/9/2023 |
| Total/Weighted Average | | \$ 7,255,787 | 100.000% | 3.25% | |