



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, March 28, 2023

5:00 p.m.



AGENDA

BOARD OF DIRECTORS REGULAR MEETING

March 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**
- Legislative Policy Alyson Williams/Lisa Ward
 - State Legislation Proposals
 - Update on Priority Bills
 - Change to Employee Handbook regarding health insurance..... Lorraine Haywood
 - Health District Board Liaison to PVHS Bylaws..... Lorraine Haywood
- 5:30 p.m. PRESENTATIONS**
- 2023 Board of Directors Election Update Chris Sheafor
 - Update on Health Promotions Planning Paul Mayer/Lee Thielen
- 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 February 28 Regular Board Meeting Minutes and the March 14 and March 22 Special Board Meeting Minutes
 - Policy 99-4: Job Description Health District/PVHS Board Liaison
 - **January 2023 Financials**
- 6:12 p.m. PUBLIC COMMENT (2nd opportunity) See Note above.**
- 6:15 p.m. ANNOUNCEMENTS**
- April 11, 5:00 pm – Board of Directors Special Meeting
 - April 13, 8:00 am – Board of Directors Special Meeting
 - April 14, 8:00 am – Board of Directors Special Meeting
 - April 25, 5:00 pm – Board of Directors Regular Meeting
- 6:20 p.m. EXECUTIVE SESSION**
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.
- 7:00 p.m. ADJOURN**

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



2023 HDNL Priority Bill List

2023 HDNL Priority Bill List

HB23-1003**School Mental Health Assessment****Position:****Actively Monitor****Calendar**

Thursday, April 6 2023

Notification:

SENATE HEALTH & HUMAN SERVICES COMMITTEE

1:30 PM SCR 357

(1) in senate calendar.

News:[Colorado legislature lends focus to youths' mental health](#)**Sponsors:**

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

Summary:

The bill creates the sixth through twelfth grade mental health ~~assessment~~ *screening* 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 *and meets certain requirements* 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~~ *screening*.

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

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

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

The bill authorizes the department to promulgate rules as necessary to implement and administer the program.

A student who is home-schooled but who participates in extracurricular activities or athletic programs at a participating school is exempt from the mental health screening.

(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: 3/22/2023 Introduced In Senate - Assigned to Health & Human Services
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 the reengrossed version of this bill as introduced in the second house.)

Status: 3/22/2023 Senate Committee on Education Refer Unamended to Appropriations
Fiscal Notes: [Fiscal Note](#)
Status History: [Status History](#)

HB23-1023 **Special District Construction Contracts**

Position: **Support**
Calendar Notification: NOT ON CALENDAR
News:
Sponsors: W. Lindstedt (D) | D. Wilson (R) / D. Roberts (D) | B. Gardner (R)

Summary:

Public notice for bids on special district construction contracts is currently required when the contract cost is \$60,000 or more. The bill increases the notice threshold to \$120,000 or more, and requires the amount to be adjusted for inflation every 5 years.

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

Status: 3/17/2023 Governor Signed

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

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

Position: **Actively Monitor**

Calendar Notification: NOT ON 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: 2/28/2023 House Committee on Health & Insurance Postpone Indefinitely

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1071 **Licensed Psychologist Prescriptive Authority**

Position: **Actively Monitor**

Calendar Notification: NOT ON CALENDAR

News: [Meds from 'vending machines'? Colorado lawmakers explore automation to dispense drugs](#)

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: 3/3/2023 Governor Signed

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: 3/16/2023 Introduced In Senate - Assigned to Health & Human Services

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1209 **Analyze Statewide Publicly Financed Health-care**

Position:

Calendar Notification: NOT ON CALENDAR

News:**Sponsors:**

A. Boesenecker (D) | K. McCormick (D) / S. Jaquez Lewis (D)

Summary:

The bill requires the Colorado school of public health to analyze model legislation for implementing a publicly financed and privately delivered universal health-care payment system for Colorado that directly compensates providers. The Colorado school of public health must submit a report detailing its findings from the analysis to the general assembly by December 1, 2023.

The bill also creates the statewide health-care analysis task force consisting of members appointed by the general assembly and the governor, as well as executive directors of specified state departments, the commissioner of insurance, and the chief executive officer of the Colorado health benefit exchange or any designees of the executive directors, the commissioner, and the chief executive officer. The task force is created for the purpose of advising the Colorado school of public health during the analysis.

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

Status:

3/14/2023 House Committee on Health & Insurance Refer Amended to Appropriations

Fiscal Notes:[Fiscal Note](#)**Status History:**[Status History](#)**HB23-1215****Limits On Hospital Facility Fees****Position:****Actively Monitor****Calendar**

Friday, March 24 2023

Notification:

Health & Insurance
Upon Adjournment Room 0112
(1) in house calendar.

News:

[Colorado bill to limit "facility fees" scaled back after hospitals object, say it could end outpatient care](#)

Sponsors:

E. Sirota (D) | A. Boesenecker (D) / K. Mullica (D) | L. Cutter (D)

Summary:

The bill defines "health-care provider" as a person that is licensed or otherwise authorized in this state to furnish a health-care service, which includes a hospital and other providers and health facilities.

The bill prohibits a health-care provider (provider) affiliated with or owned by a hospital or health system from charging a facility fee for health-care services furnished by the provider for:

- Outpatient services provided at an off-campus location or through telehealth; or
- Certain outpatient, diagnostic, or imaging services identified by the medical services board as services that may be provided safely, reliably, and effectively in nonhospital settings.

The bill:

- Requires a provider that charges a facility fee to provide notice to a patient that the provider charges the fee and to use a standardized bill that includes itemized

charges identifying the facility fee, as well as other information;

- Requires the administrator of the all-payer health claims database to prepare an annual report of the number and amount of facility fees by payer, codes with the highest total paid amounts and highest volume, and other information; and
- Makes it a deceptive trade practice to charge, bill, or collect a facility fee when doing so is prohibited.

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

Status: 2/22/2023 Introduced In House - Assigned to Health & Insurance

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: 3/2/2023 Senate Committee on Health & Human Services Refer Amended to Appropriations

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-004

Employment Of School Mental Health Professionals

Position: **Actively Support**

Calendar Notification: Thursday, April 6 2023
House Education
1:30 p.m. Room 0107
(3) in house calendar.

News:

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

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

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

Position: **Monitor**

Calendar Notification: NOT ON CALENDAR

News: [Colorado legislature lends focus to youths' mental health](#)

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
Fiscal Notes: [Fiscal Note](#)
Status History: [Status History](#)

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

Position: **Support**
Calendar Notification: Friday, March 24 2023
 State Library Appropriations
 8:00 a.m. Room Old
 (4) in house calendar.
News: [Gun measures advance through Colorado legislature](#)
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 the reengrossed version of this bill as introduced in the second house.)

Status: 3/22/2023 House Committee on Judiciary Refer Amended to Appropriations
Fiscal Notes: [Fiscal Note](#)
Status History: [Status History](#)

SB23-174 **Access To Certain Behavioral Health Services**

Position:
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 provide certain behavioral health services for medicaid recipients who are under 21 years of age.

The bill requires the state department to begin to provide the services no later than July 1, 2024.

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

Status: 3/23/2023 Senate Committee on Health & Human Services Refer Amended - Consent Calendar to Senate Committee of the Whole

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-179

Dental Plans Medical Loss Ratio

Position:

Calendar Notification: NOT ON CALENDAR

News:

Sponsors: D. Moreno (D) | P. Will (R) / A. Hartsook (R) | L. Daugherty (D)

Summary:

The bill requires a health insurance carrier (carrier) that issues, sells, renews, or offers a dental coverage plan to file, beginning in 2024, dental loss ratio forms with the division of insurance (division) for the preceding calendar year in which dental coverage was provided.

The division is required to post dental loss ratio information on its website or submit the information to the administrator of the all-payer health claims database (APCD). If the information is submitted to the APCD administrator, the administrator is directed to make the information available to the public.

Once the division has collected dental loss ratio information for 2 years, the commissioner of insurance (commissioner) shall promulgate rules that create a process to identify any carriers that significantly deviate from average dental loss ratios and to investigate the causes of the deviation.

Current law requires the commissioner to adopt rules requiring every carrier providing a health benefit plan to issue to covered persons to whom an identification card is issued a standardized, printed card containing plan information. The bill amends this requirement to encompass health coverage plans.

The bill also requires prepaid dental plans to file rates with the division.

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

Status: 3/23/2023 Senate Committee on Health & Human Services Refer Amended to Appropriations

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

TO: Board of Directors
FROM: Lorraine Haywood, Deputy Director
RE: Employee Handbook Section 200 – Employee Insurance and Employee Assistance Program (EAP)
DATE: March 27, 2023

Colorado Employers Benefit Trust (CEBT) recently changed the requirement that Trust members must have 100% employee participation for full-time employees (30 hours per week or more) in order to obtain coverage through the Trust. This requirement has been lowered to 60% employee participation.

The Employee Handbook currently states that employees working 30 to 40 hours per week must participate in the Health District's group health and dental insurance plans. We are requesting Board approval to revise Section 200.01 of the Employee Handbook to reflect the recent change by CEBT to allow employees to participate in the Health District's group health and dental plans or purchase health and dental insurance at their own expense.

Over the years, full-time employees have requested to not participate in the Health District's plan because they have individual coverage or coverage through their spouse or partner that they prefer to remain on. Some of the reasons given are differences in coverages, premium costs, deductibles, and co-pay amounts when compared to Health District options. This change would allow employees who work 30 to 40 hours per week the option to participate in the Health District's group plans or obtain/retain coverage outside the Health District that better fits their individual needs.

The choice to participate in the Health District's plans or opt out can only be made upon hire or during annual open enrollment. Employees would be required to provide proof of coverage at time of hire and annually during open enrollment in order to opt out of the Health District's group health and dental insurance plans.

200.00 BENEFITS

200.01 EMPLOYEE INSURANCE AND EMPLOYEE ASSISTANCE PROGRAM (EAP)

Section A - Health Insurance

The Health District currently covers either 100%, or the prorated portion, of the cost of the employee's health insurance on the Health District's group health insurance plan, as shown in the chart in section 200.01.

Regular and Time-Limited Full-Time employees who work 30-40 hours per week unless "grandfathered" in (see below) ~~must participate in the Health District's~~ have the choice to participate in the Health District's group health insurance plan or purchase health insurance at their own expense. The choice to participate in the Health District's group health insurance plan may only be made at the time of hire or during an open enrollment period. Regular and time-limited full-time employees who have health insurance coverage from outside the Health District must provide proof of coverage at the time of hire (or at the time the employee becomes eligible for benefits) and on an annual basis thereafter during the open enrollment period. The Health District pays the full cost of the base insurance plan premium for the employee. ~~Any employee who works 30 or more hours per week and later reduces their hours to between 20 and 29 hours per week must remain on the Health District's group insurance plan until the next open enrollment period.~~

Regular and Time-Limited Part-Time employees who work 20-29 hours per week have the choice to participate in the Health District's group health insurance plan or purchase health insurance at their own expense. Part-time employees who choose to participate in the Health District's group health insurance plan will receive a prorated amount towards the cost of the base insurance plan premium as shown in the chart in section 200.01. Part-time employees who have health insurance coverage from outside the Health District must provide proof of coverage at the time of hire or at the time the employee becomes eligible for benefits and on an annual basis thereafter during the open enrollment period.

Grandfathered status applies to those employees who were receiving "cash in lieu" of health insurance coverage payments prior to June 30, 2013. As of July 1, 2013, this benefit is not available to new or returning employees. For those who were "grandfathered" effective January 1, 2014, the Health District will begin phasing out the benefit and the cash in lieu of payment received in 2013 will be frozen and reduced 10% each year over the next ten years. Benefited employees "grandfathered" into the policy that are currently receiving cash in lieu of health insurance coverage must provide proof of other insurance coverage on an annual basis during the open enrollment period. If a "grandfathered" employee chooses to be covered under the Health District's health insurance plan, their "grandfathered" status will end.

Section B - Dental Insurance

The Health District currently covers either 100%, or the prorated portion, of the cost of the employee's participation in the Health District's ~~mandatory~~ group dental plan, ~~or (at the employee's request) will apply the same dollar amount that it would have spent on the employee to a family plan; the remainder of the cost of the family plan to be deducted from the employee's pay.~~ Employees have the choice to participate in the Health District's group dental insurance plan or purchase dental insurance at their own expense. The choice to participate in the Health District's group dental insurance plan may only be made at the time of hire or during an open enrollment period. Regular and time-limited full-time employees who have dental insurance coverage from outside the Health District must provide proof of coverage at the time of hire (or at the time the employee becomes eligible for benefits) and on an annual basis thereafter during the open enrollment period.

Nurses at the Health District



Lee Thielen
Dr. Paul Mayer

Cholesterol Clinics By the Numbers



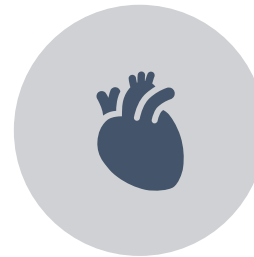
2,500 CLINICS (104/YR)



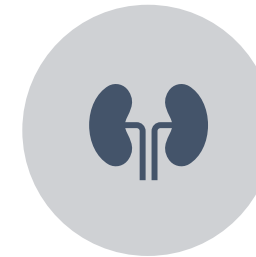
25,600* INDIVIDUALS
(1,350 UNDUPLICATED
PEOPLE/YR)



36,900 BLOOD PRESSURE
CHECKS (1,600/YR)



33,300 CHOLESTEROL
TESTS (1,400/YR)



32,000 FASTING BLOOD
GLUCOSE TESTS
(1,400/YR)

* May count some clinic participants more than once

Client Comments

Uninsured

"At this time, I do not have health insurance. This is, for me, the next best thing. Thank you!"

Support for Education and Prevention

"Valuable program. Was uninsured when I met you, and it was even more important. Believe strongly in investing health care \$ in education and prevention, from both economic and patient satisfaction standpoint, and this outreach does that well."

Long-term Impact

"This is an awesome service! Completing this screening a year ago led me to a yearlong pre-diabetes class, great information and significant lifestyle changes! This year's screening was a check in to see how I am doing."

Transition Plan for Cholesterol Clinics

Letter to past clients

Information in Compass

Phone consultation offered with
nurses to help with transition

Shifting Focus



Focus on Health Equity: Improving Healthcare Access for
Underserved Members of our Community

Improving Access to Care



MURPHY CENTER HEALTH CLINIC

IN PARTNERSHIP WITH SUMMITSTONE



HEALTH SCREENINGS FOR UNDERSERVED COMMUNITIES

DISEASE PREVENTION AND PRIMARY
CARE ACCESS



IN-HOUSE REFERRALS

HEALTH DISTRICT PROGRAMS WORKING
TOGETHER



COMMUNITY OUTREACH

PROMOTING HEALTH DISTRICT SERVICES

Additional Nursing Roles

Flu clinics for underserved communities

Emergency response- partnership with
community agencies

Community Dual Disorder Treatment
Nurse with Summitstone

Infection control for staff

Annual employee flu clinic

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
February 28, 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
Lorraine Haywood, Deputy Director
Chris Sheafor, Support Services Director
Dana Turner, Health Services Director
Laura Mai, Finance Director
Richard Cox, Communications Director
Rosie Duran, Health Care Access Manager
Julie Abramoff, Clinical Nurse Manager
Sue Hewitt, Evaluation Coordinator
Jessica Shannon, Resource Dev /Interim CIT
Paul Mayer, Medical Director
Chris Roth, IT/Network Manager

Staff Present:

Angela Castillo, Evaluator & Data Analyst
Julie Estlick, Communications Specialist
Colton Frady, Assistant Finance Director
Alyson Williams, Health Care Access Director
Anita Benavidez, Executive Assistant

Public Present:

Dan Cummings, EFL Associates
Vanessa Fewell, Larimer County
Lisa Ward, Frontline Public Affairs
Terri Paschet, League of Women Voters
Beth Thurston, League of Women Voters

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 amended, removing the December 2022 Financials from the Consent Agenda

Motion by Celeste Holder Kling / Second by Ann Yanagi / Carried Unanimously

PUBLIC COMMENT

None

Announcement: Alyson Williams is returning to the Health District as the Director of Planning, Policy, and Research and Evaluation.

DISCUSSION AND ACTIONS

Legislative Policy

HB23-1003: School Mental Health Assessment. The 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. It was amended to strike “assessment” and insert “screening; and “qualified provider” becomes a “screener.” CDPHE must utilize an evidence-based screening tool and includes a notification to parents, within 48 hours after completion of the screening, with information and resources

provided through IMatter. The bill passed House, as amended, and is in Appropriations. It has a large fiscal note.

HB23-1009: Secondary School Student Substance Use. The bill creates the Secondary School Student Substance Use Committee in the Department of Education to determine practices to identify substance abuse in secondary schools and then connect students to resources. “State-licensed or state-certified mental health professionals that provide mental health counseling” will be substituted for “school counselors”. The Advisory Committee will include representatives from rural areas. It passed House Education and is in Appropriations with a small fiscal note.

HB23-1023 increases the threshold for the public notice requirement for special district construction contracts from \$60K to \$120K with an inflation adjustment every five years. The bill passed the House with no amendments and has moved to the Senate Committee.

HB23-1070: Mental Health Professionals Practice Requirements The bill reduces the experience requirements for a marriage or family therapist license. Under current law, someone with a Master’s Degree is required to have two years of clinical supervised practice before receiving a license, while someone with a doctorate is only required to have one. The bill changes the requirement to one year regardless of degree. The intent of the bill was to say that IF these licensed professionals CAN complete the required training in under two years, they can practice independently. The bill died in Committee today.

HB23-1071: Licensed Psychologist Prescriptive Authority. The bill allows licensed psychologists to prescribe psychotropic medications once they have completed training and obtained certification issued by the State Board of Psychologist Examiners. It also requires one of the seven members of the Board to be a prescribing psychologist. The bill passed the Legislature and is on its way to the Governor’s office. It would go into effect July 1, 2023.

HB23-1130: Drug Coverage for Serious Mental Illness The bill would prohibit step therapy for “serious mental illness”, prohibiting the requirement for a person to try more than one prescription drug prior to receiving coverage for the drug recommended by the person’s health care provider. The definition of “Serious Mental Illness” has been included in the bill. It passed House Committee and is in Appropriations.

SB23-002: Medicaid Reimbursement for Community Health Services The bill requires the Department of Health Care Policy and Financing to seek federal authorization for Medicaid to pay services provided by community health workers and to implement new coverage once federal approval is granted. The bill was delayed in Committee one day due to the HCPF fiscal note. The fiscal note is only looking at direct costs, not potential savings from early intervention, improved access to care, and better outcomes for patients in underserved areas. The new hearing date is set for March 2. Proponents are working on amendments to reduce the fiscal note. CDPHE’s Community Health Worker (CHW) registry process will be defined and tied to the minimum qualifications a CHW will have to meet to be eligible for reimbursement. Different types of CHWs could be added to the registry with supervision, particularly CHWs that serve as a liaison for mental, behavioral, and dental health.

SB23-004: Employment of School Mental Health Professionals The bill authorizes school districts to employ licensed mental health professionals who are not licensed by the Department of Education. The bill passed Senate and is now in the House with no fiscal note.

SB23-091: Access to Behavioral Health Services The bill requires the Department of Health Care Policy and Finance to create limited risk factors that influence health benefits for Medicaid recipients under 21 years of age who experience a qualifying risk factor that influences health. It was killed in

Committee due to an amendment that struck most of the bill language. Therefore, the remaining bill language did not fit under the title. Expect another version of this bill to be introduced.

SB23-170: Extreme Risk Protection Order Petitions The bill repeals and reenacts the statutory article related to extreme risk protection orders. Law enforcement is not uniformly enforcing the law. It 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. A court could require enforcement of the law, if asked to intervene. The bill requires the Office of Gun Violence Prevention to expend capital funds annually on public education. A requirement for background checks and training already exists for concealed carry. There is also a bill banning assault weapons coming soon.

MOTION: To support SB23-170: Extreme Risk Protection Order Petitions
Motion by Celeste Holder Kling / Second by Ann Yanagi / Carried Unanimously

Other bills of note

HB23-1115: Repeal Prohibition for Local Residential Rent Control. The bill removes the state prohibition on local government ordinances or regulations that control rent on private residential property or private residential housing units. It passed House and is moving to Senate with no fiscal note.

Overdose Prevention Centers: A bill will be introduced leaving it up to municipalities/local control to open and operate overdose prevention centers. It will be in first Committee tomorrow, and Lisa anticipates a 100% pass in both Committee and the House. She anticipates more difficulty in the Senate. There are approximately 40 witnesses ready to testify.

Democratic Gun Legislation

HB23-1219: Waiting Period to Deliver a Firearm: The bill establishes a waiting period before a firearms seller may deliver a firearm to a purchaser. The waiting period is the later in time of three days after the initiation of a required background check or when the purchase is approved following any background check.

SB23-168: Gun Violence Victims' Access to Judicial System: Current law limits product liability actions against manufacturers of firearms and ammunition to situations in which there was a defect in the design or manufacture of a firearm or ammunition. The bill repeals that limitation and defines terms "firearm industry member" and "firearm industry product" and requires each industry member that is engaged in the manufacture, distribution, importation, marketing, or wholesale/retail sale of an industry product in Colorado to establish and implement reasonable controls and precautions.

SB23-169: Increasing Minimum Age to Purchase Firearms: Current law allows a person aged 18 or older to knowingly possess or purchase a firearm. The bill increases that age to 21 or older and lists exceptions including 18-year-olds with hunting licenses; ages 18 – 20 may purchase a handgun under supervision of immediate family over 25 or with military exceptions.

PRESENTATIONS

Medicaid Redetermination

Rosie Duran, Health District, and Vanessa Fewell, Larimer County Department of Human Services, provided insight into the unwinding of the Public Health Emergency (PHE). Existing programs and caseloads that will see an impact include Medicaid, SNAP, TANF, Child Care Assistance, Child Support, and Case Management Services.

Ms. Fewell reviewed the history of this PHE. In January 2020, when a PHE was declared, Congress passed legislation that ensured anyone enrolled in Health First Colorado was guaranteed to keep their

health coverage through the PHE; and everyone on SNAP received the maximum benefit. In December 2022 a bill was passed extending the continuous coverage while decoupling and ending (as of February 2023) the SNAP max allotment (equating to about \$90/month/person). The PHE is expected to end on May 11, 2023. HCPF anticipates it will take 12 – 18 months to unwind the PHE. More than 325K individuals, statewide, will no longer be eligible for Medicaid coverage following their annual renewal. When determining eligibility, the threshold for income has increased by \$2-7K depending on criteria. In Larimer County, there are nearly 42K renewals to be addressed throughout 2023, resulting in a caseload higher than any time previously. The County has a two-phase plan – first, updating addresses for benefits and then some renewal process education. One issue is that some kids will remain eligible for Medicaid while adults are not. Ms. Fewell shared an overview of the renewal process. Those that are no longer eligible for Medicaid will need support exploring other options. The County currently has a team of eight dedicated to these cases, starting in March including text outreach to customers in their preferred language; social media outreach; hold messaging (as individuals get through the food transition first); and partnering with community organizations to get the word out. The food banks have been funded with approximately \$15M. Salud is seeing a reduction in funding.

Ms. Duran reviewed Larimer Health Connect (LHC) efforts: The team is currently doing a lot of planning, working in partnership with Larimer County. There will be education meetings in public places that will review the variety of options, special enrollment period, and Medicare. LHC is contacting clients by phone or email each month to provide insight into the process. The Health District’s social media messaging is aligned with the State. Information will be included in the bilingual quarterly newsletter to partners and customers, as well as a story in Compass for the April edition. The Health District Prescription Assistance program is preparing for the possible influx of needs, and Integrated Care is concerned about prescriptions for behavioral health. Concerns for the community include food insecurity and care loss. Safety net clinics are at capacity or have extensive waiting lists resulting in delays in medical attention.

Advance Care Planning

The Advance Care Planning (ACP) program is in a sunset phase as the program ends in March. Jessica Shannon and Sue Hewitt reviewed the history and data of this program. The ACP program works with individuals to create a documented plan for future medical care preferences in the event the individual cannot speak for themselves later. The team also worked to raise awareness, increasing the willingness to have those conversations with families and doctors. In 2016, when ACP launched as a program, only 30% of Larimer County residents had advance care directives, and only a third of those had discussed end-of-life care with their healthcare providers. A list of community partners and program funding for 2016-2022 were shared, as well as the ACP process. Without an advance care directive, all reasonably interested persons must come to consensus. The accomplishments during the life of ACP were shared including serving over 5K individuals directly. Programming was funded through grants and donations (49%) and Health District funding (51%). According to participant feedback over the six years of this program, 100% of those surveyed agreed that this program helped them in various ways. For example, an ACP campaign in Estes Park resulted in a 32% increase of those with Advance Care Directives. Over the life of the program, individuals with advance care directives increased 7 – 8%. Employers engaged in the workplace campaigns, giving employees time to complete their directive. In the end, the program aided a culture shift through increased awareness, created a program that is sustainable, and successfully collaborated cross-sectors. It was mentioned that, early in its program, this team got Colorado to change their Medicaid rules. The program is being transferred to the Colorado State University Extension. Congratulations and sincere thanks to Mindy Rickard, who has remained with the program since its inception.

UPDATES & REPORTS

Liaison to PVHS/UCHealth North Report – Celeste Holder Kling

Ms. Kling reported that December was a big month for the ER. As reductions in contract staff diminishes, UCH is focused on retention of staff. EMS will open in Windsor on land owned by UCHealth. PVHS remodeling is moving along. The magnet site visit at PVH went well. If approved, this will be our (PVH's) sixth renewal, one of only a handful in the country with such a long record. Hospital ownership is a changing landscape in Colorado while hospitals are concerned about a bill pending in legislation that would impose limitations or remove hospital facility fees from providers across the state. Ms. Kling has a flyer highlighting this bill and will get it to Anita for distribution.

Further discussion – HB23-1215: Limits on Hospital Facility Fees: Introduced last week with Representative Boesenecker the prime sponsor in the House. It has been assigned to Health and Insurance. The Colorado Hospital Association has a strong lobby against the bill; and it will likely be amended, reducing the impact on facility fees. It could include outpatient and radiology visits. Ms. Ward will add it to the Active Monitor list.

Executive Director Updates – Lee Thielen and Chris Sheafor

There will be an election with six candidates. Celeste Kling and Ann Yanagi are not seeking re-election. Ballots will be sent to out-of-country voters mid-March with permanent and requested absentee ballots going out throughout the month of April. The election is May 2nd, and staff believes they will have the final count by the end of the evening. Dr. Mayer's hours have been increased a bit and a new HR manager, Misty Manchester, will be starting in a month.

PUBLIC COMMENT (2nd opportunity)

None

CONSENT AGENDA

- Approval of 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

MOTION: To approve the consent agenda as amended, removing the December 2022 Financials

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

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

EXECUTIVE SESSION

MOTION: To enter Executive Session for the purpose of determining 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.

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

ADJOURN OUT OF EXECUTIVE SESSION AND THE REGULAR MEETING

MOTION: To adjourn the Executive Session and Regular Meeting

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

The Executive Session and Regular Board Meeting were adjourned at 7:38 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

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
SPECIAL MEETING
March 22, 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

ABSENT: Ann Yanagi, MD, Board Secretary

Staff Present:

Lee Thielen, Interim Executive Director
Lorraine Haywood, Deputy Director

Staff Present:

Chris Roth, IT/Network Manager
Anita Benavidez, Executive Assistant

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 5:21 p.m.

The agenda was amended to remove the return to the Special Meeting for action. The meeting will adjourn from the Executive Session.

MOTION: To approve the agenda as amended

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

EXECUTIVE SESSION

MOTION: To enter Executive Session for the purpose of determining 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.

Motion by Molly Gutilla / Second by Julie Kunce Field / Carried Unanimously

The Board entered Executive Session at 5:23 pm

ADJOURN OUT OF EXECUTIVE SESSION AND THE SPECIAL MEETING

No action was taken as a result of the Executive Session.

MOTION: To adjourn the Executive Session and Regular Meeting

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

The Executive Session and Special Board Meeting were adjourned at 6:38 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

ABSENT

Ann Yanagi, MD, Board Secretary

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
SPECIAL MEETING
March 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:

Lorraine Haywood, Deputy Director
Dana Turner, Health Services Director
Laura Mai, Finance Director
Paul Mayer, Medical Director
Chris Roth, IT/Network Manager
Alyson Williams, Director, Planning, Policy,
Research & Evaluation

Staff Present:

Colton Frady, Assistant Finance Director

Public Present:

Dan Cummings, EFL Associates
Michele Christensen, Housing Catalyst
Lisa Ward, Frontline Public Affairs
Beth Thurston, LWV
Erin Hottenstein

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 5:05 p.m. It was noted that the March 22 Special Board Meeting is not in Announcements. That meeting was added with a start time of 5:15 pm.

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

PUBLIC COMMENT

None

DISCUSSION AND ACTIONS

Brief Overview of Other Relevant Bills

Alyson Williams reviewed two proposed letters supporting budget items for lifting the adult Medicaid Dental Cap and Community Health Center Funding. The Medicaid Adult Dental Cap bill is in Budget and was approved by the Joint Budget Committee. The team recommends a support or strongly support position with internal staff communicating the HD position, and the impact to HD clients, to legislators, asking them to support the budget item when it is heard on the Senate floor. With an estimated cost of \$900K, the bill will be supported by unclaimed property tax funds. This does not impact our allotted positions with Frontline.

MOTION: **To strongly support the adult dental benefits cap, supported by internal staff**
Motion by Celeste Holder Kling / Second by Joseph Prows / Carried
Unanimously

The Community Health Center Funding is one-time funding, with a Federal match, as ARPA expires this spring and the Public Health Emergency ends. The request is for a support position with internal staff conveying the importance of this funding for our community.

MOTION: To support the Community Health Center Funding in the State’s budgetary process.

Motion by Celeste Holder Kling / Second by Ann Yanagi / Carried Unanimously

Legislative Policy

Any bills currently on the HD priority list that have a fiscal note are still in Appropriations and will remain there until mid- to late-March.

HB23-1003: School Mental Health Assessment. Position: Actively Monitor. The 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. It was amended to strike “assessment” and insert “screening; and “qualified provider” becomes a “screener.” CDPHE must utilize an evidence-based screening tool and includes a notification to parents, within 48 hours after completion of the screening, with information and resources provided through IMatter. The bill passed House, as amended, and is in Appropriations. The Fiscal Notes are: 2023/24 at \$475,278 and 2024/25 at \$16,965,736.

HB23-1009: Secondary School Student Substance Use. Position: Support. The bill creates the Secondary School Student Substance Use Committee in the Department of Education to determine practices to identify substance abuse in secondary schools and then connect students to resources. “State-licensed or state-certified mental health professionals that provide mental health counseling” will be substituted for “school counselors”. The Advisory Committee will include representatives from rural areas. The terms “secondary school” and “substance use” were defined in an amendment. It passed House 2nd reading and will be moving to Senate. Fiscal Note: \$54,445 GF for one year.

HB23-1023: Special District Construction Contracts increases the threshold for the public notice requirement for special district construction contracts from \$60K to \$120K with an inflation adjustment every five years. The bill passed Legislature on March 9 and has been sent to the Governor.

HB23-1070: Mental Health Professionals Practice Requirements. Position: Support. The bill died in committee.

HB23-1071: Licensed Psychologist Prescriptive Authority. Position: Actively Monitor The bill allows licensed psychologists to prescribe psychotropic medications once they have completed training and obtained certification issued by the State Board of Psychologist Examiners. It also requires one of the seven members of the Board to be a prescribing psychologist. The bill passed the Legislature and has been signed by the Governor. The bill does include requirements for rulemaking for the State Board of Psychologists. It was enacted with the Governor’s signature but it will likely be a couple of years before any Colorado psychologists can begin prescribing.

HB23-1130: Drug Coverage for Serious Mental Illness. Position: Actively Monitor. The bill would prohibit step therapy for “serious mental illness”, prohibiting the requirement for a person to try more than one prescription drug prior to receiving coverage for the drug recommended by the person’s health care provider. “Serious Mental Illness” has been defined in the bill. It passed the House floor and is on its way to Senate. The Fiscal Note is \$106,234 to HCPF.

HB23-1209: Analyze Statewide Publicly Financed Healthcare. Position: None. The bill requires the Colorado School of Public Health, with assistance from a task force, to create a report on model legislation for a universal single-payer health care system by December 1, 2023. There are several amendments coming, including coverage for HIV and STI services, additional members to the task force

(including nurses and rural health care providers), moving the study from CDPHE to HCPF, and pushes implementation out by a year. The study and its recommendations will be public. Passed First House Committee, moving to Appropriations. The Fiscal Note: \$317,768 FY 2023/24 to multiple state agencies. The Board has previously supported a similar bill.

MOTION: To actively monitor the analysis of the statewide publicly financed health-care modeling

Motion by Celeste Holder Kling / Second by Julie Kunce Field / Molly Gutilla abstaining / Carried Unanimously

HB23-1215: Limits on Hospital Facility Fees. Position: None. The bill places limitations on hospital facility fees and requires the Department of Health Care Policy and Financing to update information and restrictions and report on facility fees. The bill has not yet had its first hearing on March 24 and amendments are anticipated.

SB23-002: Medicaid Reimbursement for Community Health Services. Position: Support. The bill requires the Department of Health Care Policy and Financing to seek federal authorization for Medicaid to pay services provided by community health workers and to implement new coverage once federal approval is granted. The bill was delayed in Committee and no new date is set. CDPHE currently maintain a voluntary registry of health navigators supported by term-limited federal grant funding, scheduled to end September 2023. The bill passed Senate Health and Human Services and is now going to Appropriations. Amendments to reduce the fiscal note are anticipated.

SB23-004: Employment of School Mental Health Professionals. Position: Active Support. The bill authorizes school districts to employ licensed mental health professionals who are not licensed by the Department of Education. Lisa and Alyson will work together to gather information on the CAYAC program that can be provided to the bill sponsor and legislators in support of the bill. The bill passed Senate and is now in the House with no fiscal note.

SB23-091: Access to Behavioral Health Services The bill was killed in committee.

SB23-170: Extreme Risk Protection Order Petitions. Position: Support. The bill allows community members, educators, licensed health care professionals, mental health professionals, and district attorneys to petition for an extreme risk protection order. Following much debate, the Bill passed Senate and is on its way to the House. Fiscal Note: \$140,462 to the Judicial Department for FY 2023-24.

SB23-174: Access to Certain Behavioral Health Services. Position: None. Former bill SB23-091. The requires the Department of Health Care Policy and Financing (HCPF) to provide certain behavioral health services for Medicaid recipients under 21 years of age without requiring a diagnosis. There is a lot of confusion in the policy world on this bill. It requires HCPF to begin to provide the services no later than July 1, 2024. Introduced in Senate with a hearing date of March 23.

SB23-179: Dental Plans Medical Loss Ratio. Position: None. The bill requires a health insurance carrier that issues, sells, renews, or offers a dental coverage plan to file, beginning in 2024, dental loss ratio forms with the Division of Insurance for the preceding calendar year in which dental coverage was provided. There is discussion around Community Benefit Dollars being part of Dental Loss Ratio. The HD, in the past, has received funding from the Delta Dental Foundation to provide services. If Community Benefit comes into question, the Foundation may lose funding and not be able to allocate funding to community partners. The recommendation is to watch the bill for any unintended consequences that may impact the HD.

ANNOUNCEMENTS

- March 14, 5:00 pm – Board of Directors Special Meeting
- **March 22, 5:15 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

EXECUTIVE SESSION

MOTION: To enter Executive Session for the purpose of determining 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.

Motion by Molly Gutilla / Second by Joseph Prows / Carried Unanimously

The Board entered Executive Session at 5:42 pm

ADJOURN OUT OF EXECUTIVE SESSION AND THE REGULAR MEETING

MOTION: To adjourn the Executive Session and Regular Meeting

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

The Executive Session and Regular Board Meeting were adjourned at 6:27 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

MEMO

Date: March 28, 2023

To: Health District Board of Directors

CC: Lee Thielen

From: Anita Benavidez

Re: Board Policy 99-4: Health District/PVHS Board Liaison

This revision includes only format changes to make the document ADA compliant.

Kind regards,

Anita Benavidez





99-4 Pol: Job Description – Health District/PVHS Board Liaison

Adopted September 25, 1996

Amended April 22, 2014 Amended Month DD, 2022

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I. **Description of the Liaison from the Health District to PVHS¹.**

The Board of Directors of the Health District will elect a representative from the elected members of the Health District Board to serve as an ex officio voting member of the Poudre Valley Health System (PVHS) Board, and as a Liaison between the Health District and PVHS. The designee will normally have been a member of the Health District Board for at least two years prior to serving in this capacity. The term of the Liaison will normally be for two years, but can be extended.

In the event that no currently elected Health District board member is appropriate or available to fulfill the role of the Liaison (due to not enough experience as a Health District board member, a conflict of interest, and/or not enough time), the currently elected Health District Board may choose to temporarily appoint an individual who has previously been elected to and served on the Health District Board (for a period of at least two years) within the past six years. The term of such appointment would be at the pleasure of the currently elected Health District Board – for example, until the currently elected Board chooses either a currently elected board member or a different prior board member – but in no case would be longer than two years. If a prior Board member accepts such an appointment, their acceptance signifies their commitment to attending both Health District and PVHS Board meetings on a regular basis and appropriately conveying information between the two boards.

II. **General Role of the Liaison**

The general role of the Liaison on the PVHS Board shall be to represent the interests of the Health District and thereby the residents of the Health District, representing the Health District mission, goals, and objectives; to monitor various lease agreements between the Health District Board, the Poudre Valley Health System Board, and the University of Colorado Health (UCH), (the JOC); and to perform the normal duties of a PVHS Board member.

III. **Liaison Responsibilities**

1. Monitor the various lease agreements between the Health District, the PVHS, and the UCH Boards.
2. Participate as the Health District's representative in developing hospital/health system strategic plans, annual operating objectives, and other hospital/health system planning and policy making.
3. Participate as the Health District's representative on the PVHS Board's Governance Committee.
4. Serve as the Health District representative at all hospital board functions.

¹ Poudre Valley Health Care, Inc., a Colorado nonprofit corporation d/b/a/ Poudre Valley Health Systems (PVHS)

5. Facilitate at least a biannual meeting between the Health District and PVHS Boards at which the strategic plans and annual objectives of each organization would be communicated.
6. When needed or appropriate, report at each Health District Board meeting on any issues related to the lease agreements, covenants, mission, goals or objectives of PVHS (or, when appropriate, UCH), and at each PVHS Board on the direction and progress of the Health District.

IV. **Working Relationships**

It is not the role of the Health District Board to interfere with the general business of the PVHS Board, nor of the PVHS Board to interfere with the general business of the Health District Board (although each has the right to provide comments to the other, as does any group). However, the Health District Board does have the responsibility to ensure that the terms and conditions of the various lease agreements and covenants between PVHS, UCH, and the Health District are upheld.

As Liaison, there will be time at which information, confidential or public, will be presented at the PVHS Board meetings which raises the question of integrity of the various lease agreements and/or covenants between the two organizations. In those situations, the guiding principle is based upon the question: "Might the proposed action by the PVHS or UCH Board be viewed as inconsistent with the spirit or the letter of the various lease agreements and/or covenants, or might the Health District Board need to know this because it relates to or might have an impact on the various lease agreements and/or covenants?" If the answer is "yes" or "maybe", the Liaison is required to bring this information to the attention of the Health District Board, and should inform PVHS that they must do so. If "no", the Liaison is not required to act. If there is confidential information that must be shared with the Health District Board, the Liaison should bring that to the attention of the Health District Board President (and, if appropriate, the Health District Executive Director) and determine with them the manner and timing in which such item would be brought forward to the Health District Board.

ADOPTED on the 25th day of September, A.D., 1996

AMENDED on the 23rd day of February, A.D., 1999

RATIFIED on the 24th day of June, A.D., 2003

AMENDED on the 15th day of February, A.D., 2006

AMENDED on the 22nd day of April, A.D., 2014

AMENDED on the DD day of Month, A.D., 2022

Attested by:

Molly J. Gutilla, MS, DrPH, President

Julie Kunce Field, JD, Vice President

Ann Yanagi, MD, Secretary

Joseph Prows, MD, Treasurer

¹ Poudre Valley Health Care, Inc., a Colorado nonprofit corporation d/b/a/ Poudre Valley Health Systems (PVHS)

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Celeste Holder Kling, JD, Liaison to PVHS Board

¹ Poudre Valley Health Care, Inc., a Colorado nonprofit corporation d/b/a/ Poudre Valley Health Systems (PVHS)



99-4 Pol: Job Description – Health District/PVHS Board Liaison

Adopted September 25, 1996

- I. **Amended Month DD, 2022 Description of the Liaison from the Health District to PVHS¹.**
The Board of Directors of the Health District will elect a representative from the elected members of the Health District Board to serve as an ex officio voting member of the Poudre Valley Health System (PVHS) Board, and as a Liaison between the Health District and PVHS. The designee will normally have been a member of the Health District Board for at least two years prior to serving in this capacity. The term of the Liaison will normally be for two years, but can be extended.

In the event that no currently elected Health District board member is appropriate or available to fulfill the role of the Liaison (due to not enough experience as a Health District board member, a conflict of interest, and/or not enough time), the currently elected Health District Board may choose to temporarily appoint an individual who has previously been elected to and served on the Health District Board (for a period of at least two years) within the past six years. The term of such appointment would be at the pleasure of the currently elected Health District Board – for example, until the currently elected Board chooses either a currently elected board member or a different prior board member – but in no case would be longer than two years. If a prior Board member accepts such an appointment, their acceptance signifies their commitment to attending both Health District and PVHS Board meetings on a regular basis and appropriately conveying information between the two boards.

II. **General Role of the Liaison**

The general role of the Liaison on the PVHS Board shall be to represent the interests of the Health District and thereby the residents of the Health District, representing the Health District mission, goals, and objectives; to monitor various lease agreements between the Health District Board, the Poudre Valley Health System Board, and the University of Colorado Health (UCH), (the JOC); and to perform the normal duties of a PVHS Board member.

III. **Liaison Responsibilities**

1. Monitor the various lease agreements between the Health District, the PVHS, and the UCH Boards.
2. Participate as the Health District's representative in developing hospital/health system strategic plans, annual operating objectives, and other hospital/health system planning and policy making.
3. Participate as the Health District's representative on the PVHS Board's Governance Committee.
4. Serve as the Health District representative at all hospital board functions.

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5. Facilitate at least a biannual meeting between the Health District and PVHS Boards at which the strategic plans and annual objectives of each organization would be communicated.
6. When needed or appropriate, report at each Health District Board meeting on any issues related to the lease agreements, covenants, mission, goals or objectives of PVHS (or, when appropriate, UCH), and at each PVHS Board on the direction and progress of the Health District.

IV. **Working Relationships**

It is not the role of the Health District Board to interfere with the general business of the PVHS Board, nor of the PVHS Board to interfere with the general business of the Health District Board (although each has the right to provide comments to the other, as does any group). However, the Health District Board does have the responsibility to ensure that the terms and conditions of the various lease agreements and covenants between PVHS, UCH, and the Health District are upheld.

As Liaison, there will be time at which information, confidential or public, will be presented at the PVHS Board meetings which raises the question of integrity of the various lease agreements and/or covenants between the two organizations. In those situations, the guiding principle is based upon the question: “Might the proposed action by the PVHS or UCH Board be viewed as inconsistent with the spirit or the letter of the various lease agreements and/or covenants, or might the Health District Board need to know this because it relates to or might have an impact on the various lease agreements and/or covenants?” If the answer is “yes” or “maybe”, the Liaison is required to bring this information to the attention of the Health District Board, and should inform PVHS that they must do so. If “no”, the Liaison is not required to act. If there is confidential information that must be shared with the Health District Board, the Liaison should bring that to the attention of the Health District Board President (and, if appropriate, the Health District Executive Director) and determine with them the manner and timing in which such item would be brought forward to the Health District Board.

ADOPTED on the 25th day of September, A.D., 1996

AMENDED on the 23rd day of February, A.D., 1999

RATIFIED on the 24th day of June, A.D., 2003

AMENDED on the 15th day of February, A.D., 2006

AMENDED on the 22nd day of April, A.D., 2014

AMENDED on the DD day of Month, A.D., 2022

Attested by:

Molly J. Gutilla, MS, DrPH, President

Julie Kunce Field, JD, Vice President

Ann Yanagi, MD, Secretary

Joseph Prows, MD, Treasurer

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Celeste Holder Kling, JD, Liaison to PVHS Board

**HEALTH DISTRICT
OF NORTHERN LARIMER COUNTY
January 2023
Summary Financial Narrative**

Revenues

The Health District is 27.75% ahead of year-to-date tax revenue projections. Interest income is 189.0% ahead year-to-date projections. Lease revenue is 1.8% behind of year-to-date projections. Yield rates on investment earnings increased to 3.82% (based on the weighted average of all investments). Fee for service revenue from clients is 3.1% ahead of year-to-date projections and revenue from third party reimbursements is 8.2% behind of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 9.1% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 13.3% behind year-to-date projections. Program variances are as follows: Administration 36.4%; Board 47.1%; Connections: Mental Health/Substance Issues Services 27.9%; Dental Services 17.2%; MH/SUD/Primary Care 10.2%; Health Promotion 16.2%; Community Impact 38.0%; Program Assessment and Evaluation 41.5%; Health Care Access 49.0%; and Leased Offices 9.0% ahead.

Capital Outlay

Capital expenditures are up to date.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 1/31/2023

ASSETS

Current Assets:	
Cash & Investments	\$6,159,090
Accounts Receivable	70,408
Property Taxes Receivable	8,625,165
Specific Ownership Tax Receivable	51,379
Prepaid Expenses	<u>61,180</u>
Total Current Assets	<u>14,967,222</u>
Other Assets:	
Lease Receivable	<u>59,828,194</u>
Total Other Assets	<u>59,828,194</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,366,355
Equipment	1,173,947
Accumulated Depreciation	<u>(3,288,407)</u>
Total Property and Equipment	<u>9,844,491</u>
Total Assets	<u><u>84,639,907</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	807,568
Deposits	15,261
Deferred Revenue	<u>204,139</u>
Total Current Liabilities	<u>1,026,969</u>
Long-term Liabilities:	
Compensated Absences	<u>20,219</u>
Total Long-term Liabilities	<u>20,219</u>
Deferred Inflows of Resources	
Property Taxes	8,395,438
Leases	<u>59,726,054</u>
Total Deferred Inflows of Resources	<u>68,121,493</u>
Total Liabilities & Deferred Inflows of Resources	<u>69,168,681</u>
EQUITY	
Retained Earnings	15,769,904
Net Income	<u>(298,677)</u>
TOTAL EQUITY	<u>15,471,226</u>
TOTAL LIABILITIES AND EQUITY	<u><u>84,639,907</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 1/31/2023

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	229,727	229,727
Specific Ownership Taxes	51,378	51,378
Lease Revenue	113,208	113,208
Interest Income	20,451	20,451
Fee For Service Income	14,111	14,111
Third Party Income	65,525	65,525
Grant Income	28,458	28,458
Special Projects	1,427	1,427
Donations	10	10
Miscellaneous Income	<u>1,043</u>	<u>1,043</u>
Total Revenue	<u>525,337</u>	<u>525,337</u>
Expenses:		
Operating Expenses		
Administration	52,978	52,978
Board Expenses	6,700	6,700
Connections: Mental Health/Substance Issues Svcs	163,308	163,308
Dental Services	254,501	254,501
Integrated Care (MHSA/PC)	98,586	98,586
Health Promotion	48,551	48,551
Community Impact	40,400	40,400
Program Assessment & Evaluation	16,836	16,836
Health Care Access	43,126	43,126
Mulberry Offices	12,633	12,633
Special Projects	43,861	43,861
Grant Projects	<u>28,293</u>	<u>28,293</u>
Total Operating Expenses	<u>809,772</u>	<u>809,772</u>
Depreciation and Amortization		
Depreciation Expense	<u>20,159</u>	<u>20,159</u>
Total Depreciation and Amortization	<u>20,159</u>	<u>20,159</u>
Total Expenses	<u>829,932</u>	<u>829,932</u>
Net Income	<u>(304,594)</u>	<u>(304,594)</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 1/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$176,774	\$229,727	(\$52,953)	\$176,774	\$229,727	(\$52,953)	\$8,625,165	\$8,395,438
Specific Ownership Taxes	43,262	51,378	(8,116)	43,262	51,378	(8,116)	625,000	573,622
Lease Revenue	121,286	119,125	2,161	121,286	119,125	2,161	1,455,433	1,336,308
Interest Income	7,077	20,451	(13,374)	7,077	20,451	(13,374)	230,000	209,549
Fee for Services Income	13,683	14,111	(428)	13,683	14,111	(428)	164,197	150,086
Third Party Reimbursements	71,384	65,525	5,858	71,384	65,525	5,858	856,606	791,081
Grant Revenue	40,060	28,458	11,602	40,060	28,458	11,602	1,065,178	1,036,720
Partnership Revenue	2,870	1,427	1,442	2,870	1,427	1,442	34,436	33,009
Donations Sponsorships/Fundraising	0	10	(10)	0	10	(10)	0	(10)
Miscellaneous Income	1,999	1,043	956	1,999	1,043	956	23,984	22,941
Total Revenue	\$478,394	\$531,254	(\$52,860)	\$478,394	\$531,254	(\$52,860)	\$13,079,999	\$12,548,745
Expenditures:								
Operating Expenditures								
Administration	\$82,776	\$52,629	\$30,147	\$82,776	\$52,629	\$30,147	\$999,427	\$946,798
Board Expenses	12,666	6,700	5,966	12,666	6,700	5,966	151,994	145,294
Connections: Mental Health/Substance Issues Svcs	224,505	161,822	62,682	224,505	161,822	62,682	2,710,028	2,548,206
Dental Services	305,004	252,469	52,534	305,004	252,469	52,534	3,708,379	3,455,910
Integrated Care (MH/SUD/PC)	109,125	97,973	11,152	109,125	97,973	11,152	1,310,500	1,212,527
Health Promotion	57,455	48,148	9,307	57,455	48,148	9,307	698,843	650,695
Community Impact	64,492	39,953	24,539	64,492	39,953	24,539	780,961	741,008
Program Assessment & Evaluation	28,439	16,650	11,789	28,439	16,650	11,789	343,786	327,136
Health Care Access	83,346	42,503	40,843	83,346	42,503	40,843	1,008,596	966,093
Leased Offices	11,576	12,624	(1,047)	11,576	12,624	(1,047)	138,917	126,293
Contingency (Operations)	0	0	0	0	0	0	128,954	128,954
Grant/Special Projects	42,930	28,293	14,636	42,930	28,293	14,636	1,099,614	1,071,321
Total Operating Expenditures	\$1,022,314	\$759,765	\$262,549	\$1,022,314	\$759,765	\$262,549	\$13,079,999	\$12,320,234
Net Income	(\$543,920)	(\$228,511)	(\$315,409)	(\$543,920)	(\$228,511)	(\$315,409)	\$0	\$228,511
Reserve Expenditures								
Special Projects	186,546	43,861	142,685	186,546	43,861	142,685	2,881,492	2,837,631
Reserve Expenditures	53,159	6,147	47,013	53,159	6,147	47,013	654,312	648,165
Total Reserve Expenditures	239,705	50,007	189,698	239,705	50,007	189,698	3,535,804	3,485,796

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 1/1/2023 to 1/31/2023

	<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	-	-	-	-	-	-	150,000	150,000
Building	-	-	-	-	-	-	-	-
Construction in Progress	-	-	-	-	-	-	50,000	50,000
Capital Equipment	-	-	-	-	-	-	-	-
General Office Equipment	-	-	-	-	-	-	264,212	264,212
Medical & Dental Equipment	-	-	-	-	-	-	-	-
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	154,860	154,860
Equipment for Building	-	-	-	-	-	-	-	-
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
							<u>\$ 619,072</u>	<u>\$ 619,072</u>
Total Non-Operating Expenditures								

Unaudited - For
Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 1/31/2023

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Administration								
Revenue:								
Miscellaneous Income	\$1,000	\$0	\$1,000	\$1,000	\$0	\$1,000	\$12,000	\$12,000
Total Revenue	1,000	0	1,000	1,000	0	1,000	12,000	12,000
Expenditures:								
Salaries and Benefits	53,653	42,360	11,293	53,653	42,360	11,293	643,836	601,476
Supplies and Purchased Services	32,388	10,617	21,771	32,388	10,617	21,771	394,774	384,157
Total Expenditures	86,041	52,978	33,063	86,041	52,978	33,063	1,038,610	985,632
Board of Directors								
Expenditures:								
Salaries and Benefits	6,525	5,629	896	6,525	5,629	896	78,303	72,674
Supplies and Purchased Services	2,933	1,038	1,895	2,933	1,038	1,895	35,191	34,153
Election Expenses	3,208	34	3,175	3,208	34	3,175	38,500	38,466
Total Expenditures	12,666	6,700	5,966	12,666	6,700	5,966	151,994	145,294
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	4,333	4,855	(522)	4,333	4,855	(522)	52,000	47,145
Total Revenue	4,333	4,855	(522)	4,333	4,855	(522)	52,000	47,145
Expenditures:								
Salaries and Benefits	201,434	148,106	53,327	201,434	148,106	53,327	2,417,205	2,269,099
Supplies and Purchased Services	35,920	15,202	20,718	35,920	15,202	20,718	447,014	431,812
Total Expenditures	237,354	163,308	74,046	237,354	163,308	74,046	2,864,219	2,700,911
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	66,313	68,418	(2,105)	66,313	68,418	(2,105)	795,755	727,337
Total Revenue	66,313	68,418	(2,105)	66,313	68,418	(2,105)	795,755	727,337
Expenditures:								
Salaries and Benefits	255,555	204,921	50,633	255,555	204,921	50,633	3,066,658	2,861,737
Supplies and Purchased Services	66,770	49,580	17,190	66,770	49,580	17,190	865,974	816,394
Total Expenditures	322,325	254,501	67,824	322,325	254,501	67,824	3,932,632	3,678,131

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 1/31/2023

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Integrated Care (MHSA/PC)								
Revenue:								
Fees, Reimbursements & Other Income	15,419	7,416	8,003	15,419	7,416	8,003	185,032	177,616
Total Revenue	15,419	7,416	8,003	15,419	7,416	8,003	185,032	177,616
Expenditures:								
Salaries and Benefits	100,330	90,461	9,868	100,330	90,461	9,868	1,203,954	1,113,493
Supplies and Purchased Services	14,096	8,125	5,971	14,096	8,125	5,971	170,147	162,023
Total Expenditures	114,425	98,586	15,840	114,425	98,586	15,840	1,374,101	1,275,515
Community Impact								
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	59,174	37,465	21,709	59,174	37,465	21,709	710,089	672,624
Supplies and Purchased Services	9,184	2,935	6,249	9,184	2,935	6,249	117,263	114,328
Total Expenditures	68,358	40,400	27,958	68,358	40,400	27,958	827,352	786,952
Program Assessment & Evaluation								
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	25,854	14,875	10,979	25,854	14,875	10,979	310,254	295,379
Supplies and Purchased Services	4,191	1,961	2,230	4,191	1,961	2,230	52,806	50,845
Total Expenditures	30,045	16,836	13,209	30,045	16,836	13,209	363,060	346,224
Health Promotion								
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	50,999	45,613	5,385	50,999	45,613	5,385	611,982	566,369
Supplies and Purchased Services	9,941	2,938	7,004	9,941	2,938	7,004	128,679	125,742
Total Expenditures	60,940	48,551	12,389	60,940	48,551	12,389	740,661	692,110

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 1/31/2023

	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	71,465	36,408	35,057	71,465	36,408	35,057	857,576	821,168
Supplies and Purchased Services	17,269	6,718	10,551	17,269	6,718	10,551	215,668	208,950
Total Expenditures	88,733	43,126	45,608	88,733	43,126	45,608	1,073,244	1,030,118
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	0	0	0	0	0	0	0	0
Supplies and Purchased Services	0	0	0	0	0	0	0	0
Total Expenditures	0	0	0	0	0	0	0	0
Mulberry Offices								
Revenue:								
Fees, Reimbursement & Other Income	15,623	21,309	(5,686)	15,623	21,309	(5,686)	187,475	166,166
Total Revenue	15,623	21,309	(5,686)	15,623	21,309	(5,686)	187,475	166,166
Expenditures:								
Salaries and Benefits	1,503	1,498	5	1,503	1,498	5	18,035	16,537
Supplies and Purchased Services	10,153	11,135	(982)	10,153	11,135	(982)	121,835	110,700
Total Revenue	11,656	12,633	(977)	11,656	12,633	(977)	139,870	127,237

Health District of Northern Larimer County

**Investment Schedule
January 2023**

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,408	0.025%	4.21%	N/A
Local Government Investment Pool	COLOTRUST	\$ 4,407,235	77.662%	4.56%	N/A
Flex Savings Account	First National Bank	\$ 240,177	4.232%	2.02%	N/A
Certificate of Deposit	Advantage Bank	\$ 142,970	2.519%	0.40%	12/27/2023
Certificate of Deposit	Advantage Bank	\$ 115,376	2.033%	0.25%	9/2/2023
Certificate of Deposit	Points West	\$ 116,256	2.049%	0.28%	6/12/2023
Certificate of Deposit	Points West	\$ 158,485	2.793%	0.32%	4/2/2024
Certificate of Deposit	Adams State Bank	\$ 242,991	4.282%	0.35%	10/7/2023
Certificate of Deposit	Mountain Valley Bank	\$ 250,031	4.406%	3.50%	7/11/2024
Total/Weighted Average		<u>\$ 5,674,929</u>	<u>100.000%</u>	<u>3.82%</u>	