



BOARD OF DIRECTORS REGULAR MEETING

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

**Tuesday, December 13, 2022
4:00 p.m.**



AGENDA
BOARD OF DIRECTORS REGULAR MEETING
December 13, 2022
4:00 pm

- 4:00 p.m. Call to Order; Introductions; Approval of Agenda..... Molly Gutilla**
- 4:05 p.m. DISCUSSION & ACTIONS**
- Budget Approval
 - Changes since the Draft BudgetLorraine Haywood
 - Board Discussion, Decision Molly Gutilla
 - Approvals
 - Resolution 2022-58 Adopt Budget
 - Resolution 2022-59 Revenues to Reserve Account
 - Resolution 2022-60 Appropriate Sums of Money
 - Resolution 2022-61 Set Mill Levies
 - Certification of Tax Levies
 - FAMILI..... Dana Turner
 - Mason Street Lease Agreement Chris Sheafor
- 4:35 p.m. PRESENTATIONS**
- Medicaid ApplicationLorraine Haywood
 - Cyber AssessmentLorraine Haywood & Chris Roth
 - PolicyLisa Ward
- 4:55 p.m. PUBLIC COMMENT**
- Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.
- 5:00 p.m. OTHER UPDATES & REPORTS**
- Liaison to PVHS/UCHealth North Report Celeste Holder Kling
 - Executive Director Updates..... Lee Thielen
- 5:20 p.m. CONSENT AGENDA**
- Approval of the October 27, 2022 Regular & Special Meeting Minutes; the November 2 Special Meeting Minutes, the November 14, 2022 Regular Meeting Minutes, and the November 16 Joint Board Meeting Minutes
 - October Financials
- 5:25 p.m. PUBLIC COMMENT (2nd opportunity) See Note above.**
- 5:30 p.m. ANNOUNCEMENTS**
- January 24, 5:00 pm – Board of Directors Regular Meeting
 - February 14, 5:00 pm – Board of Directors Special Meeting

5:35 p.m.

EXECUTIVE SESSION

Executive Session for the purposes of discussion of a personnel matter not involving any specific employees who have requested discussion of the matter in open session, any member of this body or any elected official, the appointment of any person to fill an office of this body or of an elected official, or personnel policies that do not require the discussion of matters personal to particular employees, pursuant to C.R.S. § 24-6-402(4)(f), regarding the Executive Director.

5:50 p.m.

ADJOURN EXECUTIVE SESSION AND RETURN TO REGULAR MEETING

5:55 p.m.

ACTION AS A RESULT OF EXECUTIVE SESSION

6:00 p.m.

ADJOURN REGULAR MEETING

Register in advance for this webinar:

https://healthdistrict.zoom.us/webinar/register/WN_alGhfOi2S7OLFwarOhRgRA

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

**SIGNIFICANT REVISIONS TO PROPOSED
2023 BUDGET**

	Proposed Budget 11/14/22	Proposed Budget 12/13/22	Difference + / (-)
OPERATING			
Revenue			
■ Property Tax Revenue (net of TIF)	\$ 8,626,018	\$ 8,625,165	\$ (853)
Expenditures			
■ Employee Wages	\$ 7,826,650	\$ 7,749,803	\$ (76,847)
■ Employee Benefits	\$ 2,135,822	\$ 2,112,157	\$ (23,665)
■ Program expenses	\$ 1,958,765	\$ 1,989,472	\$ 30,707
			<u>\$ (69,805)</u>
RESERVES			
■ Reserve Special Projects	\$ 2,902,188	\$ 2,881,494	\$ (20,694)
■ Non-Capital Reserves	\$ 529,312	\$ 654,312	\$ 125,000
■ Capital Reserves	\$ 684,072	\$ 619,072	\$ (65,000)

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Budget Documents

For:

January 1 – December 31, 2023

Draft Budget for Adoption by the Board of Directors

December 13, 2022



2023 Budget Message

The Health District of Northern Larimer County provides health services that fulfill its mission "*to enhance the health of our community.*" It will continue to provide health services from seven sites in Fort Collins - four owned facilities and one leased Health District space, as well as shared space with two other facilities where Health District staff work collaboratively with staff from other organizations, including Salud Family Health Centers and the Family Medicine Center. Larimer Health Connect utilizes leased space at the Loveland Life Center to provide health coverage assistance services to the southern part of Larimer County with funding from a grant.

At their August 23rd Regular Meeting, the board identified the following priorities for 2023 (in no particular order):

1. Behavioral Health: Mental Health and Substance Use across the lifespan
2. Oral Health
3. Access to care through coverage

The intent is to align funding, programs, and services with these priorities while focusing on health equity, utilizing data to measure outcomes and track progress, and pursuing strategies that are known to impact population health, such as policy intervention.

Due to unexpected staffing transitions which occurred shortly before finalizing the draft budget, the decision was made to begin the year with programs and services at levels similar to 2022. This will allow additional time to transition resources toward the board's identified priorities throughout the year.

To address the above-identified priorities, the Health District will:

- 1) Continue to provide behavioral health services to meet identified needs across the lifespan, connect individuals and families to other community services, provide integrated behavioral health services in primary care safety net clinics, and organize community partners to make long-term improvements in Mental Health and Substance Use Disorder services and approaches;
- 2) Maintain and increase the number of people who have appropriate health insurance by helping customers understand their health insurance options and what might work best for them;
- 3) Provide dental care for those with low incomes.

Access to Health Care

The Health District will continue to address equity in part by promoting access to health care for those with low incomes. In particular, the Health District will directly provide the following services either solely or in partnership with other organizations and providers: family dental services; prescription assistance; psychiatric medication evaluations and consults; mental health and substance use assessments and treatment (which includes services at two primary care "safety net clinics" that serve residents with public insurance or who cannot afford the full cost of health care, as well as at Connections and CAYAC: Child, Adolescent, Young Adult Connections); assistance for those who suffer from co-occurring mental illness and substance use disorders; and a program that connects consumers to therapists and psychiatrists offering mental health care at reduced rates. Each program offers discounted care or sliding fee scales to help make health care more affordable.

For residents of all incomes in need of finding mental health and/or substance use services, or of understanding mental illness or substance use disorders, the Mental Health & Substance Use Connections program will offer assistance and enhanced information and referrals by phone, Internet or in person.

The community behavioral health services provides service for adults through Connections, and also focuses on youth through the CAYAC program, which places additional focus on early identification and intervention for children and youth ages 0-24 who are potentially impacted by mental illness or substance use disorders, working closely with their families, schools, and primary care providers to connect them to appropriate assessments and, when indicated, treatment. CAYAC assessment services include

child and adolescent psychiatry and psychological testing, when indicated, which assists in the determination of referrals to the most appropriate interventions.

For residents of all incomes who are in need of affordable health insurance, the Health District (through its Larimer Health Connect program) will offer health coverage assistance services to help residents understand their options for obtaining and keeping health insurance, and to help them apply for coverage and assistance when appropriate.

For those who have disabilities so severe that they must receive their dental care under general anesthesia (and who qualify for a relevant state Medicaid waiver), the Health District and a partnership of a variety of public and private partners will continue to offer limited care locally. In addition, with the installation of a wheelchair lift, the Health District's dental clinic is now the only clinic in the area with the ability to provide dental care to wheelchair-bound individuals.

The Health District will continue to organize and participate in community-based planning aimed at restructuring local mental health and substance use disorder services and raise community awareness and action around mental illness and substance use disorders. In 2023, the Health District will work in partnership with community partners (both organizations and consumers), to assist with updating and expanding the community assessment of mental health and substance use service needs originally completed in 2016, which will inform the new "Solutions to Behavioral Health Services Gaps" community plan.

Health Promotion

The Health District is currently providing the following general preventive care and treatment services: evidence-based services to help people quit using tobacco; and community screenings for high blood pressure, cholesterol, and glucose (as an indicator of diabetes). These programs will be reviewed in 2023 to determine if these services are adequately provided by other partners in the community.

Assessment

The Health District is committed to making informed decisions based on the most current and relevant information and will continue to gather and share such information with the community. Dissemination of findings from the 2022 triennial assessment will continue in 2023 and findings will be used internally to guide program improvement and future planning efforts.

System-wide Improvements

The Health District is involved in monitoring changes (or potential changes) in health and health care brought about by policy changes at the national and state levels and will continue to assist the community in adapting to changes. The Health District works with multiple partners in disaster preparedness planning and response. The Community Impact Team will continue to work with community partners to identify areas of need that require community collaboration and organizing in order to implement systemic changes. The District will monitor relevant legislative proposals for policy consideration by the Board.

Other

In addition to providing health services, the Health District continues to have responsibility in two other areas: to fulfill its legal obligations as a Special District and as the owner of Poudre Valley Health System's (PVHS) portion of the University of Colorado Health (UCH) System's real estate and other assets. Revenue from lease payments from PVHS/UCH (the operators of the hospital and related health services) covers administrative expenses, and helps to provide local health services. Revenues for providing health services are generated through property and special ownership taxes, fees, third party payers, lease payments, interest, contracts, and grants.

Budget

The attached DRAFT Budget for the Health District of Northern Larimer County includes a three-year and a one-year year budget listing all proposed expenditures for administration, operations, maintenance, and capital projects; anticipated revenues for the budget year; and estimated beginning and ending fund balances. Attached are explanatory schedules, which give more detail on both revenues and expenditures.

The financial statements and records of the Health District of Northern Larimer County are prepared using the accrual basis of accounting. This budget has been prepared using the modified accrual basis of accounting.

NOTE: This budget message will be updated as needed for future drafts and the final budget.

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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

Budget

For:

January 1 – December 31, 2023

Health District of Northern Larimer County
2023 Budget

Revenues:	
Property & Specific Ownership Taxes	\$ 9,250,165
Lease Revenue	1,455,433
Investment Income	230,000
Operating Revenue (fee income)	1,020,803
Grant and Partnership Revenue	1,099,614
Miscellaneous Income	23,984
Total Revenues	<u>\$ 13,079,999</u>
Beginning Balance	\$ 7,391,604
Total Available Resources	<u><u>\$ 20,471,603</u></u>
Expenditures:	
Operating Expenditures	
Board Expenditures	\$ 113,494
Election Expenditures	38,500
Administration	1,038,609
Program Operations:	
<i>Mental Health/Substance Issues Services</i>	5,065,672
- Connections: Mental Health/Substance Issues Services	2,864,217
- Integrated Care (MHSA/PC)	1,374,101
- Community Impact	827,355
Dental Services	3,932,630
Larimer Health Connect	1,073,247
Health Promotion	740,660
Assessment/Research/Evaluation	363,058
Leased Offices	139,872
Grants, Partnerships and Special Projects	4,110,058
Total Operating Expenditures	<u>\$ 16,615,802</u>
Non-Operating Expenses	
Capital Expenditures	619,072
Contingency	698,722
Total Non-Operating Expenditures	<u>\$ 1,317,794</u>
Total Expenditures	<u><u>17,933,596</u></u>
Reserves	
Emergency & General (State Required)	538,008
Emergency & General (Board)	1,000,000
Capital Replacement (flexible)	1,000,000
Total Reserves	<u>\$ 2,538,008</u>
Total Expenditures & Reserves	<u><u>20,471,603</u></u>

Health District of Northern Larimer County
Three Year Budget Summary 2023

	Prior Year 2021 Actual *	Current Year 2022 Budget	2023 Proposed Budget
Revenues:			
Property & Specific Ownership Taxes	\$ 8,913,528	\$ 9,325,766	\$ 9,250,165
Lease Revenue	1,343,554	1,335,549	1,455,433
Investment Income	16,101	65,000	230,000
Operating Revenue (fee income)	1,020,928	998,821	1,020,803
Grant and Partnership Revenue	720,828	1,274,586	1,099,614
Miscellaneous Income	22,396	23,004	23,984
Total Revenues	\$ 12,037,335	\$ 13,022,725	\$ 13,079,999
Beginning Balance	\$ 7,132,102	\$ 6,929,112	\$ 7,391,604
Total Available Resources	\$ 19,169,437	\$ 19,951,838	\$ 20,471,603
Expenditures:			
Operating Expenditures			
Board Expenditures	\$ 25,715	\$ 47,118	\$ 113,494
Election Expenditures	-	32,000	38,500
Administration	950,330	952,280	1,038,609
Program Operations:			
<i>Mental Health/Substance Issues Services</i>		4,371,720	5,065,672
- Connections: Mental Health/Substance Issues Services	1,776,418	2,339,007	2,864,217
- Integrated Care (MHSA/PC)	1,018,952	1,275,292	1,374,101
- Community Impact	523,940	757,422	827,355
Dental Services	3,295,322	3,894,293	3,932,630
Larimer Health Connect	994,646	1,312,744	1,073,247
Health Promotion	758,146	854,448	740,660
Assessment/Research/Evaluation	241,265	269,530	363,058
Resource Development (moved under Admin for 2023)	178,002	195,262	-
Leased Offices	-	178,020	139,872
Grants, Partnerships and Special Projects	1,645,423	4,385,168	4,110,058
Total Operating Expenditures	\$ 11,408,159	\$ 16,492,583	\$ 16,615,802
Non-Operating Expenditures			
Capital	\$ 2,868,078	\$ 1,290,987	\$ 619,072
Contingency	-	422,098	698,722
Total Non-Operating Expenditures	\$ 2,868,078	\$ 1,713,085	\$ 1,317,794
Total Expenditures	\$ 14,276,237	\$ 18,205,668	\$ 17,933,596
Reserves			
Emergency & General (State Required)	\$ 428,287	\$ 546,170	\$ 538,008
Emergency & General (Board)	1,000,000	1,000,000	1,000,000
Capital Replacement (flexible)	200,000	200,000	1,000,000
Total Reserves	\$ 1,628,287	\$ 1,746,170	\$ 2,538,008
Total Expenditures & Reserves	\$ 15,904,524	\$ 19,951,838	\$ 20,471,603

*Based on year-end audited financial statements

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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

Explanatory Schedules

For:

January 1 – December 31, 2023

**Health District of Northern Larimer County
Annual Operating and Reserve Expenditure Summary
2023**

**Summary of Revenues Used for Operating Expenditures
(Non-GAAP)**

Sources of Revenue

Property & Specific Ownership Taxes	\$	9,250,165
Lease Revenue		1,455,433
Fee for Service Income		1,020,803
Grant Revenue		1,065,178
Anticipated grant revenue	\$	565,178
Potential grant revenue		500,000
Partnership Revenue		34,436
Investment Income		230,000
Miscellaneous Income		23,984
Total Revenues	\$	13,079,999

A Operating Expenditures

Board Expenditures	\$	113,494
Election Expenditures		38,500
Administration		999,427
Program Operations		10,700,011
Special Projects - Operations		128,953
Special Projects - Partnerships		34,436
Grant Expenditures		1,065,178
Total Operating Expenditures	\$	13,079,999

B	Expenditures From Reserves	\$	3,535,803
	Special Projects	\$	2,881,491
	Operations	\$	654,312
C	Total Expenditures (A + B)	\$	16,615,802
D	Capital Expenditures (Reserve)		619,072
E	Total Reserve Expenditures (B + D)	\$	4,154,875

Health District of Northern Larimer County

2023 Capital Expenditures

New rooftop HVAC Units - 120 bldg	70,000
Restroom renovations - Mulberry	150,000
HVAC Units at 425 W. Mulberry	18,000
Equipment/Software	331,072
Contingency	50,000
TOTAL	<u>\$ 619,072</u>

Non-Capital Improvements from Reserves

Technology	\$ 170,590
Office Furniture/Equipment	82,400
Building Improvements	258,600
Software	122,722
Contingency	20,000
TOTAL	<u>\$ 654,312</u>

**Health District of Northern Larimer County
2023 Program Revenues & Expenditures**

	50	51	53	56	58	55	61	62	65	90		2022		
	Admin.	Board/ Election	Mental Health Connections	Dental	Integrated Care	Health Promotion	Community Impact	Program Evaluation	Larimer Health Connect	Leased Offices	Total	Operational Budget	% Change	\$ Change
Revenues:														
Fee for Service	\$ -	\$ -	\$ 37,000	\$ 127,197	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 164,197	\$ 167,021	-1.69%	(2,824)
3rd Party Payments	-	-	15,000	656,574	185,032	-	-	-	-	-	\$ 856,606	\$ 831,800	2.98%	24,806
Lease Payment										187,475	\$ 187,475	\$ 116,473	60.96%	71,002
Misc Income	12,000			11,984							\$ 23,984	\$ 23,004	4.26%	980
TOTAL REVENUE	\$ 12,000	\$ -	\$ 52,000	\$ 795,755	\$ 185,032	\$ -	\$ -	\$ -	\$ -	\$ 187,475	\$ 1,232,262	\$ 1,138,298	8.25%	\$ 93,964
Expenditures:														
Salaries & Wages	\$ 510,928	\$ 72,738	\$ 1,889,898	\$ 2,379,151	\$ 961,300	\$ 468,997	\$ 553,529	\$ 243,355	\$ 655,441	\$ 14,466	\$ 7,749,803	\$ 7,599,649	1.98%	150,154
Benefits & Taxes	129,836	5,564	515,219	671,214	237,668	133,705	152,925	65,387	197,068	3,569	\$ 2,112,157	\$ 2,083,042	1.40%	29,115
Recruitment/Infection Control	3,071	-	12,086	16,292	4,985	9,278	3,636	1,511	5,067	-	\$ 55,925	\$ 45,073	24.08%	10,852
Temporary Help	-	5,000	-	4,961	-	-	-	-	-	-	\$ 9,961	\$ 9,961	0.00%	-
Interns & Residents	-	-	-	-	-	-	4,500	1,500	-	-	\$ 6,000	\$ 11,500	-47.83%	(5,500)
Consultants & Contracted Dr.s	64,588	5,000	39,587	42,162	12,085	7,617	8,450	3,511	11,776	174	\$ 194,951	\$ 159,482	22.24%	35,468
Mileage	2,675	100	1,700	800	500	-	2,500	100	6,300	-	\$ 14,675	\$ 13,620	7.75%	1,055
Staff Training	3,144	-	13,403	18,067	5,528	3,635	4,032	2,760	5,619	83	\$ 56,271	\$ 58,038	-3.04%	(1,767)
Conferences/Retreats/Fundraising	19,734	8,400	12,171	16,206	13,934	1,347	1,122	4,852	6,061	-	\$ 83,827	\$ 96,984	-13.57%	(13,156)
Membership/Dues/Licenses	14,085	1,025	12,762	10,965	7,575	927	1,560	1,600	-	-	\$ 50,499	\$ 50,230	0.54%	269
Publications/Subscriptions	3,095	300	7,808	1,550	600	968	1,150	1,200	1,815	-	\$ 18,486	\$ 25,979	-28.84%	(7,493)
Meetings	1,030	4,800	10,900	1,000	600	1,250	2,500	200	800	-	\$ 23,080	\$ 30,180	-23.53%	(7,100)
Wellness/Recognition	1,336	-	5,697	7,680	2,350	1,545	1,714	712	2,389	35	\$ 23,459	\$ 21,573	8.74%	1,886
Volunteer Recognition	57	600	1,742	2,026	100	216	373	30	476	1	\$ 5,620	\$ 5,622	-0.03%	(2)
Rent & Lease Payments	964	-	4,109	5,539	1,695	1,114	1,236	514	1,723	10,757	\$ 27,652	\$ 13,959	98.09%	13,693
Utilities	5,894	-	-	23,565	7,446	3,777	5,273	2,044	3,500	13,775	\$ 65,275	\$ 61,875	5.49%	3,400
Custodial Services	8,596	-	-	34,366	10,859	5,508	7,689	2,981	9,200	20,000	\$ 99,199	\$ 89,343	11.03%	9,857
Insurance	3,959	8,916	20,878	30,752	10,562	4,577	5,078	2,110	7,076	4,580	\$ 98,488	\$ 84,299	16.83%	14,189
Office Supplies	3,420	700	7,800	7,000	2,000	1,500	1,500	150	2,500	-	\$ 26,570	\$ 24,562	8.18%	2,008
Office Equipment	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -	-	-
Office Furniture	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -	-	-
Computer Equipment	-	-	-	-	-	-	-	-	-	-	\$ -	\$ -	-	-
Computer Software	-	-	16,500	-	-	-	-	-	-	-	\$ 16,500	\$ 15,900	3.77%	600
Telephone, E-mail & Internet	5,956	-	18,096	23,812	7,524	3,817	5,328	2,066	16,224	11,180	\$ 94,004	\$ 79,032	18.94%	14,971
Postage	1,000	250	750	1,200	100	2,816	300	50	750	-	\$ 7,216	\$ 9,466	-23.77%	(2,250)
Printing/Copying/Binding	1,000	100	4,000	300	615	3,174	1,000	100	1,000	-	\$ 11,289	\$ 17,364	-34.99%	(6,075)
Community Education	7,868	-	80,141	52,154	9,308	17,962	7,060	3,518	39,994	124	\$ 218,129	\$ 246,512	-11.51%	(28,383)
Repair & Maintenance	7,187	-	28,280	38,123	11,665	8,670	8,509	3,535	12,817	29,175	\$ 147,960	\$ 124,016	19.31%	23,944
Building Upgrades	-	-	-	-	-	-	-	-	-	-	\$ -	\$ 60,000	-100.00%	(60,000)
Medical Supplies	-	-	-	141,407	-	9,000	-	-	-	-	\$ 150,407	\$ 140,855	6.78%	9,552
Medical Equipment	-	-	-	-	-	240	-	-	-	-	\$ 240	\$ 240	0.00%	-
Prescriptions	-	-	-	-	500	6,000	-	-	20,000	-	\$ 26,500	\$ 49,904	-46.90%	(23,404)
Lab & X-ray Fees	-	-	-	130,000	-	-	-	-	-	-	\$ 130,000	\$ 133,500	-2.62%	(3,500)
Client Assistance	-	-	4,500	8,000	1,000	1,100	-	-	1,000	-	\$ 15,600	\$ 24,890	-37.32%	(9,290)
Follow-up Care	-	-	-	35,000	-	-	-	-	-	-	\$ 35,000	\$ 35,000	0.00%	-
Bad Debt	-	-	2,000	5,086	-	100	-	-	-	-	\$ 7,186	\$ 11,149	-35.55%	(3,963)
Fees & Exp.	15,000	-	-	-	-	-	-	-	-	-	\$ 15,000	\$ 12,950	15.83%	2,050
Treasurer Fees	185,003	-	-	-	-	-	-	-	-	31,000	\$ 216,003	\$ 210,389	2.67%	5,614
Reserve Expenditures **	39,183	-	154,191	224,253	63,601	41,818	46,391	19,274	64,648	953	\$ 654,312	\$ 419,276	56.06%	235,036
Election Expenses	-	38,500	-	-	-	-	-	-	-	-	\$ 38,500	\$ 32,000	20.31%	6,500
TOTAL	\$ 1,038,609	\$ 151,994	\$ 2,864,217	\$ 3,932,630	\$ 1,374,101	\$ 740,660	\$ 827,355	\$ 363,058	\$ 1,073,247	\$ 139,872	\$ 12,505,743	\$ 12,107,415	3.29%	\$ 398,328
Net Expenditure	\$ 1,026,609	\$ 151,994	\$ 2,812,217	\$ 3,136,875	\$ 1,189,069	\$ 740,660	\$ 827,355	\$ 363,058	\$ 1,073,247	\$ (47,603)	\$ 11,273,481	\$ 10,969,117	2.77%	\$ 304,364

**To be spent from reserves

**FTE by Program
2023**

Program/Department	Authorized Regular Position Allocations		
	2022 Authorized	2023 Budget	2023 Change
Administration	5.464	5.695	0.231
Board	-	0.400	0.400
Mental Health Connections	20.020	24.280	4.260
Dental	35.439	32.730	(2.709)
Integrated Care	10.314	10.015	(0.299)
Health Promotion	7.708	6.585	(1.123)
Community Impact	7.055	7.305	0.250
Program Evaluation	2.140	3.035	0.895
Larimer Health Connect	12.158	10.180	(1.978)
Resource Development	1.772	-	(1.772)
Leased Offices	0.300	0.150	(0.150)
	102.370	100.375	(1.995)

**Health District of Northern Larimer County
2023**

Special Projects - Reserves

	HD	Partnerships	Total
Community Behavior Health Services Staffing	\$ 337,079		\$ 337,079
Database maintenance	\$ 20,000		\$ 20,000
Practice Transformation Consultant	\$ 25,000		\$ 25,000
MHSU Expansion of Critical Behavioral Health Services	\$ 135,000		\$ 135,000
MHSU SUD Transformation Project (Provider training - ED approval)	\$ 32,000		\$ 32,000
Community Mental Health/SU Emerging Needs (ED approval)	\$ 65,000		\$ 65,000
Community Mental Health/SU Alliance - HD	\$ 45,000		\$ 45,000
Community Mental Health/SU Alliance - Partners	\$ -	34,436	\$ 34,436
SUD Public Awareness Campaign (ED approval)	\$ 51,000		\$ 51,000
OAP Dental Client Assistance (Restricted)	\$ 16,250		\$ 16,250
Dentist loan repayment	\$ 10,000		\$ 10,000
Meaningful Use (future Dental MU expenses)	\$ 52,796		\$ 52,796
Tobacco Cessation	\$ 134,798		\$ 134,798
Tobacco Cessation Program Review Consultant	\$ 10,000		\$ 10,000
Targeted Program Outreach	\$ 53,000		\$ 53,000
Larimer Health Connect	\$ 159,179		\$ 159,179
Health Equity Initiative	\$ 84,220		\$ 84,220
CDDT/ACT Facility Repairs/Contingency	\$ 10,000		\$ 10,000
Advance Care Planning Project	\$ 34,369		\$ 34,369
HRIS Software Consultant	\$ 5,000		\$ 5,000
HR/Employment Law Consultants	\$ 40,000		\$ 40,000
Contracts/Compliance Consultant	\$ 25,000		\$ 25,000
Community Health Needs Assessment	\$ 50,000		\$ 50,000
Transition Management	\$ 265,000		\$ 265,000
Specialized program training/health care reform training	\$ 177,500		\$ 177,500
Implementation of Community/New Projects Process & Plans (ED)	\$ 25,000		\$ 25,000
Emerging Community Needs/Partnership Opportunities	\$ 265,000		\$ 265,000
Leadership Training	\$ 20,000		\$ 20,000
Emergency Preparedness & Response	\$ 40,000		\$ 40,000
Intermediate Medical Leave	\$ 70,000		\$ 70,000
New intensive staff recruitment and relocation costs	\$ 250,000		\$ 250,000
Employees Wellness Program	\$ 35,000		\$ 35,000
Public Awareness Campaign	\$ 50,000		\$ 50,000
Health District websites redevelopment	\$ 45,000		\$ 45,000
Community Health Data Initiatives	\$ 30,000		\$ 30,000
Total	\$ 2,881,491	\$ 34,436	\$ 2,915,928

Grants

	Grants	Total
DC Fundraising (OOD)	\$ 3,261	\$ 3,261
Dental Client Assistance - Children	\$ 7,692	\$ 7,692
Dental Client Assistance - Adults	\$ 27,169	\$ 27,169
Lion's Club Diabetes Program	\$ 3,202	\$ 3,202
Connect for Health FY 22	\$ 37,529	\$ 37,529
Connect for Health Colorado FY22	\$ 123,334	\$ 123,334
Connect for Health Colorado FY23	\$ 85,000	\$ 85,000
United CO	\$ 5,000	\$ 5,000
Quit Tobacco - Out of District	\$ 1,080	\$ 1,080
Larimer County Immediate Needs (ARPA)	\$ 27,100	\$ 27,100
Larimer County 1A FY22	\$ 38,442	\$ 38,442
Prescription Assistance OOD	\$ 433	\$ 433
CAYAC OOD	\$ 1,936	\$ 1,936
Practice Transformation	\$ 200,000	\$ 200,000
Potential Grants	\$ 500,000	\$ 500,000
Total	\$ 1,065,178	\$ 1,065,178

Special Projects - Operations

	Health District	Grants	Partnerships	Total
Special Projects Contingency - Operations	\$ 128,953			\$ 128,953
Total	\$ 128,953		\$ -	\$ 128,953

***Bold** indicates expenditures requiring Board approval of special projects proposals



Resolution 2022-58

RESOLUTION TO ADOPT BUDGET

A RESOLUTION SUMMARIZING EXPENDITURES AND REVENUES FOR EACH FUND AND ADOPTING A BUDGET FOR THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY, COLORADO, FOR THE CALENDAR YEAR BEGINNING ON THE FIRST DAY OF JANUARY, 2023 AND ENDING ON THE LAST DAY OF DECEMBER, 2023.

WHEREAS, the Board of Directors of the Health District of Northern Larimer County has appointed Karen Spink, Outgoing Acting Executive Director, to prepare and submit a proposed budget to said governing body at the proper time; and

WHEREAS, Karen Spink, Outgoing Acting Executive Director has submitted a proposed budget to this governing body on October 15, 2022 for its consideration; and

WHEREAS, upon due and proper notice, published or posted in accordance with the law, said proposed budget was open for inspection by the public at a designated place, a public hearing was held on November 14, 2022, and interested taxpayers were given the opportunity to file or register any objection to said proposed budget, and,

WHEREAS, whatever increases may have been made in expenditures, like increases were added to the revenues so that the budget remains in balance, as required by law.

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

Section 1. That the budget as submitted, amended, and summarized by fund, is hereby approved and adopted as the budget of the Health District of Northern Larimer County for the year stated above.

Section 2. That the budget hereby approved and adopted shall be signed by the members of the Board of Directors and made a part of the public records of the District.

ADOPTED, this 13th day of December, A.D., 2022

Attested by:

Molly Gutilla, President

Julie Kunce Field, Vice President

Joseph Prows, Treasurer

Ann Yanagi, Secretary

Celeste Holder Kling
UCHealth-North/PVHS Board Liaison



Resolution 2022-59

RESOLUTION OF THE BOARD OF DIRECTORS OF THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY CREATING, AND SPENDING 2022 REVENUES INTO RESERVE ACCOUNTS IN CONFORMANCE WITH THE PROVISIONS OF ART. X §20 OF THE COLORADO CONSTITUTION

WHEREAS, the Board of Directors of the Health District of Northern Larimer County (Health District) is charged with the duty to budget and spend the revenues and monies of the Health District in conformance with the provisions of the Colorado Constitution and applicable Colorado statutes; and

WHEREAS, the Health District wishes to establish reserve accounts, as authorized and contemplated by ART. X §20 of the Colorado Constitution, in order to earmark and set aside for subsequent spending those funds which are available to the District for lawful expenditure during fiscal year 2023; and

WHEREAS, the Board of Directors of the Health District wishes to set forth in full its creation of an authorized reserve account, and to authorize the expenditure of the funds appropriated into such reserve account hereby, whether the actual expenditure of such funds for the purposes identified herein shall occur during 2023 or in subsequent years.

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

Section 1. All revenues and monies of the Health District, which remain unexpended at the close of business on December 31, 2022, are hereby appropriated and “spent” into a general reserve account to be used for any lawful purpose that the Board of Directors deems appropriate.

ADOPTED, this 13th day of December, A.D., 2022

Attested by:

Molly Gutilla, Esq., President

Julie Kunce Field, Vice President

Joseph Prows, Treasurer

Ann Yanagi, Secretary

Celeste Holder Kling
UCHealth-North/PVHS Board Liaison



Resolution 2022-60

RESOLUTION TO APPROPRIATE SUMS OF MONEY

A RESOLUTION APPROPRIATING SUMS OF MONEY TO THE VARIOUS FUNDS IN THE AMOUNT AND FOR THE PURPOSE AS SET FORTH BELOW, FOR THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY, FORT COLLINS, COLORADO, FOR THE 2023 BUDGET YEAR.

WHEREAS, the Board of Directors of the Health District of Northern Larimer County (Health District) has adopted the annual budget in accordance with the Local Government Budget Law, on December 13, 2022 and

WHEREAS, the Board of Directors has made provision therein for revenues in an amount equal to or greater than the total proposed expenditures as set forth in said budget; and

WHEREAS, it is not only required by law, but also necessary to appropriate the revenues and reserves or fund balances provided in the budget to and for the purposes described below, thereby establishing a limitation on expenditures for the operations of the Health District.

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

Section 1. That the following sum of \$20,471,603 is hereby appropriated from the revenue of the general fund, to the general fund.

ADOPTED, this 13th day of December, A.D., 2022.

Attest:

Molly J. Gutilla, President

Julie Kuncce Field, Vice President

Ann Yanagi, Secretary

Joseph W. Prows, Treasurer

Celeste Holder Kling
UC Health-North/PVHS Board Liaison



Resolution 2022-61

RESOLUTION TO SET MILL LEVIES

A RESOLUTION LEVYING GENERAL PROPERTY TAXES FOR THE YEAR 2023 TO HELP DEFRAY THE COSTS OF GOVERNMENT FOR THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY, FORT COLLINS, COLORADO FOR THE 2023 BUDGET YEAR.

WHEREAS, the Board of Directors of the Health District of Northern Larimer County has adopted the annual budget in accordance with the Local Government Budget Law, on December 13, 2022; and

WHEREAS, the amount of money necessary to balance the budget for general operating purposes from property tax revenue is \$8,625,165; and

WHEREAS, the 2023 net valuation for assessment for the Health District as certified by the County Assessor is \$3,980,232,965.

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

Section 1. That for the purpose of meeting all proposed expenditures within the general operating budget of the Health District during the 2023 budget year, there is hereby levied a tax of 2.167 mills upon each dollar of the total valuation for assessment of all taxable property within the district for the year 2023.

Section 2. That the Interim Executive Director is hereby authorized and directed to immediately certify to the County Commissioners of Larimer County, Colorado, the mill levies for the Health District as herein above determined and set.

ADOPTED, this 13th day of December, A.D., 2022

Attested by:

Molly Gutilla, President

Julie Kunce Field, Vice President

Joseph Prows, Treasurer

Ann Yanagi, Secretary

Celeste Holder Kling
UCHealth-North/PVHS Board Liaison

CERTIFICATION OF TAX LEVIES for NON-SCHOOL Governments

TO: County Commissioners¹ of Larimer County, Colorado.

On behalf of the Health Services District of Northern Larimer County,

the Board of Directors
(taxing entity)^A

of the Health Services District of Northern Larimer County
(governing body)^B
(local government)^C

Hereby officially certifies the following mills to be levied against the taxing entity's GROSS \$ 4,212,779,989 assessed valuation of: (GROSS^D assessed valuation, Line 2 of the Certification of Valuation Form DLG 57^E)

Note: If the assessor certified a NET assessed valuation (AV) different than the GROSS AV due to a Tax Increment Financing (TIF) Area^F the tax levies must be calculated using the NET AV. The taxing entity's total property tax revenue will be derived from the mill levy multiplied against the NET assessed valuation of: \$ 3,980,232,965 (NET^G assessed valuation, Line 4 of the Certification of Valuation Form DLG 57)
USE VALUE FROM FINAL CERTIFICATION OF VALUATION PROVIDED BY ASSESSOR NO LATER THAN DECEMBER 10

Submitted: 12/13/2022 for budget/fiscal year 2023.
(no later than Dec. 15) (mm/dd/yyyy) (yyyy)

PURPOSE (see end notes for definitions and examples)	LEVY ²	REVENUE ²
1. General Operating Expenses ^H	2.167 mills	\$ 8,625,165
2. <Minus> Temporary General Property Tax Credit/ Temporary Mill Levy Rate Reduction ^I	< > mills	\$ < >
SUBTOTAL FOR GENERAL OPERATING:	2.167 mills	\$ 8,625,165
3. General Obligation Bonds and Interest ^J	_____ mills	\$ _____
4. Contractual Obligations ^K	_____ mills	\$ _____
5. Capital Expenditures ^L	_____ mills	\$ _____
6. Refunds/Abatements ^M	_____ mills	\$ _____
7. Other ^N (specify): _____	_____ mills	\$ _____
	_____ mills	\$ _____
TOTAL: [Sum of General Operating Subtotal and Lines 3 to 7]	2.167 mills	\$ 8,625,165

Contact person: Leonella A Thielen Daytime phone: (970) 224-5209
(print)

Signed: _____ Title: Interim Executive Director

Include one copy of this tax entity's completed form when filing the local government's budget by January 31st, per 29-1-113 C.R.S., with the Division of Local Government (DLG), Room 521, 1313 Sherman Street, Denver, CO 80203. Questions? Call DLG at (303) 864-7720.

¹ If the *taxing entity's* boundaries include more than one county, you must certify the levies to each county. Use a separate form for each county and certify the same levies uniformly to each county per Article X, Section 3 of the Colorado Constitution.

² Levies must be rounded to three decimal places and revenue must be calculated from the total NET assessed valuation (Line 4 of Form DLG57 on the County Assessor's **FINAL** certification of valuation).

CERTIFICATION OF TAX LEVIES, continued

THIS SECTION APPLIES TO TITLE 32, ARTICLE 1 SPECIAL DISTRICTS THAT LEVY TAXES FOR PAYMENT OF GENERAL OBLIGATION DEBT (32-1-1603 C.R.S.). Taxing entities that are

Special Districts or Subdistricts of Special Districts must certify separate mill levies and revenues to the Board of County Commissioners, one each for the funding requirements of each debt (32-1-1603, C.R.S.) Use additional pages as necessary. The Special District's or Subdistrict's total levies for general obligation bonds and total levies for contractual obligations should be recorded on Page 1, Lines 3 and 4 respectively.

CERTIFY A SEPARATE MILL LEVY FOR EACH BOND OR CONTRACT:

BONDS^J:

- 1. Purpose of Issue: _____
Series: _____
Date of Issue: _____
Coupon Rate: _____
Maturity Date: _____
Levy: _____
Revenue: _____

- 2. Purpose of Issue: _____
Series: _____
Date of Issue: _____
Coupon Rate: _____
Maturity Date: _____
Levy: _____
Revenue: _____

CONTRACTS^K:

- 3. Purpose of Contract: _____
Title: _____
Date: _____
Principal Amount: _____
Maturity Date: _____
Levy: _____
Revenue: _____

- 4. Purpose of Contract: _____
Title: _____
Date: _____
Principal Amount: _____
Maturity Date: _____
Levy: _____
Revenue: _____

Use multiple copies of this page as necessary to separately report all bond and contractual obligations per 32-1-1603, C.R.S.

Notes:

^A **Taxing Entity**—A jurisdiction authorized by law to impose ad valorem property taxes on taxable property located within its territorial limits (please see notes B, C, and H below). For purposes of the DLG 70 only, a *taxing entity* is also a geographic area formerly located within a *taxing entity*'s boundaries for which the county assessor certifies a valuation for assessment and which is responsible for payment of its share until retirement of financial obligations incurred by the *taxing entity* when the area was part of the *taxing entity*. For example: an area of excluded property formerly within a special district with outstanding general obligation debt at the time of the exclusion or the area located within the former boundaries of a dissolved district whose outstanding general obligation debt service is administered by another local government^C.

^B **Governing Body**—The board of county commissioners, the city council, the board of trustees, the board of directors, or the board of any other entity that is responsible for the certification of the *taxing entity*'s mill levy. For example: the board of county commissioners is the governing board ex officio of a county public improvement district (PID); the board of a water and sanitation district constitutes ex officio the board of directors of the water subdistrict.

^C **Local Government** - For purposes of this line on Page 1 of the DLG 70, the *local government* is the political subdivision under whose authority and within whose boundaries the *taxing entity* was created. The *local government* is authorized to levy property taxes on behalf of the *taxing entity*. For example, for the purposes of this form:

1. a municipality is both the *local government* and the *taxing entity* when levying its own levy for its entire jurisdiction;
2. a city is the *local government* when levying a tax on behalf of a business improvement district (BID) *taxing entity* which it created and whose city council is the BID board;
3. a fire district is the *local government* if it created a subdistrict, the *taxing entity*, on whose behalf the fire district levies property taxes.
4. a town is the *local government* when it provides the service for a dissolved water district and the town board serves as the board of a dissolved water district, the *taxing entity*, for the purpose of certifying a levy for the annual debt service on outstanding obligations.

^D **GROSS Assessed Value** - There will be a difference between gross assessed valuation and net assessed valuation reported by the county assessor only if there is a “tax increment financing” entity (see below), such as a downtown development authority or an urban renewal authority, within the boundaries of the *taxing entity*. The board of county commissioners certifies each *taxing entity*'s total mills upon the *taxing entity*'s *Gross Assessed Value* found on Line 2 of Form DLG 57.

^E **Certification of Valuation by County Assessor, Form DLG 57** - The county assessor(s) uses this form (or one similar) to provide valuation for assessment information to a *taxing entity*. The county assessor must provide this certification no later than August 25th each year and may amend it, one time, prior to December 10th. Each entity must use the **FINAL** valuation provided by assessor when certifying a tax levy.

^F **TIF Area**—A downtown development authority (DDA) or urban renewal authority (URA), may form plan areas that use “tax increment financing” to derive revenue from increases in assessed valuation (gross minus net, Form DLG 57 Line 3) attributed to the activities/improvements within the plan area. The DDA or URA receives the differential revenue of each overlapping *taxing entity*'s mill levy applied against the *taxing entity*'s gross assessed value after subtracting the *taxing entity*'s revenues derived from its mill levy applied against the net assessed value.

^G **NET Assessed Value**—The total taxable assessed valuation from which the *taxing entity* will derive revenues for its uses. It is found on Line 4 of Form DLG 57. **Please Note:** A downtown development authority (DDA) may be both a *taxing entity* and have also created its own *TIF area* and/or have a URA *TIF Area* within the DDA's boundaries. As a result DDAs may both receive operating revenue from their levy applied to their certified *NET assessed value* and also receive TIF revenue generated by any *tax entity* levies overlapping the DDA's *TIF Area*, including the DDA's own operating levy.

^H General Operating Expenses (DLG 70 Page 1 Line 1)—The levy and accompanying revenue reported on Line 1 is for general operations and includes, in aggregate, all levies for and revenues raised by a *taxing entity* for purposes not lawfully exempted and detailed in Lines 3 through 7 on Page 1 of the DLG 70. For example: a fire pension levy is included in general operating expenses, unless the pension is voter-approved, if voter-approved, use Line 7 (Other).

^I Temporary Tax Credit for Operations (DLG 70 Page 1 Line 2)—The Temporary General Property Tax Credit/ Temporary Mill Levy Rate Reduction of 39-1-111.5, C.R.S. may be applied to the *taxing entity*'s levy for general operations to effect refunds. Temporary Tax Credits (TTCs) are not applicable to other types of levies (non-general operations) certified on this form because these levies are adjusted from year to year as specified by the provisions of any contract or schedule of payments established for the payment of any obligation incurred by the *taxing entity* per 29-1-301(1.7), C.R.S., or they are certified as authorized at election per 29-1-302(2)(b), C.R.S.

^J General Obligation Bonds and Interest (DLG 70 Page 1 Line 3)—Enter on this line the total levy required to pay the annual debt service of all general obligation bonds. Per 29-1-301(1.7) C.R.S., the amount of revenue levied for this purpose cannot be greater than the amount of revenue required for such purpose as specified by the provisions of any contract or schedule of payments. Title 32, Article 1 Special districts and subdistricts must complete Page 2 of the DLG 70.

^K Contractual Obligation (DLG 70 Page 1 Line 4)—If repayment of a contractual obligation with property tax has been approved at election and it is not a general obligation bond (shown on Line 3), the mill levy is entered on this line. Per 29-1-301(1.7) C.R.S., the amount of revenue levied for this purpose cannot be greater than the amount of revenue required for such purpose as specified by the provisions of any contract or schedule of payments.

^L Capital Expenditures (DLG 70 Page 1 Line 5)—These revenues are not subject to the statutory property tax revenue limit if they are approved by counties and municipalities through public hearings pursuant to 29-1-301(1.2) C.R.S. and for special districts through approval from the Division of Local Government pursuant to 29-1-302(1.5) C.R.S. or for any *taxing entity* if approved at election. Only levies approved by these methods should be entered on Line 5.

^M Refunds/Abatements (DLG 70 Page 1 Line 6)—The county assessor reports on the *Certification of Valuation* (DLG 57 Line 11) the amount of revenue from property tax that the local government did not receive in the prior year because taxpayers were given refunds for taxes they had paid or they were given abatements for taxes originally charged to them due to errors made in their property valuation. The local government was due the tax revenue and would have collected it through an adjusted mill levy if the valuation errors had not occurred. Since the government was due the revenue, it may levy, in the subsequent year, a mill to collect the refund/abatement revenue. An abatement/refund mill levy may generate revenues up to, but not exceeding, the refund/abatement amount from Form DLG 57 Line 11.

1. Please Note: Pursuant to Article X, Section 3 of the Colorado Constitution, if the *taxing entity* is in more than one county, as with all levies, the abatement levy must be uniform throughout the entity's boundaries and certified the same to each county. To calculate the abatement/refund levy for a *taxing entity* that is located in more than one county, first total the abatement/refund amounts reported by each county assessor, then divide by the *taxing entity*'s total net assessed value, then multiply by 1,000 and round down to the nearest three decimals to prevent levying for more revenue than was abated/refunded. This results in an abatement/refund mill levy that will be uniformly certified to all of the counties in which the *taxing entity* is located even though the abatement/refund did not occur in all the counties.

^N Other (DLG 70 Page 1 Line 7)—Report other levies and revenue not subject to 29-1-301 C.R.S. that were not reported above. For example: a levy for the purposes of television relay or translator facilities as specified in sections 29-7-101, 29-7-102, and 29-7-105 and 32-1-1005 (1) (a), C.R.S.; a voter-approved fire pension levy; a levy for special purposes such as developmental disabilities, open space, etc.



Resolution 2022-62

**RESOLUTION DECLINING ANY AND ALL
EMPLOYER PARTICIPATION IN THE
COLORADO PAID FAMILY AND MEDICAL LEAVE
INSURANCE PROGRAM**

WHEREAS, in November of 2020, Colorado voters approved Proposition 118, codified in Part 5, Article 13.3 of Title 8, Colorado Revised Statutes (C.R.S.), establishing the Family and Medical Leave Insurance (“FAMLI”) Program, a state insurance plan providing paid leave for Colorado workers during certain life circumstances; and

WHEREAS, under the FAMLI Program, employers and their employees are both responsible for funding the program and may split the cost 50/50; the premiums are set at 0.9% of the employee’s wage, with 0.45% paid by the employer and 0.45% paid by the employee; and

WHEREAS, the premiums required for FAMLI will be collected starting January 1, 2023, and benefits will begin January 1, 2024; and

WHEREAS, as a local government as defined by C.R.S. §§ 8-13.3-503(14) and 29-1-304.5(3)(b), the Health District of Northern Larimer County “District” may decline to participate in FAMLI following a public meeting and vote of its governing body pursuant to C.R.S. § 8-13.3-522; and

WHEREAS, should the District decline to participate in FAMLI, its employees will still have the option to participate in the program and remit premiums to the State; and

WHEREAS, at a public meeting held December 13, 2022, the Board of Directors held a public meeting on the decision whether to participate in FAMLI; and

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE DISTRICT AS FOLLOWS:

1. The Board of Directors finds and determines that, with regard to the public meeting on the decision of whether to decline participation in FAMLI, notice was given and the meeting was conducted in accordance with the regulations adopted by the Colorado Department of Labor and Employment and codified at 7 CCR 1107-2.
2. The Board of Directors, acting by and on behalf of the District, declines any and all participation in the FAMLI Program.

3. The Board of Directors further directs its staff to bring the matter of revisiting the decision to decline participation in FAMLI before a future Board by no later than eight years from the date of the vote on this Resolution 2022-62.

APPROVED AND ADOPTED this 13th day of December, 2022 by the Board of Directors of the Health District of Northern Larimer County.

Attested by:

Molly Gutilla, President

Julie Kunce Field, Vice President

Joseph Prows, Treasurer

Ann Yanagi, Secretary

Celeste Holder Kling
UCHealth-North/PVHS Board Liaison

Memo

To: Health District Board of Directors

From: Chris Sheafor, Support Services Director

Date: December 1, 2022

Re: Approval of Lease for 144 North Mason Street

The Health District's lease for space occupied by the Larimer Health Connect Program at 144 North Mason Street, Suite 7, expires at the end of January 2023. This requested Board action extends our Commercial Lease Agreement at that location for an additional year. The lease is automatically renewed annually for four years, but renewal can be terminated with six months prior notice. The total rent amount for 2023 is the same amount we are currently paying, and has a three percent rent escalation rate for each year beginning in 2024. All other provisions are essentially the same as our current lease.

Since the annual amount of the lease is \$55,582.20, it requires the Board's general approval and signature by the Board President. Your approval is requested to allow renewal of the lease.

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
October 27, 2022

Health District Office Building
120 Bristlecone Drive, Fort Collins

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:

Dana Turner, Interim Health Services Director
James Stewart, MD, Medical Director
Karen Spink, Acting Executive Director
Chris Sheafor, Support Services Director
Richard Cox, Communications Director
Laura Mai, Finance Director
Mike Ruttenberg, Connections Director
Jessica Shannon, Resource Development
Yaz Juneau, CIT Sr. Projects Coordinator
Gail Sheafor, Human Resources Specialist
Julie Kenney, HR Administrative Assistant
Lisa Aaron, Sr. Support Staff Specialist
Marybeth Rigali-Oiler, CAYAC Psychologist
Chris Roth, IT/Network Manager
Rosie Duran, LHC Program Coordinator
Maggie Mueller, Community Health Nurse
Sue Hewitt, Evaluation Coordinator
Lorraine Haywood, Interim Deputy Director
Anita Benavidez, Executive Assistant
Xochitl Fragoso, Accountant, Accts Receivable

Staff Present:

Alyson Williams, Policy Advisor
Colton Frady, Accountant, Benefits & Payroll
Emily Leetham, Operations & Care Coord. Supv
Fabiana DiCamillo, Tobacco Treatment Specialist
Janelle Koldos, Grant/Project Acct/AR
Jen Head, Connections Behav'l Health Provider
Jeri Newlin, Tobacco Treatment Specialist
Julie Abramoff, Clinical Nurse Manager
Kristen Gilbert, Graphic Designer
Mindy Rickard, ACP Team Lead
Pam Klein, Communications Proj. Specialist
Taylor Kelley, Eval & Assessment Specialist
Jill Wear, Dental Services Guide Supervisor
Leith Rupp, Dentist
Sam Bruick, Community Projects Coordinator
Selissa Mantas, Dentist
Usha Udupa, CAYAC Psychiatrist
Julie Estlick, Communications Specialist
Ana Pasini, CAYAC Team Comm. Navigator
Justyna Aspiazu, Dentist

Public Present:

Terri Taylor

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 4:08 p.m.

MOTION: To approve the agenda as Presented
Motion by Celeste Holder Kling / Second by Joseph Prows /
Carried Unanimously

PUBLIC COMMENT

None

DISCUSSION & ACTIONS

- ***Internal Policy Changes, Dana Turner***

Staff requests approval to retire the current COVID-19 policy and integrate that into the internal policy on infection control. The Health District has a capable infection control team providing direction for employees based on best practices. Leadership determined that this Infection Control Policy should be a Board-level policy.

MOTION: Retire the existing COVID-19 Policy and include changing the requirement for COVID-19 vaccinations to a recommendation within the Infection Control Policy.

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

Discussion ensued about the very low risk of COVID-19 in our community. A Board member pointed out that the Health District could be justifiably criticized for retiring this policy but asks the question whether it is truly for public health. Internally, a few candidates for open positions pulled their application based on this policy and the Health District is out of alignment with other community health organizations. The policy needs to change as the landscape changes and to align with peer organizations in this community. Staff noted that the current Infection Control Policy is in draft with a statement of encouragement for all employees to be vaccinated. With a regrouping of staff, a review of the different exposure categories is underway. Kudos to Maggie Mueller who has done a lot of work around this policy.

- ***Employee Culture/Climate Survey Update, Julie Kunce Field***

The staff climate and culture survey was fielded in conjunction with the contracted six-month evaluation of the Executive Director. The Executive Director has since resigned. The Board has received results from Julia Novak at Raftelis. It is clear that there are things to work on and some extraordinary strengths within the staff. These results will be passed on to future leaders of the organization. It was announced that there will be focus groups with Julia Novak on December 6 and 7, likely at the Health District. It needs to be recognized that this is a snapshot in time in early October. Response was terrific – 98 employees. The highest level of agreement, at 92%, agree that they have a positive work environment. The lowest level was on professional development. Categories covered included the work environment, engagement, organizational values, organizational effectiveness, accountability, communication, and professional development. Areas of focus include communication, transparency, and engagement. Key themes: (1) Employees have strong relationships with coworkers and supervisors, 100% indicated they are comfortable among peers; (2) staff is dedicated to their work but have concerns about the organization's operations and future; (3) coworkers generally communicate well with each other, top down communication needs improvement (36% indicated information from the Health District is disseminated in a timely manner). Other highlights include supervisors holding staff accountable for achieving goals; diversity and inclusion are valued, and a belief that there is opportunity for more innovation but feeling overwhelmed by rapid organizational changes. More than half (53%) of staff would like to see more opportunities for professional advancement. Directors tend to have lower levels of agreement than seen across the organization at the staff level. The Board felt it was important for the staff and community to know that the decision to take this on was concurrent with other ongoing investigations. The Board encourages staff to continue with the dialogue and information-sharing through the focus groups. It is an opportunity to take a deeper dive in a different format. Gratitude to the Board was expressed for engaging in this exercise. This is meant to set the stage for incorporating these metrics into normal practices going forward.

This is rich information that can be built upon and is important information in identifying new leadership. Participants will receive feedback in the form of key take-aways from Raftelis. It was uplifting for some of the Board to receive positive feedback about the culture. The process ensured anonymity with an outside organization conducting the evaluation. There is a limit to who sees the

outcome and no comments are shared. Next step is to determine goals and metrics to reflect improvement over time and to maintain the positivity that exists today. There will be opportunities for staff to give input about utilization of the information.

- ***Update on Interim ED Plans and Permanent Search***

The Board chair noted that a lot has changed in the past six months and more changes are yet to come. With the departure of Robert Williams, the Board appointed Karen Spink as the acting ED before her mid-November departure. In the meanwhile, the Board has been doing due diligence, quickly and thoughtfully, to find the right person to fill this role as an Interim ED while they begin anew the search for a permanent ED. An announcement will be coming very soon. The plethora of changes in the last month were noted and the Board is focused on providing some stability to the organization.

PRESENTATION

2022 Community Health Survey Key Findings and Dissemination Plan, Sue Hewitt

The Health District had 2700 people respond to the survey (in the field from April 15 to July 15, 2022), more than any previous surveys. The team has already filled three data requests and have five more in the pipeline. This survey has been fielded ten times over the past 27 years and something has been learned every time. Utilizing the expertise from outside organizations provided a lot of opportunity for professional development amongst the team. Survey method uses a random sampling of addresses with an over-sampling in harder to reach populations. The survey went out in both English and Spanish with incentives to complete the survey, as well as an incentive to complete the survey online. The data is weighted demographically and geographic balance is pretty close to 78% online with 24 completed in Spanish. There were greater numbers of response from women and educated individuals while the team tried to reach those with lower incomes and people of color. Larimer Health Connect was asked to reach out to Medicaid users. The team has developed a draft of key findings and shared the data with Larimer County. Key finds: (1) A decline in overall health status (lowest levels in the history of the survey). (2) Health status income disparity grows – lower income households are more likely to have fair to poor health status. Data is being modeled to graphic representations. Sixty-one percent of the surveys returned are from within our boundaries.

Looking at the data with a health equity lens, chronic conditions come into focus. While under-represented populations have lower rates of hypertension and high cholesterol, it may be due to a lack of access to care. The percent of respondents in the range of obesity on their BMI increased by 7%. Among those in the Obese category, we are seeing much higher rates of high blood pressure, high cholesterol, and diabetes. Mental health concerns saw a significant uptick, with an increase in mental health diagnoses – depression and anxiety, as well as current mental health concerns. Age disparity is clear, with the 18 – 29 age group reporting mental health issues at more than double the rate.

Substance use, in some forms, saw a significant decrease including drinking less alcohol – 27% less now than before the start of the pandemic. Thirty-five percent report using cannabis on a daily basis. Vaping and other forms of nicotine are replacing cigarettes with an increase of 2 - 3%. Seventy percent of cigarette smokers and vapers indicated they are seriously considering quitting. Reports for dental health needs and access by income level are generally positive. The need for care continues across the community.

Ms. Hewitt shared a recommended dissemination plan including data sharing agreements, finalizing key findings, and making the report ADA compliant. Without any promotion, staff is already getting data requests. It is staff's intention to promote availability of custom data requests and presentations. Staff is now developing in-depth summaries and hope to have a data dashboard live for 2023. A Board member inquired about how much of what the Health District assesses overlaps with the County and UHealth. Each of those entities create assessments specific to their needs including emergency management and the health department. Staff coordinated with the City of Fort Collins to make certain one household doesn't

get both surveys. Given the low response compared to state or national level surveys, are we overdoing the mailing? The data can be reported as randomized accurately. Staff feels confident in the precision of their data collection process.

While surveys were readily used to define priorities in the past, that has been less the case in the last ten years. Questions raised included whether we need to continue the surveys, do we push it to five years, and could we use probability based panels? It is important to look at the data and identify gaps in the community to determine the Health District role in filling those gaps. The information could be used to inform policy direction/decisions. Granularity is better with the Health District survey.

UPDATES & REPORTS

Executive Director Updates – Karen Spink

Staff is busy creating up an internal structure that will help support the new interim ED, as well as for the permanent ED. Lorraine Haywood has been appointed Interim Deputy Director; Dana Turner will oversee health services, and Jessica Shannon is helping with CIT. This is a team that has knowledge and the ability to keep things going through the transition. Appointed positions are limited to six months. The Health District will be losing Mike Ruttenberg and James Stewart in the next couple of weeks. They have been great assets to the Health District and this will be a loss. Leadership is seeing other resignations happening, impacting staff availability. Service levels may be significantly lower than the past. Staff has been reviewing positions to determine which should be filled now and which should wait for the Interim ED. Karen Spink has a meeting with Kevin Unger to discuss the agenda for the November 16 Joint Board Meeting. The primary purpose is to have the Boards meet each other and provide updates on UHealth and the Health District as well as other projects they have been working on. Thank you to Molly Gutilla and Celeste Holder Kling for joining us at the all-staff luncheon. Staff enjoyed the time to connect with each other sans an agenda.

CONSENT AGENDA

- Approval of the September 27, 2022 Regular Meeting Minutes and the October 5, 13, and 19 Special Meeting Minutes
- August Financials and Amended January – July Financials
- Approval of Amendment to Policy 10-01: Financial Accounts Signature Policy
- Approval of Resolutions 2022-34 through 2022-44 updating signature authority

MOTION: To approve the consent agenda as presented

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

PUBLIC COMMENT (2nd opportunity)

Fabiana DiCamillo, an employee of the Health District, noted that she was struck with the results of the climate survey, particularly related to professional development, transparency, and engagement. She is wondering how the Board will ensure those three things will be addressed. How will the Board set measures to ensure recovery from recent occurrences? And how will the Board make certain this doesn't happen again?

ANNOUNCEMENTS

- November 14, 4:00 pm – Board of Directors Regular Meeting and Budget Hearing
- November 16, 4:00 pm – Joint Board Meeting with UHealth
- December 13, 4:00 pm – Board of Directors Regular Meeting

ADJOURN TO EXECUTIVE SESSION

MOTION: To adjourn to Executive Session for the purposes of discussion of a personnel matter not involving any specific employees who have requested discussion of the matter in

open session, any member of this body or any elected official, the appointment of any person to fill an office of this body or of an elected official, or personnel policies that do not require the discussion of matters personal to particular employees, pursuant to C.R.S. § 24-6-402(4)(f), regarding the Executive Director.

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

The Regular Board Meeting was adjourned at 5:25 pm.

Executive Session opened at 5:28 pm and closed at 6:15 pm.

ACTION AS A RESULT OF EXECUTIVE SESSION

The Board of Directors returned to the regular meeting at 6:26 pm.

MOTION: To appoint Lee Thielen as the Interim Executive Director for a period of six months.

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

A Board member noted excitement about Ms. Thielen's appointment as Interim ED. Her resume is extensive with great related experience working in a government or non-profit setting, public health expertise and her experience as a Board member for the Health District. We are fortunate to have her join the team. It was noted that Ms. Thielen does not have an interest in the permanent position. Another Board member noted working with her on the Health District and hospital boards and is confident in Ms. Thielen's neutrality and her passion about public health.

ADJOURN

MOTION: To adjourn the Regular Meeting

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

The Regular Board Meeting was adjourned at 6:45 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
October 27, 2022

Health District Office Building
120 Bristlecone Drive, Fort Collins

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:
Karen Spink

Public Present:

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 6:28 p.m.

MOTION: To approve the agenda as presented
Motion by Molly Gutilla / Second by Julie Kunce Field /
Carried Unanimously

DISCUSSION

The Board made inquiries of staff regarding the 2023 Budget and provided general thoughts.

ADJOURN

MOTION: To adjourn the Special Meeting
Motion by Ann Yanagi / Second by Joseph Prows / Carried Unanimously

The Special Board Meeting was adjourned at 8:16 pm.

Respectfully submitted:

Karen Spink, Deputy Director

Molly Gutilla, MS, DrPH., Board President

Julie Kunce Field, JD, Board Vice President

Celeste Holder Kling, J.D., 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
November 2, 2022

Virtual by Zoom Meeting

MINUTES

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

ABSENT: Julie Kunce Field, JD, Board Vice President

LEGAL COUNSEL PRESENT: Kendra L. Carberry, Esq., Hoffman, Parker, Wilson & Carberry, P.C.

Staff Present:
Karen Spink, Acting Executive Director

Public Present:

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 7:38 a.m. It was noted that Director Field would be absent, as excused by Director Gutilla.

EXECUTIVE SESSION

MOTION: *Motion to go into Executive Session for the purposes of holding conference with the District's attorney to receive legal advice on specific legal questions, pursuant to C.R.S. § 24-6-402(4)(b), regarding budget issues.*

Moved by Molly Gutilla / Second by Ann Yanagi /Carried Unanimously

The Board entered into the Executive Session at 7:39 am. The Executive Session was ended and the Special Board Meeting was adjourned upon conclusion of the Executive Session at 7:51 am.

Respectfully submitted:

Karen Spink, Acting Executive Director

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
REGULAR MEETING
November 14, 2022

Health District Office Building
120 Bristlecone Drive, Fort Collins

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:

Karen Spink, Acting Executive Director
Chris Sheafor, Support Services Director
Richard Cox, Communications Director
Laura Mai, Finance Director
Dana Turner, Health Services Director
Lorraine Haywood, Interim Deputy Director
Jessica Shannon, Resource Development
Andrea Holt, Integrated Care Program Mgr
Chris Roth, IT Manager
Anita Benavidez, Executive Assistant
Xochitl Fragoso, Accountant, Accts Receivable
Sue Hewitt, Evaluation Coordinator
Maggie Mueller, Community Health Nurse

Staff Present:

Julie Abramoff, Clinical Nurse Manager
Colton Frady, Accountant – Payroll/Benefits
Alyson Williams, Policy Advisor
Fabiana DiCamillo, Tobacco Treatment Specialist
Kristen Gilbert, Graphic Designer
Mindy Rickard, ACP Team Lead
Julie Estlick, Communications Specialist
Ana Pasini, CAYAC Team Comm. Navigator
Angela Castillo, Eval & Assessment Specialist

Public Present:

Berna Cantoral
Jim Becker
James Stewart
Beth Thurston, LWV

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the meeting to order at 4:05 p.m.

MOTION: To approve the agenda as Presented

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

PUBLIC COMMENT

None

BUDGET PRESENTATION & PUBLIC HEARING

• ***Budget Presentation***

Karen Spink and Laura Mai will speak to the budget, Karen regarding programmatic and service areas and Laura the numbers. Priorities identified by the Board include access to care and coverage, behavioral health care, and oral health care with an emphasis on health equity. The intent is to pursue strategies that are known to impact population health, such as policy intervention.

Larimer Health Connect (LHC) and Prescription Assistance fall under the category of access to care and coverage. Prescription assistance will fold into LHC. Services for 2023 will remain steady with the past couple of years. Staff is renewing their focus on community outreach and education about all

Health District programs and services available, as well as providing community training on specific topics. Both specialists are now under the same umbrella. This outreach will include fairs and booths at community events.

- Behavioral Health Care incorporates the Connections and CAYAC teams as well as the Community Impact Team. Connections and CAYAC will continue to provide direct community services while partnering with other organizations. Care coordination staffing has been increased to aid in connecting people with the right resources (i.e., lower cost options for prescriptions...), thereby freeing up therapy time for the Behavioral Health Providers. Again community outreach and education is an integral part of this program. A focus continues around integrating MH/SU care into Primary Care, working with two safety net primary care clinics: Salud Family Health Center and Family Medicine Center. These will continue at current levels. Health District staff (a psychiatrist and clinical nurse) provide services in partnership with SummitStone for their Community Dual Disorders Tx program. The HD will receive partial reimbursement for staff time; and we now have a full lease for the facility.

The Community Impact Team maintains the same staffing levels with a planned review of the projects that had previously been identified, working with the MHSU Alliance to determine priorities and strategic planning. The budget will support a facilitator for strategic planning and any new staff required based on new determined priorities.

- Oral Health: Focus for the Family Dental Clinic remains providing affordable, quality dental care with services free or low cost based on a sliding fee scale. Dental receives additional funding from some grants. The team will add a patient care coordinator for 2023. Moving forward, outreach has been expanded to include special populations needing specialty dental care (for example, wheelchair accessible and care under general anesthesia).
- Other Health District programs and services include **policy** with increased emphasis at the local level (Poudre School District, Larimer County, and City of Fort Collins) and a narrowed focus that ties into HD priorities and operations. **Evaluation and Research** will be doing a lot of work around disseminating the latest triennial assessment results with community collaboration including public meetings. Internally, the team will focus on improvement of the evaluation process and setting metrics. **Health Promotion**: The tobacco cessation will be maintaining services for 2023 while undergoing a program review. Staff is currently working with UHealth on a pilot program for bedside treatment in hospitals, following up with clients within our boundaries once released. **Heart Health** will phase out in the first six months of 2023 while making certain appropriate connections are made for other resources followed by a review of emerging needs to determine future focus for the nurses. **Advance Care Planning** will sunset mid-2023 with a plan to educate providers in completion of the advance care directives and efforts to find ways for the work to carry on in the community. **Administrative and Operational Support** is the foundation for all of our work, so there will be some investments in this area: (1) enhanced communication (website redevelopment) and targeted outreach. (2) IT will be investing in the cloud to improve access for staff in different ways with technology enhancements for Human Resources and direct services (i.e., an electronic health record) for consistency across-the-board. Human Resources will see an electronic human resources information system for efficiencies in work management. A Health Equity Implementation Manager will be a priority hire at the start of the year with funds for staff training. The HD will continue to support the Medicaid Accountable Care Collaborative facilitating a key leaders' oversight group. It was noted that we are losing institutional knowledge in this arena. A determination is yet to be made about location of this program within the organization. We will continue to monitor and understand emerging community health needs. Resource Development was moved under Finance where the grants accountant resides. The *Compass* will drop to three issues per year. **Special projects and Time-Limited Initiatives** will see two positions currently in operations moving to this arena over

time. Funding is included for consultants for change management, rolling out technology, and leadership development. Funds are also set aside for professional development and training as well as transition management and intensive staff recruitment. The HD has invested in a contracted ombudsman service as a path forward to assist staff with resolution of conflicts or concerns that are generally outside of the typical HR environment. There will be a lot of thought around this before rolling out. There will be an emphasis on getting positions posted as soon as the budget is approved.

- Ms. Mai shared the timeline for the 2023 Budget. The HD will receive the final assessed valuation due from the County by December 10, 2022 and the budget must be adopted by December 13 with monies appropriated. The deadline for Certification of Tax Levies is December 15. Sources of revenue show a slight increase with a slight increase in lease revenue. Property and ownership taxes are down by about \$74K. Investment income is starting to increase while grant revenue is a bit lower. Tax Increment Financing increasing by 1.7% over 2022. County Collection fees have gone down slightly while the mill levy remains the same since 2000 at 2.167 mills. Total expenditures by program have not changed significantly from 2022 with an administration increase of 1% (mostly related to how staff is allocated). The largest portion of program expenditures is behavioral health and health promotion may shrink next year.
- Top Ten Priorities: Maintain quality key health services, expanding where the need is critical; a 4% pay increase across-the-board, effective January 1, 2023 with some market and pay equity adjustments; ombudsman service; professional development and training; response to emerging needs; heart health services – look at other opportunities that would require Board approval; technology changes; consultants; the medical director moved to a contract model while maintaining enough in reserves for potential income downturns.
- **Public Hearing/Public Comment**
MJ Jorgensen advised that they left the Health District and started a new job 35 days ago. They noted that a lot of staff has left the organization leaving a big impact on the remaining staff and the community. They are hopeful that with new leadership and change management support, the culture will recover. Some relationships with community partners were lost through the transition to a new Executive Director. The HD has a unique space/budget with a lot more autonomy to center on health equity. They would like to see the process of recruitment include community input. Many of the HD partners are waiting to see what comes next and are unsure about how to engage with the HD. MJ is interested in understanding how the organizational values will be played out in the coming years. They see change management as a priority.

Andrea Holt introduced herself as a tax payer and program manager for the Integrated Care program. She raised a concern about the lack of an in-house medical director. She feels it is a deep loss and may damage the Health District reputation for some of our partners.

- **Board Discussion and Questions**
A Board member asked why investment income went up and it is due to interest increases; currently 3% at ColoTrust. There was discussion that the new ED search comes out of reserves, including intensive recruitment and relocation costs. In 2022, fee income dropped about \$20K but it is anticipated to recover in 2023 due to a change in Medicaid reimbursement. This is a value difficult to project but staff expects more billing to Medicaid for CAYAC services. Other reserve expenditures include community education around substance use and the SUD Public Awareness Campaign spearheaded by Brian Ferran. It was put on the backburner for this year but staff is working with the MHSU Alliance to determine priorities. A Board member, reflecting on MJ's discussion emphasized that the Board wants to do what they can to support the staff with all of the transitions. In that effort, an ombudsman will be contracted, as well as an increase in professional development and training. The culture survey that began in October will continue. Another Board member expressed favorable

support for the 4% pay increase across-the-board. Sentiment is that it still isn't enough but it is a step in the right direction. The Board expressed excitement at the prospect of hiring around equity.

Discussion ensued regarding the medical director. It was noted that portions of the work in that position require an MD. Transitioning to a contract format was a leadership recommendation. Dr. Stewart, the departing Medical Director provided a document that outlines critical areas where an MD is required, and those that would be a nice-to-have (i.e., preventive). It was determined that this is not a full-time position and is proposed at 25% FTE, working 8:00 am – 12:00 pm to start. Concerns were raised about it being a contracted position rather than a HD employee and how it would be structured. Staff noted that the public health arena has experience with contracted positions and they have been told the key is the person – mission driven, understanding, same values as the HD are key factors. Another factor is how effectively the individual is integrated into the leadership team, attending Board meetings, leadership team meetings, and building relationships with staff and leadership. There are physicians that prefer to work on contract. Whether contract or staff may depend on the top candidate. Different position postings are required: an employee has to include the salary range and a contract does not have that requirement. Staff would like to get a feel for what is out there and determine whether they would look at a contract vs. an employee prior to posting. The importance of partnership and communication, internally and externally, cannot be understated.

An inquiry was made regarding our readiness – resources and staffing – to improve external communication and partnerships. The Outreach Team is housed under CIT in close collaboration with the Communications team. Regarding staff and resources, the sentiment is that we can always use more. There are some pockets of funding in reserves but the HD is short several staff. Staff is working to rebuild relationships with our partners. Efforts renew on the rebranding/renaming process as well as a public awareness campaign. The Board expressed their thanks to the staff who scrambled to pull the budget together under difficult times.

PUBLIC COMMENT (2nd opportunity)

Erin Hottenstein spoke regarding greater accessibility to the Board meetings and believes going to a hybrid format will help. She asked if the recordings could be posted afterward – it would be useful for those that can't attend.

Andrea Holt spoke again, thanking the Board for their discussion about the Medical Director. She expressed hope that there would be some serious thought and consideration given to a different way to manage the ED search process. The previous hire damaged morale, partnerships, and more. She would like to see the process involve different layers of the staff including unscripted interaction with the candidates. She would like to see a variety of people involved.

DISCUSSION & ACTION

Construction Contract – Chris Sheafor

The HD took advantage of property availability in 2021 and purchased the building at 425 W. Mulberry. Tenants include HD programs (Connections and CAYAC) as well as others outside our organization. ADA compliance was a top need. Staff has been coordinating projects like attaching automatic openers on the doors. Making the building restrooms ADA compliant is a bigger project. Efforts include creating a gender neutral restroom and updating plumbing. Staff and tenants have been assured that, at any given time, three restrooms will be available while work is ongoing. We have a fixed maximum price but there may be opportunities to re-use material which could reduce costs. The neutral gender restroom will be on the first floor based on the building code. There is nothing preventing us from designating one of the upstairs restrooms gender neutral once the work is done. Staff is being very careful about supply chain issues to keep the project on schedule and the cost down. If staff purchases the materials, it eliminates the contractor's mark-up.

Director Kling notified Board members that she is a tenant in the 425 W. Mulberry building but believes there is no conflict of interest. The Board agreed on this matter.

MOTION: To authorize Lee Thielen and Molly Gutilla to sign the construction contract on behalf of the Board.

*Motion by Julie Kuncze Field / Second by Celeste Holder Kling /
Carried Unanimously*

Resolution 2022-45: Election Resolution, Polling Place

Chris Sheafor explained that we have two elections in a row in order to move Special District elections from even to odd years. This policy designates the election official, sets the date for election, designates two polling places (here and Spirit of Joy); and allows the election official (Chris Sheafor) to cancel the elections if there are only two candidates.

MOTION: To adopt Resolution 2022-45: Election Resolution & Polling Place

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

Discussion ensued around the second polling place which has typically been the Spirit of Joy church. During the pandemic, the Drake Centre was utilized as a polling place. There have been, on occasion, three polling places but with little impact to voter turnout. The vast majority of votes come in as absentee ballots, which are automatically mailed to those on the permanent list and to anyone requesting one during the election. Drop off of ballots is at the Health District only. A Board member asked what could be done to create more drop-off points. Some special districts have used the County Election Office. The box out front is secure and attached to the concrete so people could drop off ballots after hours. Staff is always looking at ways to engage the population and increase voter turnout. Mr. Sheafor is investigating other drop box locations but they must align with state law.

2023 Board Meeting Schedule

The proposed schedule follows the Board's typical schedule. The second special meetings in February, March, and April have historically been for policy but may be utilized in whatever way the Board chooses. Time of day and location have been discussed. The Board would like to make these meetings more accessible. In that vein, future meetings will be hybrid and will begin at 5:00 pm.

MOTION: To approve the proposed 2023 Board Meeting Schedule with the time change to 5:00 pm.

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

Nomination to CO Special Districts Property & Liability Pool

The Colorado Special Districts Property & Liability Pool require affirmation of the Health District representative to that Pool. The Board agreed to re-appoint Lorraine Haywood.

MOTION: To re-appoint Lorraine Haywood as the Health District representative on the Colorado Special Districts Property & Liability Pool

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

UPDATES & REPORTS

Executive Director Updates – Karen Spink

Ms. Spink reported that the 2023 Budget is mostly done as she passes the baton to Lee Thielen, Lorraine Haywood and Laura Mai. Staff is happy to have Lee Thielen on Board and is excited to get her up-to-speed and going. She is already scheduling meetings with staff and community partners. Open enrollment started on November 1 for Larimer Health Connect (LHC) and staff has been super busy – booked out four weeks. Thus far, they have served 143 appointments with 93 being new clients. Ninety individuals have been enrolled into qualified health plans including the new Omni Salud plan (new health

insurance option that provides undocumented Coloradoans the opportunity to shop for health care plans on Connect for Health Colorado), Medicaid, and CHP+. Some programs through Connect for Health Colorado offer zero premiums and zero copays. This option is limited to 10K slots and it will fill up. Outreach is in process and Family Medicine Center is referring those in need to LHC. The office is open on Saturday for walk-in appointments and until 8:00 pm on Tuesdays and Thursdays. The team remains short-staffed. Appointments at the start of the cycle typically take a little longer due to working out technology bugs. Ms. Thielen said she is happy to be here and noted that staff has been patient and welcoming. Top priority is to get positions filled. Ms. Spink will continue four hours per week as a PRN. The Board expressed their gratitude to the LHC team working so hard to make a difference. Most clients have been with the HD since the inception of the program.

CONSENT AGENDA

- September Financials
- Approval of Amendment to Policy 10-01: Financial Accounts Signature Policy
- Approval of Resolutions 2022-46 through 2022-57 updating signature authority

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

ANNOUNCEMENTS

- November 16, 4:00 pm – Joint Board Meeting with UCHealth
- December 13, 4:00 pm – Board of Directors Regular Meeting

ADJOURN TO EXECUTIVE SESSION

MOTION: To adjourn to Executive Session for the purposes of discussion of a personnel matter not involving any specific employees who have requested discussion of the matter in open session, any member of this body or any elected official, the appointment of any person to fill an office of this body or of an elected official, or personnel policies that do not require the discussion of matters personal to particular employees, pursuant to C.R.S. § 24-6-402(4)(f), regarding the Executive Director.

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

The Regular Board Meeting was adjourned at 5:45 pm.

Executive Session opened at 5:46 pm and closed at 6:23 pm.

ACTION AS A RESULT OF EXECUTIVE SESSION

No action was required.

ADJOURN

MOTION: To adjourn the Regular Meeting

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

The Regular Board Meeting was adjourned at 6:24 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

JOINT MEETING OF THE BOARDS OF DIRECTORS OF THE HEALTH DISTRICT AND UCHEALTH-PVHC

November 16, 2022

Building C
2315 E. Harmony Road, Suite 200
David Wood Board Room

MINUTES

HEALTH DISTRICT

BOARD MEMBERS PRESENT: Molly Gutilla, President
Julie Kunce Field, Vice President
Joseph Prows, Treasurer
Ann Yanagi, Secretary
Celeste Holder Kling, Liaison to UCHealth-North/PVHC Board

HEALTH DISTRICT STAFF: Lee Thielen, Interim Executive Director
Karen Spink, Outgoing Acting Executive Director
Anita Benavidez, Assistant to ED and Board

UCHEALTH-PVHC BOARD MEMBERS & STAFF PRESENT:

Christine Chin, Lisa Clay (Board Chair); Mike Dellenbach, Doug Erion, Dennis Houska (Past Chair); Dr. Brad Oldemeyer; Chris Osborn; Jim Parke (Vice Chair); Dr. Mike Randle; Dan Stroh; David Thompson (CFO, UCHealth North); Amy Kolczak (Sr. Associate General Counsel); and Kevin Unger (President/CEO, PVH and MCR); Dr. Todd Whitsitt.

CALL TO ORDER: APPROVAL OF AGENDA

Board Chair, Lisa Clay called the meeting to order at 4:07 p.m.

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

WELCOME & INTRODUCTIONS

PVHC Board Chair Lisa Clay welcomed all and invited everyone to introduce themselves. On behalf of the Health District Board members, Board President Molly Gutilla expressed appreciation for the opportunity to have this joint meeting.

PRESENTATION

Overview of UCHealth – Kevin Unger

Kevin Unger provided an overview of UCHealth, noting the partnership between them and Poudre Valley Hospital for the past ten years. Poudre Valley Hospital will be celebrating its 100th anniversary in 2025. There is hope to be finished with the current master plan by then, despite construction delays. The project cost is at \$100M, with some clinical services being relocated due to water in the basement. Staff will occupy Phase 1 of the project by February 13,

2023. The intent is to make the facility look as good as the care given inside, providing consistency and unity within the structure. UCHealth hospitals make up four of the top five Colorado hospitals according to US World News & Report. There are currently twelve hospitals with a thirteenth soon to join – Parkview Medical Center in Pueblo. They receive about 974 new patients every day within the UCH system. Daily costs to run the organization sit at \$18M with 2.7M patients served per year. Mr. Unger explained that \$1.1B is spent in employee benefits. UCH is the largest provider of Medicaid services in Colorado.

Overview of Health District of Northern Larimer County – Karen Spink, Outgoing Acting Executive Director

Formed in 1960 as the Poudre Valley Hospital District resulting from voter support for a system to serve the unmet health needs of the community. In 1994 it became a separate entity and the name was changed to Poudre Health Services District. This organization provides a wide variety of services, such as dental and mental health care, as well as partnering with community organizations to address systemic issues. The intent is to reduce duplicative services and provide care that cannot be accessed in any other way. The Health District is the only Medicaid provider using a sliding fee scale and serves around 13,000 unduplicated patients per year. While operations are conducted from seven facilities (including Salud and SummitStone), the HD owns four. The southern boundary sits at Trilby Road with a wiggly boundary including Red Feather, up to the Wyoming border, and to the Jackson County border. The district's mill levy sits at 2.167 mills. There are some joint programs in Loveland funded by grant money.

Highlights on collaborative initiatives of the Health District and UCHealth

COVID-19 Vaccine: There was a bit of a strategic advantage to put out invitations for the vaccine – PVH was the first to receive vaccine in the State of Colorado. Just under 920K vaccines were delivered through the UCH system in the state of Colorado. They anticipate that vaccines will be pushed back to primary care next year, when individual doses are available. There were mass vaccination clinics at Coors Field as well as others. The Health District was able to fill the gap in providing vaccines to marginalized populations (BIPOC, rural, etc.) and they hosted a vaccination event at the local drive-in. Routine vaccination clinics were held at the 120 building, delivering nearly 3.5K shots.

Integrated Care at FMC: Started in 2005, the original goal was to fill behavioral health gaps, working in partnership with primary care physicians. With behavioral health providers within those facilities, the patient can be walked to the BHP office to get things started. The Health District provides behavioral health providers and a psychiatrist at FMC. Going forward UCH will reimburse some of the staffing costs. Similar programs have been adopted in Denver and Colorado Springs as this becomes a best practice. An additional behavioral health provider and psychiatrist is provided to Salud. Over the history of the program there have been specialty clinics (MAT and Pain), and staff has been training resident physicians regarding behavioral health.

Medicaid Accountable Care Collaborative (MACC) started in 2011. Ms. Spink was part of the founding group, hiring staff that is now housed in UCHealth. The organization formed different regions and we were put into a region that included the Western Slope. MACC is now a model used within the state of Colorado. Salud, FMC, and UCHealth houses the team, providing access to EPIC. This has improved the speed with which an individual can be seen at SummitStone. The Health District helped to launch this effort and continues to facilitate the team, with 11 – 12 staff working within the program. It is designed to serve individuals with complex mental health and other health care needs. Staff carry a low case load due to the intensity of the need. The program has been effective in avoiding 535 ER visits with significant cost savings (\$2.8M in ER visits and \$6.6M in hospitalizations). Total budget for the program is

about \$1M provided through the state and Rocky Mountain Health Plans.

Care Coordination: The UHealth Care Coordination Team connect with the Health District every day providing a wide variety of services including mental health, prescription assistance, family dental services and more. It is a very successful collaboration connecting patients with community resources.

Senior Services (UCH Aspen Club): These services include advance care planning and Medicare counseling. Recently, UHealth and the Health District partnered to host a week-long informational booth at the Family Medicine Center. The Aspen Club is a good conduit for these services and the Health District is a terrific partner.

Dental Services for Special Populations: The general anesthesia program, in partnership with the Harmony Surgery Center, Northern Colorado Anesthesia Professionals, UHealth and community dentists provides critical care for those with developmental disabilities while under general anesthesia. This team arranges the visits and two community dental offices do the surgery. Thirty-three individuals have been served within a year.

Bedside Tobacco Cessation: The Health District provides staff within the walls of the hospital. This provides staff access to EPIC and treatment continuation after released from the hospital. This is a pilot project that started just prior to the pandemic, which was put on hold, and started running again in January. UHealth provide the nicotine replacement therapy for patients.

UHealth Community Benefit Update

Community Health Needs Assessments and implementation strategies were developed and approved by the PVH and MCR Boards in 2022. The Health District and UHealth will work to coordinate data collection in order to eliminate over-surveying. Behavioral Health and Substance Use Disorder programs will be a major focus with strategies developed around that, access to care, and chronic conditions. Behavioral Health staffing is not covered by reimbursement so UHealth set aside \$125M, incrementally, to meet this need. Virtual care will be provided as backup support to eastern community hospitals and in-patient care will increase approximately 40%. The approved strategies will be continued/implemented in 2023 – 2025 with flexibility to adapt to the changing needs of the communities served. The community, as a whole, is seriously underfunded in this arena and are behind on meeting the needs.

Changes at the Health District:

There have been a lot of transitions at the Health District. The Board and staff are happy to have Lee Thielen on board as the Interim Executive Director. The Board has been tremendous in supporting staff and bringing back some stability to the organization. Staff is working with community partners to reconvene Board set priorities for 2023. Behavioral health by providing direct services in partnership with UHealth, Salud, and SummitStone. Work continues on the systems level, as well. Mental Health Substance Use Alliance (MHSUA) brings together more than forty organizations to fill the gap. The Health District continues to focus on access to care and coverage, connecting community members with health insurance coverage and prescription assistance, as well as dental/oral health care. The Health District staff is interested in collaborating on the Community Health Survey process to reduce cost and eliminate duplicative efforts. There is focused effort on filling key positions within the organization. It was noted that a culture/climate survey of staff has been completed. A few highlights of the results are that people believe in their mission, trust one another, and are committed to meeting the needs of the community. The Board is grateful to have Ms. Thielen at the helm.

The Health District owns four facilities: two on Bristlecone Drive (120 – administration and 202 – Dental Clinic), one at 425 W. Mulberry and the Spring Creek Medical Facility. The latter is now fully leased to SummitStone. Other service locations include Larimer Health Connect on Mason, and staff at Salud and FMC.

A question was raised as to whether the Health District has any plans to change the voting format. To some extent, the voting process is bound by special district laws. Mail ballots through the County would cost about \$80K, a significant increase over current costs. The designated official is looking into additional drop-off locations. The dental clinic now has a wheelchair accessible chair – the only one in Larimer County.

GENERAL DISCUSSION

In the interest of time, general discussion was tabled.

ADJOURNMENT

MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:15 p.m.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President

Julie Kunce Field, JD, Board Vice President

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

Joseph Prows, MD MPH, Board Treasurer

Ann Yanagi, MD, Board Secretary

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

Revenues

The Health District is .04% ahead of year-to-date tax revenue projections. Interest income is 65.7% ahead year-to-date projections. Lease revenue is 41.2% ahead of year-to-date projections. Yield rates on investment earnings increased to 2.75% (based on the weighted average of all investments). Fee for service revenue from clients is 10.4% behind year-to-date projections and revenue from third party reimbursements is 13.1% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 5.2% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 17.2% behind year-to-date projections. Program variances are as follows: Administration 10%; Board 28.9%; Connections: Mental Health/Substance Issues Services 19.9%; Dental Services 18.9%; MH/SUD/Primary Care 16.2%; Health Promotion 10.5%; Community Impact 23.1%; Program Assessment and Evaluation 7.2%; Health Care Access 24.2%; Resource Development 17.3% and Mulberry Offices 29.7%.

Capital Outlay

Capital expenditures are 99.4% behind year-to-date.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 10/31/2022

ASSETS

Current Assets:	
Cash & Investments	\$8,317,484
Accounts Receivable	57,202
Property Taxes Receivable	72,751
Specific Ownership Tax Receivable	57,709
Prepaid Expenses	31,540
Total Current Assets	<u>8,536,687</u>
Other Assets:	
Lease Receivable	<u>59,363,945</u>
Total Other Assets	<u>59,363,945</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,286,480
Equipment	1,245,292
Accumulated Depreciation	<u>(3,332,685)</u>
Total Property and Equipment	<u>9,791,683</u>
Total Assets	<u><u>77,692,314</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	821,142
Deposits	10,316
Deferred Revenue	337,662
Total Current Liabilities	<u>1,169,119</u>
Long-term Liabilities:	
Compensated Absences	<u>30,186</u>
Total Long-term Liabilities	<u>30,186</u>
Deferred Inflows of Resources	
Property Taxes	65,700
Leases	<u>59,559,577</u>
Total Deferred Inflows of Resources	<u>59,625,276</u>
Total Liabilities & Deferred Inflows of Resources	<u>60,824,582</u>
EQUITY	
Retained Earnings	14,288,299
Net Income	<u>2,579,433</u>
TOTAL EQUITY	<u>16,867,732</u>
TOTAL LIABILITIES AND EQUITY	<u><u>77,692,314</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 10/31/2022

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	7,052	8,652,678
Specific Ownership Taxes	57,708	561,492
Lease Revenue	113,300	1,568,286
Interest Income	19,521	81,188
Fee For Service Income	20,450	124,719
Third Party Income	92,337	758,949
Grant Income	7,151	512,628
Special Projects	0	12,826
Miscellaneous Income	1,168	21,377
Total Revenue	<u>318,687</u>	<u>12,294,142</u>
Expenses:		
Operating Expenses		
Administration	57,998	741,469
Board Expenses	1,031	51,545
Connections: Mental Health/Substance Issues Svcs	152,134	1,564,166
Dental Services	292,750	2,629,796
Integrated Care (MHSA/PC)	90,124	890,767
Health Promotion	60,001	633,933
Community Impact	55,380	485,322
Program Assessment & Evaluation	20,228	208,337
Health Care Access	73,414	811,289
Resource Development	7,228	134,501
Mulberry Offices	9,507	107,036
Contingency -Operational	954	8,629
Special Projects	42,735	731,613
Grant Projects	13,363	510,554
Total Operating Expenses	<u>876,849</u>	<u>9,508,955</u>
Depreciation and Amortization		
Depreciation Expense	<u>20,745</u>	<u>205,754</u>
Total Depreciation and Amortization	<u>20,745</u>	<u>205,754</u>
Total Expenses	<u>897,594</u>	<u>9,714,709</u>
Net Income	<u>(578,907)</u>	<u>2,579,433</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Revenues and Expenditures Report - Budget and Actual
As of 10/31/2022

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$24,184	\$7,052	\$17,132	\$8,677,528	\$8,652,678	\$24,850	\$8,700,766	\$48,088
Specific Ownership Taxes	48,280	57,708	(9,428)	533,270	561,492	(28,222)	625,000	63,508
Lease Revenue	112,292	113,300	(1,009)	1,110,964	1,568,286	(457,322)	1,335,549	(232,737)
Interest Income	7,000	19,521	(12,521)	49,000	81,188	(32,188)	65,000	(16,188)
Sales Revenue	25	0	25	250	0	250	300	300
Fee for Services Income	13,918	20,450	(6,532)	139,180	124,719	14,461	167,021	42,302
Third Party Reimbursements	79,023	107,821	(28,798)	790,230	893,446	(103,216)	948,273	54,827
Grant Revenue	18,079	7,151	10,928	393,867	512,628	(118,761)	1,246,441	733,813
Partnership Revenue	0	0	0	0	12,826	(12,826)	0	(12,826)
Miscellaneous Income	1,892	1,168	724	18,920	21,377	(2,457)	22,704	1,327
Total Revenue	\$304,693	\$334,171	(\$29,478)	\$11,713,209	\$12,428,639	(\$715,430)	\$13,111,054	\$682,414
Expenditures:								
Operating Expenditures								
Administration	\$64,757	\$57,998	\$6,758	\$824,197	\$741,469	\$82,728	\$952,280	\$210,811
Board Expenses	3,142	1,031	2,111	72,482	51,545	20,937	79,118	27,573
Connections: Mental Health/Substance Issues Svcs	194,645	152,134	42,512	1,953,713	1,564,166	389,547	2,339,007	774,841
Dental Services	332,386	292,750	39,636	3,242,844	2,629,796	613,048	3,894,293	1,264,497
Integrated Care (MH/SUD/PC)	107,661	90,124	17,537	1,062,448	890,767	171,681	1,275,292	384,525
Health Promotion	72,109	60,001	12,108	708,533	633,933	74,600	854,448	220,515
Community Impact	64,121	55,380	8,741	630,995	485,322	145,673	757,422	272,100
Program Assessment & Evaluation	22,767	20,228	2,539	224,588	208,337	16,251	269,530	61,193
Health Care Access	110,785	73,414	37,371	1,084,490	811,289	273,201	1,312,744	501,455
Resource Development	16,527	7,228	9,298	162,700	134,501	28,199	195,262	60,761
Mulberry Office	12,889	9,507	3,381	152,347	107,036	45,311	178,020	70,984
Contingency (Operations)	5,000	954	4,046	50,000	8,629	41,371	60,000	51,371
Special Projects	152,440	42,735	109,705	1,644,300	731,613	912,687	3,078,726	2,347,113
Grant Projects	86,114	13,363	72,751	1,074,213	510,554	563,659	1,246,441	735,887
Total Expenditures	\$1,245,342	\$876,849	\$368,494	\$12,887,850	\$9,508,955	\$3,378,895	\$16,492,583	\$6,983,628

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 10/1/2022 to 10/31/2022

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual Budget</u>	<u>Annual Funds</u> <u>Remaining</u>
Non-Operating Expenditures								
Land	-	-		-	-			
Building	195,000	-	195,000	730,000	-	730,000	1,064,500	1,064,500
Construction in Progress		10,045	(10,045)	-	80,331	-	-	-
Capital Equipment	-	-	-	25,000	-	25,000	50,000	50,000
General Office Equipment	-	-	-	10,000	1,492	8,508	10,000	8,508
Medical & Dental Equipment	-	-	-	34,487	(295)	34,782	34,487	34,782
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	28,000	-	28,000	99,000	4,000	95,000	132,000	128,000
Total Non-Operating Expenditures	\$ 223,000	\$ 10,045	\$ 212,955	\$ 898,487	\$ 85,527	\$ 893,291	\$ 1,290,987	\$ 1,285,791

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2022

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$875	\$0	\$875	\$8,750	\$11,386	(\$2,636)	\$10,500	(\$886)
Total Revenue	875	0	875	8,750	11,386	(2,636)	10,500	(886)
Expenditures:								
Salaries and Benefits	49,508	46,447	3,061	495,074	449,138	45,936	594,079	144,941
Supplies and Purchased Services	15,249	11,552	3,697	329,123	292,331	36,792	358,201	65,870
Total Expenditures	64,757	57,998	6,758	824,197	741,469	82,728	952,280	210,811
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	0	0	0	8,612	9,796	(1,184)	8,612	(1,184)
Supplies and Purchased Services	3,142	1,031	2,111	31,870	17,204	14,666	38,506	21,302
Election Expenses	0	0	0	32,000	24,545	7,456	32,000	7,456
Total Expenditures	3,142	1,031	2,111	72,482	51,545	20,937	79,118	27,573
<u>Connections: Mental Health/substance Issue</u>								
Revenue:								
Fees, Reimbursements & Other Income	3,083	5,776	(2,693)	30,830	33,252	(2,422)	37,000	3,748
Total Revenue	3,083	5,776	(2,693)	30,830	33,252	(2,422)	37,000	3,748
Expenditures:								
Salaries and Benefits	164,182	131,292	32,890	1,641,820	1,372,959	268,861	1,970,180	597,221
Supplies and Purchased Services	30,463	20,841	9,622	311,893	191,207	120,687	368,827	177,620
Total Expenditures	194,645	152,134	42,512	1,953,713	1,564,166	389,547	2,339,007	774,841
<u>Dental Services</u>								
Revenue:								
Fees, Reimbursements & Other Income	61,678	85,190	(23,512)	616,780	739,880	(123,100)	740,136	256
Total Revenue	61,678	85,190	(23,512)	616,780	739,880	(123,100)	740,136	256
Expenditures:								
Salaries and Benefits	261,536	212,044	49,492	2,615,360	2,067,985	547,375	3,138,417	1,070,432
Supplies and Purchased Services	70,850	80,706	(9,856)	627,484	561,811	65,673	755,876	194,065
Total Expenditures	332,386	292,750	39,636	3,242,844	2,629,796	613,048	3,894,293	1,264,497

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2022

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	19,285	22,989	(3,704)	192,850	119,627	73,223	231,419	111,792
Total Revenue	19,285	22,989	(3,704)	192,850	119,627	73,223	231,419	111,792
Expenditures:								
Salaries and Benefits	94,990	80,016	14,974	949,900	803,666	146,234	1,139,873	336,207
Supplies and Purchased Services	12,671	10,109	2,562	112,548	87,101	25,447	135,419	48,318
Total Expenditures	107,661	90,124	17,537	1,062,448	890,767	171,681	1,275,292	384,525
<u>Community Impact</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	55,254	48,073	7,181	552,540	413,538	139,002	663,073	249,535
Supplies and Purchased Services	8,867	7,307	1,560	78,455	71,784	6,671	94,349	22,565
Total Expenditures	64,121	55,380	8,741	630,995	485,322	145,673	757,422	272,100
<u>Program Assessment & Evaluation</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	19,645	17,962	1,683	196,450	179,675	16,775	235,728	56,053
Supplies and Purchased Services	3,122	2,266	856	28,138	28,662	(524)	33,802	5,140
Total Expenditures	22,767	20,228	2,539	224,588	208,337	16,251	269,530	61,193
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	231	0	231	2,310	899	1,411	2,770	1,871
Total Revenue	231	0	231	2,310	899	1,411	2,770	1,871
Expenditures:								
Salaries and Benefits	57,566	49,593	7,973	575,660	536,021	39,639	690,780	154,759
Supplies and Purchased Services	14,543	10,408	4,135	132,873	97,912	34,961	163,668	65,756
Total Expenditures	72,109	60,001	12,108	708,533	633,933	74,600	854,448	220,515

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2022

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Health Care Access</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Expenditures:								
Salaries and Benefits	90,114	62,512	27,602	901,140	708,345	192,795	1,081,343	372,998
Supplies and Purchased Services	20,671	10,902	9,769	183,350	102,944	80,406	231,401	128,457
Total Expenditures	<u>110,785</u>	<u>73,414</u>	<u>37,371</u>	<u>1,084,490</u>	<u>811,289</u>	<u>273,201</u>	<u>1,312,744</u>	<u>501,455</u>
<u>Health Info Source</u>								
Revenue:								
Expenditures:								
<u>Resource Development</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Expenditures:								
Salaries and Benefits	14,249	5,377	8,872	142,490	121,569	20,921	170,985	49,416
Supplies and Purchased Services	2,278	1,852	426	20,210	12,932	7,278	24,277	11,345
Total Expenditures	<u>16,527</u>	<u>7,228</u>	<u>9,298</u>	<u>162,700</u>	<u>134,501</u>	<u>28,199</u>	<u>195,262</u>	<u>60,761</u>
<u>Mulberry Offices</u>								
Revenue:								
Fees, Reimbursements & Other Income	9,706	15,485	(5,779)	97,060	134,497	(37,437)	116,473	(18,024)
Total Revenue	<u>9,706</u>	<u>15,485</u>	<u>(5,779)</u>	<u>97,060</u>	<u>134,497</u>	<u>(37,437)</u>	<u>116,473</u>	<u>(18,024)</u>
Expenditures:								
Salaries and Benefits	2,893	2,811	82	28,926	28,202	724	34,694	6,492
Supplies and Purchased Services	9,996	6,697	3,299	123,421	78,834	44,587	143,326	64,492
Total Revenue	<u>12,889</u>	<u>9,507</u>	<u>3,381</u>	<u>152,347</u>	<u>107,036</u>	<u>45,311</u>	<u>178,020</u>	<u>70,984</u>

Health District of Northern Larimer County

Investment Schedule October 2022

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,394	0.018%	2.58%	N/A
Local Government Investment Pool	COLOTRUST	\$ 6,405,436	83.498%	3.21%	N/A
Flex Savings Account	First National Bank	\$ 239,128	3.117%	1.11%	N/A
Certificate of Deposit	Advantage Bank	\$ 142,826	1.862%	0.40%	12/27/2023
Certificate of Deposit	Advantage Bank	\$ 115,303	1.503%	0.25%	9/2/2023
Certificate of Deposit	Points West	\$ 116,175	1.514%	0.28%	6/12/2023
Certificate of Deposit	Points West	\$ 158,357	2.064%	0.32%	4/2/2024
Certificate of Deposit	Adams State Bank	\$ 242,777	3.165%	0.35%	10/7/2023
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	3.259%	0.10%	1/9/2023
Total/Weighted Average		<u>\$ 7,671,396</u>	<u>100.000%</u>	<u>2.75%</u>	