



Hybrid

BOARD OF DIRECTORS REGULAR MEETING

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

OR

Please click the link below to join the meeting:

https://healthdistrict.zoom.us/webinar/register/WN_e_VihaDdS6-NypVIY3IkFA

Note: You must register in advance of the meeting to receive Zoom Link information.

**Tuesday, December 12, 2023
5:30 p.m.**

■ 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



AGENDA

BOARD OF DIRECTORS REGULAR MEETING

December 12, 2023

5:30 pm

Please join us in person at 120 Bristlecone Dr., Fort Collins, CO 80524

OR

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- 5:30 p.m. I. Call to Order**Molly Gutilla
 - A. Roll Call Board of Directors
 - B. Welcome Guests & Attendees
 - C. Conflict of Interest Statement
 - D. Approval of Agenda
- 5:35 p.m. II. PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” Provided at the end of the agenda.
- 5:40 p.m. III. PRESENTATIONS**
 - A. CBIZ Compensation Study & Analysis Next Steps.....Lorraine Haywood/Misty Manchester
- 5:55 p.m. IV. CONSENT AGENDA**
 - A. October 2023 Financials
 - B. November 2023 Meeting Minutes
- 6:00 p.m. V. ACTION ITEMS**
 - A. Intermediate Paid Leave.....Misty Manchester
 - B. Assistant Liaison Between Health District of Northern Larimer County Board of Directors and Poudre Valley Health System Board of Directors.....Molly Gutilla
- 6:15 p.m. VI. REPORTS & DISCUSSIONS**
 - A. 2024 Board of Directors Draft Meeting Schedule.....Liane Jollon
 - B. Special Session of the 74th Colorado General Assembly OutcomesAlyson Williams
 - C. 2024 Draft Budget Update.....Laura Mai
 - D. Liaison to PVHS/UCHealth North Report.....Celeste Holder Kling
 - E. Board of Directors Reports.....Board of Directors
 - F. Executive Committee Update.....Molly Gutilla
 - G. Executive Director Staff Report.....Liane Jollon
- 6:55 p.m. VII. ANNOUNCEMENTS**
 - A. January 9, 2024, 5:30pm – Budget Approval – REMOTE ONLY
 - B. January 23, 2024, 5:30pm – Regular Meeting
 - C. February 27, 2024, 5:30pm – Regular Meeting w/ Tom Gonzalez as a guest
- 7:00 p.m. ADJOURNMENT**

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.' Public Comment is an opportunity for you to express your views and therefore the Board of Directors generally does not engage in back-and-forth discussion or respond to questions.

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. Please spell your name for the record and let us know if you reside in the District.
- Tell us whether you are addressing an agenda item, or another topic.
- Please know that you will have up to 5 minutes to present public comment. However, the time allotted for public comment may be limited, so the Chair may need to shorten the time limit as necessary to give each commenter a chance to speak.
- Please address your comments to the Board of Directors, rather than individuals.

AGENDA DOCUMENTATION

SUBJECT: CBIZ Compensation Study and Analysis Next Steps

PRESENTER: Misty Manchester, Human Resources Director, and Lorraine Haywood, Deputy Director

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

In order to ensure the Health District continues to attract, motivate, and retain high performing employees who are committed to serving our communities, the Board of Directors (BOD) commissioned an organizational cultural assessment in the fall of 2022, followed in 2023 by a **comprehensive total (salary and benefits) Compensation Analysis** including:

- A competitive market review of base salary and total cash compensation
- Job architecture development with updated salary structures
- Fair Labor Standards Act (FLSA) review
- Reconciliation of actual compensation to market-competitive compensation
- Calculation of plan implementation costs
- Overall program recommendations

Overall, the results of the analysis indicated staff have historically been hired in at very fair and competitive market rates and that pay compression evolved over time for long term employees.

In order to implement the recommended job architecture and salary structure while addressing compression and ensuring equal pay for equal work with allowable pay differences, the staff's next steps are as follows:

- 1) Ensure all staff are paid minimum of their range (regardless of the amount of time with the HDNLC);
- 2) For staff with at least 6 months of service to the District, provide a minimum of a 4% increase- or 2% increase for staff who currently exceed appropriate placement in range – unless staff exceeds maximum of range;
- 3) For staff who exceed maximum of range, pause increases but do not adjust downward;
- 4) Provide compression adjustments to long term staff who fell behind within updated ranges;
- 5) Provide adjustments for newer staff who were not placed appropriately in range upon recent hire (2023);
- 6) Ensure HDNLC's minimum pay ranges meet local minimum livable wages.

Attachment(s): none

FISCAL IMPACT

The 2024 DRAFT budget includes a placeholder of 5% of total payroll (about \$450K) in order to implement next steps related to the Compensation Analysis. The cost of the plan above is between \$450K and \$485K.

STAFF RECOMMENDATION

- 1. Adopt the 2024 Budget to allow for immediate implementation of compensation next steps.**
- 2. Future step:** Adopt a compensation philosophy that documents the District's position regarding how best to attract, motivate and retain employees in order to carry out the mission and goals of the District within ongoing funding constraints and unknowns.
- 3. Future step:** Ongoing review and analysis in support annual budgeting process, as secured for 5 years in contract with current consultant.



AGENDA DOCUMENTATION

Meeting Date: December 12, 2023

SUBJECT:

October 2023 Financials

PRESENTER:

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

To monitor financial performance as a component of fulfilling the Board of Director’s fiduciary responsibilities.

Attachment(s): October 2023 Summary Financial Narrative, Balance Sheet, Statement of Revenue and Expenditures, Statement of Revenues and Expenditures – Budget and Actual, Statement of Non-Operational Expenditures – Budget to Actual, Statement of Program Revenues and Expenditures – Budget and Actual, Investment Schedule.

FISCAL IMPACT

None.

STAFF RECOMMENDATION

Accept the financial reports as presented.

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

Revenues

The Health District is .03% ahead of year-to-date tax revenue projections. Interest income is 105.1% ahead of year-to-date projections. Lease revenue is 6.2% ahead of year-to-date projections. Yield rates on investment earnings increased to 5.23% (based on the weighted average of all investments). Fee for service revenue from clients is 2.6% behind year-to-date projections and revenue from third party reimbursements is 10.9% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants) are 2.7% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 20.5% behind year-to-date projections. Program variances are as follows: Administration 15.2% behind; Board 7.2% behind; Connections: Mental Health/Substance Issues Services 24.5% behind; Dental Services 14.6% behind; MH/SUD/Primary Care 18.8% behind; Health Promotion 5.3% behind; Community Impact 47.6% behind; Program Assessment and Evaluation 30.7% behind; Health Care Access 33.1% behind; and Leased Offices 9.4% ahead.

Capital Outlay

Capital expenditures are 86.0% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 10/31/2023

ASSETS

Current Assets:	
Cash & Investments	\$10,452,253
Accounts Receivable	71,602
Property Taxes Receivable	45,712
Specific Ownership Tax Receivable	59,746
Prepaid Expenses	7,617
Total Current Assets	<u>10,636,931</u>
Other Assets:	
Lease Receivable	<u>59,315,527</u>
Total Other Assets	<u>59,315,527</u>
Capital Assets Not Being Depreciated	
Land	4,592,595
Construction in Progress	352,261
Capital Assets - Net of Accumulated Depreciation and Amortization	
Building and Equipment	<u>4,929,811</u>
Total Property and Equipment	<u>9,874,666</u>
Total Assets	<u><u>79,827,124</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	805,547
Deposits	15,261
Deferred Revenue	482,713
Total Current Liabilities	<u>1,303,521</u>
Long-term Liabilities:	
Compensated Absences	<u>18,413</u>
Total Long-term Liabilities	<u>18,414</u>
Deferred Inflows of Resources	
Property Taxes	50,211
Leases	59,511,385
Total Deferred Inflows of Resources	<u>59,561,596</u>
Total Liabilities & Deferred Inflows of Resources	<u>60,883,531</u>
EQUITY	
Retained Earnings	15,762,077
Net Income	<u>3,181,517</u>
TOTAL EQUITY	<u>18,943,593</u>
TOTAL LIABILITIES AND EQUITY	<u><u>79,827,124</u></u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 10/31/2023

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	12,849	8,574,954
Specific Ownership Taxes	59,745	563,509
Lease Revenue	119,884	1,288,258
Interest Income	46,096	355,634
Fee For Service Income	12,551	133,268
Third Party Income	89,724	791,721
Grant Income	199,158	316,979
Special Projects	0	1,160
Donations	0	80
Miscellaneous Income	1,009	18,104
Total Revenue	<u>541,015</u>	<u>12,043,668</u>
Expenses:		
Operating Expenses		
Administration	59,427	716,190
Board Expenses	8,365	117,537
Connections: Mental Health/Substance Issues Svcs	196,194	1,746,489
Dental Services	285,964	2,686,939
Integrated Care (MHSA/PC)	86,716	903,233
Health Promotion	54,537	563,530
Community Impact	36,278	353,437
Program Assessment & Evaluation	22,254	203,732
Health Care Access	82,798	580,315
Mulberry Offices	12,477	126,894
Contingency -Operational	0	21,167
Special Projects	110,903	473,759
Grant Projects	20,840	164,029
Total Operating Expenses	<u>976,754</u>	<u>8,657,249</u>
Depreciation and Amortization		
Depreciation Expense	20,434	204,902
Total Depreciation and Amortization	<u>20,434</u>	<u>204,902</u>
Total Expenses	<u>997,188</u>	<u>8,862,151</u>
Net Income	<u>(456,173)</u>	<u>3,181,517</u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 10/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$23,974	\$12,849	\$11,125	\$8,602,129	\$8,574,954	\$27,175	\$8,625,165	\$50,211
Specific Ownership Taxes	48,280	59,745	(11,465)	533,270	563,509	(30,239)	625,000	61,491
Lease Revenue	121,286	119,884	1,402	1,212,861	1,288,258	(75,397)	1,455,433	167,175
Interest Income	24,769	46,096	(21,326)	173,385	355,634	(182,250)	230,000	(125,634)
Fee for Services Income	13,683	12,551	1,132	136,831	133,268	3,563	164,197	30,929
Third Party Reimbursements	71,384	89,724	(18,340)	713,838	791,721	(77,883)	856,606	64,885
Grant Revenue	12,358	199,158	(186,800)	269,382	316,979	(47,597)	1,065,178	748,199
Partnership Revenue	2,870	0	2,870	28,697	1,160	27,537	34,436	33,276
Donations Sponsorships	0	0	0	0	80	(80)	0	(80)
Miscellaneous Income	1,999	1,009	990	19,987	18,104	1,883	23,984	5,880
Total Revenue	\$320,602	\$541,015	(\$220,412)	\$11,690,379	\$12,043,668	(\$353,289)	\$13,079,999	\$1,036,331
Expenditures:								
Operating Expenditures								
Administration	\$84,482	\$58,662	\$25,820	\$833,777	\$706,790	\$126,987	\$999,427	\$292,637
Board Expenses	12,666	8,365	4,301	126,662	117,537	9,125	151,994	34,457
Connections: Mental Health/Substance Issues Svcs	230,024	192,932	37,092	2,259,527	1,706,415	553,112	2,710,028	1,003,613
Dental Services	314,055	281,504	32,551	3,077,192	2,627,718	449,474	3,708,379	1,080,661
Integrated Care (MH/SUD/PC)	109,125	85,371	23,754	1,091,950	886,704	205,247	1,310,500	423,796
Health Promotion	59,136	53,653	5,483	583,471	552,661	30,809	698,843	146,182
Community Impact	66,632	35,296	31,336	651,978	341,380	310,597	780,961	439,581
Program Assessment & Evaluation	29,278	21,847	7,432	286,908	198,723	88,185	343,786	145,063
Health Care Access	86,161	81,430	4,731	841,904	563,513	278,392	1,008,596	445,083
Leased Offices	11,576	12,457	(881)	115,764	126,646	(10,882)	138,917	12,271
Contingency (Operations)	0	0	0	0	14,674	(14,674)	128,954	114,280
Grant/Special Projects	15,228	20,840	(5,612)	298,079	165,189	132,890	1,099,614	934,425
Total Operating Expenditures	\$1,018,363	\$852,356	\$166,007	\$10,167,211	\$8,007,950	\$2,159,261	\$13,079,999	\$5,072,049
Net Income	(\$697,761)	(\$311,342)	(\$386,419)	\$1,523,168	\$4,035,718	(\$2,512,550)	\$0	(\$4,035,717)
Reserve Expenditures								
Special Projects	186,546	110,903	75,643	1,865,461	472,598	1,392,862	2,881,492	2,408,893
Reserve Expenditures	53,159	13,494	39,665	546,993	176,700	370,293	654,312	477,612
Total Reserve Expenditures	239,705	124,397	115,308	2,412,454	649,299	1,763,155	3,535,804	2,886,505

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 10/1/2023 to 10/31/2023

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual Budget</u>	<u>Annual Funds</u> <u>Remaining</u>
Non-Operating Expenditures								
Land	-	-	-	-	-	-	-	-
Building	-	-	-	150,000	-	150,000	150,000	150,000
Construction in Progress	-	-	-	-	157,153	-	-	-
Capital Equipment	-	-	-	50,000	-	50,000	50,000	50,000
General Office Equipment	-	-	-	-	-	-	-	-
Medical & Dental Equipment	-	-	-	64,212	42,588	21,624	264,212	221,624
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	35,000	-	35,000	148,860	15,178	133,682	154,860	139,682
Total Non-Operating Expenditures	\$ 35,000	\$ -	\$ 35,000	\$ 413,072	\$ 214,919	\$ 355,306	\$ 619,072	\$ 561,306

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$1,000	\$0	\$1,000	\$10,000	\$9,045	\$955	\$12,000	\$2,955
Total Revenue	1,000	0	1,000	10,000	9,045	955	12,000	2,955
Expenditures:								
Salaries and Benefits	53,653	44,886	8,767	536,530	424,088	112,442	643,836	219,748
Supplies and Purchased Services	34,094	14,541	19,553	329,900	292,102	37,798	394,774	102,672
Total Expenditures	87,747	59,427	28,320	866,429	716,190	150,240	1,038,610	322,420
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	6,525	5,885	640	65,253	78,406	(13,153)	78,303	(103)
Supplies and Purchased Services	2,933	2,480	453	29,326	22,094	7,232	35,191	13,097
Election Expenses	3,208	0	3,208	32,083	17,037	15,046	38,500	21,463
Total Expenditures	12,666	8,365	4,301	126,662	117,537	9,125	151,994	34,457
<u>Connections: Mental Health/substance Issue</u>								
Revenue:								
Fees, Reimbursements & Other Income	4,333	1,710	2,623	43,333	28,911	14,423	52,000	23,089
Total Revenue	4,333	1,710	2,623	43,333	28,911	14,423	52,000	23,089
Expenditures:								
Salaries and Benefits	201,434	174,663	26,771	2,001,004	1,559,480	441,524	2,403,872	844,391
Supplies and Purchased Services	41,440	21,531	19,909	387,015	187,009	200,007	460,347	273,339
Total Expenditures	242,874	196,194	46,680	2,388,020	1,746,489	641,531	2,864,219	1,117,730
<u>Dental Services</u>								
Revenue:								
Fees, Reimbursements & Other Income	66,313	91,086	(24,773)	663,129	786,474	(123,345)	795,755	9,281
Total Revenue	66,313	91,086	(24,773)	663,129	786,474	(123,345)	795,755	9,281
Expenditures:								
Salaries and Benefits	255,555	225,965	29,590	2,555,548	2,155,081	400,467	3,066,658	911,577
Supplies and Purchased Services	75,821	59,999	15,822	710,255	531,857	178,397	865,974	334,117
Total Expenditures	331,376	285,964	45,412	3,265,803	2,686,939	578,864	3,932,632	1,245,693

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2023

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	15,419	10,333	5,087	154,193	118,587	35,607	185,032	66,445
Total Revenue	15,419	10,333	5,087	154,193	118,587	35,607	185,032	66,445
Expenditures:								
Salaries and Benefits	100,330	78,124	22,206	1,003,295	818,242	185,053	1,203,954	385,712
Supplies and Purchased Services	14,096	8,593	5,503	141,656	84,991	56,664	170,147	85,156
Total Expenditures	114,425	86,716	27,709	1,144,951	903,233	241,718	1,374,101	470,868
<u>Community Impact</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	59,174	29,738	29,436	591,741	299,295	292,446	710,089	410,794
Supplies and Purchased Services	11,324	6,540	4,784	98,896	54,143	44,753	117,263	63,120
Total Expenditures	70,498	36,278	34,220	690,637	353,437	337,199	827,352	473,915
<u>Program Assessment & Evaluation</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	25,854	19,551	6,303	258,545	177,776	80,768	310,254	132,478
Supplies and Purchased Services	5,030	2,703	2,327	44,425	25,956	18,469	52,806	26,850
Total Expenditures	30,885	22,254	8,630	302,970	203,732	99,238	363,060	159,328
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	50,999	53,772	(2,774)	509,988	491,860	18,128	611,982	120,122
Supplies and Purchased Services	11,622	765	10,857	108,331	71,670	36,661	128,679	57,009
Total Expenditures	62,621	54,537	8,083	618,319	563,530	54,789	740,661	177,131

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2023

	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	71,465	67,759	3,706	714,647	496,143	218,504	857,576	361,433
Supplies and Purchased Services	20,083	15,039	5,045	181,131	84,172	96,959	215,668	131,496
Total Expenditures	<u>91,548</u>	<u>82,798</u>	<u>8,750</u>	<u>895,778</u>	<u>580,315</u>	<u>315,463</u>	<u>1,073,244</u>	<u>492,929</u>
<u>Mulberry Offices</u>								
Revenue:								
Fees, Reimbursements & Other Income	15,623	21,955	(6,332)	156,229	216,158	(59,929)	187,475	(28,683)
Total Revenue	<u>15,623</u>	<u>21,955</u>	<u>(6,332)</u>	<u>156,229</u>	<u>216,158</u>	<u>(59,929)</u>	<u>187,475</u>	<u>(28,683)</u>
Expenditures:								
Salaries and Benefits	1,503	1,499	4	15,029	15,026	3	18,035	3,009
Supplies and Purchased Services	10,153	10,979	(826)	101,529	111,868	(10,339)	121,835	9,967
Total Expenditures	<u>11,656</u>	<u>12,477</u>	<u>(821)</u>	<u>116,558</u>	<u>126,894</u>	<u>(10,335)</u>	<u>139,870</u>	<u>12,976</u>

Health District of Northern Larimer County

**Investment Schedule
October 2023**

	Investment	Institution	Current Value	%	Current Yield	Maturity
1527-4001	Local Government Investment Pool	COLOTRUST	\$ 1,460	0.015%	5.19%	N/A
1527-8001	Local Government Investment Pool	COLOTRUST	\$ 8,726,553	87.247%	5.53%	N/A
#35127351	Flex Savings Account	First National Bank	\$ 244,556	2.445%	2.58%	N/A
#714626	Certificate of Deposit	Advantage Bank	\$ 143,352	1.433%	0.40%	12/27/2023
#241296	Certificate of Deposit	Advantage Bank	\$ 115,579	1.156%	5.36%	9/8/2024
#40020603	Certificate of Deposit	Points West	\$ 117,562	1.175%	3.87%	7/13/2024
#40010448	Certificate of Deposit	Points West	\$ 158,864	1.588%	0.32%	4/2/2024
#23007964	Certificate of Deposit	Adams State Bank	\$ 244,180	2.441%	5.61%	4/17/2025
#30770027	Certificate of Deposit	Mountain Valley Bank	\$ 250,031	2.500%	3.50%	7/11/2024
	Total/Weighted Average		<u>\$ 10,002,137</u>	<u>100.000%</u>	<u>5.23%</u>	



**BOARD OF DIRECTORS
BUDGET HEARING &
REGULAR MEETING
November 16, 2023**

Health District Office Building
120 Bristlecone Drive, Fort Collins

Hybrid Meeting

MINUTES

BOARD MEMBERS PRESENT:

Molly Gutilla, MS DrPH, Board President
Julie Kunce Field, JD, Board Vice President
Joseph Prows, MD MPH, Treasurer
Erin Hottenstein, Assistant Treasurer
John McKay, Secretary

ALSO PRESENT:

Celeste Holder Kling, Liaison to PVHS/UC Health North

Staff Present:

Liane Jollon, Executive Director
Lorraine Haywood, Deputy Director
Laura Mai, Finance Director
Chris Sheafor, Support Services Director
Chris Roth, IT Manger
Alyson Williams, PPRE Director
Dana Turner, Health Services Director
Misty Manchester, Human Resources Director
Richard Cox, Communications Director
Lauren Jones, Executive Assistant

Public Present:

Terry Croskrey

I. CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Molly Gutilla called the 2024 budget public hearing to order at 5:32 p.m.
Director Molly Gutilla suggested modifying the agenda to move item IV.A. Presentation: Update on Classification and Compensation Study and Analysis into section II.A. followed by II.B. Public Hearing Comment and II.C. 2024 DRAFT Budget Presentation

MOTION: To approve the modified agenda.

Moved by Joseph Prows / Second by John McKay/ Carried Unanimously

II. PUBLIC HEARING

II. A. PRESENTATION

Update on Classification and Compensation Study and Analysis – Taylor Sprague, CBIZ Consultants

Taylor Sprague, CBIZ Senior Compensation Consultant, presented the preliminary Compensation Study draft results, recommendations, and next steps. The numbers reported in this presentation are preliminary.

Board Members asked clarifying questions about the salary ranges, minimums, maximums and percentages. Taylor explained the salary range minimum is about 25% of market and the maximum is about 75% of market.

Board Liaison asked about the total funds needed to address employees below the 25th percentile, ie, is the \$16,025 a sum of all 10 or an average? And, is this per month or per year? Taylor clarified that \$16,025 is the preliminary total for this one-time need and that this figure may reduce with additional refinements to the current plan.

Board Member asked for further explanation related to possible lump sum adjustments for employees who are beyond the maximum of their pay range. Taylor explained a one-time lump sum payment in lieu of a compounding annual increase prevents these individuals from continuing to remain above their range maximum from year to year.

Board Members asked about total compensation vs. salary only. Taylor indicated that as a cost per employee, the District's total compensation is on target with the market, but the District may want to consider changes to overall benefits packages including health coverage. For example, health coverage of employees is above market, but employee plus family is below market.

II. B. PUBLIC HEARING PUBLIC COMMENT

None.

II. C. 2024 Draft Budget Presentation – Liane Jollon, Executive Director & Laura Mai, Finance Director

Liane Jollon gave an overview of the 2024 Draft Health District Budget and shared consistent budget themes for 2024. The current DRAFT reflects increased revenue due to higher property tax revenues, but also allows for pivots if the upcoming legislative special session changes revenue forecasts.

The 2024 DRAFT budget continues to reflect board priorities of behavioral health, dental health and access to care. The budget reflects program stability over the next year, with few programmatic changes other than those already under consideration, while also adding emphases on infrastructure, leadership positions, and future financial security.

The goals for the organization and presentation of this year's budget is to clearly and accurately reflect costs by program, service, and function in order to facilitate shared knowledge for decision-making among District Board, Directors and Program Managers.

Laura Mai shared 2024 draft budget programmatic key points:

- Increased salaries and wages due to market salary adjustments and commitment to staff training
- Increased operational costs due to allocating all expenses into programs, services, and functions
- Increased costs for consultants to address needs deferred because of the pandemic
- Inflationary costs of goods and services

Board Member asked questions related to **Behavioral Health** revenue projections for the 3rd party billing (Medicaid) and related to why the District has not billed in the past. Staff indicated projections are conservative due to unknowns of the new implementation and explained there were both internal and external factors that prohibited implementation previously.

Board Member asked for an explanation of right-sizing the **Behavioral Health** Adult Team? Staff replied that the District had had difficulty hiring FTEs and was relying on PRN staff, but had now filled positions. Board Member asked a follow up related to FTE by program from the October DRAFT budget to this version. Staff indicated that direct service program positions had not been eliminated, but administrative allocations may have changed from draft to draft.

Board Member asked about grant revenue to support **Larimer Health Connect**. Staff indicated it is reflected in ‘Grants’ section of DRAFT budget. Board members also asked about forecasting ongoing and future grant funding across the agency.

Board member asked about overall District FTE changes between prior draft and now. Staff explained that corrections were made regarding where some specific positions were attributed in the budget and some changes have been made to administrative allocations per program, but overall the increase in FTEs remains similar to prior draft. Board members also asked about fleet vehicles; the district currently owns one late model van.

ADJOURN OUT OF PUBLIC HEARING

The Public Hearing was adjourned at 7:45pm.

I. REGULAR MEETING

Director Molly Gutilla called the regular meeting to order at 7:48p.m.

III. CONSENT AGENDA

A. October 2023 Meeting Minutes

MOTION: To approve the Consent Agenda

Moved by Joseph Prows / Second by Erin Hottenstein/ Carried by Molly Gutilla and John McKay

IV. ACTION ITEMS

None.

V. REPORTS

A. ***Special Session of the 74th Colorado General Assembly: Property Taxes – Alyson Williams***

Alyson Williams shared details of the special ‘extraordinary’ session beginning on Friday, November 17th, 2023. The purpose of this special session is to address the following:

- Property tax relief package to reduce property tax burden in 2023
- Fiscal impact of the tax relief packet on the interests of local governments
- Necessary administrative changes attributed to the tax relief packet only for 2023
- TABOR tax refund mechanisms only for 2022-23 fiscal year

- Rental assistance only during the 2023-2024 fiscal year
- Adjustments to the Earned Income Tax Credit only for the 2023 tax year, utilizing resources available from 2022-23 fiscal year
- Creation of a process to review and make recommendations on long-term property tax relief

Board member asked about taking further actions. Staff indicated one State Representative had already reached out, and that the special session will be moving very quickly. Other Board members indicated that in the past the Board has delegated this work to staff, especially during fast-paced circumstances such as this.

B. *Liaison to PVHS/UCHealth North – Celeste Holder Kling*

Spent the whole day at PVH yesterday, November 15th, for the Board Meeting, Finance Committee meeting, Executive Session and tour of the construction site. There was a legislative presentation about what is coming on the state and federal level.

C. *Board of Directors Reports*

John McKay attended the American Public Health Action (APHA) Conference. Stating it was the best conference in a very long time. He also stated there was a local health conference that took place at the Ranch last month, where he met Kevin Unger, UCHealth North CEO. Finally, John invited fellow Board Members to an upcoming community open house at SummitStone Health Partner’s Longview Acute Care Facility.

Erin Hottenstein was invited to speak at the Rotary Club where she gave a presentation on the Health District and was well-received.

Joseph Prows attended the APHA Conference. It was one of the most energized APHA conferences in some years.

Julie Kunce-Field attended the SummitStone Health Partner’s Longview Acute Care Facility tour and was impressed with the facility and community support.

Molly Gutilla attended the SummitStone Health Partner’s Longview Acute Care Facility Campus tour and APHA Conference. She stated that this year’s conference was really outstanding. Molly drew parallels with system level public health work and internal systems-level infrastructure priorities of the Health District.

D. *Executive Committee Update – Molly Gutilla*

During the last Executive Committee meeting, the draft budget for the public hearing was in place.

Liane is almost to her 6-month mark. In January, Liane will have a preliminary review and figure out where we want to go together.

E. *Executive Director Staff Report – Liane Jollon*

Liane Jollon thanked the team for huge success related to the budget process and continued adjustments, team collaboration, and information sharing, as well as continued focus on internal referrals among programs and cross-pollination across services and functions in general. Liane indicated that Both the compensation study and the 2024 budget projects are a great reflection of

where we are as an organization. Liane stated she is looking forward to next steps such as continued focus on employee engagement as noted in the early 2023 Employee Culture and Climate Survey as well as some revamping of internal meetings and processes including topics like internal program planning, data collection and evaluation.

VI. **ANNOUNCEMENTS**

- A. December 12, 5:30pm – Board of Directors Regular Meeting & Budget Approval
- B. March 20, 2024, 4:00pm – Joint PVHS Health District Board of Directors Meeting
- C. Additional meeting dates may be TBD related to Legislative Special Session

ADJOURN OUT OF REGULAR MEETING

MOTION: To adjourn the Regular Meeting

Motion by Joseph Prows / Second by Erin Hottenstein / Carried unanimously

The Regular Board Meeting was adjourned at 8:22pm.

Respectfully submitted:

Lauren Jones, Assistant to the Board of Directors

Molly Gutilla, MS, DrPH, Board President



AGENDA DOCUMENTATION

SUBJECT: Intermediate Paid Leave

PRESENTER: Misty Manchester, Human Resources Director

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

The State of Colorado implemented the Colorado Paid Family and Medical Leave Insurance Act (FAMLI). Public entities were able to decline participation by vote of the Board.

At the November 2022 Board Meeting, there was a presentation on the FAMLI benefit that would go into effect on January 1, 2024. The Board was informed of the three options:

1. Full participation in FAMLI
2. Decline all participation in FAMLI
3. Decline employer participation in FAMLI

Based on the presentation, the Health District Board of Directors voted to decline all participation in the Colorado FAMLI program. At that time, it was determined that the Health District's current Intermediate Medical Leave plan (IML) was a richer plan than the Colorado FAMLI plan. The Health District's decision was to revise the current IML plan to closely model the Colorado FAMLI benefits while providing a better paid benefit; 66% as compared to 37-60% under the FAMLI program.

Attached is Section 300.16 of the Employee Handbook with the proposed:

- 1) change to the name of the Intermediate Medical Leave Pay to Intermediate Paid Leave (IPL); and
- 2) the expansion of the leave types covered by IPL that closely models the coverage offered under the Colorado FAMLI program while maintaining the 66% paid benefit to eligible employees.

Attachment(s):

- *Revised Employee Handbook section 300.16;*
- *Benefits comparison as presented at the November 2022 Board of Directors Meeting*

FISCAL IMPACT

Funds have been included in the 2024 budget to cover potential costs of the IPL leave program.

STAFF RECOMMENDATION

Approve the change to Section 300.16 of the Employee Handbook to change the section name from Intermediate Medical Leave Pay to Intermediate Paid Leave and to expand the types of leave available to eligible employees.

300.16 INTERMEDIATE MEDICAL PAID LEAVE PAY (effective 1/1/2024)

~~Employees who have completed 90 days of service one year of service with the Health District; and have earned \$2500 over the previous year and are eligible for Paid Time Off (PTO), are eligible for Intermediate Medical Paid Leave Pay (IML/IPL). IML/IPL is available for employees who have a need due to their own serious health condition; caring for a new child after birth, adoption, or foster care placement; caring for a family member with a serious health condition; family member military deployment arrangements; obtaining safe housing and/or legal assistance in response to domestic violence, stalking, sexual assault, or sexual abuse, only to employees who are experiencing a serious verifiable medical problem that will result in them being unable to work for a period lasting more than fifteen consecutive days up to a maximum of 90 consecutive days. Medical conditions that result in the employee not being able to work must be verified by a physician (M.D. or D.O.). The certification must be re-verified every thirty (30) days. The Health District reserves the right to request an independent medical analysis of the employee's medical condition, paid for by the Health District.~~

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~~IML/IPL does not apply to medical conditions covered under Workers' Compensation. It also does not apply to other conditions covered under FMLA other than the employee's own serious medical condition.~~

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~~For eligible employees, there is no waiting period to access the IPL benefit. Intermediate Medical Leave will not start until after the employee has been off work for two consecutive work weeks with a serious verifiable medical condition. During the first two weeks, an employee will need to use their PTO in order to be paid. If the employee runs out of PTO during the first two weeks, the gap between PTO and the start of IML will be unpaid. Once IML applies, the employee will receive 66% of their normal pay. IML is available only one time within a 12-month period starting the first day of the 90 day eligibility period. Once an employee qualifies for IPL, their wages will be paid at 66%. An eligible employee may receive up to 12 weeks in a 12 month period. In the case of pregnancy or childbirth complications, an additional four weeks will be granted. There is no cost to the employee for using the IPL.~~

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The Health District requires employees to use accrued PTO while on ~~IML/IPL~~ leave, with the following exception. The employee may retain up to one week's worth of accrued PTO based on the number of hours they normally work each week. This selection must be made prior to going out on ~~IML/IPL~~ leave and cannot be changed.

~~If an employee has been off work for two consecutive work weeks, and the medical condition requires a physician ordered reduction in hours for a specific period of time, then upon returning to work IML will pay as follows:~~

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- ~~The employee will be paid at 66% of the amount of time the employee worked before the medical incident, less the amount of the time that the employee is able to work. IML under a physician ordered reduced work schedule is available for a period of up to 90 days (including the initial two weeks waiting period) only one time within a 12 month period starting the first day IML leave is taken. It should~~

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be noted that if the person returns to work, long term disability will not apply, and the benefit would end after 90 days.

- If the employee receives more than 66% of their regular pay during a period of reduced hours, IML will not be paid.
- The Health District reserves the right to use a physician of its own selection, paid for by the Health District, to determine whether the reduction in hours is medically warranted.
- Flexible Paid Time Off does not accrue during IML.

While an eligible employee is on IPL, the Health District will maintain any health care benefits the covered individual had prior to taking IPL for the duration of the leave as if the eligible employee had continued in employment continuously from the date the leave commenced until the date the IPL benefits terminate. The employee shall continue to pay the employee's share of the cost of health benefits as required prior to the commencement of the leave.

The employee will not accrue Paid Time Off (PTO) during IPL.

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DRAFT

Benefits Comparison

CURRENT EMPLOYEE BENEFIT	FAMLI BENEFIT	2024 PROPOSED EMPLOYEE BENEFIT
<i>Accessible after 1 yr. of employment</i>	<i>Accessible after \$2,500 earned over previous year</i>	<i>Accessible after 90 days of employment</i>
<i>2 week waiting period to access benefit-(must use PTO)</i>	<i>No waiting period to access benefit</i>	<i>No waiting period to access benefit</i>
<i>Only for the employee's own serious medical condition</i>	<i>Own serious health condition</i> <i>Caring for a new child after birth, adoption, foster care placement</i> <i>*Pregnancy and childbirth complications may qualify for up to 16 weeks</i> <i>Caring for a family member with a serious health condition</i> <i>Family member military deployment arrangements</i> <i>Obtaining safe housing and/or legal assistance in response to domestic violence, stalking, sexual assault, or sexual abuse</i>	<i>Closely model FAMLI benefits</i>
<i>Up to 3 working days of leave for victims of domestic violence unpaid unless use PTO</i>	<i>Domestic violence is a qualifying reason to access full benefit</i>	
<i>Wages paid @ 66%</i>	<i>Wages paid @ 37%-90% (** majority of HD employee's benefit % will be less than our current 66%)</i>	<i>Wages paid @ 66%</i>
<i>up to 90 days per year</i>	<i>Up to 12 weeks in a 12 month period*</i>	<i>Up to 12 weeks in a 12 month period</i>
<i>May run concurrent with FMLA</i>		



AGENDA DOCUMENTATION

Meeting Date: December 12, 2023

SUBJECT:

Assistant Liaison Between Health District of Northern Larimer County Board of Directors and Poudre Valley Health System Board of Directors

PRESENTER: Molly Gutilla

OUTCOME REQUESTED: **Decision** **Consent** **Report**

PURPOSE/ BACKGROUND

Per the Health District of Northern Larimer County Bylaws Article V Section 10 and Policy 99-4, the Board of Directors elects a representative to serve as an ex officio voting member of the Poudre Valley Health System Board. The general role of the liaison is to represent the Health District mission, goals, and objectives; to monitor various lease agreements between the Health District Board, the Poudre Valley Health System Board, and the University of Colorado Health (UCH); and to perform the normal duties of a PVHS Board member.

In accordance with the Bylaws and Board Policy, currently this role is filled by Celeste Holder Kling, a *former* Health District Board member who has committed to attending both Health District and PVHS Board meetings on a regular basis and appropriately conveying information between the two boards. In order to ensure a *current* Board member has the experience to fulfill this role in the future, an Assistant Liaison can be appointed.

Attachment(s): Policy 99-4

FISCAL IMPACT

None

STAFF RECOMMENDATION

Call for nominations for an Assistant Liaison and vote on an appointment.



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

Adopted September 25, 1996

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

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

II. **General Role of the Liaison**

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

III. **Liaison Responsibilities**

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

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

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

IV. Working Relationships

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

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

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

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

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

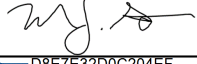
AMENDED on the 15th day of February, A.D., 2006

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

AMENDED on the 28th day of March, A.D., 2023


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

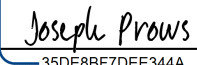
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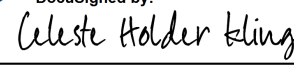
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Julie Kunce Field, JD, Vice President

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Ann Yanagi, MD, Secretary

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Joseph Prows, MD, Treasurer

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Celeste Holder Kling, JD, Liaison to PVHS Board

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



AGENDA DOCUMENTATION

Meeting Date: December 12, 2023

SUBJECT:

2024 Board of Directors Draft Meeting Schedule

PRESENTER: Liane Jollon

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

Per Colorado Revised Statutes, 32-1-903(1)-(1) and 24-6-402(2)(c), the Board of Directors must designate and post the time and place for all Board meetings, and also designate a place to post the required 24-hour agenda notice of the meeting. The best practice is for the Board to adopt a resolution at its first regular meeting each calendar year designating meeting days, time and locations and a resolution designating where the required 24-hour agenda notices will be posted.

2024 Proposed BOD Meeting Schedule

- Tuesday, January 9th at 5:30pm – Budget Approval
- Tuesday, January 23rd at 5:30pm – Regular Meeting
- Tuesday, February 27th at 5:30pm – Tom Gonzalez to come to Health District
- Wednesday, March 20th at 4:00pm – Joint HD/UCHealth meeting
- Tuesday, April 23rd at 5:30pm – Regular Meeting
- Tuesday, May 28th at 5:30pm – Regular Meeting
- Tuesday, June 25th at 5:30pm – Regular Meeting
- Tuesday, July 23rd at 5:30pm – Regular Meeting
- Tuesday, August 27th at 5:30pm – Regular Meeting
- Tuesday, September 24th at 5:30pm – Regular Meeting
- Tuesday, October 22nd at 5:30pm – Regular Meeting
- Tuesday, November 12th at 5:30pm Budget Hearing & Regular Meeting
- Tuesday, December 10th at 5:30pm Budget Approval & Regular Meeting

Attachment(s): None

FISCAL IMPACT

STAFF RECOMMENDATION Review proposed BOD meeting schedule.

AGENDA DOCUMENTATION

SUBJECT: Special Session of the 74th Colorado General Assembly Outcomes

PRESENTER: Alyson Williams

OUTCOME REQUESTED: ___ Decision ___ Consent ___X___ Report

PURPOSE/ BACKGROUND

The Special Session of the 74th Colorado General Assembly concluded on Monday, November 20th, 2023, after an often tense four days of working to address property taxes with the defeat of Proposition HH. Bills passed that aim to address property taxes, one to reduce residential burden in the short-term (SB23B-001) as well as the creation of a task force to develop a long-term property tax solution (HB23B-1003).

Attachment(s): none

FISCAL IMPACT

None.

STAFF RECOMMENDATION

None.



AGENDA DOCUMENTATION

December 12, 2023

SUBJECT:

2024 DRAFT Budget Update and Review of Timeline

PRESENTER: Laura Mai

OUTCOME REQUESTED: ___ Decision ___ Consent X Report

PURPOSE/ BACKGROUND

The purpose of this report is to inform the Board of the final DRAFT budget for 2024 Expenses and keep the Board informed of the current 2024 Budget Revenue unknowns and deadline changes related to the General Assembly’s November special session.

- ~~December 10, 2023~~ Now **January 3, 2024**: Assessor certifies final valuation of property to local governments.
- ~~December 15, 2023~~ Now **January 10, 2024**: Certify the mill levy, after approval of 2024 budget by the governing body of the local government.
- ~~December 31, 2023~~ Now **January 10, 2024**: Deadline to adopt the 2024 budget.
- ~~December 22, 2023~~ Now **January 17, 2024**: Approval of property tax mills by the board of county commissioners.

Attachment(s):

2024 DRAFT Annual Budget Third Draft
DRAFT Resolution 2024-1 Adopt Budget
DRAFT Resolution 2024-2 Revenues to Reserve Account
DRAFT Resolution 2024-3 Appropriate Sums of Money
DRAFT Resolution 2024-4 Set Mill Levies
DRAFT 2024 Certification of Tax Levies

FISCAL IMPACT

See 2024 Budget Documents

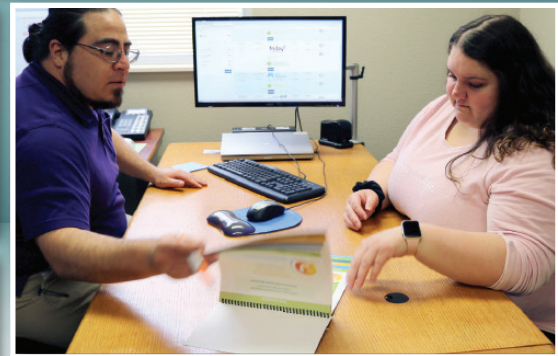
STAFF RECOMMENDATION: Informational only.

2024 DRAFT ANNUAL BUDGET

First Draft Submitted to Board of Directors: October 15, 2023

Second Draft Submitted to Board of Directors: November 16, 2023

Third Draft Submitted to Board of Directors: December 12, 2023



2024 DRAFT BUDGET MESSAGE



It has been nearly 30 years since the Health District of Northern Larimer County embarked on a new strategic direction to advance its mission of enhancing the health of the community. In that time, the Health District has had a significant impact on the lives of residents, helping to improve the health of 11,000 people in 2022 alone through direct services and connections to care.

In 2024, the Health District will continue to focus on priorities previously identified by the Board of Directors: behavioral health, oral health, and access to care through coverage. Funding and services will align with these three priorities while emphasizing health equity, utilizing data to measure outcomes and track progress, and pursuing strategies known to impact population health, such as policy intervention.

Services will be provided at 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.

The Draft 2024 Health District Budget:

- Reflects increased revenue due to higher property tax revenues.
- Clearly and accurately reflects costs by program, service, and function.
- Is easily understood.
- Facilitates shared knowledge for better decision-making.
- Reflects program stability over the next year, with few operational changes other than those already under consideration.
- Continues to reflect board priorities.
- Places a new focus on infrastructure, building a foundation of financial and human resources that enable the Health District to meet current needs and future challenges.

Consistent themes that are reflected across all programs, services, and functions include:

- Increased salaries and wages due to market salary adjustments and commitment to staff training.
- Increased operational costs due to allocating all expenses into programs, services, and functions.
- Increased costs for consultants to address needs deferred because of the pandemic.
- Inflationary costs of goods and services.



Key budget points for Health District programs and services in 2024

Mental Health Connections

Adult/CAYAC: Providing answers, options and support for adults, youth, and families

- Improvements were made to allocations between the adult and youth teams to better reflect the true cost of each sub-program and facilitate program evaluation and planning, as adult services are slated to be fully evaluated in 2024.
- Efforts to right-size the adult team are reflected in the 2024 budget.
- An increase in revenue is planned with the implementation of third-party billing (Medicaid) as well as an increase in staffing to support psychological testing access.

Dental Services

Providing affordable access to dental care for adults, children and those with special needs

- Budget was created with the intention to utilize 2024 as a year to right-size for the current state, stabilize operations, and evaluate to guide future work.
- An increase in revenue is planned with additional clinical provider time requested to improve access to care.
- Changes to Medicaid coverage both in covered individuals and covered services.

Integrated Care

Providing behavioral health services and medical resident training within an integrated care safety net clinic

- Providing behavioral health services and medical resident training within an integrated care safety net clinic.
- Budget was created with the intention to utilize 2024 as a year to right-size for the current state, stabilize operations, and evaluate to guide future work.
- A focus on continuous quality improvements will be ongoing in the 2024 budget.

2024 DRAFT BUDGET MESSAGE



Health Promotion

Providing tobacco cessation, heart health screenings, and other services

- The Quit Tobacco Program has decreased by 0.5 FTE, reflecting our new focus on the PVH bedside pilot project.
- Budget numbers reflect that in 2023 the budget was for only 6 months and now for 2024 the budget is for an entire 12 months.

Community Impact/Policy/Research and Evaluation

Community Impact: Engaging community members and partner organizations to collectively improve community health

Policy: Achieving changes in public policy to enhance the health of our community

Research & Evaluation: Providing program evaluation and community assessment to guide internal and external strategic work

- Policy is now accounted for in the CIT budget.
- Rebuilding team and assessing strategic direction
- Increased meeting costs to reflect in person collaboration

Health Care Access

- Providing guidance and connecting community members to affordable health coverage
- Budget was created with the intention to utilize 2024 as a year to right-size for the current state, stabilize operations, and evaluate to guide future work.
- Maximize utilization of grant-funding, improve out of district tracking, and right-size and maintain consistent staffing to better meet grant deliverables.

Administration

- Increase in Salaries/Benefits – Plan to hire additional Deputy Director (of Operations) and Compliance Officer
- Increase to Conferences/Retreats – Conference attendance increased to support expanded training
- Increase to Treasurer Fees – Relative to increase in property taxes
- Adjustment to Consultants – Inclusive within programs

2024 DRAFT BUDGET MESSAGE



Finance

- A new integrated HR/Accounting system is planned for 2024.
- There will be continual improvement to processes/communication.
- Staff will receive further professional training.

Support Services

- Costs for ongoing building expenses such as utilities, custodial, rent, and building/equipment maintenance have gone up on average 5% this year.
- Costs for information hardware and software have been allocated to programs.
- Building Improvements have been allocated to programs, including the following:
 - Reconfiguring the 2001 S. Shields building
 - Consultant to assess building conditions and estimate capital replacement costs
 - Moving from fluorescent to LED lighting at the Bristlecone campus
 - Ergonomic improvements at the 202 Bristlecone front desk
 - Resurfacing of parking lots
 - Various upgrades needed at 425 West Mulberry

Capital projects

- Replacing outdated equipment in two dental operatories including chairs, delivery units, and lighting
- Heating/air conditioning units are reaching the end of their expected life.
- Two vehicles will be added to the Health District fleet.
- Copiers and additional dental and office equipment will be replaced.

Human Resources

- Budget changes are planned to meet the identified cultural expectations as indicated with the Health District's 2022 Climate and Culture Survey results.
- Human Resources (HR) will implement a Human Resources Information System/Human Capital Management system (HRIS/HCM) in conjunction with Payroll/Finance for improved processes to:
 - Enable a standard employee performance management
 - Provide timely feedback on performance
 - Perform staff surveys consistently to gauge culture, engagement, and other factors
 - Human Resources will be committed to professional development and learning opportunities.

Communications

- Upgrade main Health District website and consolidate satellite websites
- Compass publication schedule was reduced to twice annually, with reductions in cost allocated across all programs.

2024 DRAFT BUDGET MESSAGE



Board of Directors

- Increase in Salaries/Benefits – Allocated additional staff members identified as providing a level of support to the Board
- Increase to Conferences/Retreats/Meetings
- Decrease to Election Expenditures – Systematic improvements have decreased the costs

Budget Details

The attached 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. 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.

ORGANIZATIONAL SUMMARY



Services Provided

The Health District of Northern Larimer County is a special district created by voters in 1960 that operates under special district law as a political subdivision of the State of Colorado. Today, the Health District provides dental, behavioral, and preventive health services to the residents of northern Larimer County, in addition to connecting people to more affordable health insurance and prescription options.

Board of Directors

The Health District is governed by a five-person board of directors whose members serve staggered terms. Directors are elected at large from the community. Elections are held every two years in odd-numbered years, and terms are four years.

President	Molly Gutilla
Vice President	Julie Kunce Field
Secretary	John McKay
Treasurer	Joseph Prows
Assistant Treasurer	Erin Hottenstein

Health District Mission, Vision, Strategy, and Values

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.

ORGANIZATIONAL SUMMARY



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.

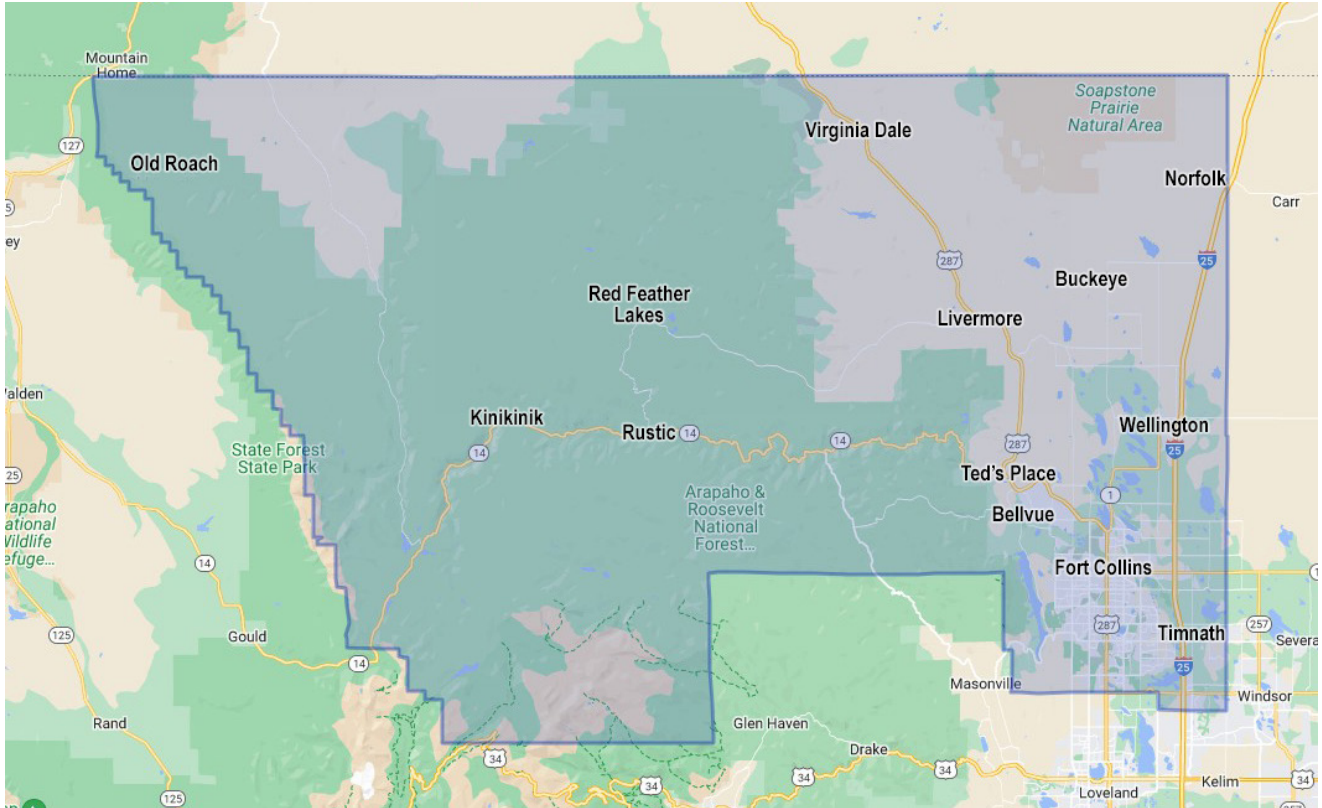
Values

- 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

ORGANIZATIONAL SUMMARY



Map of the Health District Boundaries



Health District of Northern Larimer County
Three Year Budget Summary 2024

	Prior Year 2022 Actual *	Current Year 2023 Budget	Proposed 2024 Budget
Beginning Balance	\$ 4,893,200	\$ 7,391,604	\$ 8,747,550
Revenues:			
Property & Specific Ownership Taxes	\$ 9,343,693	\$ 9,250,165	\$ 12,367,095
Lease Revenue	1,802,669	1,455,433	1,519,871
Investment Income	122,785	230,000	415,000
Operating Revenue (fee income)	1,047,583	1,020,803	1,169,972
Grant and Partnership Revenue	664,487	1,099,614	895,620
Miscellaneous Income	26,085	23,984	24,600
Proceeds from Sale of Capital Asset	32,100		
Total Revenues	\$ 13,039,402	\$ 13,079,999	\$ 16,392,158
Total Available Resources	\$ 17,932,602	\$ 20,471,603	\$ 25,139,708
Expenditures:			
Programs			
Board	\$ 54,871	\$ 151,994	\$ 173,030
Administration	999,997	1,038,609	1,333,386
Connections: Mental Health/Substance Issues Services	1,862,179	2,864,217	3,282,196
Integrated Care (MHSA/PC)	1,091,051	1,374,101	1,359,441
Community Impact	589,163	827,355	1,155,218
Dental Services	3,182,106	3,932,630	4,735,611
Health Care Access	970,042	1,073,247	1,264,488
Health Promotion	772,353	740,660	841,264
Assessment/Research/Evaluation	244,780	363,058	534,211
Resource Development	149,775	-	59,175
Leased Offices	-	139,872	170,531
	\$ 9,916,317	\$ 12,505,743	\$ 14,908,552
Other			
Grants/Partnerships	561,879	1,099,613	1,377,309
Special Projects	897,509	3,010,445	-
Capital Expenditures	269,723	619,072	526,040
Contingency	-	698,722	500,000
	\$ 1,729,111	\$ 5,427,852	\$ 2,403,348
Total Expenditures	\$ 11,645,428	\$ 17,933,595	\$ 17,311,900
Reserves Fund Accounts			
Restricted Reserves	\$ 546,170	\$ 538,008	\$ 960,342
Committed Reserves	1,000,000	1,000,000	3,000,000
Assigned Reserves			1,526,693
Unassigned Reserves			319,771
Capital Reserves	200,000	1,000,000	2,021,000
Total Reserves	\$ 1,746,170	\$ 2,538,008	\$ 7,827,806
Total Expenditures & Reserves	\$ 13,391,598	\$ 20,471,603	\$ 25,139,708

*Based on year-end audited financial statements

Health District of Northern Larimer County
2024 Budget

Beginning Balance	\$	8,747,550
Revenues:		
Property & Specific Ownership Taxes	\$	12,367,095
Lease Revenue		1,519,871
Investment Income		415,000
Operating Revenue (fee income)		1,169,972
Grant and Partnership Revenue		895,620
Miscellaneous Income		24,600
Proceeds from Sale of Capital Asset		
Total Revenues	\$	16,392,158
Total Available Resources	\$	25,139,708
Expenditures:		
Programs		
Board	\$	173,030
Administration		1,333,386
Connections: Mental Health/Substance Issues Services		3,282,196
Integrated Care (MHSA/PC)		1,359,441
Community Impact		1,155,218
Dental Services		4,735,611
Health Care Access		1,264,488
Health Promotion		841,264
Assessment/Research/Evaluation		534,211
Resource Development		59,175
Leased Offices		170,531
	\$	14,908,552
Other		
Grants/Partnerships		1,377,309
Special Projects		-
Capital Expenditures		526,040
Contingency		500,000
	\$	2,403,348
Total Expenditures	\$	17,311,900
Reserves Funds Accounts		
Restricted Reserves		960,342
Committed Reserves		3,000,000
Assigned Reserves		1,526,693
Unassigned Reserves		319,771
Capital Reserves		2,021,000
Total Reserves	\$	7,827,806
Total Expenditures & Reserves		25,139,708

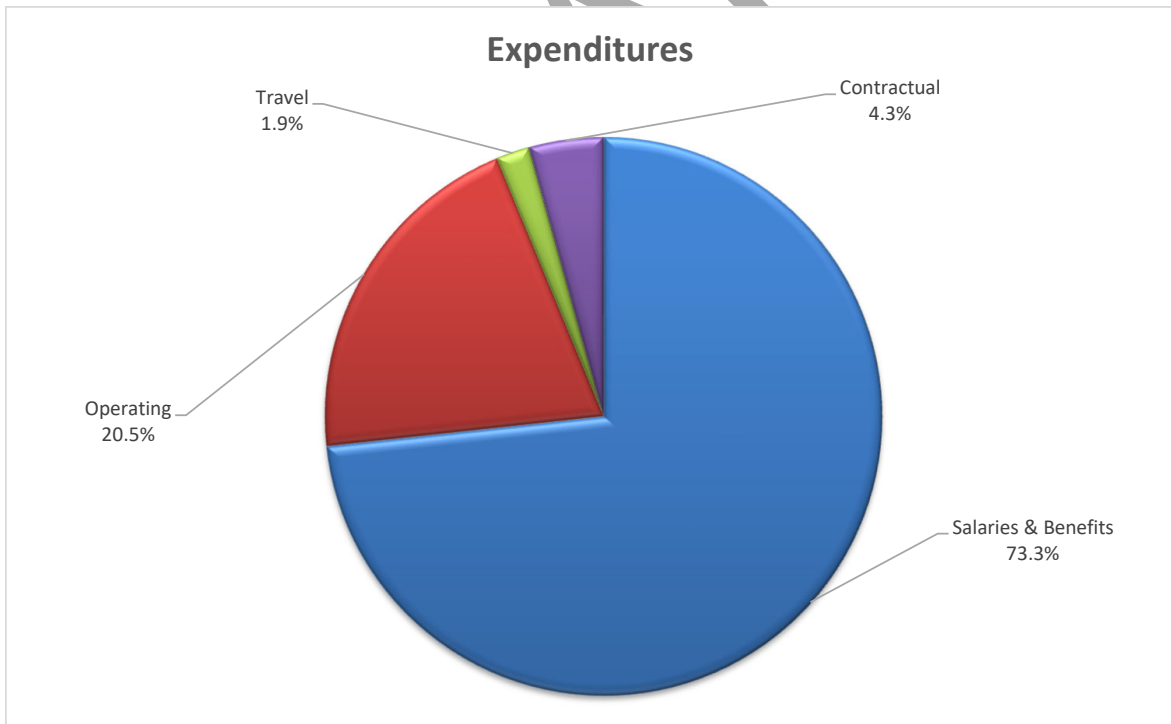
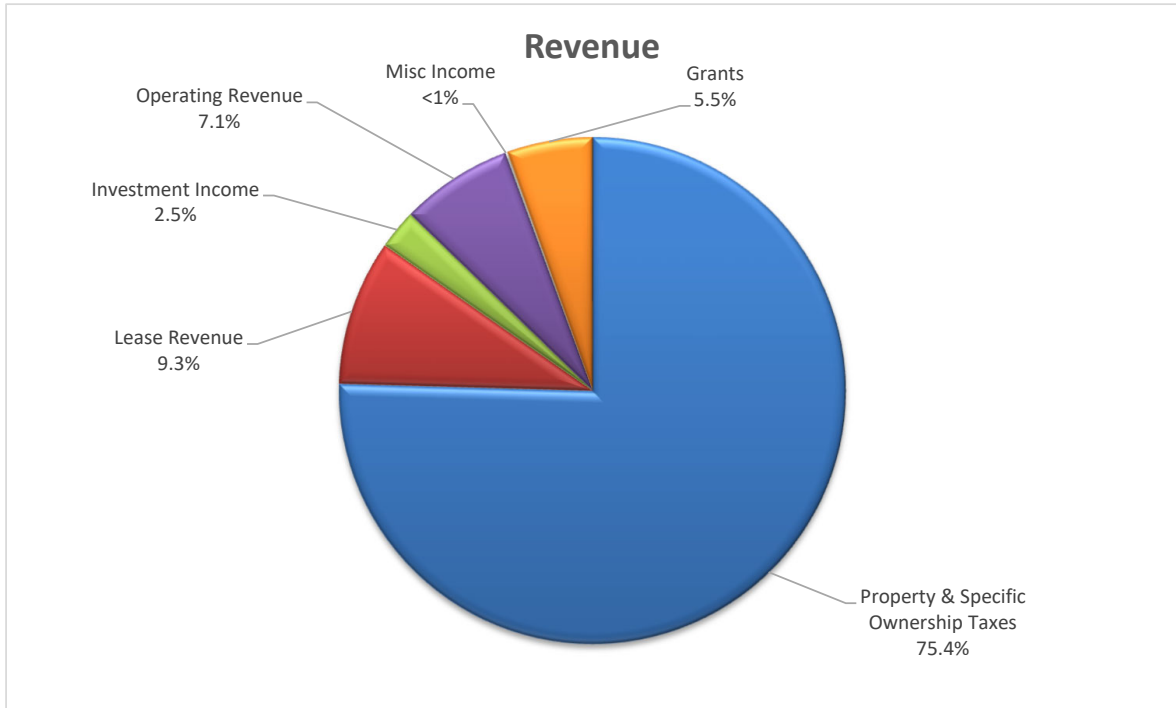
Health District of Northern Larimer County
Budget to Actual Summary

	Prior Year 2022 Budget	Prior Year 2022 Actual	Current Year 2023 Budget	Current Year 2023 Projected	Proposed 2024 Budget
Beginning Balance	\$ 6,929,112	\$ 4,893,200	\$ 7,391,604	\$ 6,928,347 *	\$ 8,747,550
Revenues:					
Property & Specific Ownership Taxes	\$ 9,325,766	\$ 9,343,693	\$ 9,250,165	\$ 9,286,903	\$ 12,367,095
Lease Revenue	1,219,076	1,802,669	1,455,433	1,455,433	1,519,871
Investment Income	65,000	122,785	230,000	412,718	415,000
Operating Revenue (fee income)	1,115,294	1,047,583	1,020,803	1,108,857	1,169,972
Grant and Partnership Revenue	1,274,586	664,487	1,099,614	165,000	895,620
Miscellaneous Income	23,004	26,085	23,984	19,987	24,600
Proceeds from Sale of Capital Asset	-	32,100	-	-	-
Total Revenues	\$ 13,022,726	\$ 13,039,402	\$ 13,079,999	\$ 12,448,898	\$ 16,392,158
Total Available Resources	\$ 19,951,838	\$ 17,932,602	\$ 20,471,603	\$ 19,377,245	\$ 25,139,708
Expenditures:					
Programs					
Board Expenditures	\$ 79,118	\$ 54,871	\$ 151,994	\$ 156,566	\$ 173,030
Administration	952,280	999,997	1,038,609	880,061	1,333,386
Connections: Mental Health/Substance Issues Services	2,339,007	1,862,179	2,864,217	2,080,025	3,282,196
Integrated Care (MHSA/PC)	1,275,292	1,091,051	1,374,101	1,092,502	1,359,441
Community Impact	757,422	589,163	827,355	426,382	1,155,218
Dental Services	3,894,293	3,182,106	3,932,630	3,233,431	4,735,611
Health Care Access	1,312,744	970,042	1,073,247	689,621	1,264,488
Health Promotion	854,448	772,353	740,660	685,295	841,264
Assessment/Research/Evaluation	269,530	244,780	363,058	243,885	534,211
Resource Development	195,262	149,775	-	-	59,175
Leased Offices	178,020	-	139,872	138,917	170,531
	\$ 12,107,416	\$ 9,916,317	\$ 12,505,743	\$ 9,626,685	\$ 14,908,552
Other					
Grants/Partnerships	\$ 3,078,726	\$ 561,879	\$ 1,099,613	\$ 350,000	\$ 1,377,309
Special Projects	1,306,442	897,509	3,010,445	686,575	-
Capital Expenditures	1,290,987	269,723	619,072	476,779	526,040
Contingency	422,098	-	698,722	15,000	500,000
	\$ 6,098,253	\$ 1,729,111	\$ 5,427,852	\$ 1,528,354	\$ 2,403,348
Total Expenditures	\$ 18,205,669	\$ 11,645,428	\$ 17,933,595	\$ 11,155,039	\$ 17,311,900
Reserves Fund Accounts					
Restricted Reserves	\$ 546,170	\$ 546,170	\$ 538,008	\$ 538,008	\$ 960,342
Committed Reserves	1,000,000	1,000,000	1,000,000	1,000,000	3,000,000
Assigned Reserves					1,526,693
Unassigned Reserves					319,771
Capital Reserves	200,000	200,000	1,000,000	1,000,000	2,021,000
Total Reserves	\$ 1,746,170	\$ 1,746,170	\$ 2,538,008	\$ 2,538,008	\$ 7,827,806
Total Expenditures & Reserves	\$ 19,951,839	\$ 13,391,598	\$ 20,471,603	\$ 13,693,047	\$ 25,139,708

**Health District of Northern Larimer County
2024 Revenues & Expenditures by Program**

	Admin.	Board/ Election	Mental Health Connections	Dental	Integrated Care	Health Promotion	Community Impact	Program Evaluation	Health Care Access	Resource Development	Leased Offices	Non-Program Revenue	Total
Revenues:													
Property & Specific Ownership Taxes												\$ 12,367,095	\$ 12,367,095
Lease Revenue											213,874	1,305,997	\$ 1,519,871
Investment Income												415,000	\$ 415,000
Operating Revenue	-	-	98,777	946,145	125,050	-	-	-	-	-	-	-	\$ 1,169,972
Misc Income	12,000		-	12,600	-	-							\$ 24,600
Grants												895,620	\$ 895,620
TOTAL REVENUE	\$ 12,000	\$ -	\$ 98,777	\$ 958,745	\$ 125,050	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 213,874	\$ 14,088,092	\$ 16,392,158
Expenditures:													
Programs													
Salaries & Benefits	\$ 762,635	\$ 106,142	\$ 2,665,537	\$ 3,453,744	\$ 1,215,439	\$ 629,574	\$ 781,299	\$ 374,856	\$ 864,523	\$ 44,419	\$ 28,120		\$ 10,926,289
Operating	390,142	45,388	459,394	1,060,300	87,988	162,876	237,502	109,856	348,219	7,427	141,119		3,050,210
Travel	103,265	13,500	43,796	28,654	23,130	16,110	29,138	11,603	15,409	5,261	-		289,864
Contractual	77,345	8,000	113,468	192,912	32,884	32,705	107,279	37,896	36,338	2,069	1,293		642,189
Total Program Expense	\$ 1,333,386	\$ 173,030	\$ 3,282,196	\$ 4,735,611	\$ 1,359,441	\$ 841,264	\$ 1,155,218	\$ 534,211	\$ 1,264,488	\$ 59,175	\$ 170,531		\$ 14,908,552
Other													
Grants/Partnerships			\$ 561,937	\$ 43,126					\$ 272,245			\$ 500,000	\$ 1,377,309
Capital Expenditures												\$ 526,040	\$ 526,040
Contingency												\$ 500,000	\$ 500,000
Total Other Expenses	\$ -	\$ -	\$ 561,937	\$ 43,126	\$ -	\$ -	\$ -	\$ -	\$ 272,245	\$ -	\$ -	\$ 1,526,040	\$ 2,403,349
TOTAL EXPENSES	\$ 1,333,386	\$ 173,030	\$ 3,844,134	\$ 4,778,737	\$ 1,359,441	\$ 841,264	\$ 1,155,218	\$ 534,211	\$ 1,536,733	\$ 59,175	\$ 170,531	\$ 1,526,040	\$ 17,311,901

2024 Revenues & Expenditures



**FTE by Program
2024**

Program/Department	Authorized Regular Position Allocations		
	2023 Authorized	2024 Budget	2024 Change
Administration	5.695	6.495	0.800
Board	0.400	0.725	0.325
Mental Health Connections	24.280	24.710	0.430
Dental	32.730	34.660	1.930
Integrated Care	10.015	9.430	(0.585)
Health Promotion	6.585	6.135	(0.450)
Community Impact	7.305	7.505	0.200
Program Evaluation	3.035	3.170	0.135
Larimer Health Connect	10.180	9.755	(0.425)
Resource Development	-	0.400	0.400
Leased Offices	0.150	0.250	0.100
	100.375	103.235	2.860

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Certification of Tax Levies

	2024	2023	+/-	% Inc
Based on gross assessment	\$ 11,844,844	\$ 9,129,138	2,715,707	29.75%
less TIF district share	<u>641,348</u>	<u>503,973</u>	<u>137,375</u>	27.26%
Net revenue to District	\$ 11,203,496	\$ 8,625,165	\$ 2,578,331	29.89%

Property Tax Revenue

Revenue to Health District	\$ 11,203,496	\$ 8,625,165	2,578,331	29.89%
Specific ownership tax	650,000	625,000	25,000	4.00%
Less: County collection fees	<u>(237,070)</u>	<u>(185,003)</u>	<u>(52,067)</u>	28.14%
Net Revenue to Health District	\$ 11,616,426	\$ 9,065,162	\$ 2,551,265	28.14%

SB22-238 Backfill	\$ 513,599			
	<u>\$ 12,367,095</u>			

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Resolution 2024-01

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, 2024 AND ENDING ON THE LAST DAY OF DECEMBER, 2024.

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

WHEREAS, Liane Jollon, Executive Director has submitted a proposed budget to this governing body on October 15, 2023 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 16, 2023, 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 9th day of January A.D., 2024

Attested by:

Molly Gutilla, President

Julie Kunce Field, Vice President

Joseph Prows, Treasurer

Erin Hottenstein, Assistant Treasurer

John McKay, Secretary



Resolution 2024-02

RESOLUTION OF THE BOARD OF DIRECTORS OF THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY CREATING, AND SPENDING 2023 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 2024; 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 2024 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, 2023, 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 9th day of January, A.D., 2024

Attested by:

Molly Gutilla, Esq., President

Julie Kunce Field, Vice President

Joseph Prows, Treasurer

John McKay, Secretary

Erin Hottenstein, Assistant Treasurer



Resolution 2024-03

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 2024 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 January 9th, 2024

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 \$ _____ is hereby appropriated from the revenue of the general fund, to the general fund.

ADOPTED, this 9th day of January, A.D., 2024.

Attest:

Molly J. Gutilla, President

Julie Kunce Field, Vice President

John McKay, Secretary

Joseph W. Prows, Treasurer

Erin Hottenstein, Assistant Treasurer



Resolution 2022-04

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 2024 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 January 9th, 2024; and

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

WHEREAS, the 2024 net valuation for assessment for the Health District as certified by the County Assessor is \$ _____.

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 2024 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 2024.

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 9th day of January, 2024

Attested by:

Molly Gutilla, President

Julie Kunce Field, Vice President

Joseph Prows, Treasurer

John McKay, Secretary

Erin Hottenstein, Assistant Treasurer

CERTIFICATION OF TAX LEVIES for NON-SCHOOL Governments

TO: County Commissioners¹ of _____, Colorado.

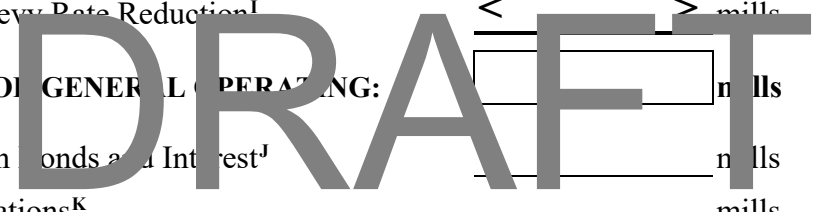
On behalf of the _____,
(taxing entity)^A
the _____,
(governing body)^B
of the _____,
(local government)^C

Hereby officially certifies the following mills to be levied against the taxing entity's GROSS \$ _____ 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: (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: _____ for budget/fiscal year _____.
(no later than Dec. 15) (mm/dd/yyyy) (yyyy)

PURPOSE (see end notes for definitions and examples)	LEVY²	REVENUE²
1. General Operating Expenses ^H	_____ mills	\$ _____
2. <Minus> Temporary General Property Tax Credit/ Temporary Mill Levy Rate Reduction ^I	< _____ > mills	\$ < _____ >
SUBTOTAL FOR GENERAL OPERATING:	<input type="text"/> mills	\$ <input type="text"/>
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]	<input type="text"/> mills	\$ <input type="text"/>



Contact person: _____ Phone: () _____
Signed: _____ Title: _____

Survey Question: Does the taxing entity have voter approval to adjust the general operating levy to account for changes to assessment rates? Yes No

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: _____

DRAFT

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)—The 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 of 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.

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^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.



AGENDA DOCUMENTATION

Meeting Date: December 12, 2023

SUBJECT:

Executive Director Staff Report

PRESENTER: Liane Jollon

OUTCOME REQUESTED: ___ Decision ___ Consent X Report

PURPOSE/ BACKGROUND

Please find the Executive Director Staff Report attached with current departmental summaries.

Liane Jollon attended the following events and met with the following external partners since the last board meeting:

Yvonne Meyers, Vice President of Strategic Initiatives at Fort Collins Chamber of Commerce

Commissioner John Kefalas, Larimer County Commissioner District 1

Hot Issues in Health, Colorado Health Institute

Janell Wozniak, MD UCHealth Family Medicine Center

Kevin Unger, President/CEO of Poudre Valley Hospital and Medical Center of the Rockies

Attachment(s): Departmental Summaries

FISCAL IMPACT None to the Health District

STAFF RECOMMENDATION Informational Only

Health Services Department Summary by Program

Dental:

The Family Dental Clinic staff have been working on scheduling strategies and patient conversation strategies in an effort to improve patient education and retention.

The lead dentist and two hygienists attended the National Network for Oral Health Access (NNOHA) conference in Denver with other oral health professionals dedicated to transforming the lives of underserved communities. They engaged in discussions on community oral health, policy advancements, and innovative care models and upon return, shared what they learned with the rest of the team to create shared knowledge and foster continuous improvements in the clinic's service delivery.

The 202 building required a repair to the water backflow system requiring closure of the clinic for an afternoon. The team took this rare opportunity to provide staff training around further enhancing services to the community.

With an ongoing national shortage of Dental Hygienists and Dental Assistants, the dental clinic leadership team are in the early stages of creating a partnership with Front Range Community College to host Dental Hygiene students from its newly launched program, and Dental Assistant students from its existing program. The partnership may prove beneficial in creating a new recruiting pipeline for these hard to fill positions.

The team is onboarding Dr. Alyssa Gruba, the new full-time dentist. The Dental clinic has the following vacancies:

- 1 Dental Assistant (currently posted)
- 1 (.75 FTE) Dental Hygienist (currently posted)

Integrated Care:

The Integrated Care team has hired a new Program Assistant who is set to start 12/1/23. Filling this vacant position will allow the new Clinical Care Coordinator to fully step into this role supporting the Pain Clinic and the Medication Assisted Treatment team at Family Medicine Center (FMC). Additionally, the Program Manager and one BHP will be participating in the medical student interview for placement into the FMC residency.

The Integrated Care team has the following vacancies:

- 1 (.5 FTE) Behavioral Health Provider (not yet posted, on pause while re-assessing recruitment strategy)

Larimer Health Connect & Prescription Assistance:

Larimer Health Connect (LHC)

Activities have increased at Larimer Health Connect with the onset of Open Enrollment for the private health insurance marketplace. Doors are now open until 8 p.m. every Tuesday evening, and select Saturdays for individuals who are unable to access services during standard business hours.

In response to ongoing challenges related to the end of continuous coverage during the public health emergency (Medicaid unwinding process), the team is now actively working in partnership with Rocky Mountain Health Plans, reaching out to individuals and families whose Medicaid coverage is due for renewal. The goal is to ensure they take prompt action to submit their renewals if they have not yet done so to avoid loss of coverage. The team is able to assist with exploring other health coverage options if they no longer meet Medicaid's eligibility requirements.

The contracted communications campaign that encompasses Medicaid Unwinding and renewals, Connect for Health Colorado's Open Enrollment period and the elimination of Medicaid's dental cap for adults is in full swing. Advertising includes social media, radio spots, TV ads and digital billboards. The campaign has so far been successful in creating awareness of the objectives as intended.

The LHC team has following vacancies:

1 Health Coverage Specialist (currently posted)

Prescription Assistance

Prescription Assistance continues to see a modest yet impactful increase in people seeking assistance for a variety of reasons including gaps in coverage and unaffordable prescriptions.

Outreach & Education

The new Outreach and Education team has been actively participating in community events and partner coalition meetings. Significant time has been dedicated to drafting a strategic plan for the O&E team that encompasses the program's purpose, focus, objectives, goals, and scope of work. This process has been an intentionally collaborative effort, including valuable input and feedback from program managers and directors. The aim is to finalize the strategic plan and work with the PPRE team in the month of December to develop a correlated evaluation plan.

Mental Health Connections (Adult & CAYAC):

Services remained steady with Adult Connections serving 308 clients and CAYAC serving 363 clients from November 1st through 24th.

Connections continued work on parallel projects to meet Behavioral Health Entity (BHE) and Medicaid billing requirements. Progress was made with provider affiliations and credentialing with Medicaid. Front desk staff continues to incorporate steps and processes to help support the Medicaid billing project. A draft of service terms, definitions, and associated codes was completed and provided to

internal partners for input to ensure alignment with additional BHE/Medicaid project goals in progress and to develop better data collection standards with the Evaluation team for program evaluation.

The Connections team has no current vacancies.

Policy, Planning, Research & Evaluation Summary by Program

Research & Evaluation

In the last month, the Research and Evaluation team has made progress toward process improvement initiatives, specifying revisions to data collection plans for existing programs, and building capacity to evaluate new programs. Below, we share specific achievements in each of these areas.

- **Process Improvement:** During the November Joint Leadership and Management meeting staff presented 20+ proposed improvements for Research and Evaluation processes, informed by conversations with programs. Changes include refining performance measures, involving community input, establishing data definitions, streamlining reporting, and modernizing survey technology. The team aims to implement these changes alongside new strategic program objectives next year. The team is currently vetting vendors to replace Survey Monkey with a HIPAA-compliant data capture system to modernize data collection. Additionally, the team, in a two-week Agile sprint, created an initial repository of standard operating procedures (SOPs) to document legacy Research and Evaluation processes. These SOP documents will serve as the foundation for future iterative efforts to optimize core processes. Efforts are already underway to implement a more user-friendly process for community partners to request Health District data.
- **New Data Collection for Existing Programs:** Staff met with Integrated Care, Dental, Larimer Health Connect, and Prescription Assistance to identify Health District database modifications that are needed for future data collection to address program data development agendas. Su
- **New Program Evaluation Plans:** The Research and Evaluation Team collaborated with the Quit Tobacco Program (QTP) to define and document evaluation aims, intervention structure, client outcome assessment protocol, and data definitions for Poudre Valley Hospital (PVH) QTP Bedside Intervention. Data collection began on 11/21/23. The team also conducted a staff survey to understand barriers to engagement with the new Unite Us referral platform (assessing training efficacy and staff attitudes toward technology, among other domains). Survey findings will be shared with project leaders so solutions can be developed to increase platform engagement.

Community Impact Team (CIT)

The new CIT Manager is continuing to be onboarded and get familiar with programs, projects, and community context. The CIT Manager is starting to attend community meetings, with the support of PPRE leadership and staff, and will work to build relationships with new and existing partners.

- **Youth Behavioral Health Assessment:** The completed assessment was shared with a few key partners, and the CIT Manager will be working with internal and external stakeholders over the next few months to continue sharing the 9 recommendations and assess which ones are priorities for the Health District and/or our partners. The team will continue to be involved with the finalization and implementation of the Community Master Plan for Behavioral Health

Services in Larimer County, which has been informed by the Youth Behavioral Health Assessment.

- **Staffing Update:** Community Project Coordinator (2 positions vacant)- These positions are not currently advertised to be filled.

Policy

The focus during the last month has been on the special session related to property taxes, the development of a policy agenda, and the analysis of bills drafted in legislative interim committees.

Resource Development/Special Projects

In the last month staff has focused efforts on the effective implementation of awarded grants and project management of special projects.

- **Thompson School District – CAYAC Referral Process:** The Health District received time-limited funding from Larimer County to support out-of-district Connections and CAYAC services. We are currently finalizing a referral process to prioritize youth in elementary and middle schools within Thompson School District with significant access barriers to receiving behavioral health services. By January 2024, a formal referral process will be finalized and in place to expand service access.
- **Unite Us Launch Update:** Phase One of the Unite Us pilot, which involves the implementation of an internal and external service referral system, is planned to be complete by the end of January. The internal referral launch will be fully complete by the end of December, with all programs on board and trained to make referrals to and/or accept referrals from other Health District programs. Additional training will be provided in January so that programs can begin to accept external referrals by the end of January.
- **Health Coverage Outreach Campaign Update:** The Health District contracted with Jet Marketing to initiate a comprehensive 3-tiered campaign aimed at raising awareness and promoting action regarding the expanded Medicaid dental benefit, the Medicaid public health unwinding, and Connect for Health Colorado Open Enrollment. The campaign branding and key messaging are fully developed and active in the market. This includes digital and social media advertising, billboards, posters, banners, and tear-away flyers. Community kits have been finalized and have been distributed to community partners to share through their social media and communication channels.

Staff Summary

The Human Resources (HR) Team hired/onboarded four (4) employees in November. There was one (1) resignation, no retirements and one (1) PRN position ending. In addition, there was one (1) internally advertised position which has not been filled yet.

The new Dentist with the Family Dental Clinic began on Wednesday, November 29th. The new Front Office Assistant at Integrated Care began on Friday, December 1st.

We currently have five (5) vacancies posted and one (1) position in the queue to be posted.

Looking forward:

The work with our consultants from CBIZ is completed and the fiscal impact will be shared with the Board of Directors at the December 12th meeting. Information has been provided to the Executive and Joint Leadership Teams and will be shared with staff at the All Staff Meeting on Wednesday, December 13th. Individual pay information is being compiled and will be communicated with staff by December 20, 2023.

The Request for Proposal (RFP) for a Human Resources Information System (HRIS)/Human Capital Management (HCM) system is currently being drafted and will be sent out prior to the December 12th Board of Directors Meeting. We are excited to get this project moving as this will help us towards identified process improvements based on the information shared via the employee engagement survey the end of 2022 (a standard Performance Management System, consistent Quality Improvement/Employee Engagement/Pulse surveys, etc.).

Finance Department Summary

The Finance Team provides financial and accounting support to the Health District programs and staff. These services consist of accounts receivable accounting including client and third-party billing, accounts payable, payroll and benefits, grant reporting, budgeting, and audit compliance requirements.

The Finance Department is fully staffed.

Looking forward:

After months of consistent and dedicated staff time the 2024 budget will be submitted for final approval following the new timeline established by the recent special session.

Finance has started to prepare for the 2023 year-end closing and reports. Team members will be attending webinars during the month of December that focus on their areas of expertise to assist with properly closing out the accounting system. W-2's, 1099's, and year-end reports will be prepared.

During this time, we are also planning for 2024 which includes the approval of the new budget which will be uploaded into the accounting system, setting up new accounts and financial statements, and we will also prepare to create the set-up for any new accounting or reporting requirements.

Staff Summary

Health Coverage Outreach Campaign: Staff continued to participate in the Health Coverage Outreach campaign, by collaboratively participating in message development and approval.

Routine Deliverables and Internal Program Products: Staff created the budget hearing presentation and redesigned draft budget document, in addition to contributing to budget message development. The first of two video display terminals was installed in lobby of Family Dental Clinic, and staff began rotating first batch of slides containing helpful dental patient information, as well as slides for the Health Coverage Outreach Project and Changing Minds.

Websites: Worked with Finance Department on the addition of bill payment link to the Health District website. Entered contract with Burns Marketing/Kadabra to migrate HealthInfoSource from Drupal 8 to Drupal 10. Solicited quotes for social media archiving services as part of annual vendor review.

Staffing Update: The Digital Media Specialist position is vacant. (1.0 FTE) Has not been posted.

Staff Summary

Facilities:

The main sewer line at 425 West Mulberry was replaced, along with raising the elevation where it leaves the building, to improve flow to the street.

Replaced the concrete stairs at the east entrance of the 2001 S. Shields building.

Preparation work, including installing under-slab conduit and ceiling support blocking for light fixtures, was completed to allow installation of a new dental chair, new cabinetry, new suction/air delivery units, and ceiling mounted patient lights for two dental operatories in the 202 Bristlecone Building.

Information Technology (IT):

Staff deployed televisions with Chromecast configuration in the Dental Clinic lobby to aid in marketing our services and other outreach to our clients.

Purchased 11 new copiers and staff are waiting for delivery to deploy them throughout the organization.

Information Technology closed 53 Help Desk work orders for a total of 12.75 hours spent on them and onboarded 6 new employees.