



BOARD OF DIRECTORS REGULAR MEETING

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

**Tuesday, May 24, 2022
4:00 p.m.**



AGENDA

BOARD OF DIRECTORS REGULAR MEETING

May 24, 2022

4:00 pm

- 4:00 p.m. Call to Order; Introductions; Approval of Agenda..... Michael Liggett**
- 4:05 p.m. CONSENT AGENDA**
- Approval of the April 26, 2022 Regular Meeting Minutes
 - Financials
 - Ratification of Amend Position on SB22-238: 2023 and 2024 Property Tax
- 4:15 p.m. DISCUSSION & ACTIONS**
- Board Member Oaths of Office..... Chris Sheafor/Anita Benavidez
 - Setting a Board Retreat..... Robert Williams
 - Board Officer Elections Molly Gutilla
- 5:00 p.m. PUBLIC COMMENT**
- Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.
- 5:05 p.m. PRESENTATIONS**
- Opening..... Robert Williams
 - Legislation Update Lisa Ward
 - Health Promotion..... Dr. James Stewart
- 5:30 p.m. OTHER UPDATES & REPORTS**
- Liaison to PVHS/UCHealth North ReportCeleste Holder Kling
 - Executive Director Updates Robert Williams
- 5:50 p.m. PUBLIC COMMENT (2nd opportunity) See Note above.**
- 5:55 p.m. ANNOUNCEMENTS**
- June 28, 4:00 pm – Board of Directors Regular Meeting
 - July 26, 4:00 pm – Board of Directors Regular Meeting
 - August 23, 4:00 pm – Board of Directors Regular Meeting
 - September 27, 4:00 pm – Board of Directors Regular Meeting
- 6:00 p.m. ADJOURN**

GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. **Public comments or input are taken only during the time on the agenda listed as 'Public Comment.'** If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**

■ MISSION ■

The Mission of the Health District of Northern Larimer County is to enhance the health of our community.

■ VISION ■

- ❑ District residents will live long and well.
- ❑ Our community will excel in health assessment, access, promotion and policy development.
 - Our practice of **assessment** will enable individuals and organizations to make informed decisions regarding health practices.
 - All Health District residents will have timely **access** to basic health services.
 - Our community will embrace the **promotion** of responsible, healthy lifestyles, detection of treatable disease, and the **prevention** of injury, disability and early death.
 - Citizens and leaders will be engaged in the creation and implementation of ongoing **systems and health policy development** at local, state, and national levels.
 - Like-minded communities across the country will emulate our successes.

■ STRATEGY ■

The Health District will take a leadership role to:

- ❑ Provide exceptional health services that address unmet needs and opportunities in our community,
- ❑ Systematically assess the health of our community, noting areas of highest priority for improvement,
- ❑ Facilitate community-wide planning and implementation of comprehensive programs,
- ❑ Educate the community and individuals about health issues,
- ❑ Use Health District funds and resources to leverage other funds and resources for prioritized projects, and avoid unnecessary duplication of services,
- ❑ Promote health policy and system improvements at the local, state and national level,
- ❑ Continuously evaluate its programs and services for quality, value, and impact on the health of the community,
- ❑ Share our approaches, strategies, and results, and
- ❑ Oversee and maintain the agreements between Poudre Valley Health System, University of Colorado Health and the Health District on behalf of the community.

■ VALUES ■

- ❑ Dignity and respect for all people
- ❑ Emphasis on innovation, prevention and education
- ❑ Shared responsibility and focused collaborative action to improve health
- ❑ Information-driven and evidence-based decision making
- ❑ Fiscal responsibility/stewardship
- ❑ An informed community makes better decisions concerning health

Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
April 26, 2022

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

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., Board President
Molly Gutilla, MS DrPH, Board Vice President
Joseph Prows, MD MPH, Board Treasurer
Celeste Kling, J.D., Liaison to UCH-North/PVH
Johanna Ulloa Giron, Psy.M., MSW, Board Secretary

Staff Present:

Robert Williams, Executive Director
Chris Sheafor, Support Services Director
Dana Turner, Dental Services Director
James Stewart, Medical Director
Karen Spink, Assistant Director
Laura Mai, Finance Director
Mike Ruttenberg, MH Connections Director

Staff Present:

Richard Cox, Communications Director
Lisa Ward, Policy Coordinator
Jessica Shannon, Resource Development Coord.
Xochitl Fragoso, Assistant Finance Director
Anita Benavidez, Executive Assistant

Public Present:

Lorraine Haywood, former Finance Director

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Director Michael Liggett called the meeting to order at 4:00 p.m.

MOTION: To approve the agenda as Presented
Moved/Seconded/Carried Unanimously

PUBLIC COMMENT

None

PRESENTATIONS

Financial Review – Lorraine Haywood

Per legal requirement, as of January 1, 2022, changes needed to be made in the way leases are reflected in the Financials in order to establish consistent reporting. Per GASB 87 all leases must be reported as a capital lease or financial lease. It was noted that the preliminary December 2021 Balance Sheet reflect Total Assets & Liabilities at \$24M and the January financials show \$83M. Any lease with a term over one year, would have to be included in the Financials in a different way. Both lease payments received (UCHealth and tenant leases in the Mulberry office) and leases we pay (LHC office space) are included. The hospital lease had a bigger impact. Under GASB 87 the entire amount for the term of the lease is shown on the Balance Sheet as an asset and should be broken into principal and interest. A new lease payment schedule has been created as Laura and Lorraine have been going through records to make certain everything is accurately reflected. The calculations are based on net present values for each tenant, separately, with increases built into each year. Asset values will be on a decreasing term. The data has been scrubbed thoroughly over the past year.

The big lease is as of May 1, so when budgeting, the first four months were calculated at the lower rate and the next eight months at the higher rate. Four months of the old lease value had to be recognized to transition to the new way it has to be booked each month. You cannot spend more than the amount appropriated during the budget process so if those dollars needed to be spent, a new budget process would need to take place including another public hearing. Sum was based on a calculation for net present value broken out to principal and interest payments. A Board member asked how the net present value was calculated. It was based on a borrowing rate. However, since the Health District doesn't carry any debt, Finance spoke to the Bank about a hypothetical loan. In collaboration with the consultant, this range was used in calculating the tenant lease rate at three percent and the hospital rate lower. These rates are accurate to what the Health District needs to do. A Board member inquired whether there was any auditor comment on this in the past and there was not. The formula for the tenant rates have an increase built into each year going forward. There will be an entry in financials every month but come May you will see the lease rate come down.

DISCUSSION AND ACTIONS

Update on priority legislation – Lisa Ward

Session ends on May 11, 2022 and is moving at rocket speed.

HB22-1064: Flavored Tobacco Ban – Amend

The Governor has publically indicated that he will not support a state-wide ban on flavored tobacco. The bill will likely die on the calendar and come back next year.

HB22-1122: Pharmacy Benefit Manager Prohibited Practices – Support is passing without issue.

HB22-1281: Behavioral Health Care Continuum Gap Grant Program-Amend is moving forward with an amendment added to reduce the appropriations for existing grant programs in the bill and adding a new grant program to support direct services for a substance use disorder treatment provider or a recovery provider including temporary salary increases, recruitment and retention bonuses, and other tactics that support staff.

HB22-1283: Youth & Family Behavioral Health Care – Support is passing without issue.

HB22-1289: Health Benefits for Colorado Children & Pregnant Persons (AKA Cover all Coloradans) – Support is passing without issue. It has been confirmed that dental benefits are included.

HB22-1363: Accountability to Taxpayers Special Districts

The Special District Association raised concerns around service plans and other issues. Although the Bill is intended for Metropolitan Districts, the language was so broad it applied to ALL Special Districts. Proposed amendments, if adopted, will address those concerns.

HB22-1326: Fentanyl Accountability and Prevention

This bill has had several amendments before passing the House today. One of those amendments makes possession of one to four grams of fentanyl, AND the person had reasonable cause to believe that the material, compound, mixture, or preparation contained any quantity of fentanyl, a Level 4 Drug Felony. Under one gram is a Level 1 misdemeanor. Possession of Narcan or other opiate antagonist or Fentanyl detection test strips does not prove the individual knew, or had reason to believe, the substance contained any quantity of fentanyl. Continued changes are anticipated.

HB22-1287: Protections for Mobile Home Park Residents

Questions were asked about this bill and Ms. Ward noted that the intent of the bill was amended out as sponsors walk the bill back as far as landlords having access to property rights. She will provide more information to the Board.

Internal Policy 98-2: Service Area/Eligibility Policy

This amendment is a result of changes in immigration law in 2021. All policies and program procedures will be revisited to identify any barriers that may exist. Staff is already working on in-take forms and processes. The changes take effect on July 1, 2022.

MOTION: To adopt proposed amendment to Internal Policy 98-2: Service Area/ Eligibility Policy

**Motion by Celeste Kling/ Second by Johanna Ulloa Giron/ Carried 4 – 0
(Director Prows was absent for the vote)**

OTHER UPDATES & REPORTS

Liaison to PVHS/UCH North Report – Celeste Kling

Scheduling the joint meeting of these two boards is on hold until new Health District Board Members are seated. Everything is moving on the PVH construction, and they are seeing costs for traveling medical staff. The Lown Institute evaluates hospitals across the nation relative to hospitals contributing their fair share to the community. UCHealth ranked 8th in the country. System-wide they are focused on retention, training, and education assistance. They are currently conducting their own triennial health survey focusing on behavioral health, access to care, and chronic diseases. Associates in Family Medicine was bought out by Walgreens’ Village Medical. They will stop using EPIC, virtually eliminating “My Health”.

Ms. Haywood recalled one other change to financials she needed to share. The Summary Statement of Revenues/Expenditures has typically been printed, whited out, and brackets added. In consideration of ADA document requirements, Finance will no longer be making those manual changes. She clarified that a negative number on the revenue side means more and it is the opposite on the expense side. When the budget is put into the accounting system, and we know when things are going to be expensed, they will be reflected in the budget accordingly.

Executive Director Updates – Robert Williams

Fourteen days in and things are going well. There is on operational change to report: The Health District met with Larimer County Public Health regarding the IGA established to create the Isolation, Recovery, and Quarantine (IRQ) facility. Originally, it was scheduled to the end of June. Given the limited utilization and Larimer County budget, a collaborative decision was made to close the IRQ during the month of May. No new guests will be added and staff will start a transfer and referral process for existing guests. There will be no more guests effective May 11. Larimer County will handle public communication.

Results of the 2022 Board election will be shared on social media and Board members will be notified.

PUBLIC COMMENT (2nd opportunity)

None

CONSENT AGENDA

- Approval of the March 22, 2022 Regular Meeting Minutes and April 14, 2022 Special Meeting Minutes

MOTION: To approve the consent agenda as presented

***Motion by Celeste Kling/Second by Molly Gutilla/Carried 4-0
(Director Prows was absent for the vote)***

ANNOUNCEMENTS

- May 24, 4:00 pm – Board of Directors Regular Meeting
- June 28, 4:00 pm – Board of Directors Regular Meeting

- July 26, 4:00 pm – Board of Directors Regular Meeting

Board members expressed their sincere thanks for President Mike Liggett’s calm, competent, and capable leadership particularly through a tough time with COVID and the hiring process for a new Executive Director.

ADJOURN

MOTION: To adjourn the Meeting
Motion by Joseph Prows /Second by Johanna Ulloa Giron /Carried Unanimously

The meeting was adjourned at 4:40 pm.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Michael D. Liggett, Esq., Board President

Molly Gutilla, MS DrPH, Board Vice President

Celeste Kling, J.D., Liaison to UCH-North and PVHS Board

Joseph Prows, MD MPH, Board Treasurer

Johanna Ulloa Giron, Psy.M., MSW, Board Secretary

HEALTH DISTRICT
of Northern Larimer County
February 2022
Summary Financial Narrative

Revenues

The Health District is 74.3% ahead of year-to-date tax revenue projections. Interest income is 58.0% behind year-to-date projections. Lease revenue is 88.2% ahead of year-to-date projections due to the implementation of GASB 87. Yield rates on investment earnings remained the same at 0.19% (based on the weighted average of all investments). Fee for service revenue from clients is 16.9% behind year-to-date projections and revenue from third party reimbursements is 19.5% behind of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 68.8% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 18.1% behind year-to-date projections. Program variances are as follows: Administration (5.1%); Board 79.6%; Connections: Mental Health/Substance Issues Services 17.1%; Dental Services 20.9%; MH/SUD/Primary Care 15.2%; Health Promotion 11.8%; Community Impact 41.1%; Program Assessment and Evaluation 2.4%; Health Care Access 20.8%; Resource Development 12.2% and Mulberry Offices 30.0%.

Capital Outlay

No capital expenditures have been made year-to-date.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 2/28/2022

ASSETS

Current Assets:	
Cash & Investments	\$4,900,898
Accounts Receivable	61,545
Property Taxes Receivable	8,353,911
Specific Ownership Tax Receivable	51,362
Prepaid Expenses	<u>53,672</u>
Total Current Assets	<u>13,421,387</u>
Other Assets:	
Lease Receivable	<u>59,875,175</u>
Total Other Assets	<u>59,875,175</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,208,315
Equipment	1,240,097
Accumulated Depreciation	<u>(3,192,848)</u>
Total Property and Equipment	<u>9,848,158</u>
Total Assets	<u><u>83,144,720</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	1,018,145
Deposits	8,332
Deferred Revenue	<u>423,801</u>
Total Current Liabilities	<u>1,450,279</u>
Long-term Liabilities:	
Compensated Absences	<u>34,820</u>
Total Long-term Liabilities	<u>34,820</u>
Deferred Inflows of Resources	
Property Taxes	5,457,815
Leases	<u>59,680,754</u>
Total Deferred Inflows of Resources	<u>65,138,569</u>
Total Liabilities & Deferred Inflows of Resources	<u>66,623,668</u>
EQUITY	
Retained Earnings	14,288,299
Net Income	<u>2,232,753</u>
TOTAL EQUITY	<u>16,521,052</u>
TOTAL LIABILITIES AND EQUITY	<u><u>83,144,720</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 2/28/2022

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	2,896,096	3,242,951
Specific Ownership Taxes	51,361	108,035
Lease Revenue	107,995	614,317
Interest Income	494	1,680
Fee For Service Income	13,763	23,139
Third Party Income	45,672	105,785
Grant Income	65,460	105,665
Special Projects	0	12
Miscellaneous Income	719	3,107
Total Revenue	<u>3,181,561</u>	<u>4,204,690</u>
Expenses:		
Operating Expenses		
Administration	113,764	174,738
Board Expenses	759	1,363
Connections: Mental Health/Substance Issues Svcs	160,490	326,589
Dental Services	242,107	509,353
Integrated Care (MHSA/PC)	85,612	179,328
Health Promotion	61,819	124,533
Community Impact	38,286	73,921
Program Assessment & Evaluation	20,901	43,650
Health Care Access	76,411	170,788
Resource Development	13,846	28,439
Mulberry Offices	10,801	17,973
Contingency -Operational	954	1,000
Special Projects	87,055	148,381
Grant Projects	50,681	130,821
Total Operating Expenses	<u>963,486</u>	<u>1,930,876</u>
Depreciation and Amortization		
Depreciation Expense	20,531	41,061
Total Depreciation and Amortization	<u>20,531</u>	<u>41,061</u>
Total Expenses	<u>984,017</u>	<u>1,971,937</u>
Net Income	<u>2,197,544</u>	<u>2,232,753</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 2/28/2022

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$1,651,683	\$2,896,096	(\$1,244,413)	\$1,830,006	\$3,242,951	(\$1,412,945)	\$8,700,766	\$5,457,815
Specific Ownership Taxes	49,462	51,361	(1,899)	92,724	108,035	(15,311)	625,000	516,965
Lease Revenue	109,304	6,487	102,817	218,607	411,300	(192,692)	1,335,549	924,249
Interest Income	2,000	494	1,506	4,000	1,680	2,320	65,000	63,320
Sales Revenue	25	0	25	50	0	50	300	300
Fee for Services Income	13,918	13,763	155	27,836	23,139	4,697	167,021	143,882
Third Party Reimbursements	79,023	56,457	22,566	158,046	127,289	30,757	948,273	820,984
Grant Revenue	46,762	65,460	(18,698)	93,523	105,665	(12,141)	1,246,441	1,140,776
Partnership Revenue	0	0	0	0	12	(12)	0	(12)
Miscellaneous Income	1,892	719	1,173	3,784	3,107	677	22,704	19,597
Total Revenue	\$1,954,068	\$3,090,837	(\$1,136,768)	\$2,428,577	\$4,023,178	(\$1,594,601)	\$13,111,054	\$9,087,876
Expenditures:								
Operating Expenditures								
Administration	\$98,857	\$113,764	(\$14,906)	\$166,279	\$174,738	(\$8,459)	\$952,280	\$777,542
Board Expenses	3,442	759	2,683	6,684	1,363	5,321	79,118	77,755
Connections: Mental Health/Substance Issues Svcs	190,364	160,490	29,874	394,041	326,589	67,451	2,339,007	2,012,418
Dental Services	320,134	242,107	78,027	643,575	509,353	134,222	3,894,293	3,384,940
Integrated Care (MH/SUD/PC)	105,455	85,612	19,844	211,412	179,328	32,084	1,275,292	1,095,964
Health Promotion	69,881	61,819	8,062	141,217	124,533	16,684	854,448	729,915
Community Impact	62,613	38,286	24,327	125,568	73,921	51,647	757,422	683,501
Program Assessment & Evaluation	22,311	20,901	1,410	44,728	43,650	1,077	269,530	225,880
Health Care Access	106,405	76,411	29,994	215,751	170,788	44,963	1,312,744	1,141,956
Resource Development	16,148	13,846	2,301	32,383	28,439	3,944	195,262	166,823
Mulberry Office	12,825	10,801	2,025	25,683	17,973	7,711	178,020	160,047
Contingency (Operations)	5,000	954	4,046	10,000	1,000	9,000	60,000	59,000
Special Projects	167,940	87,055	80,885	315,880	148,381	167,499	3,078,726	2,930,345
Grant Projects	113,296	50,681	62,616	226,593	130,821	95,772	1,246,441	1,115,621
Total Operating Expenditures	\$1,294,672	\$963,486	\$331,186	\$2,559,793	\$1,930,876	\$628,917	\$16,492,583	\$14,561,707
Net Income	\$659,397	\$2,127,351	(\$1,467,954)	(\$131,216)	\$2,092,302	(\$2,223,518)	(\$3,381,529)	(\$5,473,831)

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 2/1/2022 to 2/28/2022

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual Budget</u>	<u>Annual Funds</u> <u>Remaining</u>
Non-Operating Expenditures								
Building	15,000	-	15,000	15,000	-	15,000	1,064,500	1,064,500
Construction in Progress		1,910	(1,910)	-	2,165	-	-	-
Capital Equipment	-	-	-	-	-	-	50,000	50,000
General Office Equipment	-	-	-	-	-	-	10,000	10,000
Medical & Dental Equipment	-	-	-	-	-	-	34,487	34,487
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	-	-	132,000	132,000
Total Non-Operating Expenditures	<u>\$ 15,000</u>	<u>\$ 1,910</u>	<u>\$ 13,090</u>	<u>\$ 15,000</u>	<u>\$ 2,165</u>	<u>\$ 15,000</u>	<u>\$ 1,290,987</u>	<u>\$ 1,290,987</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 2/28/2022

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Administration								
Revenue:								
Miscellaneous Income	\$875	\$0	\$875	\$1,750	\$1,709	\$41	\$10,500	\$8,791
Total Revenue	875	0	875	1,750	1,709	41	10,500	8,791
Expenditures:								
Salaries and Benefits	48,883	40,403	8,480	97,760	83,162	14,598	586,579	503,417
Supplies and Purchased Services	49,974	73,361	(23,386)	68,519	91,576	(23,057)	365,701	274,125
Total Expenditures	98,857	113,764	(14,906)	166,279	174,738	(8,459)	952,280	777,542
Board of Directors								
Expenditures:								
Salaries and Benefits	0	0	0	0	0	0	8,612	8,612
Supplies and Purchased Services	3,142	759	2,383	6,284	1,363	4,921	38,506	37,143
Election Expenses	300	0	300	400	0	400	32,000	32,000
Total Expenditures	3,442	759	2,683	6,684	1,363	5,321	79,118	77,755
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	3,083	2,454	629	6,166	4,630	1,536	37,000	32,370
Total Revenue	3,083	2,454	629	6,166	4,630	1,536	37,000	32,370
Expenditures:								
Salaries and Benefits	163,516	138,589	24,927	327,032	282,640	44,392	1,962,180	1,679,540
Supplies and Purchased Services	26,848	21,902	4,947	67,009	43,950	23,059	376,827	332,877
Total Expenditures	190,364	160,490	29,874	394,041	326,589	67,451	2,339,007	2,012,418
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	61,678	50,130	11,548	123,356	110,706	12,650	740,136	629,430
Total Revenue	61,678	50,130	11,548	123,356	110,706	12,650	740,136	629,430
Expenditures:								
Salaries and Benefits	261,203	200,644	60,559	522,406	404,517	117,889	3,134,417	2,729,900
Supplies and Purchased Services	58,931	41,463	17,468	121,169	104,836	16,333	759,876	655,040
Total Expenditures	320,134	242,107	78,027	643,575	509,353	134,222	3,894,293	3,384,940

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 2/28/2022

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	19,285	7,416	11,869	38,570	14,832	23,738	231,419	216,587
Total Revenue	19,285	7,416	11,869	38,570	14,832	23,738	231,419	216,587
Expenditures:								
Salaries and Benefits	94,490	80,086	14,404	188,980	160,709	28,271	1,133,873	973,164
Supplies and Purchased Services	10,965	5,526	5,439	22,432	18,619	3,813	141,419	122,800
Total Expenditures	105,455	85,612	19,844	211,412	179,328	32,084	1,275,292	1,095,964
<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	54,921	31,427	23,494	109,842	61,306	48,536	659,073	597,767
Supplies and Purchased Services	7,692	6,859	833	15,726	12,616	3,110	98,349	85,733
Total Expenditures	62,613	38,286	24,327	125,568	73,921	51,647	757,422	683,501
<u>Program Assessment & Evaluation</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	19,478	18,432	1,046	38,956	37,007	1,949	233,728	196,721
Supplies and Purchased Services	2,833	2,469	364	5,772	6,643	(872)	35,802	29,159
Total Expenditures	22,311	20,901	1,410	44,728	43,650	1,077	269,530	225,880
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	231	155	76	462	155	307	2,770	2,615
Total Revenue	231	155	76	462	155	307	2,770	2,615
Expenditures:								
Salaries and Benefits	56,939	53,414	3,525	113,878	102,329	11,549	683,257	580,928
Supplies and Purchased Services	12,942	8,405	4,537	27,339	22,204	5,135	171,191	148,987
Total Expenditures	69,881	61,819	8,062	141,217	124,533	16,684	854,448	729,915

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 2/28/2022

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Health Care Access								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	89,739	70,619	19,120	179,478	138,540	40,938	1,076,843	938,303
Supplies and Purchased Services	16,666	5,792	10,874	36,273	32,247	4,026	235,901	203,654
Total Expenditures	106,405	76,411	29,994	215,751	170,788	44,963	1,312,744	1,141,956
Resource Development								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	14,120	13,160	960	28,240	26,387	1,853	169,435	143,048
Supplies and Purchased Services	2,028	686	1,342	4,143	2,051	2,092	25,827	23,776
Total Expenditures	16,148	13,846	2,301	32,383	28,439	3,944	195,262	166,823
Mulberry Offices								
Revenue:								
Fees, Reimbursements & Other Income	9,706	10,785	(1,079)	19,412	21,505	(2,093)	116,473	94,968
Total Revenue	9,706	10,785	(1,079)	19,412	21,505	(2,093)	116,473	94,968
Expenditures:								
Salaries and Benefits	2,893	2,794	99	5,786	5,605	181	34,694	29,089
Supplies and Purchased Services	9,932	8,006	1,926	19,897	12,367	7,530	143,326	130,959
Total Revenue	12,825	10,801	2,025	25,683	17,973	7,711	178,020	160,047

Health District of Northern Larimer County

Investment Schedule February 2022

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,383	0.031%	0.04%	N/A
Local Government Investment Pool	COLOTRUST	\$ 2,919,658	65.845%	0.10%	N/A
Flex Savings Account	First National Bank	\$ 238,546	5.380%	0.05%	N/A
Certificate of Deposit	Advantage Bank	\$ 142,448	3.213%	0.40%	12/27/2023
Certificate of Deposit	Advantage Bank	\$ 115,112	2.596%	0.25%	9/2/2022
Certificate of Deposit	Points West	\$ 115,931	2.614%	0.28%	6/12/2023
Certificate of Deposit	Points West	\$ 157,714	3.557%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	\$ 242,143	5.461%	0.35%	10/7/2023
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	5.638%	0.10%	1/9/2023
Certificate of Deposit	Farmers Bank	\$ 251,232	5.666%	0.65%	6/27/2022
Total/Weighted Average		<u>\$ 4,434,167</u>	<u>100.000%</u>	<u>0.19%</u>	

Notes:

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper,

MEMO

TO: Health District Board of Directors
FROM: Karen Spink, Assistant Director of the Health District
DATE: May 19, 2022
RE: Ratification of Amend Position for SB22-238 2023 and 2024 Property Tax

Board President approval was received in the interim between meetings to allow the Policy Coordinator to communicate a request for an amendment with the sponsors of SB22-238 Property Tax to include Health Services District in the specifically named special districts eligible to receive a higher percent of backfill from the State. This bill reduces property tax assessment rates and taxable valuations for the 2023 and 2024 tax years, and requires that the state government reimburse local governments for a portion of the resulting property tax revenue reductions.

The bill was introduced on Monday night (5/2). Senator Kirkmeyer was able to secure an amendment that allowed fire, water, library, and sanitation districts in counties with populations over 300,000 to receive 90% backfill of lost revenue from property tax reductions in the bill instead of 65%.

In a down-to-the wire effort by Lisa Ward, Alyson Williams, and Frontline Public Affairs (the Health District's legislative and government relations consulting firm), a 3rd reading amendment in the second chamber (The House) to include the Health District as eligible to receive the 90% backfill from the State was drafted. The amendment passed on the final reading in the House on 5/6 with a unanimous vote then went back over to the Senate a couple hours later and passed again (The Senate had to concur) with a unanimous vote. The bill went to the Governor on 5/6.

Staff respectfully requests a motion to ratify the decision of the Board President to take an amend position on SB22-238.

Health District

OF NORTHERN LARIMER COUNTY

BYLAWS OF THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

ARTICLE I

PURPOSE/MISSION

Section 1. Purpose. The Health District of Northern Larimer County ("The Health District"), previously known as the Poudre Health Services District is a political subdivision of the State of Colorado, having all of the purposes set forth under the provisions of C.R.S. 32-1-1003, as amended from time to time. It is governed by an elected Board of Directors.

Section 2. Mission Statement. The mission of the Health District of Northern Larimer County is to improve our community's health status.

ARTICLE II

POWERS

Section 1. Common Powers. The Health District shall have all common powers granted to special statutory districts under the provisions of C.R.S. 32-1-1001, as amended from time to time.

Section 2. Special Powers. The Health District shall have all special powers granted to statutory health services districts under the provisions of C.R.S. 32-1-1003, as amended from time to time.

Section 3. Financial Powers. The Health District shall have all general and special financial powers granted to statutory health services districts under C.R.S. 32-1-1101, 1103, as amended from time to time.

Section 4. General Authority. The Health District shall have any and all other powers conferred by law.

ARTICLE III

OFFICES

Section 1. Principal Office. The principal office of the Health District shall be at 120 Bristlecone Drive, Fort Collins, Colorado 80524, or as changed from time to time by the board. This shall be the office location specified under the requirements of C.R.S. 32-1-904.

Section 2. Other Offices. The Health District may have other offices within or without the district as the Board of Directors may from time to time designate.

ARTICLE IV

BOARD OF DIRECTORS

Section 1. Powers and Duties. The Board of Directors shall have and exercise all powers conferred by law, and, particularly, to have all of the powers described in Article II of these Bylaws; to elect, appoint or employ officers, agents or other representatives; to determine their duties and salaries; to require security in such instances as the Board may determine; to determine who shall sign notes, checks, drafts, contracts, deeds, reports and other documents; to receive and pass upon reports of officers and agents; and to delegate all or a portion of the powers of the Board from time to time to the Chief Executive Officer or to standing or special committees of the Board.

Functions of the Board of Directors shall include, but not be limited to, the following:

- a) To develop the mission and vision of the Health District and establish its values statement.
- b) To develop ends and means policies, and review them annually.
- c) To approve a strategic plan based on the mission, vision, strategy and values; and to review and evaluate the plan annually.
- d) To provide management leadership by:
 - Employing a qualified Chief Executive Officer
 - Defining the Board-Executive Director relationship
 - Establishing goals and objectives for the CEO based on the strategic plan
 - setting executive limitations
 - Evaluating the CEO on an annual basis utilizing the goals and objectives

- e) To fulfill fiduciary responsibility by:
 - Adopting the budget and monitoring financial performance
 - Setting the mill levy, within the parameters of the law
 - Taking precautions against risk
 - Assuring that any bond payments, if any, are timely made.
 - Investing district funds responsibly, in accordance with district policy
- f) To fulfill legal and regulatory responsibilities of a special district.
- g) To establish/amend Board process.
- h) To evaluate the Board's performance on an annual basis and make corrections based on that evaluation.
- i) To provide for Board continuing education and development of core competencies.
- j) To hold an Annual Retreat, at which the mission, vision, strategy and values are reviewed.
- k) To oversee the election process.
- l) To provide orientation to newly elected board members.
- m) To monitor compliance by all parties with the Hospital Operating Lease Agreement between the District and Poudre Valley Health System dated May 1, 1994, and to further provide that all property interests of the District are protected to the fullest extent.
- n) To facilitate effective communication with staff, peers, community and media.
- o) To represent the Health District in the community.

Section 2. Number and Qualifications. There shall be five (5) members of the Board of Directors who shall be qualified to serve under the provisions of C.R.S. 32-1-807, and shall have been duly elected to office in the manner provided by C.R.S. 32-1-801 through 807. Before entering upon their service as directors, each director shall take the oath and provide bond as required by C.R.S. 32-1-901.

Section 3. Term. A director shall hold office for a term of four (4) years, or as prescribed by law. Directors are limited to two (2) consecutive 4-year terms.

Section 4. Compensation. As allowed in C.R.S. 32-1-902, each director may receive compensation for their service in an amount not to exceed the sum allowable at the time they were elected. No director shall receive compensation as an employee of the Health District, other than that provided in this Section. Reimbursement of actual expenses for directors shall not be considered compensation.

Section 5. Conflict of Interest. Pursuant to the provisions of Article 18 of Title 24, C.R.S., a director shall disqualify himself from voting on, or attempting to influence any remaining directors regarding any issue in which the director has a conflict of interest. For this purpose, a "conflict of interest" means a personal pecuniary interest that is immediate, definite and capable of demonstration, and which is, or may be, in conflict with the public interest. It is not an interest which is remote, contingent or speculative. A potential conflict of interest exists when the director or the director's spouse or offspring is a director, president, general manager or similar executive officer of, or owns or controls, directly or indirectly, a substantial interest in any non-governmental entity participating in the transaction. Any vote of a director who has a conflict of interest as herein described shall be null and void as to the matter in which the conflict exists. The board retains the power, by a majority vote of the remaining members, to determine that a member of the board has a conflict of interest as to any matter, and thereafter to preclude said board member with the conflict of interest from voting on or otherwise participating in discussion relating to such matter.

Section 6. Vacancies. In accordance with the provisions of §32-1-405, C.R.S., a director's office shall be deemed to be vacant upon the occurrence of any one of the following events prior to the expiration of the term of office:

- a) If for any reason a properly qualified person is not elected to a director's office by the electors as required at a regular election;
- b) If a person who was duly elected or appointed fails, neglects or refuses to subscribe to an oath of office, or to furnish the bond in accordance with the provisions of C.R.S. 32-1-901;
- c) If a person who was duly elected or appointed submits a written resignation to the Board;
- d) If a person who was duly elected or appointed ceases to be qualified for the office to which they were elected;
- e) If a person who was duly elected or appointed is convicted of a felony;
- f) If a Court of competent jurisdiction voids the election or appointment, or removes the person duly elected or appointed for any cause whatsoever, but only after their right to appeal has been waived or otherwise exhausted.
- g) If a person who was duly elected or appointed fails to attend three (3) consecutive

regular meetings of the Board without the Board having entered upon its minutes an approval for an additional absence or absences; except that such additional absence or absences shall be excused for temporary mental or physical disability or illness;

- h) If a person who was duly elected or appointed dies during their term of office.

Any vacancy on the Board shall be filled by appointment by the remaining director or directors, the appointee to serve until the next regular election, at which time the vacancy shall be filled by election for any remaining unexpired portion of the term. If the Board fails, neglects or refuses to fill any vacancy within sixty (60) days after the same occurs, the Board of County Commissioners of Larimer County shall fill such vacancy. If there are no duly elected directors, and if the failure to appoint a new Board will result in the interruption of services that are being provided by the Health District, then the Board of County Commissioners of Larimer County may appoint directors. The Board appointed in this manner shall call a special election within six (6) months after their appointment, such special election to be held in accordance with the provisions of C.R.S. 32-1-802. (C.R.S. 32-1-905)

Section 7. Recall of Directors. Any director duly elected to the Board who has actually held their office for at least six (6) months may be recalled from office by the electors of the Health District in the manner provided by C.R.S. 32-1-906.

Section 8. Meetings.

- a) **Meetings.** The Board shall hold meetings at least ten times per year.
- b) **Special Meetings.** Special meetings and/or work sessions may be held as often as the needs of the Health District require, upon notice to each director, and shall be posted as required by law.
- c) **Notice of Meetings.** Notice of time and place designated for all meetings shall be posted in at least three (3) public places within the limits of the district, and, in addition, one such notice shall be posted in the office of the County Clerk and Recorder of Larimer County. Such notices shall remain posted and shall be changed in the event that the time or place of such regular meetings is changed. (C.R.S. 32-1-903 (2))
- d) **Open Meetings.** All official business of the Board of Directors shall be conducted only during regular or special meetings called in the manner herein provided at which a quorum (a majority of directors) is present, and all said meetings shall be open to the public. (C.R.S. 32-1-903 (2)). An executive session may only be called at a regular or special meeting of the Board (not at a study session) by an affirmative vote of two-thirds of the quorum present (C.R.S. 24-6-402(4)). The purpose of the executive session, per C.R.S. 24-6-402(4), should be cited on the meeting agenda, whenever possible, and reflected in the meeting minutes. The Board of Directors may meet in executive session only for the purposes, and subject to the limitations, expressed in C.R.S. 24-6-401 et seq.

ARTICLE V

OFFICERS OF THE HEALTH DISTRICT

Section 1. Officers. The officers of the Health District shall be the President of the Board, Vice President of the Board, a Secretary, a Treasurer, a liaison between the Health District Board of Directors and Poudre Valley Health Care, Inc. Board of Directors, and such other officers as may be appointed in accordance with the provisions of this Article. The Board of Directors may appoint such other officers, including one or more Assistant Secretaries and one or more Assistant Treasurers as it shall deem desirable; such officers to have the authority and perform the duties prescribed from time to time by the Board of Directors. The President, Vice President, Treasurer, and liaison to PVHC, Inc. shall be members of the Board. The Secretary may be a member of the Board. The Secretary and Treasurer may be one person; but, if such is the case, that person shall be a member of the Board. (C.R.S.32-1-902 (1)).

Section 2. Election and Term of Office. The officers of the Health District shall be elected by the Board of Directors at the first regular meeting of the Board following each biennial election of directors. If the election of officers is not held at such meeting, such election shall be held as soon thereafter as is convenient. New offices may be created and filled at any meeting of the Board of Directors. Each officer shall hold office for two (2) years until the next biennial election when the Board shall reorganize, and until their successor has been duly elected and qualified to serve.

Section 3. Removal. Any officer elected or appointed by the Board of Directors may be removed by the Board of Directors whenever, in its judgment, the best interests of the Health District would be served thereby.

Section 4. Vacancies. A vacancy in any officer position because of death, resignation, removal, disqualification or otherwise, may be filled by the Board of Directors in any lawfully held meeting of the Board.

Section 5. Powers and Duties. The several officers shall have such powers and perform such duties as may, from time to time, be specified in resolutions or other directives of the Board of Directors. In the absence of any such specifications, each officer shall have the powers and authority, and shall perform and discharge the duties of officers provided by law, and as herein set forth.

Section 6. President of the Board. The President shall preside at all meetings of the Board of Directors. The President is authorized to sign all bonds, deeds, mortgages, leases and contracts of the Health District. The President shall perform such other duties, which are commonly incident to their office, as are provided by law or are otherwise designated by the Board of Directors.

Section 7. Vice President. The Vice President shall preside at meetings of the Board of Directors and perform such other responsibilities and duties of the President in his/her absence.

Section 8. Secretary. The Secretary shall keep a record of all of the Board's proceedings, minutes of all meetings, certificates, contracts, bonds given by employees and all corporate acts which shall be open to inspection of all electors, as well as to all other interested parties. The Secretary shall perform such other duties as may be required by these bylaws, the President or the Board of Directors. (C.R.S. 32-1-902 (1))

Section 9. Treasurer. The Treasurer shall oversee that strict and accurate accounts are kept of all money received by and disbursed for and on behalf of the Health District in permanent records. The Treasurer shall oversee the filing with the Clerk of the Court, at the expense of the Health District, a corporate fidelity bond in an amount no less than the minimum amount provided by Colorado Statute. The Treasurer shall oversee the charge of all receipts and monies of the Health District, cause them to be deposited in the name of the Health District in a bank or banks approved by the Board of Directors, and disburse funds as ordered or authorized by the Board of Directors. The Treasurer shall oversee the keeping of regular accounts of their receipts and disbursements, submit their record when requested, and give an itemized statement at regular meetings of the Board of Directors. (C.R.S. 32-1-902 (2))

Section 10. Liaison Between Health District of Northern Larimer County Board of Directors and Poudre Valley Health System Board of Directors. 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 Board, and as a liaison between the Health District and Poudre Valley Health System. 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 position will normally be for two years. The general role of the liaison on the Poudre Valley Health System Board shall be to represent the interests of the residents of the Health District, representing the Health District mission, goals, and objectives; to monitor the various lease agreements between the Health District Board, the Poudre Valley Health System Board, and University of Colorado Health (JOC); and to perform the normal duties of a Poudre Valley Health System Board member. The specific responsibilities of the Liaison shall be set forth in a written job description developed by the Health District Board of Directors.

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 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 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.

Section 11. Assistant Secretaries and Treasurers. The Board of Directors may appoint one or more persons to serve as Assistant Secretaries or Treasurers with authority to perform such duties as are delegated by the Board of Directors.

Section 12. Chief Executive Officer. The Board of Directors may appoint and employ a Chief Executive Officer who shall, subject to the control of the Board of Directors, have general supervision, direction and control of the management services and administration of the Health District. The Executive Director shall, upon authorization of the Board of Directors, be authorized to sign any and all documents, including without limitation deeds, bonds, mortgages, leases and contracts of the District. The Executive Director shall supervise the faithful completion by members of the District staff of the tasks of the Secretary and the Treasurer as described in Sections 8 and 9 of this Article V. The Executive Director of the District shall be the Chief Executive Officer and Chief Operating Officer of the District. The specific responsibilities and authority of the Chief Executive Officer shall be set forth in a written job description to be developed by the Board of Directors.

ARTICLE VI

COMMITTEES

Section 1. Committees. The Board of Directors may, from time to time, establish such standing committees or special committees, as are necessary or desirable to carry on the business of the Health District. Unless otherwise provided by law or these bylaws, the President shall appoint the chairs of all committees. All committees shall keep a written record of minutes of all meetings.

ARTICLE VII

POLICIES

Such policies as may be necessary for the proper conduct of management and administrative services for the Health District shall be adopted. All policies, when adopted by the Board of Directors, may be amended at any regular meeting without previous notice by a majority vote of the Board, such amendments to become effective upon adoption.

ARTICLE VIII

These bylaws may be amended after notice at any regular meeting of the Board of Directors of the Health District of Northern Larimer County. Such notice shall contain the substance of the proposed amendment in the notice of meeting. Amendments to these bylaws require approval by at least four of the five board members.

ARTICLE IX

ADOPTION

These bylaws shall constitute an entire restatement of the bylaws of the Health District, and are adopted at the regular meeting of the Board held this 26th day of April 2016, and shall become effective at once.



Bernard J. Birnbaum, M.D.
President of the Board



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

Adopted April 22, 1997
Amended January 28, 2020

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

Summary of Responsibility

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

Accountability

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

Board Duties

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

- Evaluate Board's performance on an annual basis and make corrections based on that evaluation.
- Provide for Board continuing education and development. Hold an Annual Retreat, at which the mission, vision, strategy and values are reviewed.
- Oversee election process.
- Assure the provision of orientation to newly elected board members.
- Monitor the lease with Poudre Valley Health System.
- Facilitate effective communication with staff, peers, community and media.
- Represent the District in the community.

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

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


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

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

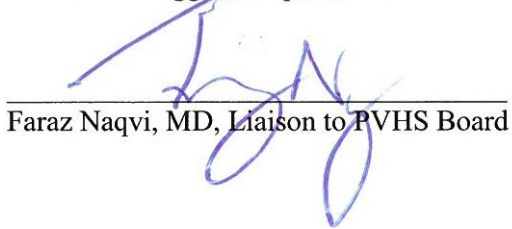
REVISED, this 4th day of October, A.D., 2005

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

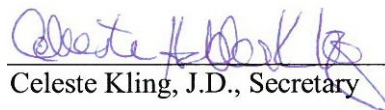
Attested by:


 Michael D. Liggett, Esq., President


 Molly Gutilla MS DrPH, Vice President


 Faraz Naqvi, MD, Liaison to PVHS Board


 Joseph Prows, MD MPH, Treasurer


 Celeste Kling, J.D., Secretary



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

Adopted September 25, 1996
Amended April 22, 2014

I. Description of the Liaison from the Health District to PVHS.¹

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 the 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.

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

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.
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 times 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 being 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

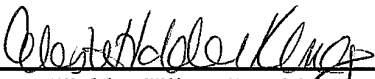
AMENDED on the 23rd day of February A.D., 1999

RATIFIED on this 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

Attest:



Celeste Holder Kling, President

SR

Joe D. Hendrick

Tim O'Neill

Timothy O'Neill, Secretary

Steven Thorson

Steven Thorson, MD, Treasurer