



BOARD OF DIRECTORS REGULAR MEETING

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

**Tuesday, April 25, 2023
5:00 p.m.**



AGENDA

BOARD OF DIRECTORS REGULAR MEETING

April 25, 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.
- 5:15 p.m. DISCUSSION & ACTIONS**
- Update on Executive Director Search and Transition Molly Gutilla
 - Policy Alyson Williams/Lisa Ward
 - State Legislative Proposals
 - Update on Priority Bills
- 5:35 p.m. PRESENTATIONS**
- Future of the Nurses at the Health District..... Paul Mayer/Julie Abramoff
- 5:50 p.m. OTHER UPDATES & REPORTS**
- Executive Director Updates..... Lee Thielen
 - Update Regarding Board Member Election Chris Sheafor
- 6:05 p.m. CONSENT AGENDA**
- Approval of the March 28, 2023 Regular Meeting Minutes and the March 29 & 31; and April 11, 13, 14, & 17 Special Meeting Minutes
 - Approval of Policy 97-13: Electronic Communications and Policy 97-15: Employee Compensation; retirement of Policy 98-1: New Program or Project Ideas (to be replaced with an internal procedure).
 - February and March 2023 Financials
- 6:10 p.m. PUBLIC COMMENT (2nd opportunity) See Note above.**
- 6:15 p.m. ANNOUNCEMENTS**
- May 23, 2023, 5:00 pm – Board of Directors Regular Meeting
 - June 27, 2023, 5:00 pm – Board of Directors Regular Meeting
 - July 25, 2023, 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 the appointment of an Executive Director.
- 7:00 p.m. ADJOURN EXECUTIVE SESSION AND 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



 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:
[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: 4/13/2023 Senate Committee on Health & Human Services Refer Amended to Appropriations

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: 4/18/2023 House Considered Senate Amendments - Result was to Concur - Repass

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:

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 psychologists 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: Thursday, April 20 2023
GENERAL ORDERS - SECOND READING OF BILLS
(7) in senate calendar.

News:

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

Summary: *Effective January 1, 2025, **section 1** of the bill, 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.

The bill appropriates \$53,117 to the department of health care policy and financing from the general fund for use by the executive director's office to implement the bill, and recognizes that the department anticipates receiving an equal amount of federal funds to implement the bill.

(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: 4/18/2023 Senate Committee on Appropriations Refer Unamended to Senate Committee of the Whole

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1209**Analyze Statewide Publicly Financed Health-care****Position:****Actively Monitor****Calendar**

NOT ON CALENDAR

Notification:**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~~. *October 1, 2024.*

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.

The bill also exempts the analysis conducted by the Colorado school of public health from a financial aid funding requirement.

(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:

4/19/2023 Introduced In Senate - Assigned to Health & Human Services

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

NOT ON CALENDAR

Notification:**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: 4/19/2023 Introduced In Senate - Assigned to Health & Human Services

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1236

Implementation Updates To Behavioral Health Administration

Position:

Calendar Notification: NOT ON CALENDAR

News:

Sponsors: M. Young (D) | J. Amabile (D) / C. Kolker (D)

Summary: *The bill transfers certain administrative responsibilities from:*

- ★ *The behavioral health administration (BHA) to the department of human services (department);*
- ★ *The office of behavioral health (OBH) to the department;*
- ★ *OBH to the BHA; and*
- ★ *The department to the BHA.*

The bill repeals OBH as an office in the department.

The bill requires the chief information officer of the office of information technology to invite the commissioner of the BHA to select a member to represent the BHA on the government data advisory board.

The bill adds the commissioner of the BHA to the health equity commission.

The bill states that the BHA is a health oversight agency charged with overseeing the behavioral health-care system in Colorado and discharging the BHA's duties.

The bill authorizes the BHA to seek, accept, and expend gifts, grants, or donations for the purpose of administering any behavioral health program and service.

The bill requires a behavioral health safety net provider to include services that address the necessary language and cultural barriers to serve communities of color and other underserved populations.

Current law requires the department of public health and environment to continue issuing and renewing behavioral health entity licenses until June 30, 2023. The bill extends the date to September 30, 2023. The bill requires the statewide behavioral health safety net system to include services for adults who have a serious mental illness and children and youth who have a serious emotional disturbance. The bill authorizes the BHA to revoke or refuse to renew a behavioral health entity's license if the owner, manager, or administrator of the entity has been convicted of a felony or misdemeanor involving conduct that the BHA determines could pose a risk to the health, safety, or welfare of the entity's consumers. The bill requires the BHA to include in the contract for designated behavioral health administrative services organizations (BHASO) a requirement that the BHASO perform appropriate fiscal management and quality oversight of providers in its network.

Current law requires the BHA to create one regional subcommittee of the advisory council for each behavioral health administrative services organization region. The bill requires the BHA to create a regional subcommittee structure ~~of the advisory council that is not limited by the behavioral health administrative services organization region~~ as part of the BHASO to promote local community input pertaining to behavioral health service needs. *The bill adds certain members to the regional subcommittee. The bill requires the BHA to serve as the central organizing structure and responsible entity for jail-based behavioral health services. For state fiscal year 2023-24, the bill requires the BHA to safeguard partnerships between community-based behavioral health providers and rural hospitals by allocating money to community-based behavioral health providers.*

To implement the care navigation program, the bill requires the BHA to provide, directly or through contract, care navigation services and align the care navigation services with the care coordination infrastructure.

The bill continuously appropriates money to the 988 crisis hotline cash fund.

Current law specifies the rights of a person detained by a certified peace officer or emergency medical services provider and transported to an outpatient mental health facility or facility designated by the commissioner of the BHA. The bill expands the rights to any person detained whether or not the person is transported to an outpatient mental health facility or facility designated by the commissioner of the BHA.

Current law states the BHA is responsible for licensing mental health residential facilities on and after July 1, 2023. The bill extends the date to October 1, 2023. The bill extends the date that behavioral health entities can legally operate without a license from July 1, 2024, to October 1, 2024.

(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: 4/12/2023 Introduced In Senate - Assigned to Health & Human Services

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1243

Hospital Community Benefit

Position:

Calendar Notification: Thursday, April 20 2023
SENATE HEALTH & HUMAN SERVICES COMMITTEE
1:30 PM LSB-B
(1) in senate calendar.

News:

Sponsors: J. Amabile (D) / D. Moreno (D)

Summary:

The bill makes changes to the hospital community benefit and imposes certain requirements on the public presentation of each hospital's community implementation plan. The bill requires each *reporting* hospital to:

- ★ *Invite the general public to attend the reporting hospital's annual meeting by posting the invitation on the reporting hospital's website and social media accounts and distributing the invitation through the reporting hospital's electronic newsletter or e-mail lists, or in any other way that the reporting hospital regularly communicates with the community it serves, at least 30 days before the meeting is scheduled to take place;*
- ★ *Present to the community during each annual presentation the reporting hospital's community benefit activities from the previous year;*
- ★ *Solicit feedback from the community during each annual presentation of its proposed community benefit implementation plan for the following year;*
- ★ *Submit a report that details who attended the public meeting, the topics discussed at the meeting, and any decisions made as a result of the discussion;*
- ★ *Make the report available to the public; and*
- ★ *Complete a community benefit implementation plan that addresses the needs described in the reporting hospital's community health needs assessment and includes an explanation of the community served by the hospital.*

The bill requires the state *medical services* board to promulgate rules governing the accessibility standards for the public meetings and to implement best practices to ensure public engagement from a diverse range of populations.

The bill requires the department of health care policy and financing (state department) to:

- ★ *Conduct a stakeholder meeting with members of community organizations and advocates to determine best practices to ensure input from local community members is incorporated into the data used to determine community priorities as well as best practices for hospitals to collaborate with local public health agencies and community organizations to reduce redundant community needs assessments.*
- ★ *Include in its annual report a summary of the estimated federal, ~~and~~ state, and local tax exemptions ~~made~~ received by each hospital; and*
- ★ ~~Establish a minimum annual community investment target based on certain calculation standards; and~~
- ★ *Set requirements for compliance and allow the state department to take remedial action if a hospital fails to comply with the hospital community benefit*

requirements. *Such remedial action includes weekly fines for each violation .*

The bill requires a reporting hospital to expend the amount fined on community benefit investment priorities described in the reporting hospital's current community benefit implementation plan. The reporting hospital must include information on how the money from fines was expended in the reporting hospital's annual report submitted to the state department.

(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: 4/12/2023 Introduced In Senate - Assigned to Health & Human Services

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

HB23-1259

Open Meetings Law Executive Session Violations

Position:

Calendar NOT ON CALENDAR

Notification:

News:

Sponsors: L. Daugherty (D) | G. Evans (R) / R. Zenzinger (D) | C. Simpson (R)

Summary:

The bill creates a right for a local public body to cure a violation of the open meetings law with respect to an executive session if the local public body takes the corrective action at its next meeting after the meeting at which the violation occurred or at the local public body's next meeting that is held at least 14 days after receiving notice by a person who intends to challenge the violation. The bill requires that, in order to have standing, a person who intends to challenge a violation of the open meetings law by a local public body in connection with an executive session must first provide notice to the secretary or clerk of the local public body and the parties must meet or communicate before the next meeting of the local public body to determine if the challenge can be resolved without filing with the court. ~~If the local public body cures the violation, a person does not have standing to challenge the violation.~~ *However, if a local public body in connection with an executive session commits a third violation the same nature within a one-year period, the local public does not have a right to cure the violation.*

Under current law, if the court finds a violation of the open meetings law, a prevailing citizen is entitled to costs and reasonable attorney fees. If the court does not find a violation, the prevailing party may recover costs and reasonable attorney fees if the court finds that the action was frivolous, vexatious, or groundless. *The bill provides that for certain challenges by a pro se plaintiff that are brought in connection with provisions governing executive sessions in the open meetings law, the pro se plaintiff is not entitled to an award of costs or attorney fees.* The bill also creates an additional allowance in connection with a challenge filed that concerns an action by a local public body for an executive session to allow a local public body to recover costs and reasonable attorney fees if the court determines ~~the person filing the challenge has not complied with the notice requirements or~~ that the local public body has cured the violation.

(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: 4/14/2023 House Third Reading Passed with Amendments - Floor
Fiscal Notes: [Fiscal Note](#)
Status History: [Status History](#)

SB23-002
Medicaid Reimbursement For Community Health Services

Position: **Support**
Calendar Notification: Friday, April 21 2023
 State Library Appropriations
 8:00 a.m. Room Old
 (15) in house 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: 4/18/2023 House Committee on Public & Behavioral Health & Human Services Refer Unamended to Appropriations
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:

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: 4/19/2023 Senate Considered House Amendments - Result was to Concur - Repass

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: NOT ON CALENDAR

News: [More than \\$32M has been spent lobbying Colorado legislature, state government since July. These are the biggest spenders.](#)
[Colorado General Assembly works through the weekend to advance two major gun laws](#)

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: 4/19/2023 Signed by the Speaker of the House

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-174
Access To Certain Behavioral Health Services

Position: **Support**

Calendar Notification: Thursday, April 20 2023
 GENERAL ORDERS - SECOND READING OF BILLS
 (6) in house calendar.

News:

Sponsors: C. Kolker (D) | B. Gardner (R) / M. Lukens (D) | T. Winter (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.

On or before November 1, 2025, and each November 1 thereafter, the bill requires the state department to report to the house of representatives public and behavioral health and human services committee and the senate health and human services committee, or their successor committees, on the utilization of the services provided for in the bill and any feedback received from stakeholders in implementing coverage for those services.

(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: 4/14/2023 House Second Reading Laid Over Daily - No Amendments

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 requires the commissioner to adopt rules that require each carrier that provides a dental coverage plan to issue to covered persons to whom a dental coverage plan identification card is issued a standardized written or virtual card containing plan information.~~

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

The bill appropriates money from the division of insurance cash fund to the department of regulatory agencies for personal services and operating expenses.

(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: 4/18/2023 House Committee on Public & Behavioral Health & Human Services Refer Unamended to Appropriations

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-260 **Individual Access To Publicly Funded Vaccines**

Position: **Support**

Calendar Notification: Tuesday, April 25 2023
Public & Behavioral Health & Human Services
1:30 p.m. Room 0107
(3) in house calendar.

News:

Sponsors: K. Mullica (D) | F. Winter (D) / M. Lindsay (D)

Summary:

The bill prohibits a physician, a physician assistant, an advanced practice registered nurse, or any other person who is authorized by law to administer a vaccine to an individual from:

- ★ Requiring an individual who seeks to receive a publicly funded vaccine to present a government-issued identification card, social security card, social security number, proof of health insurance, or payment of a vaccine administration fee in order to receive such vaccine; or
- ★ Charging the individual for the cost of a vaccine that is paid for by the federal, the state, or a local government, except for the administrative cost for administering the vaccine.

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

Status: 4/18/2023 Introduced In House - Assigned to Public & Behavioral Health & Human Services

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

SB23-286 **Access To Government Records**

Position:

Calendar Notification: Thursday, April 20 2023
SENATE STATE, VETERANS, & MILITARY AFFAIRS COMMITTEE
1:30 PM Old Supreme Court
(2) in senate calendar.

News:

Sponsors: C. Hansen (D) / M. Snyder (D) | M. Soper (R)

Summary:

The bill makes changes to the "Colorado Open Records Act" (CORA) and to record retention requirements for state agencies.

Definitions. The bill modifies the definition of "public records" (records) in CORA to clarify that writings made, maintained, or kept by the state, including any office of the state, are records. The bill also changes the definition of "electronic mail" to "electronic communication" to encompass all forms of electronic communication.**Format of records for inspection.** Current law specifies how a custodian is required to provide a record for inspection if the record is available in a digital format that is sortable, searchable, or both. The bill specifies that if a record is available and can be transmitted in digital format, the custodian is required to transmit the record by electronic communication unless otherwise requested by the requester. In addition, the bill prohibits a custodian from converting a digital record into a non-searchable or non-sortable format prior to transmission.**Records subject to inspection.** CORA currently allows a custodian to deny a requester's right to inspect certain records on the ground that disclosure of the record would be contrary to the public interest. The bill includes in this category the telephone number or home address that a person provides to an elected official for the purpose of future communication with the elected official.

The bill specifies that if an elected official is the subject of a government-authorized investigation into the elected official's alleged sexual harassment in the workplace, the final report of the investigation is a public record; except that the identity of any accuser and any potentially identifiable characteristics of any accuser must be redacted unless the identity of all accusers is already known to the public.

Transmission and per-page fees for records. Currently, a custodian may transmit a record to a requester in one of several ways and may charge the requester for the costs associated with transmitting the record; except that the custodian may not charge a fee if the record is transmitted via electronic communication. In addition, a custodian may currently charge a per-page fee for providing copies of a record. The bill specifies that the custodian may not charge a per-page fee if the records are provided in a digital or electronic format.**Electronic payments.** The bill requires a custodian to allow records requesters to pay any fee or deposit associated with the request via a credit card or electronic payment if the custodian allows members of the public to pay for any other product or service provided by the custodian with a credit card or electronic payment.**Records retention requirements.** The bill requires all electronic communications sent to or received by an officer or employee of a state agency, the contents of which include any discussion of the public business of the state agency and are relevant to any proceeding in which the state agency is involved, to be retained for at least the length of the applicable proceeding. In addition, the bill requires each state agency to retain all electronic mail messages in its custody or control that may be responsive to a request for records pursuant to CORA until the request for records and any subsequent appeals are resolved.

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

Status: 4/17/2023 Introduced In Senate - Assigned to State, Veterans, & Military Affairs

Fiscal Notes: [Fiscal Note](#)

Status History: [Status History](#)

The Future of the Heart Health Promotion Program



JULIE ABRAMOFF BSN, RN

MAGGIE MUELLER BSN, RN

ANGELA CASTILLO, MA



Since 1998, Health District nurses have provided cholesterol and blood pressure testing to the community.

History of our Program

Clinics held at convenient sites throughout the community

Churches

Senior Center

Health District

Businesses

What makes
our service
unique?

Detailed explanation of test results

Individualized lifestyle counseling

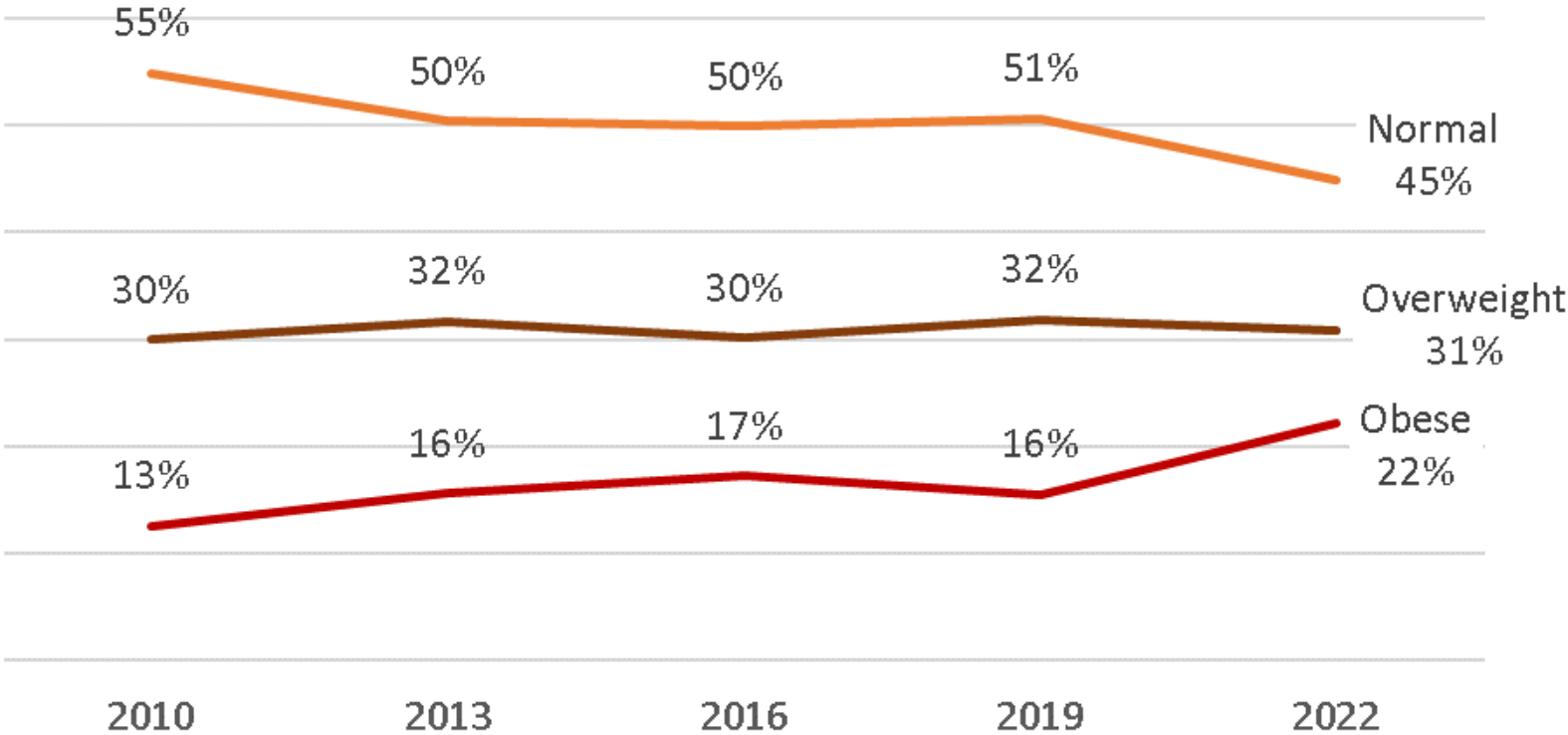
Recommendations to follow up with
PCP

65% of clients contacted followed up
with PCP



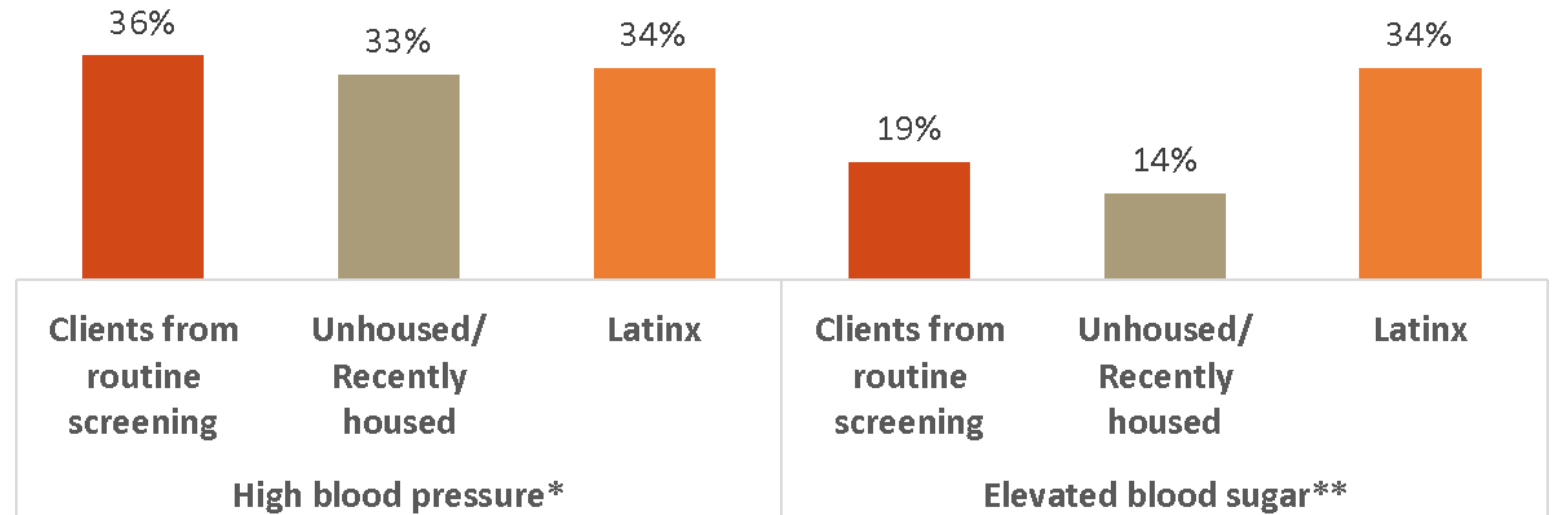
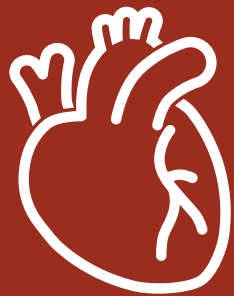
Community Health Data

Health District BMI Trend



Source: Larimer County Community Health Survey, 2022, Health District

Identified High Blood Pressure* & Elevated Blood Sugar**

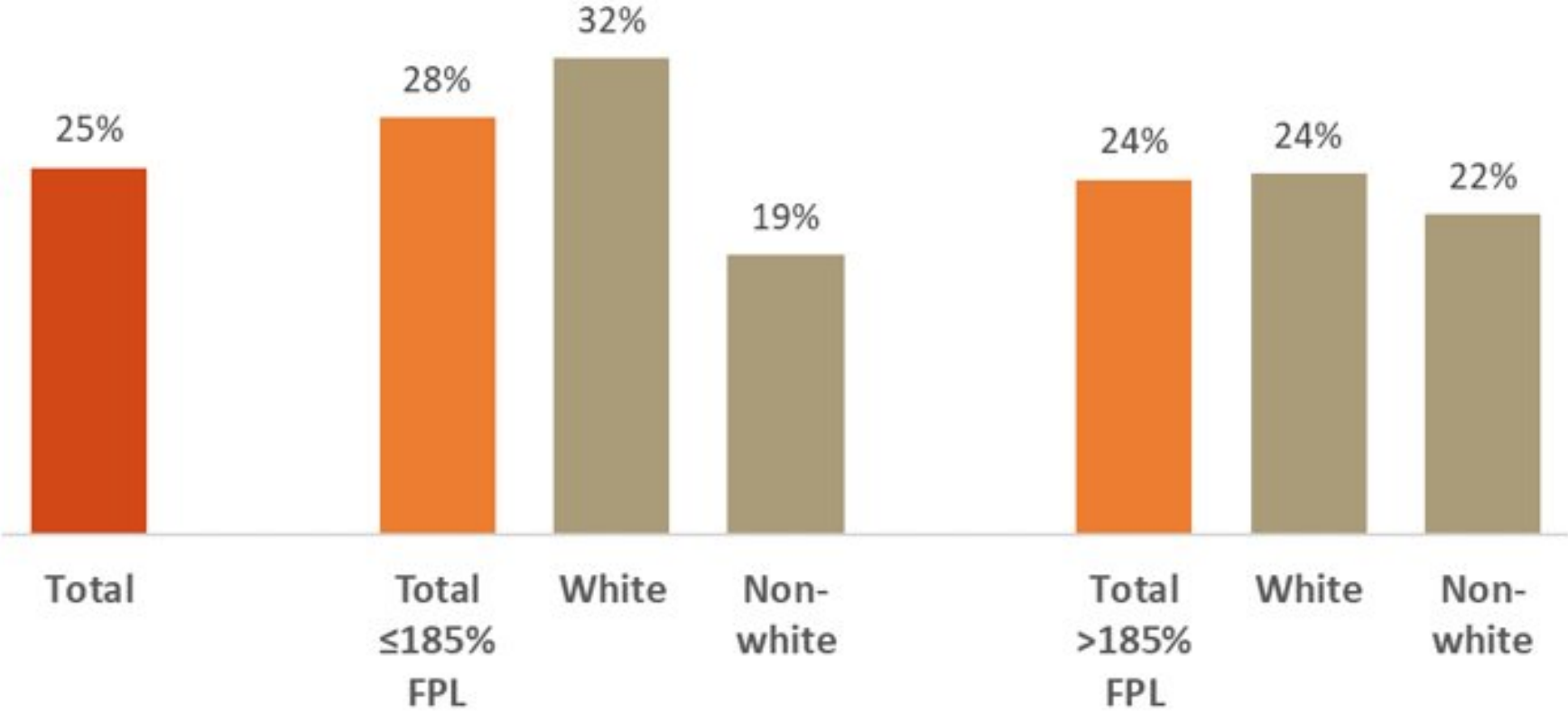


*Systolic ≥ 140 and/or diastolic ≥ 80

**Fasting ≥ 100 or non-fasting ≥ 120

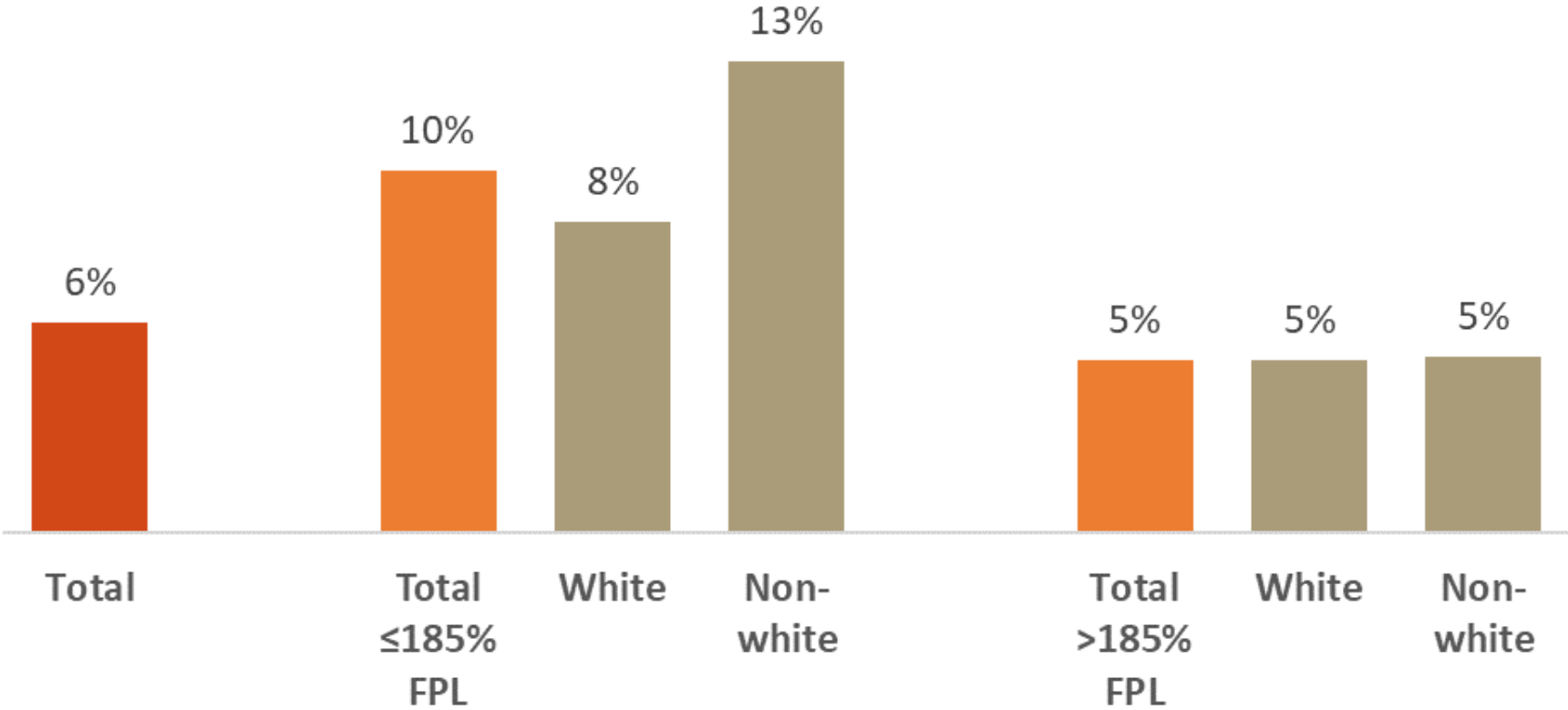
Unhoused/recently housed data reflects clinics at Murphy Center, Mason Place and Redtail Ponds; and Latinx data reflects clinics at La Familia.

Health District High Blood Pressure

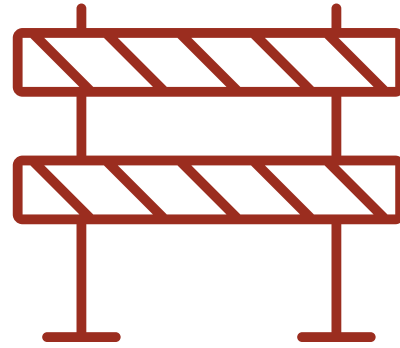


Source: Larimer County Community Health Survey, 2022, Health District

Health District Diabetes

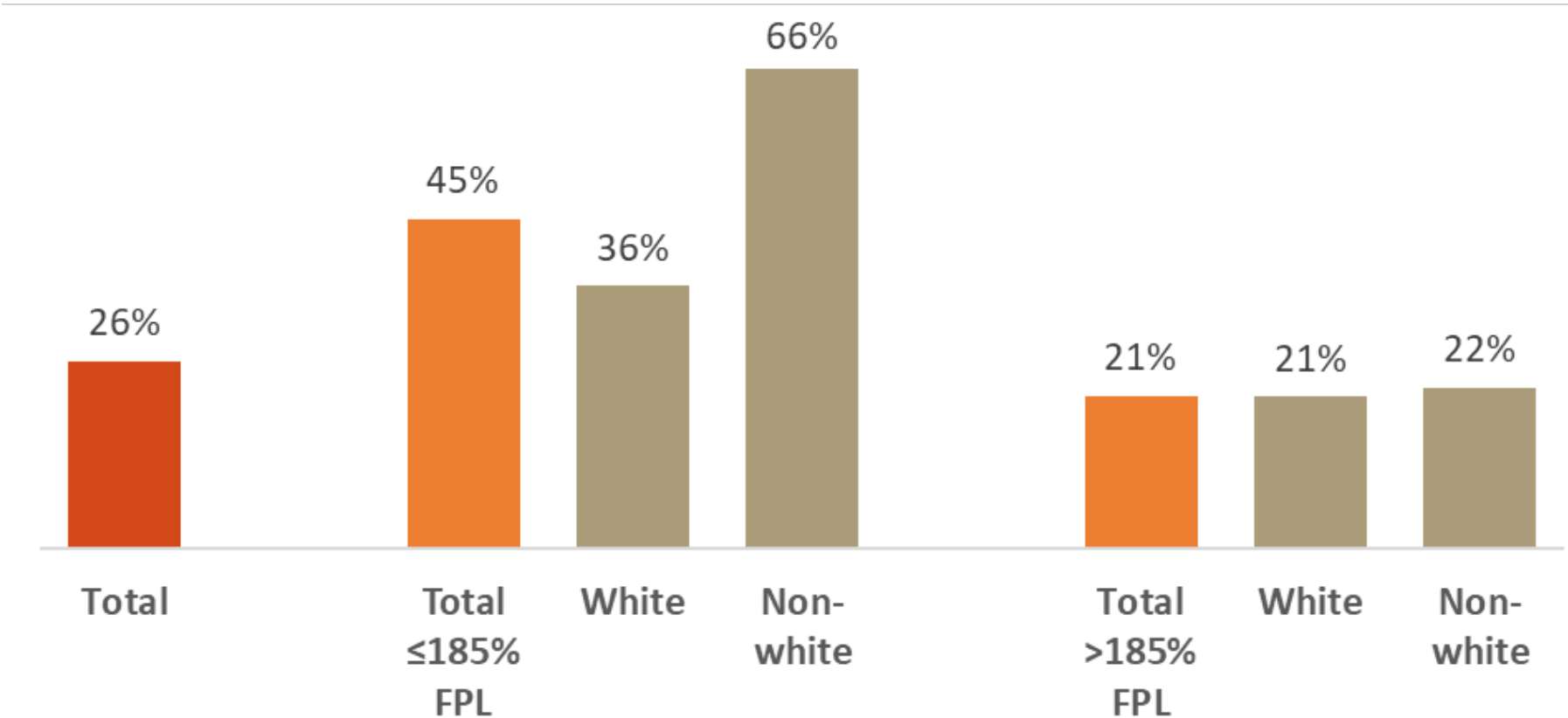


Source: Larimer County Community Health Survey, 2022, Health District



Barriers to Access

Health District Residents Without a PCP

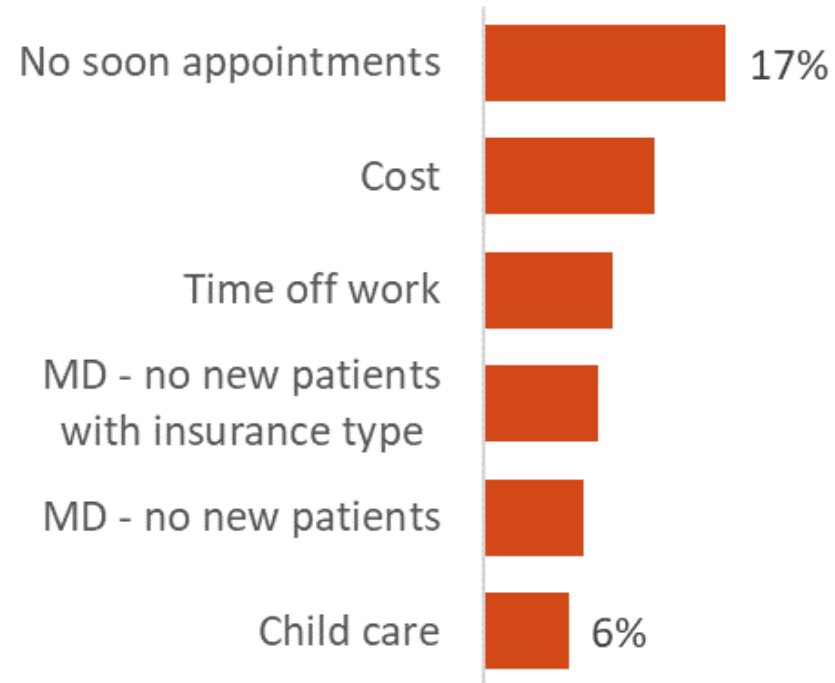


Source: Larimer County Community Health Survey, 2022, Health District

Healthcare Access

18% have not visited a healthcare professional or healthcare facility at all in the past 12 months

Barriers



CHANGES TO MEDICAID AND SNAP BENEFITS

WAIT TIMES

- Clinic wait times (3+ months)
 - Salud
 - FMC
 - AFM



- More uninsured and underinsured in our community
- Families may choose between food, medicine, and housing needs
- Reduced capacity of safety net clinics due to less reimbursements



Shifting Focus

Health Equity: Improving Healthcare Access for Underserved
Community Members



Health Equity: Improving Healthcare Access for Underserved Community Members

<p>Focused Blood Pressure and Blood Glucose Screening</p> <ul style="list-style-type: none">• Unhoused and recently housed communities	<p>Biometric Screening</p> <ul style="list-style-type: none">• Latinx, rural, and other communities	<p>Community Services and Outreach</p>	<p>Health Clinic at the Murphy Center</p>
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Improving Access to Healthcare

In partnership with Rocky Mountain Health Plans at
Murphy Center, Mason Place and Redtail Ponds

- Blood pressure
- Blood glucose
- Cholesterol testing offered once a year at each location
- Referral to other Health District programs



Improving Access to Healthcare

Partnership with La Familia, Red Feather Lakes and future community partners

- Pre-diabetes risk assessment
- Blood pressure
- Blood glucose
- Cholesterol testing
- Heart disease risk estimator
- Referral to other Health District programs

Improving Access to Healthcare

Community Services and Outreach

In-house Referrals

- Nurse availability for clients from other programs to address topics such as blood pressure and blood glucose until they can see their PCP

Additional Events

- Community outreach events – a marketing tool for ALL programs
- Flu clinics for underserved communities
- Small number of community clinics

Thank you for this free screening. I cannot afford health insurance. (Cheri also directed me to Larimer Health Connect) :).



Improving Access to Healthcare

Health clinic partnership with Murphy Center and SummitStone

- Assist in providing quality, accessible healthcare to guests
- Nurses will help contribute to the success of the clinic likely through primary care and triage



How will
this be
evaluated?

Results Based Accountability

Partners

Organizations and other Health District programs that can help reach under-served populations

Activities

Services tailored to populations in various settings

Effort

Effect

	How much?	How well?
	<ul style="list-style-type: none"> # of people served 	<ul style="list-style-type: none"> % of people satisfied
	Is anyone better off?	
		<ul style="list-style-type: none"> % of people with improved understanding of test results % referred to a doctor or their PCP who get connected?*

*Currently, our ability to track this is limited. It goes on our Data Development Agenda.



But wait, there's more...

- Community Dual Disorder Treatment Nurse with SummitStone
- Management of Quit Tobacco Program
- Infection control for staff
- Annual employee flu clinic
- Emergency response- partnership with community agencies



Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
March 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
Jessica Shannon, Res. Dev/Spcl Proj's Manager
Paul Mayer, Medical Director
Chris Roth, IT/Network Manager
Angela Castillo, Evaluator & Data Analyst

Staff Present:

Julie Estlick, Communications Specialist
Sue Hewitt, Evaluation Coordinator
Andrea Holt, IC Program Manager
Maggie Mueller, Community Health Nurse
Alyson Williams, PPRE Director
Anita Benavidez, Executive Assistant

Public Present:

Erin Hottenstein
June Hyman-Cismoski
Michele Christensen
Lisa Ward, Frontline Public Affairs
MJ Jorgensen

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 Celeste Holder Kling / Second by Ann Yanagi / Carried Unanimously

PUBLIC COMMENT

None

DISCUSSION AND ACTIONS

Legislative Policy – Long Bill

Medicaid Adult Dental Cap Increase of \$4.6M funds, including \$1.2M cash funds from unclaimed property trust fund, transferred to the adult dental fund, to eliminate the annual \$1,500 cap on the adult dental benefit.

Primary Care Grants An increase of \$14M total funds, including \$7M general fund, for primary care grant program that provides money to Federally Qualified Health Centers and other primary care providers where at least 50% of patients served are uninsured or medically indigent.

HB23-1003: School Mental Health Assessment (Actively Monitor) The bill has undergone changes to reduce the Fiscal Note. There is a government budget item to continue the IMatter program with General Fund dollars (currently funded with ARPA funds). The \$16,965,736 GF would be used to support an expansion to IMatter based on an estimate of increased caseload.

HB23-1209: Analyze Statewide Publicly Financed Health Care (No position) Several amendments are coming including HIV/STI prevention and treatment at the request of the LGBTQ+ community; additional Task Force members such as RN's, mental health professionals, rural stakeholders, and labor representatives. The bill moved from CDPHE to HCPF oversight. It passed first House Committee and is going to Appropriations. Fiscal Note: \$317,768 for FY 2023-2024 to multiple state agencies.

HB23-1215: Limits on Hospital Facility Fees (No position) Amendments include the requirement to produce an independent, third-party report to better understand facility fees, their impact on consumers, and the mechanisms through which hospitals cover their core costs. Exemptions to this bill include "critical access" and "sole community" hospitals. There is a limit for charging patients facility fees on telehealth services, preventative services and primary care. It provides Coloradans recourse when they are charged an improper facility fee by making it a deceptive trade practice. The bill passed first House Committee. Fiscal Note: \$532,800 to the Department of Health Care Policy and Financing.

HB23-1243: Hospital Community Benefit (No position) The bill requires HCPF to establish a minimum annual community investment threshold for hospitals, restricts out-of-state spending for hospitals, and adds reporting and stakeholder engagement requirements to the Hospital Community Benefit Program. Education and training of staff are not included in the Community Health Benefit. The Health District is primarily interested in the bill because of the community health survey and reducing community assessment redundancy, as well as better alignment of community data collection.

As part of the hospitals community health needs assessments, the bill requires HCPF to conduct stakeholder engagement with local public health agencies, consumer advocates, community organizations, and hospital representatives to identify and develop, at a minimum, best practices for hospitals to collaborate with local public health agencies and community organizations to reduce redundant community needs assessments, and that the state board shall promulgate rules to implement the best practices identified and developed. Hearing on March 29 at 1:30 pm.

There was discussion that the HD has been working toward collaboration with community partners and welcomes the opportunity to make that happen. A Board member noted the challenge in collaboration with the hospital's 5-year mandate for surveys vs. the HD's 3-year.

HB23-1259: Open Meetings Law Executive Session Violations The bill creates a right for a local public body to cure a violation of the open meetings law with respect to an executive session if the local public body takes the corrective action at its next meeting after the meeting at which the violation occurred or at the local public body's next meeting that is held at least 14 days after receiving notice by a person who intends to challenge the violation. It helps local governments remedy violations of open meetings law as related to the executive session. Introduced into the House on March 26, 2023 and has been assigned to State, Civic, Military & Veteran Affairs.

SB23-170: Extreme Risk Protection Order Petitions (Red Flag Law) The bill has one vote left to pass before it goes to the Governor.

All firearm bills are going through except the ban on assault weapons, which has not had a hearing at this time.

SB23-179: Dental Plans Medical Loss Ratio (No position) The bill is in its first hearing with a lot of talk about community benefit. The Delta Dental contributions to the Health District have been in the range of \$26K - \$28K per year. There are still some amendments being made to the bill.

Property Taxes The Bell Policy Center, in partnership with the Colorado Education Association, filed eight proposed 2023 ballot measures with the Title Board that would reduce or cap property tax increases and/or use Taxpayer's Bill of Rights surplus to backfill school, fire districts, and local water project budgets. The intent is to drive direct TABOR surplus (>\$2.5B in current fiscal year) to these three entities. Additionally, there would be a cap for commercial and residential property tax increases at 3% annually, unless a property is valued at more than \$2M or \$3M, depending on the version of the ballot measure.

Change to Employee Handbook regarding health insurance, Lorraine Haywood Approval of a change in the Employee Handbook is being sought to align the Health District's Health Insurance mandates with the revised CEBT (provider) requirements. Initially the requirement was that all employees at 30+ hours were required to take the HD health insurance. CEBT has changed that requirement to 60% of those employees who can prove insurance coverage from another source. Right now, there is about 40% of the HD staff that could decline coverage with only 2% currently declining. If the Health District exceeded that 40%, anyone over that percentage could not decline coverage. Coverage can be declined at hiring or during the open enrollment period.

MOTION: To approve the change to health insurance requirements in the Employee Handbook
Motion by Celeste Holder Kling / Second by Julie Kunce Field / Carried
Unanimously

Health District Board Liaison to PVHS, Bylaws, Lorraine Haywood/Celeste Holder Kling A change to the Board Liaison Job Description is suggested to clarify the requirement for Liaison participation in all HD Board meetings. There was general discussion about the history of the participation requirement and the requirement that the Liaison be a HD Board member for two years. The obligation is for the Liaison to attend the PVHS Board meetings to represent the Health District. Reporting back from those meetings could be provided in a myriad of ways that wouldn't require 100% attendance at HD Board meetings. This Liaison would still vote on behalf of the Health District at PVHS Board meetings. The changes submitted previously were format only changes for ADA compliance. The suggested language would read:

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. ***The required frequency of attending Health District board meetings and the methods of reporting and conveying information between the boards shall be agreed between the Board and the acting Liaison at the time the appointment is made and accepted. The frequency may be modified by mutual agreement as the needs change.***

MOTION: To approve a change in the language, as noted above, of the Board Liaison Job Description
Motion by Celeste Holder Kling / Second by Julie Kunce Field / Carried
Unanimously

A Board member commented that, given the busy pace of Board life these days, it is good that the Board is taking the time to review Board policies.

PRESENTATIONS

2023 Board of Directors Election Update, Chris Sheafor The election is well underway with mailing to approximately 2,700 permanent mail-in requests and an additional 100 requests. The League of Women

Voters will host a Health District candidate forum on April 6, 7:00 pm, at the Fort Collins City Council Chambers. It will be both recorded and televised. There will also be links to the recording on websites for both the League of Women Voters and the Health District. The *Compass* edition highlighting the candidates will go out on April 11 so staff is anticipating a spike in requests. Absentee ballots can be requested until April 25. Election day is May 2 and the election judges have been recruited. Staff hopes to have the results that night. It was mentioned by a Board member that it is discouraging that the participation in the Special District voting is so low compared to the 175K potential voters.

Update on Health Promotions Evolution Planning, Paul Mayer/Lee Thielen This presentation is a preview with full details coming in the April Board meeting. Staff reviewed the accomplishments of this vibrant program over the years and shared client comments. The transition plan for Cholesterol Clinics includes letters to past clients, information in *Compass*, and offering phone consultations with nurses. Going forward the focus for the Health Promotions team is on Health Equity: Improving Healthcare Access for Underserved Members of our Community. There is additional focus on in-house referrals. Much is being done to lay the groundwork. The nurses will continue to provide flu clinics in underserved communities and for staff; emergency response partnership with community agencies, CDDT with SummitStone and infection control for staff. A recent client survey was shared, expressing their positive views of the staff and the programs, saying that the HD role was pivotal in making wise and healthy choices. A Board member expressed concern about adequate access to services for our community, as we shift programs away from the HD.

UPDATES & REPORTS

Liaison to PVHS/UCHealth North Report – Celeste Holder Kling
Nothing to report at this time.

Executive Director Updates – Lee Thielen Ms. Thielen reminded the Board that the new Remote Work Policy takes full effect on April 1, with a maximum of 40% remote work, if the HD would benefit from the arrangement. The March 23 All-Staff Meeting was a great success. Kudos to Kerri Fagan, who did the baking and prepping. The camaraderie among staff was uplifting. Misty Manchester, the HD HR Manager, starts this week and Alyson Williams is pulling together her program. The HD has been approached by Red Feather Lakes to conduct another Community Health Survey for their locale. Dr. Mayer is investigating the feasibility. Some of the staff visited the Family Medicine Center with Andrea Holt presenting. An interesting fact: Residents coming out of FMC score higher on Mental Health than the national stats. Staff will arrange an FMC presentation in the April or May Board meeting. The ED search is moving along with seven first-round interviews on March 29th and 31st. Space on calendars has been reserved for final interviews on April 13 and 14. The full Board is involved, as well as Michael Allen, (SummitStone) and George Hayes (PVHS). Final candidates will be announced publicly. By law, no offer can be presented until 14 days after the announcement.

PUBLIC COMMENT (2nd opportunity)

Erin Hottenstein spoke, encouraging the Board to add executive coaching to the incentive package for the new Executive Director. In her work, she has seen this coaching make a significant difference to success. The Board responded that executive coaching is included.

CONSENT AGENDA

- Approval of February 28, 2023 Regular Meeting Minutes and March 14 and March 22, 2023 Special Meeting Minutes
- ~~Board Policy 99-4: Job Description Health District/PVHS Board Liaison~~
- January 2023 Financials

MOTION: To approve the consent agenda with Policy 99-4 removed for additional revisions.

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

ANNOUNCEMENTS

- March 29, 8:00 am – Board of Directors Special Meeting
- March 31, 8:00 am - Board of Directors Special Meeting
- 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

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

Executive Session convened at 6:26 pm.

ADJOURN OUT OF EXECUTIVE SESSION AND THE REGULAR MEETING

MOTION: To adjourn the Executive Session and Special Meeting

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

The Executive Session and Special Board Meeting were adjourned at 7:27 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

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
SPECIAL MEETING
March 29, 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 Roth, IT/Network Manager

Staff Present:

Anita Benavidez, Executive Assistant

Public:

Michael Allen, SummitStone

CALL TO ORDER, INTRODUCTIONS & AGENDA

Director Molly Gutilla called the meeting to order at 8:05 a.m.

MOTION: To approve the agenda as presented

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 Julie Kunce Field / Second by Ann Yanagi / Carried Unanimously

The Board entered Executive Session at 8:06 am

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 Special Meeting

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

The Executive Session and Special Board Meeting were adjourned at 12:15 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
March 31, 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 Roth, IT/Network Manager

Staff Present:

Anita Benavidez, Executive Assistant

Public:

Michael Allen, SummitStone

CALL TO ORDER, INTRODUCTIONS & AGENDA

Director Molly Gutilla called the meeting to order at 8:02 a.m. It was determined that the Board would not need to return to the Special Meeting following the Executive Session.

MOTION: To approve the agenda as Amended

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

The Board entered Executive Session at 8:03 am

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 Special Meeting

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

The Executive Session and Special Board Meeting were adjourned at 11:50 am.

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
April 11, 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
Paul Mayer, Medical Director
Chris Roth, IT/Network Manager
Angela Castillo, Evaluator & Data Analyst

Staff Present:

Misty Manchester, HR Manager
Alyson Williams, PPRE Director
Anita Benavidez, Executive Assistant

Public Present:

George Hayes, PVHS
Michael Allen, Summit Stone
Dan Cummings, EFL Associates
Erin Hottenstein
Lisa Ward, Frontline Public Affairs

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

The Board welcomed Misty Manchester, the new Human Resources Manager.

PUBLIC COMMENT

None

DISCUSSION AND ACTIONS

Legislative Policy

State Legislative Proposals

There are 27 days left in this year's session and the pace is increasing. Some legislation has already been passed on for the Governor's signature.

The Budget goes to a Conference Committee tomorrow to decide which items remain funded. It is anticipated that the following shall remain: Family Planning at CDPHE (\$1M); mobile clinic efforts at CDPHE including services for underinsured patients (\$3.6M); the 3% Community Provider Rate Increase; the Medicaid Adult Dental Cap (\$4.6M); and Primary Care Grants (\$14M).

Update on Priority Bills

HB23-1003: School Mental Health Assessment (Actively Monitor) The fiscal note has been reduced by amendment. There are other amendments pending around parental rights. Scheduled hearing date is April 14.

HB23-1009: Analyze Statewide Publicly Financed Health Care (No position) Passed Appropriations and has moved to the Senate floor, with a Fiscal Note of \$54,445 GF for one year.

HB23-1023: Special District Construction Contracts Passed Legislature on March 9 and has been sent to the Governor.

HB23-1070: Mental Health Professionals Practice Requirements Died in Committee on February 28.

HB23-1071: Licensed Psychologist Prescriptive Authority. Passed Legislature and was signed into law by the Governor.

HB23-1130: Drug Coverage for Serious Mental Illness. Passed House and is on its way to the Senate.

HB23-1209: Analyze Statewide Publicly Financed Health-Care Passed first House Committee and is going to Appropriations. There is some question about whether it will get funded.

HB23-1215: Limits on Hospital Facility Fees (No position) Passed first House Committee with significant amendments and is in Appropriations. It has only passed one vote to date.

HB23-1236: Implementation Updates to Behavioral Health Administration Just passed House and moving to Senate with 14 amendments, mostly around implementation dates and administration logistics. An amendment was added last night to include a third-party audit of BHASOs. Enforcement dates have been pushed back by three months.

Regional Mapping for State Intermediaries: BHASO and Regional Accountable Entities (RAE) The Behavioral Health Administration (BHA) was officially established in 2022 under HB22-1278. It requires the BHA to establish regionally based Behavioral Administrative Service Organizations by July 1, 2024. The BHASOs will consolidate the existing Administrative Service Organizations, Managed Service Organizations, and community mental health center funding, intending to meet the goal of expanding regional access to mental health care, substance use care, crisis services, care coordination, and other safety net services. They currently suggest three regions, with RAEs aligning within those. Staff recommends that the Board support a proposal to keep Larimer County and Weld County in the same region. The East region most aligns with local utilization of services. Staff have included a proposed letter in the Board packet.

**MOTION: To support keeping Larimer and Weld Counties together in the East region and authorizes staff to submit their letter to the appropriate organization.
Motion by Julie Kunce Field / Second by Ann Yanagi / Carried Unanimously**

HB23-1243: Hospital Community Benefit (No position) Passed to Senate today with significant amendments.

HB23-1259: Open Meetings Law Executive Session Violations Has had one hearing, passing House Committee and moving to House Floor.

SB23-002: Medicaid Reimbursement for Community Health Services The bill passed Senate and is now moving to the House with a reduced fiscal note (\$11M and \$13M in out years). It has been amended, narrowing the definition of a community health worker. Front-line liaison for physical, behavioral, and

dental services, as well as education on social determinants of health. HCPF must apply for Federal Authorization no later than July 1, 2024. Implementation is not likely until 2025, at the earliest.

SB23-004: Employment of School Mental Health Professionals Passed the House Committee with an amendment that ensures licensed mental health professionals who are not licensed by the Department of Education shall not replace those who are already existing in the schools and defines who can supervise the school-based therapists.

SB23-091: Access to Behavioral Health Services Killed in Committee February 28.

SB23-170: Extreme Risk Protection Order Petitions (Red Flag Law) Passed Legislation and awaiting the Governor's signature.

SB23-174: Access to Certain Behavioral Health Services (replaces SB23-091). The bill allows RAEs to provide care for children under the age of 21, without requiring a diagnosis, through the managed care system and School Health Services Program. Through the latter program, Colorado school districts already provide the services listed in the bill. If HCPF uses its authority to expand the list of services and claims increase, school districts will have additional costs. Claims submitted by school districts to HCPF will be eligible to receive federal funding for a portion of the costs. The bill passed the Senate and has been introduced into the House. It was noted that this is a step in the right direction.

MOTION: To support SB23-174: Access to Certain Behavioral Health Services.
Motion by Celeste Holder Kling / Second by Ann Yanagi / Carried Unanimously

SB23-179: Dental Plans Medical Loss Ratio (No position). The bill is making progress and has no Fiscal Note at this time.

SB23-260: Individual Access to Publicly Funded Vaccines. The bill prohibits providers from requiring individuals to pay or provide information to receive a publicly funded vaccine. It is intended to mirror the Executive Public Health Order from COVID vaccines. A patient cannot be denied access to public vaccine if the patient does not provide government ID, SSN, or insurance card and cannot afford out of pocket administration fee. Providers MAY ask for these things and can bill insurance but cannot balance bill the patient.

MOTION: To support SB23-260: Individual Access to Publicly Funded Vaccines
Motion by Celeste Holder Kling / Second by Ann Yanagi / Carried Unanimously

Gun Legislation: Three of the six bills have passed and are awaiting the Governor's signature: (1) Raising the age to buy a gun to 21; (2) the red flag law; and (3) the three-day waiting period. A recently introduced bill prohibits the sale or use of assault weapons in Colorado. The bill defines the term assault weapon and prohibits a person from manufacturing, importing, purchasing, selling, offering to sell, or transferring ownership of an assault weapon. The bill further prohibits a person from possessing a rapid-fire trigger activator.

Rumored/still expected ban on "ghost guns". The bill would make it illegal to construct or own a firearm without a manufacturer's serial number on it but would allow a certain period of time for people who currently have these types of weapons to get into compliance. It covers firearms that are crafted at home using a 3D printer or constructed from a do-it-yourself mail-order kit.

PRESENTATIONS

2023 Board of Directors Election Update, Chris Sheafor The election is in full swing with 2,683 ballots on the permanent mailing list and another 226 requests. The candidate forum was excellent – there is a link on the Health District website and the League of Women Voters website. *Compass* hits homes in the next couple of days and there is always an uptick in requests following its publication. April 25 is the

deadline to request absentee ballots, with the election on May 2. Polling places will be here at the 120 Building and at Spirit of Joy, open 7 am – 7 pm. Staff hopes to have the tally before the end of the night on the 2nd and will get emails to the candidates, current Board members, as well as public notice of the results.

Executive Director Selection Process The selection committee identified four finalists for the ED role: Andrea Clement-Johnson, Gary Cox, Joel Schwartzkopf, and Liane Jollon. They will be in town Wednesday, the 12th through Friday, the 14th. The final selection process begins with dinner for the selection committee with Gary Cox. The candidates will meet with the Leadership Team, and staff will have an opportunity to meet the candidates at scheduled meet-and-greets. The public presentation will be available for online viewing. Community partners have committed to participating in lunch Thursday and Friday.

ANNOUNCEMENTS

- April 13, 8:00 am – Board of Directors Special Meeting
- April 14, 8:00 am – Board of Directors Special Meeting
- April 17, 5:30 pm – Board of Directors Special Meeting
- April 25, 5:00 pm – Board of Directors Regular 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 Joseph Prows / Second by Celeste Holder Kling / Carried Unanimously

Executive Session convened at 6:00 pm.

ADJOURN OUT OF EXECUTIVE SESSION AND THE REGULAR MEETING

MOTION: To adjourn the Executive Session and Special Meeting

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

The Executive Session and Special Board Meeting were adjourned at 6:55 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
April 13, 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 Roth, IT/Network Manager
Anita Benavidez, Executive Assistant

Public:

Michael Allen, SummitStone
George Hayes, PVHS

CALL TO ORDER, INTRODUCTIONS & AGENDA

Director Molly Gutilla called the meeting to order at 8:12 a.m. The agenda consists of one topic – Executive Session.

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

The Board entered Executive Session at 8:13 am

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 Special Meeting

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

The Executive Session and Special Board Meeting were adjourned at 9:19 am.

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
April 13, 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
Chris Roth, IT/Network Manager
Anita Benavidez, Executive Assistant

Public:

Michael Allen, SummitStone
George Hayes, PVHS
Gary Cox, ED Candidate

CALL TO ORDER, INTRODUCTIONS & AGENDA

Director Molly Gutilla called the meeting to order at 1:16 p.m. The agenda consists of one topic – Executive Session.

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

The Board entered Executive Session at 1:18 p.m.

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 Special Meeting

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

The Executive Session and Special Board Meeting were adjourned at 2:18 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
April 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
Lorraine Haywood, Deputy Director
Chris Roth, IT/Network Manager
Anita Benavidez, Executive Assistant

Public:

Michael Allen, SummitStone
George Hayes, PVHS
Joel Schwartzkopf, ED Candidate

CALL TO ORDER, INTRODUCTIONS & AGENDA

Director Molly Gutilla called the meeting to order at 8:15 a.m. It was noted that the only item on the agenda is the Executive Session.

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*

The Board entered Executive Session at 8:16 a.m.

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 Special Meeting

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

The Executive Session and Special Board Meeting were adjourned at 9:23 a.m.

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
April 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
Lorraine Haywood, Deputy Director
Chris Roth, IT/Network Manager
Anita Benavidez, Executive Assistant

Public:

Michael Allen, SummitStone
George Hayes, PVHS
Liane Jollon, ED Candidate

CALL TO ORDER, INTRODUCTIONS & AGENDA

Director Molly Gutilla called the meeting to order at 1:19 p.m. It was noted that the only item on the agenda is the Executive Session.

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

The Board entered Executive Session at 1:20 p.m.

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 Special Meeting

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

The Executive Session and Special Board Meeting were adjourned at 2:24 p.m.

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
April 17, 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 Roth, IT/Network Manager
Anita Benavidez, Executive Assistant

Public:

George Hayes, PVHS
Dan Cummings, EFL Associates

CALL TO ORDER, INTRODUCTIONS & AGENDA

Director Molly Gutilla called the meeting to order at 5:35 p.m. It was noted that the only item on the agenda is the Executive Session.

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 Joseph Prows / Second by Ann Yanagi / Carried Unanimously

The Board entered Executive Session at 5:36 p.m.

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 Special Meeting

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

The Executive Session and Special Board Meeting were adjourned at 7:35 p.m.

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



97-13 Pol: Electronic Communication

Approved July 22, 1997

Amended ~~March 28, 2006~~ April 20, 2023

Purpose of Policy: To establish guidelines for electronic mail (E-mail) for Health District board members and staff. To assure compliance with Colorado statutory requirements and judicial interpretations and ensure open communication.

Board Use of Electronic Mail

- Board members may use personal computer equipment for Health District business. If a board member does not have a computer, the Health District may supply one to ensure timely Health District communications. Board members may use e-mail programs supplied by the Health District for personal purposes as long as such use does not incur any additional expense to the ~~e~~District.
- Board members who use their business and/or personal e-mail programs for Health District business expressly waive any privacy rights to Health District electronic mail and records created using these programs.
- If a quorum of the Board of Directors exchange electronic mail to discuss pending legislation or other public business among themselves, the electronic mail is subject to the requirements of the Open Meetings Act.
- Electronic mail communication that **does not** relate to the merits or substance of pending legislation or other public business, including electronic mail communication regarding scheduling and availability or electronic mail communication that is sent by a Director for the purpose of forwarding information; responding to an inquiry from an individual who is not a member of the Board of Directors, or posing a question for later discussion by the Board, shall not be considered a "meeting" within the meaning of the Open Meetings Act. C.R.S. §24-6-402(2)(d)(III).
- Health District e-mail will not be used for any illegal, unethical or unprofessional activities, or for any purpose that would jeopardize the interest of the Health District.
- Any district that operates or maintains an electronic mail communications system must adopt a written policy on any monitoring of electronic mail communications and the circumstances under which it will be conducted per C.R.S. §24-72-204.5. The policy must include a statement that employee emails may be a public record and may be subject to public inspection under C.R.S. 24-72-203.

Staff Use of Electronic Mail

Staff use of electronic mail is covered in Health District Employee Policy 1-31.

Open Records Policy

E-mail is considered a public record when it is created or received by any governmental agency or public official for use in the exercise of functions required or authorized by law or administrative rule or

involving the receipt or expenditure of public funds. Use of electronic record communications shall adhere to open records law, including:

- All electronic e-mail communications between board members and/or staff, which have been determined to be public record, will be archived at the Health District's office.
- Board business communications sent by any board members to all board members or to individual board members will forward a copy to the Health District office to be archived by copying them to board@healthdistrict.org.
- Electronic records that are determined to be public records will be protected and retained as long as they are needed to meet operational, legal, audit or other requirements per guidelines outlined by the State Archives Department.
- The Health District will comply with requests to review or obtain copies of public records, including e-mail communications not excluded by law, in accordance with C.R.S. 24-72-202~~1~~, et al.

Request to review or obtain copies of electronic mail and records

- All public requests for electronic communications must be made in writing as per Board Policy 97-16, Policies and Procedures for Reviewing and Copying Public Documents. The written request should be addressed to the Records Custodian and will be delivered to the Communications Director or, in ~~their~~his or her absence, the Assistant to the Executive Director. Requests need to be sufficiently specific in scope to enable the Records Custodian to identify the information desired.
- The Executive Director or ~~her~~their designee shall make a determination as to whether or not the requested record is a public record utilizing the criteria set forth in C.R.S. §24-72-202(6), C.R.S., and as construed in applicable interpretations such as The Denver Publishing Company v. Board of County Commissioners. Efforts will be made to inform board members prior to releasing their e-mail records.
- ~~• The actual cost, or a minimum fee of \$20.00 per hour, will be charged to requestors for researching the existence and location of electronic mail and/or records. Any person submitting a public record request for electronically stored information must remit a deposit equal to fifty percent of the estimated costs for the search before any search will take place. A reasonable research and retrieval fee may be charged, but only if the District has adopted and published on their website, or elsewhere, a written policy that includes a specific research and retrieval fee. The fee may not exceed \$33.58 per hour, and no charge may be imposed for the first hour of research and retrieval of public records. C.R.S. §24-72-205(6)(a)(b). This fee may be adjusted every five years by the General Assembly's Legislative Council.~~
- Printed copies of electronic communications and records will be provided at the following rates: the first five pages of copies per individual, per calendar year will be at no charge; all additional copies will be charged at the rate of ~~\$1.00~~ \$0.25 per page, unless actual costs exceed that amount. C.R.S. §24-72-205(5)(a).
- If requested, electronic communications may be provided on CD-ROM at a cost of \$10.00 per disk.
- Payment for photocopies or CD-ROMs must be made in advance. Checks should be made to the Health District of Northern Larimer County.

Authority and Definitions

- The authority for electronic record communications is included in the Colorado Open Records Act, C.R.S. § 24-72-201, et seq., as amended, and the Colorado Open Meetings Act, C.R.S., §24-6-401, et seq., as amended.

- Electronic mail (“E-mail”). An electronic message that is transmitted between two or more computers or electronic terminals, whether or not the message is converted to hard copy format after receipt or whether or not the message is viewed upon transmission or stored for later retrieval. “Electronic mail” includes electronic messages that are transmitted through a local, regional, or global computer network.
- “Public records” is broadly defined to include most documentation maintained by the District and the correspondence of elected officials, including email, whether maintained in hard copy or electronically in digital media. §24-72-202(6), C.R.S. It ~~means and~~ includes all writing made, maintained, or kept for use in the exercise of functions required or authorized by law or administrative rule or involving the receipt or expenditure of public funds. Public records include the correspondence of elected officials, except to the extent such correspondence is (1) work product; (2) without demonstrable connection to the exercise of functions required or authorized by law or rule and does not involve the receipt or expenditure of public monies; (3) communication from a constituent that clearly implies by its nature or content that the constituent expects that it be confidential or communication from the elected official in response to such a communication from a constituent; or (4) subject to non-disclosure under C.R.S. § 24-72-204(1).
- “Work product” means and incudes all intra- or inter-agency advisory or deliberative materials assembled for the benefit of elected officials, which materials express an opinion or are deliberative in nature and are communicated for the purpose of assisting such elected officials in reaching a decision within the scope of their authority. Such materials include, but are not limited to: (I) Notes and memoranda that relate to or serve as background information for such decisions; (II) Preliminary drafts and discussion copies of documents that express a decision by an elected official. Work product does not include any final version of a document that expresses a final decision by an elected official. It also includes a request by a Health District official for the preparation of such opinion or deliberative materials.

Open Meetings

Generally, board members will not discuss final versions of public business using electronic mail. When elected officials use electronic mail to discuss pending legislation or other public business among themselves, and are discussing final versions and not “work product”, a public “meeting” is taking place, and must be properly noticed and held.

RATIFIED, this 23rd day of March, 1999

RATIFIED, this 22nd day of February, 2000

AMENDED, this 28th day of March, 2006

AMENDED, this DD day 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



97-13 Pol: Electronic Communication

Approved July 22, 1997
Amended April 20, 2023

Purpose of Policy: To establish guidelines for electronic mail (E-mail) for Health District board members and staff. To assure compliance with Colorado statutory requirements and judicial interpretations and ensure open communication.

Board Use of Electronic Mail

- Board members may use personal computer equipment for Health District business. If a board member does not have a computer, the Health District may supply one to ensure timely Health District communications. Board members may use e-mail programs supplied by the Health District for personal purposes as long as such use does not incur any additional expense to the District.
- Board members who use their business and/or personal e-mail programs for Health District business expressly waive any privacy rights to Health District electronic mail and records created using these programs.
- If a quorum of the Board of Directors exchange electronic mail to discuss pending legislation or other public business among themselves, the electronic mail is subject to the requirements of the Open Meetings Act.
- Electronic mail communication that **does not** relate to the merits or substance of pending legislation or other public business, including electronic mail communication regarding scheduling and availability or electronic mail communication that is sent by a Director for the purpose of forwarding information; responding to an inquiry from an individual who is not a member of the Board of Directors, or posing a question for later discussion by the Board, shall not be considered a “meeting” within the meaning of the Open Meetings Act. C.R.S. §24-6-402(2)(d)(III).
- Health District e-mail will not be used for any illegal, unethical or unprofessional activities, or for any purpose that would jeopardize the interest of the Health District.
- Any district that operates or maintains an electronic mail communications system must adopt a written policy on any monitoring of electronic mail communications and the circumstances under which it will be conducted per C.R.S. §24-72-204.5. The policy must include a statement that employee emails may be a public record and may be subject to public inspection under C.R.S. 24-72-203.

Staff Use of Electronic Mail

Staff use of electronic mail is covered in Health District Employee Policy 1-31.

Open Records Policy

E-mail is considered a public record when it is created or received by any governmental agency or public official for use in the exercise of functions required or authorized by law or administrative rule or

involving the receipt or expenditure of public funds. Use of electronic record communications shall adhere to open records law, including:

- All electronic e-mail communications between board members and/or staff, which have been determined to be public record, will be archived at the Health District's office.
- Board business communications sent by any board members to all board members or to individual board members will forward a copy to the Health District office to be archived by copying them to board@healthdistrict.org.
- Electronic records that are determined to be public records will be protected and retained as long as they are needed to meet operational, legal, audit or other requirements per guidelines outlined by the State Archives Department.
- The Health District will comply with requests to review or obtain copies of public records, including e-mail communications not excluded by law, in accordance with C.R.S. 24-72-201, et al.

Request to review or obtain copies of electronic mail and records

- All public requests for electronic communications must be made in writing as per Board Policy 97-16, Policies and Procedures for Reviewing and Copying Public Documents. The written request should be addressed to the Records Custodian and will be delivered to the Communications Director or, in their absence, the Assistant to the Executive Director. Requests need to be sufficiently specific in scope to enable the Records Custodian to identify the information desired.
- The Executive Director or their designee shall make a determination as to whether or not the requested record is a public record utilizing the criteria set forth in C.R.S. §24-72-202 and as construed in applicable interpretations such as *The Denver Publishing Company v. Board of County Commissioners*. Efforts will be made to inform board members prior to releasing their e-mail records.
- A reasonable research and retrieval fee may be charged, but only if the District has adopted and published on their website, or elsewhere, a written policy that includes a specific research and retrieval fee. The fee may not exceed \$33.58 per hour, and no charge may be imposed for the first hour of research and retrieval of public records. C.R.S. §24-72-205(6)(a)(b). This fee may be adjusted every five years by the General Assembly's Legislative Council. Printed copies of electronic communications and records will be provided at the following rates: the first five pages of copies per individual, per calendar year will be at no charge; all additional copies will be charged at the rate of \$0.25 per page, unless actual costs exceed that amount. C.R.S. §24-72-205(5)(a).
- If requested, electronic communications may be provided on CD-ROM at a cost of \$10.00 per disk.
- Payment for photocopies or CD-ROMs must be made in advance. Checks should be made to the Health District of Northern Larimer County.

Authority and Definitions

- The authority for electronic record communications is included in the Colorado Open Records Act, C.R.S. § 24-72-201, et seq., as amended, and the Colorado Open Meetings Act, C.R.S., §24-6-401, et seq., as amended.
- Electronic mail ("E-mail"). An electronic message that is transmitted between two or more computers or electronic terminals, whether or not the message is converted to hard copy format after receipt or whether or not the message is viewed upon transmission or stored for later retrieval. "Electronic mail" includes electronic messages that are transmitted through a local, regional, or global computer network.

- “Public records” is broadly defined to include most documentation maintained by the District and the correspondence of elected officials, including email, whether maintained in hard copy or electronically in digital media. §24-72-202(6), C.R.S. It includes all writing made, maintained, or kept for use in the exercise of functions required or authorized by law or administrative rule or involving the receipt or expenditure of public funds. Public records include the correspondence of elected officials, except to the extent such correspondence is (1) work product; (2) without demonstrable connection to the exercise of functions required or authorized by law or rule and does not involve the receipt or expenditure of public monies; (3) communication from a constituent that clearly implies by its nature or content that the constituent expects that it be confidential or communication from the elected official in response to such a communication from a constituent; or (4) subject to non-disclosure under C.R.S. § 24-72-204(1).
- “Work product” means and includes all intra- or inter-agency advisory or deliberative materials assembled for the benefit of elected officials, which materials express an opinion or are deliberative in nature and are communicated for the purpose of assisting such elected officials in reaching a decision within the scope of their authority. Such materials include, but are not limited to: (I) Notes and memoranda that relate to or serve as background information for such decisions; (II) Preliminary drafts and discussion copies of documents that express a decision by an elected official. Work product does not include any final version of a document that expresses a final decision by an elected official. It also includes a request by a Health District official for the preparation of such opinion or deliberative materials.

Open Meetings

Generally, board members will not discuss final versions of public business using electronic mail. When elected officials use electronic mail to discuss pending legislation or other public business among themselves, and are discussing final versions and not “work product”, a public “meeting” is taking place, and must be properly noticed and held.

RATIFIED, this 23rd day of March, 1999
 RATIFIED, this 22nd day of February, 2000
 AMENDED, this 28th day of March, 2006
AMENDED, this 20th day of April, 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



97-15 Pol: Employee Compensation

Approved August 26, 1997

~~Amended November 17, 2009~~ Amended April 20, 2023

Purpose of Policy: The purpose of the Employee Compensation Policy is to set guidelines for pay scales, compensation adjustments, and benefits for all salaried and hourly Health District employees. This policy does not cover the Executive Director or employees being paid a training wage or stipend.

Staff Responsibilities to the Board:

- Perform a market analysis and position surveys at least every three years to provide information about comparable salaries for setting budgets.
- Collect information affecting overall market movement and cost of living/inflation changes and present to the Board of Directors for consideration during the budget process.
- Provide information on the budgetary impact of proposed cost of living adjustments, merit adjustments and TABOR limitations, if any.
- Create and implement a performance management procedure and pay adjustment system based upon the Board approved budget and board parameters.
- Assure that all employees fall under the same pay adjustment process (with the exception of the Executive Director, whose pay is set by the Board of Directors), the same paid time off policies, and the same insurance provisions. If any position, in the judgment of the Executive Director, should require a significantly unusual compensation package, the Executive Director will propose the exception to the Board of Directors. The Executive Director will fall under the same paid time off policies and the same insurance provisions as all other staff unless specifically changed by the Board of Directors.
- Assure that no major changes are made to the benefit package (except those required by law) without comparing the changes to benchmark organizations and without the approval of the Board of Directors.
- Periodically (generally every 3 years), perform a comparison of benefits to benchmark organizations and present to the Board of Directors.
- Annually report to the Board of Directors 1) the amount of salary changes budgeted and actually allocated; the average percentage of where the Health District positions fall in relation to comparable market positions; 2) a summary of the benefits provided to employees; and 3) information regarding the salary history and market level of the Executive Director and whether their benefits differ from other employees.

Board Responsibilities:

- Adopt general parameters for the amount of pay change to be used in preparing the annual budget.
- Adopt an annual personnel budget.
- Approve management procedures, including Employee Handbook, for adjusting staff compensation.
- Approve any changes in Personnel Policies, including those related to paid time off or other compensation.
- Approve any major changes in the benefit package, except those required by law.
- Determine and implement appropriate process for annually setting pay of the Executive Director.

ADOPTED, on the 26th day of August, A.D., 1997

REVISED AND RATIFIED, on the 20th day of July, A.D., 1999

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

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

AMENDED, on 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



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AMENDED, on this 20th day of April, A.D., 2023

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Joseph Prows, MD, Treasurer

Celeste Holder Kling, JD, Liaison to PVHS Board

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

98-1 Pol: New Program or Project Ideas

Approved September 22, 1998
Revised October 4, 2005

Purpose of Policy:

The Board recognizes that there are many opportunities for improving the health status of the community, and is interested in considering a variety of possible programs and projects. A Programmatic Committee, consisting of the Executive Director, Medical Director, Clinical Director, Community Impact Director and the Development Coordinator, reviews any new program/project suggestions. This policy outlines a process for consideration of any new project/program ideas that are outside the current operational budget and/or Strategic Plan.

Introduction:

The Health District's overall planning approach is to periodically complete a comprehensive evaluation of community health needs and the effectiveness of its programs, and subsequently determine program priorities and develop a specific Strategic Plan. However, good program/project ideas may occur outside that process that should be considered.

While the Health District is willing to consider new program/project ideas, the organization is not authorized to provide grants for other organizations. Any new ideas accepted would normally become a Health District program or project, performed either entirely by Health District staff, or, in limited cases within legal parameters, performed by contract. In some instances the Health District may enter into partnerships with other organizations to fund or seek external funding for projects of benefit to more than one organization.

Although considering a variety of ideas is important, the Health District will carefully consider the impact of diverting staff and board time from the primary goals stated in the current Strategic Plan, taking on more projects, and the use of reserve funds for projects, or implementing grant funded projects. All new program concepts will first be reviewed by the Programmatic Committee for further direction. The Programmatic Committee may make decisions on projects to be funded through external sources if they meet the following criteria:

- The program is directly related to what we currently do.
- The program will not cause a major change or increase in service;
- The program does not require a significant long term obligation;
- The program is not highly politically sensitive;
- The program does not require any significant changes in previously established budgets.

If a project does not meet all of the above criteria, or the project is to be funded from reserves, the Programmatic Committee must seek Board approval.

The Health District will carefully consider legal requirements, other board policy (e.g., the investment policy), and other anticipated needs for reserve dollars before moving forward on a funding strategy. The Health District reserves the right to limit the number of ideas to be considered, and the timing of their consideration. The Health District also reserves the right to refuse any program or project.

Parameters:

The following parameters will apply to consideration of any new program or project ideas (internal or external):

- ❖ The Health District will consider only ideas directly related to its Mission Statement.
- ❖ Procedures for consideration will be developed and may be amended from time to time.
- ❖ New ideas will be initiated with a written concept form submitted to the Development Coordinator. The Programmatic Committee will consider any ideas that are clearly related to the Health District's Mission Statement.
- ❖ While all relevant ideas will be considered, time-limited projects are more likely to be approved than ongoing programs, since ongoing programs may require discussion of existing budgeted funding.
- ❖ In reviewing concept letters, the Health District will take into consideration:
 - The applicability of the idea to the current Mission Statement and direction of the organization.
 - How the idea relates to the most recent needs assessment and statement of priorities.
 - The extent of the problem or opportunity.
 - Whether the Health District is the appropriate entity to address the problem or opportunity.
 - Current and future costs, and whether resources exist or can be generated to cover them.
 - Opportunities for community collaboration.
 - Presentation of idea? Is the concept well formulated?
 - Whether the idea is unique, or others may be doing it (duplicative).
 - The extent to which research indicates that promise of long-term success in reducing specific obstacles to health, or the services proposed focus on a new approach which can be evaluated for effectiveness.
 - How much value would be added to the community, and how that value would be assessed.
- ❖ If the Programmatic Committee and/or Board decides to consider the concept further, staff will be directed to provide additional information back to the Programmatic Committee for full consideration of the idea.
- ❖ Once an idea has been fully considered and approved, the development coordinator will work with the appropriate staff to write a complete proposal targeting specific funders.

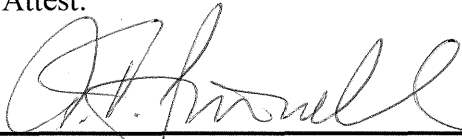
- ❖ Final approval from either the Programmatic Committee or the Board will be given only after consideration of the full proposal, its impact on the organization, and analysis of budget/funding availability.
- ❖ The Board may assign responsibility to the Executive Director to consider and approve small projects (expenditures of up to \$1,000) within the Mission Statement when "Special Projects" funds are available. The amount will be determined annually during budget approval time.

APPROVED, this 22nd day of September, A.D., 1998

ATTESTED, this 25th day of January, A.D., 2000.

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

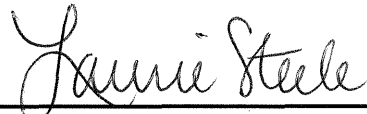
Attest:



A. Thomas Linnell, Ed.D., President



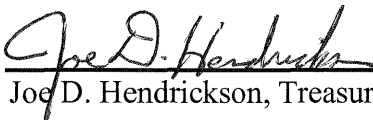
Averil Strand, Vice President



Laurie Steele, Board Liaison to PVHS



Lee Thielen, Secretary



Joe D. Hendrickson, Treasurer

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

Revenues

The Health District is 67.65% ahead of year-to-date tax revenue projections. Interest income is 162.9% ahead year-to-date projections. Lease revenue is 1.8% behind of year-to-date projections. Yield rates on investment earnings increased to 3.9% (based on the weighted average of all investments). Fee for service revenue from clients is 9.3% behind of year-to-date projections and revenue from third party reimbursements is 8.8% behind of year-to-date projections. Total operating revenues for the Health District (excluding grants) are 55.0% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 22.9% behind year-to-date projections. Program variances are as follows: Administration 1.9% behind; Board 47.2% behind; Connections: Mental Health/Substance Issues Services 28.5%; Dental Services 17.9%; MH/SUD/Primary Care 13.3%; Health Promotion 9.6%; Community Impact 39.9%; Program Assessment and Evaluation 40.1%; Health Care Access 49.9% behind; and Leased Offices 1.5% ahead.

Capital Outlay

Capital expenditures are 58.8% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 2/28/2023

ASSETS

Current Assets:	
Cash & Investments	\$5,646,962
Accounts Receivable	107,009
Property Taxes Receivable	8,395,438
Specific Ownership Tax Receivable	51,507
Prepaid Expenses	60,442
Total Current Assets	<u>14,261,358</u>
Other Assets:	
Lease Receivable	<u>59,911,818</u>
Total Other Assets	<u>59,911,818</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,398,755
Equipment	1,201,550
Accumulated Depreciation	<u>(3,308,753)</u>
Total Property and Equipment	<u>9,884,148</u>
Total Assets	<u><u>84,057,324</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	816,388
Deposits	15,261
Deferred Revenue	229,052
Total Current Liabilities	<u>1,060,701</u>
Long-term Liabilities:	
Compensated Absences	<u>20,219</u>
Total Long-term Liabilities	<u>20,219</u>
Deferred Inflows of Resources	
Property Taxes	5,531,273
Leases	59,711,862
Total Deferred Inflows of Resources	<u>65,243,135</u>
Total Liabilities & Deferred Inflows of Resources	<u>66,324,055</u>
EQUITY	
Retained Earnings	15,769,904
Net Income	<u>1,963,365</u>
TOTAL EQUITY	<u>17,733,269</u>
TOTAL LIABILITIES AND EQUITY	<u><u>84,057,324</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 2/28/2023

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	2,864,166	3,093,892
Specific Ownership Taxes	51,506	102,884
Lease Revenue	113,208	226,416
Interest Income	16,760	37,211
Fee For Service Income	10,716	24,827
Third Party Income	64,678	130,203
Grant Income	14,266	42,724
Special Projects	1,067	2,494
Donations	10	20
Miscellaneous Income	464	1,507
Total Revenue	<u>3,136,840</u>	<u>3,662,178</u>
Expenses:		
Operating Expenses		
Administration	110,035	163,013
Board Expenses	6,667	13,368
Connections: Mental Health/Substance Issues Svcs	159,268	322,576
Dental Services	249,421	503,922
Integrated Care (MHSA/PC)	91,838	190,424
Health Promotion	56,813	105,364
Community Impact	37,863	78,263
Program Assessment & Evaluation	17,543	34,379
Health Care Access	41,445	84,571
Mulberry Offices	10,884	23,517
Special Projects	57,245	101,106
Grant Projects	21,346	49,639
Total Operating Expenses	<u>860,368</u>	<u>1,670,141</u>
Depreciation and Amortization		
Depreciation Expense	20,346	40,505
Total Depreciation and Amortization	<u>20,346</u>	<u>40,505</u>
Total Expenses	<u>880,714</u>	<u>1,710,646</u>
Net Income	<u>2,256,126</u>	<u>1,951,532</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 2/28/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$1,637,332	\$2,864,166	(\$1,226,834)	\$1,814,105	\$3,093,892	(\$1,279,787)	\$8,625,165	\$5,531,273
Specific Ownership Taxes	49,462	51,506	(2,044)	92,724	102,884	(10,160)	625,000	522,116
Lease Revenue	121,286	119,125	2,161	242,572	238,250	4,322	1,455,433	1,217,183
Interest Income	7,077	16,760	(9,683)	14,154	37,211	(23,057)	230,000	192,789
Fee for Services Income	13,683	10,716	2,967	27,366	24,827	2,539	164,197	139,370
Third Party Reimbursements	71,384	64,678	6,706	142,768	130,203	12,565	856,606	726,403
Grant Revenue	40,060	14,266	25,794	80,120	42,724	37,397	1,065,178	1,022,454
Partnership Revenue	2,870	1,067	1,803	5,739	2,494	3,246	34,436	31,942
Donations Sponsorships/Fundraising	0	10	(10)	0	20	(20)	0	(20)
Miscellaneous Income	1,999	464	1,534	3,997	1,507	2,490	23,984	22,477
Total Revenue	\$1,945,152	\$3,142,757	(\$1,197,605)	\$2,423,546	\$3,674,011	(\$1,250,466)	\$13,079,999	\$9,405,988
Expenditures:								
Operating Expenditures								
Administration	\$82,776	\$109,809	(\$27,033)	\$165,552	\$162,438	\$3,113	\$999,427	\$836,989
Board Expenses	12,666	6,667	5,999	25,332	13,368	11,965	151,994	138,626
Connections: Mental Health/Substance Issues Svcs	223,317	158,305	65,011	447,821	320,128	127,694	2,710,028	2,389,900
Dental Services	305,004	248,104	56,900	610,008	500,573	109,434	3,708,379	3,207,806
Integrated Care (MH/SUD/PC)	109,325	91,441	17,884	218,450	189,414	29,036	1,310,500	1,121,086
Health Promotion	58,410	56,552	1,858	115,866	104,700	11,166	698,843	594,143
Community Impact	64,492	37,573	26,918	128,984	77,526	51,457	780,961	703,435
Program Assessment & Evaluation	28,439	17,422	11,017	56,878	34,073	22,805	343,786	309,713
Health Care Access	83,346	41,041	42,305	166,692	83,544	83,148	1,008,596	925,052
Leased Offices	11,576	10,878	699	23,153	23,501	(349)	138,917	115,416
Contingency (Operations)	0	0	0	0	0	0	128,954	128,954
Grant/Special Projects	42,930	21,346	21,584	85,859	49,639	36,220	1,099,614	1,049,975
Total Operating Expenditures	\$1,022,281	\$799,139	\$223,142	\$2,044,595	\$1,558,904	\$485,691	\$13,079,999	\$11,521,095
Net Income	\$922,871	\$2,343,618	(\$1,420,747)	\$378,951	\$2,115,107	(\$1,736,156)	\$0	(\$2,115,107)
Reserve Expenditures								
Special Projects	186,546	57,245	129,301	373,092	101,106	271,986	2,881,492	2,780,385
Reserve Expenditures	64,559	3,984	60,576	117,719	10,130	107,588	654,312	644,182
Total Reserve Expenditures	251,105	61,229	189,876	490,811	111,237	379,574	3,535,804	3,424,567

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 2/1/2023 to 2/28/2023

	<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	-	-		-	-			
Building	50,000	-	50,000	50,000		50,000	150,000	150,000
Construction in Progress	-	32,400	(32,400)	-	32,400	-	-	-
Capital Equipment	-	-	-	-	-	-	50,000	50,000
General Office Equipment	-	-	-	-	-	-	-	-
Medical & Dental Equipment	7,000	27,603	(20,603)	7,000	27,603	(20,603)	264,212	236,609
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	10,000	-	10,000	10,000	-	10,000	154,860	154,860
Total Non-Operating Expenditures	<u>\$ 67,000</u>	<u>\$ 60,003</u>	<u>\$ 6,997</u>	<u>\$ 67,000</u>	<u>\$ 60,003</u>	<u>\$ 39,397</u>	<u>\$ 619,072</u>	<u>\$ 591,469</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 2/28/2023

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Administration								
Revenue:								
Miscellaneous Income	\$1,000	\$0	\$1,000	\$2,000	\$0	\$2,000	\$12,000	\$12,000
Total Revenue	1,000	0	1,000	2,000	0	2,000	12,000	12,000
Expenditures:								
Salaries and Benefits	53,653	39,261	14,392	107,306	81,621	25,685	643,836	562,215
Supplies and Purchased Services	32,388	70,774	(38,386)	64,776	81,391	(16,615)	394,774	313,383
Total Expenditures	86,041	110,035	(23,994)	172,082	163,013	9,070	1,038,610	875,597
Board of Directors								
Expenditures:								
Salaries and Benefits	6,525	5,624	901	13,051	11,253	1,797	78,303	67,050
Supplies and Purchased Services	2,933	1,043	1,890	5,865	2,081	3,785	35,191	33,110
Election Expenses	3,208	0	3,208	6,417	34	6,383	38,500	38,466
Total Expenditures	12,666	6,667	5,999	25,332	13,368	11,965	151,994	138,626
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	4,333	4,245	88	8,667	9,100	(433)	52,000	42,900
Total Revenue	4,333	4,245	88	8,667	9,100	(433)	52,000	42,900
Expenditures:								
Salaries and Benefits	201,434	146,454	54,980	402,868	294,560	108,307	2,417,205	2,122,645
Supplies and Purchased Services	34,732	12,814	21,918	70,652	28,016	42,636	447,014	418,998
Total Expenditures	236,166	159,268	76,898	473,520	322,576	150,943	2,864,219	2,541,643
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	66,313	64,207	2,106	132,626	132,625	1	795,755	663,130
Total Revenue	66,313	64,207	2,106	132,626	132,625	1	795,755	663,130
Expenditures:								
Salaries and Benefits	255,555	202,366	53,189	511,110	407,287	103,823	3,066,658	2,659,371
Supplies and Purchased Services	78,170	47,055	31,115	144,940	96,635	48,305	865,974	769,339
Total Expenditures	333,725	249,421	84,304	656,050	503,922	152,128	3,932,632	3,428,710

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 2/28/2023

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	15,419	7,416	8,003	30,839	14,832	16,007	185,032	170,200
Total Revenue	15,419	7,416	8,003	30,839	14,832	16,007	185,032	170,200
Expenditures:								
Salaries and Benefits	100,330	84,759	15,571	200,659	175,220	25,439	1,203,954	1,028,734
Supplies and Purchased Services	14,296	7,079	7,216	28,391	15,204	13,187	170,147	154,943
Total Expenditures	114,625	91,838	22,787	229,050	190,424	38,627	1,374,101	1,183,677
<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	59,174	33,928	25,246	118,348	71,393	46,956	710,089	638,696
Supplies and Purchased Services	9,184	3,936	5,248	18,367	6,870	11,497	117,263	110,393
Total Expenditures	68,358	37,863	30,494	136,715	78,263	58,452	827,352	749,089
<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	25,854	14,914	10,940	51,709	29,790	21,919	310,254	280,464
Supplies and Purchased Services	4,191	2,629	1,562	8,381	4,589	3,792	52,806	48,217
Total Expenditures	30,045	17,543	12,502	60,090	34,379	25,711	363,060	328,681
<u>Health Promotion</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	50,999	47,245	3,754	101,998	92,858	9,140	611,982	519,124
Supplies and Purchased Services	10,896	9,568	1,328	20,838	12,506	8,332	128,679	116,173
Total Expenditures	61,895	56,813	5,082	122,835	105,364	17,471	740,661	635,297

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 2/28/2023

	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	35,325	36,139	142,929	71,733	71,196	857,576	785,843
Supplies and Purchased Services	17,269	6,120	11,149	34,537	12,838	21,700	215,668	202,830
Total Expenditures	88,733	41,445	47,288	177,467	84,571	92,896	1,073,244	988,673
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, Reimbursements & Other Income	15,623	21,309	(5,686)	31,246	42,618	(11,372)	187,475	144,857
Total Revenue	15,623	21,309	(5,686)	31,246	42,618	(11,372)	187,475	144,857
Expenditures:								
Salaries and Benefits	1,503	1,480	23	3,006	2,977	28	18,035	15,058
Supplies and Purchased Services	10,153	9,404	749	20,306	20,539	(233)	121,835	101,296
Total Revenue	11,656	10,884	772	23,312	23,517	(205)	139,870	116,353

Health District of Northern Larimer County

**Investment Schedule
February 2023**

	Investment	Institution	Current Value	%	Current Yield	Maturity
1527-4001	Local Government Investment Pool	COLOTRUST	\$ 1,412	0.027%	4.33%	N/A
1527-8001	Local Government Investment Pool	COLOTRUST	\$ 3,949,411	75.694%	4.74%	N/A
	Flex Savings Account	First National Bank	\$ 240,577	4.611%	2.19%	N/A
#714626	Certificate of Deposit	Advantage Bank	\$ 143,019	2.741%	0.40%	12/27/2023
#742487	Certificate of Deposit	Advantage Bank	\$ 115,400	2.212%	0.25%	9/2/2023
#40012203	Certificate of Deposit	Points West	\$ 116,256	2.228%	0.28%	6/12/2023
#40010448	Certificate of Deposit	Points West	\$ 158,485	3.038%	0.32%	4/2/2024
#23002918	Certificate of Deposit	Adams State Bank	\$ 242,991	4.657%	0.35%	10/7/2023
#30770027	Certificate of Deposit	Mountain Valley Bank	\$ 250,031	4.792%	3.50%	7/11/2024
	Total/Weighted Average		<u>\$ 5,217,582</u>	<u>100.000%</u>	<u>3.90%</u>	

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

Revenues

The Health District is 2.48% ahead of year-to-date tax revenue projections. Interest income is 190.6% ahead year-to-date projections. Lease revenue is 1.8% behind of year-to-date projections. Yield rates on investment earnings increased to 4.25% (based on the weighted average of all investments). Fee for service revenue from clients is 0.7% behind of year-to-date projections and revenue from third party reimbursements is 6.0% behind of year-to-date projections. Total operating revenues for the Health District (excluding grants) are 2.7% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 22.1% behind year-to-date projections. Program variances are as follows: Administration 9.4% behind; Board 22.3% behind; Connections: Mental Health/Substance Issues Services 26.2%; Dental Services 16.7%; MH/SUD/Primary Care 14.1%; Health Promotion 8.2%; Community Impact 41.2%; Program Assessment and Evaluation 34.4%; Health Care Access 48.0% behind; and Leased Offices 0.2% behind.

Capital Outlay

Capital expenditures are 71.6% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 3/31/2023

ASSETS

Current Assets:	
Cash & Investments	\$7,700,260
Accounts Receivable	86,402
Property Taxes Receivable	5,531,273
Specific Ownership Tax Receivable	59,122
Prepaid Expenses	48,503
Total Current Assets	<u>13,425,560</u>
Other Assets:	
Lease Receivable	<u>60,005,105</u>
Total Other Assets	<u>60,005,105</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,485,484
Equipment	1,216,728
Accumulated Depreciation	<u>(3,329,321)</u>
Total Property and Equipment	<u>9,965,486</u>
Total Assets	<u><u>83,396,151</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	778,022
Deposits	15,261
Deferred Revenue	203,597
Total Current Liabilities	<u>996,880</u>
Long-term Liabilities:	
Compensated Absences	<u>20,219</u>
Total Long-term Liabilities	<u>20,219</u>
Deferred Inflows of Resources	
Property Taxes	4,877,963
Leases	59,711,658
Total Deferred Inflows of Resources	<u>64,589,620</u>
Total Liabilities & Deferred Inflows of Resources	<u>65,606,719</u>
EQUITY	
Retained Earnings	15,765,580
Net Income	<u>2,023,852</u>
TOTAL EQUITY	<u>17,789,432</u>
TOTAL LIABILITIES AND EQUITY	<u><u>83,396,151</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 3/31/2023

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	653,310	3,747,202
Specific Ownership Taxes	59,121	162,005
Lease Revenue	113,208	339,624
Interest Income	24,491	61,701
Fee For Service Income	15,936	40,763
Third Party Income	71,103	201,306
Grant Income	27,226	77,025
Special Projects	(2,494)	0
Donations	10	30
Miscellaneous Income	8,547	10,054
Total Revenue	<u>970,458</u>	<u>4,639,711</u>
Expenses:		
Operating Expenses		
Administration	66,198	229,211
Board Expenses	16,161	29,528
Connections: Mental Health/Substance Issues Svcs	189,727	512,303
Dental Services	281,154	785,076
Integrated Care (MHSA/PC)	97,801	288,225
Health Promotion	59,489	164,853
Community Impact	40,425	118,688
Program Assessment & Evaluation	23,644	58,023
Health Care Access	52,335	136,906
Mulberry Offices	11,229	34,746
Special Projects	37,853	138,959
Grant Projects	26,379	76,018
Total Operating Expenses	<u>902,395</u>	<u>2,572,536</u>
Depreciation and Amortization		
Depreciation Expense	20,568	61,073
Total Depreciation and Amortization	<u>20,568</u>	<u>61,073</u>
Total Expenses	<u>922,963</u>	<u>2,633,609</u>
Net Income	<u>47,495</u>	<u>2,006,102</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 3/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$1,843,957	\$653,310	\$1,190,648	\$3,658,062	\$3,747,202	(\$89,140)	\$8,625,165	\$4,877,963
Specific Ownership Taxes	63,749	59,121	4,628	156,473	162,005	(5,532)	625,000	462,995
Lease Revenue	121,286	119,125	2,161	363,858	357,375	6,484	1,455,433	1,098,058
Interest Income	7,077	24,491	(17,414)	21,231	61,701	(40,470)	230,000	168,299
Fee for Services Income	13,683	15,936	(2,253)	41,049	40,763	286	164,197	123,434
Third Party Reimbursements	71,384	71,103	281	214,151	201,306	12,846	856,606	655,300
Grant Revenue	40,060	27,226	12,834	120,180	77,025	43,155	1,065,178	988,153
Partnership Revenue	2,870	(2,494)	5,363	8,609	0	8,609	34,436	34,436
Donations Sponsorships/Fundraising	0	10	(10)	0	30	(30)	0	(30)
Miscellaneous Income	1,999	8,547	(6,548)	5,996	10,054	(4,058)	23,984	13,930
Total Revenue	\$2,166,065	\$976,374	\$1,189,690	\$4,589,610	\$4,657,461	(\$67,851)	\$13,079,999	\$8,422,538
Expenditures:								
Operating Expenditures								
Administration	\$83,176	\$62,910	\$20,266	\$248,728	\$225,349	\$23,379	\$999,427	\$774,078
Board Expenses	12,666	16,161	(3,495)	37,998	29,528	8,470	151,994	122,466
Connections: Mental Health/Substance Issues Svcs	224,271	175,710	48,561	672,092	495,837	176,255	2,710,028	2,214,191
Dental Services	305,004	261,984	43,019	915,011	762,558	152,454	3,708,379	2,945,821
Integrated Care (MH/SUD/PC)	109,125	92,020	17,105	327,575	281,433	46,142	1,310,500	1,029,067
Health Promotion	58,885	55,687	3,198	174,751	160,387	14,364	698,843	538,456
Community Impact	64,492	36,208	28,284	193,475	113,734	79,741	780,961	667,227
Program Assessment & Evaluation	28,439	21,892	6,547	85,317	55,964	29,353	343,786	287,822
Health Care Access	83,346	46,458	36,888	250,038	130,002	120,036	1,008,596	878,594
Leased Offices	11,576	11,142	434	34,729	34,644	85	138,917	104,273
Contingency (Operations)	0	0	0	0	0	0	128,954	128,954
Grant/Special Projects	42,930	26,379	16,551	128,789	76,018	52,771	1,099,614	1,023,596
Total Operating Expenditures	\$1,023,910	\$806,550	\$217,359	\$3,068,504	\$2,365,454	\$703,050	\$13,079,999	\$10,714,545
Net Income	\$1,142,155	\$169,824	\$972,331	\$1,521,106	\$2,292,007	(\$770,901)	\$0	(\$2,292,007)
Reserve Expenditures								
Special Projects	186,546	37,853	148,694	559,638	138,959	420,679	2,881,492	2,742,533
Reserve Expenditures	54,159	57,992	(3,833)	171,878	68,122	103,756	654,312	586,190
Total Reserve Expenditures	240,705	95,845	144,861	731,516	207,081	524,435	3,535,804	3,328,722

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 3/1/2023 to 3/31/2023

	<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	-	-		-	-			
Building	50,000	-	50,000	100,000		100,000	150,000	150,000
Construction in Progress	-	86,729	(86,729)	-	119,129	-	-	-
Capital Equipment	20,000	-	20,000	20,000	-	20,000	50,000	50,000
General Office Equipment	-	-	-	-	-	-	-	-
Medical & Dental Equipment	-	-	-	7,000	27,603	(20,603)	264,212	236,609
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	13,860	15,178	(1,318)	23,860	15,178	8,682	154,860	139,682
								-
Total Non-Operating Expenditures	<u>\$ 83,860</u>	<u>\$ 101,907</u>	<u>\$ (18,047)</u>	<u>\$ 150,860</u>	<u>\$ 161,910</u>	<u>\$ (108,079)</u>	<u>\$ 619,072</u>	<u>\$ 576,291</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 3/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Administration								
Revenue:								
Miscellaneous Income	\$1,000	\$7,689	(\$6,689)	\$3,000	\$7,689	(\$4,689)	\$12,000	\$4,311
Total Revenue	1,000	7,689	(6,689)	3,000	7,689	(4,689)	12,000	4,311
Expenditures:								
Salaries and Benefits	53,653	38,920	14,733	160,959	120,542	40,417	643,836	523,294
Supplies and Purchased Services	32,788	27,278	5,510	97,564	108,669	(11,105)	394,774	286,105
Total Expenditures	86,441	66,198	20,243	258,523	229,211	29,313	1,038,610	809,399
Board of Directors								
Expenditures:								
Salaries and Benefits	6,525	9,369	(2,844)	19,576	20,622	(1,046)	78,303	57,681
Supplies and Purchased Services	2,933	1,648	1,284	8,798	3,729	5,069	35,191	31,462
Election Expenses	3,208	5,144	(1,935)	9,625	5,177	4,448	38,500	33,323
Total Expenditures	12,666	16,161	(3,495)	37,998	29,528	8,470	151,994	122,466
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	4,333	3,860	473	13,000	12,960	40	52,000	39,040
Total Revenue	4,333	3,860	473	13,000	12,960	40	52,000	39,040
Expenditures:								
Salaries and Benefits	201,434	151,883	49,551	604,301	446,443	157,859	2,417,205	1,970,762
Supplies and Purchased Services	35,686	37,844	(2,158)	106,338	65,861	40,478	447,014	381,153
Total Expenditures	237,120	189,727	47,393	710,640	512,303	198,336	2,864,219	2,351,916
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	66,313	76,630	(10,318)	198,939	209,255	(10,317)	795,755	586,500
Total Revenue	66,313	76,630	(10,318)	198,939	209,255	(10,317)	795,755	586,500
Expenditures:								
Salaries and Benefits	255,555	210,494	45,061	766,664	617,781	148,884	3,066,658	2,448,877
Supplies and Purchased Services	67,770	70,661	(2,891)	212,710	167,296	45,415	865,974	698,678
Total Expenditures	323,325	281,154	42,170	979,375	785,076	194,298	3,932,632	3,147,556

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 3/31/2023

	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	15,419	7,416	8,003	46,258	22,248	24,010	185,032	162,784
Total Revenue	15,419	7,416	8,003	46,258	22,248	24,010	185,032	162,784
Expenditures:								
Salaries and Benefits	100,330	83,333	16,997	300,989	258,552	42,436	1,203,954	945,402
Supplies and Purchased Services	14,096	14,469	(373)	42,487	29,673	12,814	170,147	140,474
Total Expenditures	114,425	97,801	16,624	343,475	288,225	55,250	1,374,101	1,085,876
<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	59,174	30,835	28,339	177,522	102,227	75,295	710,089	607,862
Supplies and Purchased Services	9,184	9,591	(407)	27,551	16,461	11,090	117,263	100,802
Total Expenditures	68,358	40,425	27,932	205,073	118,688	86,385	827,352	708,664
<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	25,854	17,838	8,016	77,563	47,628	29,935	310,254	262,626
Supplies and Purchased Services	4,191	5,805	(1,615)	12,572	10,394	2,178	52,806	42,412
Total Expenditures	30,045	23,644	6,401	90,135	58,023	32,113	363,060	305,037
<u>Health Promotion</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	50,999	47,748	3,251	152,996	140,606	12,390	611,982	471,376
Supplies and Purchased Services	11,371	11,741	(369)	32,209	24,247	7,962	128,679	104,432
Total Expenditures	62,370	59,489	2,881	185,206	164,853	20,353	740,661	575,808

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 3/31/2023

	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	38,921	32,544	214,394	110,653	103,741	857,576	746,923
Supplies and Purchased Services	17,269	13,415	3,854	51,806	26,252	25,554	215,668	189,416
Total Expenditures	88,733	52,335	36,398	266,200	136,906	129,294	1,073,244	936,338
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, Reimbursements & Other Income	15,623	21,309	(5,686)	46,869	63,927	(17,059)	187,475	123,548
Total Revenue	15,623	21,309	(5,686)	46,869	63,927	(17,059)	187,475	123,548
Expenditures:								
Salaries and Benefits	1,503	1,519	(16)	4,509	4,496	13	18,035	13,539
Supplies and Purchased Services	10,153	9,710	443	30,459	30,250	209	121,835	91,585
Total Revenue	11,656	11,229	427	34,968	34,746	222	139,870	105,124

Health District of Northern Larimer County

**Investment Schedule
March 2023**

	Investment	Institution	Current Value	%	Current Yield	Maturity
1527-4001	Local Government Investment Pool	COLOTRUST	\$ 1,418	0.019%	4.46%	N/A
1527-8001	Local Government Investment Pool	COLOTRUST	\$ 6,080,877	82.737%	4.86%	N/A
#35127351	Flex Savings Account	First National Bank	\$ 241,036	3.280%	2.27%	N/A
#714626	Certificate of Deposit	Advantage Bank	\$ 143,063	1.947%	0.40%	12/27/2023
#742487	Certificate of Deposit	Advantage Bank	\$ 115,423	1.570%	0.25%	9/2/2023
#40012203	Certificate of Deposit	Points West	\$ 116,336	1.583%	0.28%	6/12/2023
#40010448	Certificate of Deposit	Points West	\$ 158,485	2.156%	0.32%	4/2/2024
#23002918	Certificate of Deposit	Adams State Bank	\$ 242,991	3.306%	0.35%	10/7/2023
#30770027	Certificate of Deposit	Mountain Valley Bank	\$ 250,031	3.402%	3.50%	7/11/2024
	Total/Weighted Average		<u>\$ 7,349,659</u>	<u>100.000%</u>	<u>4.25%</u>	