



BOARD OF DIRECTORS REGULAR MEETING

**Health District of Northern Larimer County
Virtual Meeting**

See connection details at end of agenda

**Tuesday, January 25, 2022
4:00 p.m.**



AGENDA

BOARD OF DIRECTORS REGULAR MEETING

January 25, 2022

4:00 pm

Virtual Meeting (See connection details at end of agenda)

- 4:00 p.m. Call to Order; Introductions; Approval of Agenda..... Michael Liggett**
- 4:03 p.m. PUBLIC COMMENT**
Note: If you choose to comment, please follow the "Guidelines for Public Comment" provided on the back of the agenda.
- 4:10 p.m. PRESENTATION AND DECISION**
- Colorado Opioid Settlement Waiver David Ayraud, Larimer Co., Mike Liggett
- 4:25 p.m. PRESENTATIONS**
- Brief Status Update, COVID and the Health District..... Carol Plock, James Stewart
 - 2022 Board of Directors Election Timeline and Overview Chris Sheafor
- 4:40 p.m. OTHER UPDATES & REPORTS**
- Executive Director Updates and Quarterly Report..... Carol Plock
 - Liaison to PVHS/UCHealth North Report..... Celeste Kling
- 4:50 p.m. PUBLIC COMMENT (2nd opportunity) See Note above.**
- 4:55 p.m. CONSENT AGENDA**
- Approval of the November 9, 2021 and December 13, 2021 Regular Meeting Minutes
 - Resolution 2022-01 – Establish Meeting Dates
 - Resolution 2022-02 – Public Posting of Meeting Notice
 - October and November 2021 Financials
 - Board Policy Update Amendments
 - 99-01 Pol: Contract Signature Policy
 - 99-7 Pol: Establishing and Communicating a Position on Policy Issues
- 4:58 p.m. ANNOUNCEMENTS**
- February 7, 8:00 am – 5:00 pm – Board of Directors Special Meeting
 - February 21, 8:00 am – 5:00 pm – Board of Directors Special Meeting
 - February 22, 4:00 – 6:00 pm – Board of Directors Regular Meeting
- 5:00 p.m. EXECUTIVE SESSION**
Executive session to determine positions relative to matters that may be subject to negotiations, develop a strategy for negotiations, and/or instruct negotiators, pursuant to C.R.S. § 24-6-402(4)(e), regarding the appointment of a new Executive Director
- 6:30 p.m. ADJOURN**

Join Zoom Meeting

Registration is required. Click this link to register:

https://healthdistrict.zoom.us/meeting/register/tZEIfuyhqDktGNWRP-NXcDNeoSD_2egBi9kx

After registering, you will receive a confirmation email containing information about joining the meeting.

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

LARIMER COUNTY | OFFICE OF THE COUNTY ATTORNEY

P.O. Box 1606, Fort Collins, Colorado 80522, 970.498.7450, Larimer.org

January 19, 2022

TO: Health District of Northern Larimer County
FROM: David Ayraud, Deputy County Attorney
RE: Opioid Litigation

Beginning in September 2017 Larimer County administration saw continued impacts upon residents by the ongoing “Opioid Epidemic” and questioned what avenues existed for potential abatement of opioid addiction/use. The Board of County Commissioners recognized the need to address the effects of opioids on the community and directed the County Attorney’s Office to research legal options.

In January 2018 the Larimer County Attorney’s Office spoke with the Colorado Attorney General’s Office. At that time the Attorney General was not planning to initiate litigation, but was undertaking a formal investigation and planning to engage in negotiations with opioid manufacturers and distributors. Larimer County then worked with other local governments in forming a “coalition” to pursue litigation against opioid manufacturers and distributors. By January 2019 the coalition of local governments filed their lawsuit against opioid manufacturers and distributors (“defendants”). The result was opioid manufacturers and distributors facing a two flanked attack by the Attorney Generals and local governments.

The defendants began negotiations with the Attorney Generals of numerous states, seeking to establish a national settlement structure. As a part of this, each Attorney General needed to obtain agreement within their respective state. In Colorado, the Attorney General worked with the local government coalition and reached an agreement as to a settlement structure within Colorado. This settlement structure results in funds being disbursed into four categories: State Share (10%), Local Government Share (20%), Infrastructure Share (10%) and Regional Share (60%). The funds coming into the state would be limited to use related to opioid abatement (see Attachment A).

The majority of funds coming into the State of Colorado will be distributed through regions, and each region will have a governance structure authorized to approve funding of opioid abatement projects/services. For Larimer County, the geographic area of the county was designated a region. The local governments with populations over 10,000 formed the regional governance: Fort Collins, Larimer, Loveland and Wellington. These entities have met and agreed to a general overarching structure for the regional governance. As a part of this structure various members would be appointed as advisory or subject matter experts. The Health District of Northern Larimer County has been identified as a subject matter expert and would be invited to have a representative appointed as a non-voting member.



As of January 2022, more than 95% of local governments required to sign onto the state-wide memorandum of understanding (“MOU”) have done so. A part of this state-wide MOU required the local governments to sign releases of legal claims against the national defendants. As a part of the finalization of the national settlement, the defendants seeking to settle opioid litigation have requested that within the Larimer Region, the Health District of Northern Larimer County and Poudre School District, also sign releases of potential claims. The purposes of these releases are two-fold: 1) releases from these special districts protect settlement payments from future suspension/offset in the event Districts file lawsuits in the future; and 2) releases from these and other larger health/school/fire districts could allow us to get the payments to Colorado from Johnson & Johnson expedited.

Based upon this request, the Attorney General’s Office reached out to the Larimer County Attorney’s Office to request we present this request to both districts. On January 18, 2022, Larimer County provided a summary of the opioid litigation and resulting settlement structure to Carol Plock, Executive Director of the Health District of Northern Larimer County. This memo is offered to the Board of Directors to further summarize the almost 5-year history of pursuing a national and state-wide settlement, the resulting structure for distribution of settlement funds, and explanation as to why we are now approaching the district to consider signing releases of claims as a part of this national and state-wide opioid settlement.

EXHIBIT K

Subdivision Settlement Participation Form

Governmental Entity:	Health District of Northern Larimer County	State:	Colorado
Authorized Official:	Carol Plock		
Address 1:	120 Bristlecone Drive		
Address 2:			
City, State, Zip:	Fort Collins, CO 80524		
Phone:	970-224-5209		
Email:	cplock@healthdistrict.org		

The governmental entity identified above ("*Governmental Entity*"), in order to obtain and provided to the Governmental Entity pursuant to the Settlement Agreement dated July 21, 2021 ("*Distributor Settlement*"), and acting through the undersigned authorized official, hereby elects to participate in the Distributor Settlement, release all Released Claims against all Released Entities, and agrees as follows.

1. The Governmental Entity is aware of and has reviewed the Distributor Settlement, understands that all terms in this Participation Form have the meanings defined therein, and agrees that by signing this Participation Form, the Governmental Entity elects to participate in the Distributor Settlement and become a Participating Subdivision as provided therein.
2. The Governmental Entity shall, within 14 days of the Reference Date and prior to the filing of the Consent Judgment, secure the dismissal with prejudice of any Released Claims that it has filed.
3. The Governmental Entity agrees to the terms of the Distributor Settlement pertaining to Subdivisions as defined therein.
4. By agreeing to the terms of the Distributor Settlement and becoming a Releasor, the Governmental Entity is entitled to the benefits provided therein, including, if applicable, monetary payments beginning after the Effective Date.
5. The Governmental Entity agrees to use any monies it receives through the Distributor Settlement solely for the purposes provided therein.
6. The Governmental Entity submits to the jurisdiction of the court in the Governmental

7. The Governmental Entity has the right to enforce the Distributor Settlement as provided therein.
8. The Governmental Entity, as a Participating Subdivision, hereby becomes a Releasor for all purposes in the Distributor Settlement, including, but not limited to, all provisions of Part XI, and along with all departments, agencies, divisions, boards, commissions, districts, instrumentalities of any kind and attorneys, and any person in their official capacity elected or appointed to serve any of the foregoing and any agency, person, or other entity claiming by or through any of the foregoing, and any other entity identified in the definition of Releasor, provides for a release to the fullest extent of its authority. As a Releasor, the Governmental Entity hereby absolutely, unconditionally, and irrevocably covenants not to bring, file, or claim, or to cause, assist or permit to be brought, filed, or claimed, or to otherwise seek to establish liability for any Released Claims against any Released Entity in any forum whatsoever. The releases provided for in the Distributor Settlement are intended by the Parties to be broad and shall be interpreted so as to give the Released Entities the broadest possible bar against any liability relating in any way to Released Claims and extend to the full extent of the power of the Governmental Entity to release claims. The Distributor Settlement shall be a complete bar to any Released Claim.
9. The Governmental Entity hereby takes on all rights and obligations of a Participating Subdivision as set forth in the Distributor Settlement.
10. In connection with the releases provided for in the Distributor Settlement, each Governmental Entity expressly waives, releases, and forever discharges any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code, which reads:

General Release; extent. A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release, and that if known by him or her would have materially affected his or her settlement with the debtor or released party.

A Releasor may hereafter discover facts other than or different from those which it knows, believes, or assumes to be true with respect to the Released Claims, but each Governmental Entity hereby expressly waives and fully, finally, and forever settles, releases and discharges, upon the Effective Date, any and all Released Claims that may exist as of such date but which Releasors do not know or suspect to exist, whether through ignorance, oversight, error, negligence or through no fault whatsoever, and which, if known, would materially affect the Governmental Entities' decision to participate in the Distributor Settlement.

11. Nothing herein is intended to modify in any way the terms of the Distributor Settlement, to which Governmental Entity hereby agrees. To the extent this Participation Form is interpreted differently from the Distributor Settlement in any respect, the Distributor Settlement controls.

I have all necessary power and authorization to execute this Participation Form on behalf of the Governmental Entity.

Signature: _____

Name: Carol Plock

Title: Executive Director

Date: _____

EXHIBIT K

Settlement Participation Form

Governmental Entity: Health District of Northern Larimer County	State: Colorado
Authorized Official: Carol Plock	
Address 1: 120 Bristlecone Drive	
Address 2:	
City, State, Zip: Fort Collins, CO 80524	
Phone: 970-224-5209	
Email: cplock@healthdistrict.org	

The governmental entity identified above (“Governmental Entity”), in order to obtain and in consideration for the benefits provided to the Governmental Entity pursuant to the Settlement Agreement dated July 21, 2021 (“Janssen Settlement”), and acting through the undersigned authorized official, hereby elects to participate in the Janssen Settlement, release all Released Claims against all Released Entities, and agrees as follows.

1. The Governmental Entity is aware of and has reviewed the Janssen Settlement, understands that all terms in this Election and Release have the meanings defined therein, and agrees that by this Election, the Governmental Entity elects to participate in the Janssen Settlement and become a Participating Subdivision as provided therein.
2. The Governmental Entity shall, within 14 days of the Reference Date and prior to the filing of the Consent Judgment, dismiss with prejudice any Released Claims that it has filed.
3. The Governmental Entity agrees to the terms of the Janssen Settlement pertaining to Subdivisions as defined therein.
4. By agreeing to the terms of the Janssen Settlement and becoming a Releasor, the Governmental Entity is entitled to the benefits provided therein, including, if applicable, monetary payments beginning after the Effective Date.
5. The Governmental Entity agrees to use any monies it receives through the Janssen Settlement solely for the purposes provided therein.
6. The Governmental Entity submits to the jurisdiction of the court in the Governmental Entity’s state where the Consent Judgment is filed for purposes limited to that court’s role as provided in, and for resolving disputes to the extent provided in, the Janssen Settlement.
7. The Governmental Entity has the right to enforce the Janssen Settlement as provided therein.

8. The Governmental Entity, as a Participating Subdivision, hereby becomes a Releasor for all purposes in the Janssen Settlement, including but not limited to all provisions of Section IV (Release), and along with all departments, agencies, divisions, boards, commissions, districts, instrumentalities of any kind and attorneys, and any person in their official capacity elected or appointed to serve any of the foregoing and any agency, person, or other entity claiming by or through any of the foregoing, and any other entity identified in the definition of Releasor, provides for a release to the fullest extent of its authority. As a Releasor, the Governmental Entity hereby absolutely, unconditionally, and irrevocably covenants not to bring, file, or claim, or to cause, assist or permit to be brought, filed, or claimed, or to otherwise seek to establish liability for any Released Claims against any Released Entity in any forum whatsoever. The releases provided for in the Janssen Settlement are intended by the Parties to be broad and shall be interpreted so as to give the Released Entities the broadest possible bar against any liability relating in any way to Released Claims and extend to the full extent of the power of the Governmental Entity to release claims. The Janssen Settlement shall be a complete bar to any Released Claim.
9. In connection with the releases provided for in the Janssen Settlement, each Governmental Entity expressly waives, releases, and forever discharges any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code, which reads:

General Release; extent. A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.

A Releasor may hereafter discover facts other than or different from those which it knows, believes, or assumes to be true with respect to the Released Claims, but each Governmental Entity hereby expressly waives and fully, finally, and forever settles, releases and discharges, upon the Effective Date, any and all Released Claims that may exist as of such date but which Releasors do not know or suspect to exist, whether through ignorance, oversight, error, negligence or through no fault whatsoever, and which, if known, would materially affect the Governmental Entities' decision to participate in the Janssen Settlement.

10. Nothing herein is intended to modify in any way the terms of the Janssen Settlement, to which Governmental Entity hereby agrees. To the extent this Election and Release is interpreted differently from the Janssen Settlement in any respect, the Janssen Settlement controls.

I have all necessary power and authorization to execute this Election and Release on behalf of the Governmental Entity.

Signature: _____

Name: Carol Plock

Title: Executive Director

Date: _____



QUARTERLY SERVICE REPORT FOR THE QUARTER ENDING SEPTEMBER 2021

Special Note: The third quarter of 2021 was in the midst of the second year of the COVID-19 pandemic (the pandemic began in Colorado in March 2020), which significantly impacted the world, country, state, community, and our organization. At the start of the quarter, COVID-19 cases were down to some of the lowest levels seen in the pandemic, and spirits were high as vaccinations were introduced in early 2021, providing new protection against the virus. However, by the end of July 2021, the Delta variant had arrived in Colorado – a variant that was both more contagious and caused more serious illness, which started a steady significant incline in cases in Larimer County throughout the quarter. The Health District renewed its requirement of masking in all offices, its emphasis on protective measures including distancing and vaccinations, and began gearing up to provide more assistance with community COVID vaccinations and contact tracing again.

DENTAL SERVICES

I. DENTAL CLINIC

The third quarter was busy at The Family Dental Clinic as it saw an increase in demand for services while continuing to operate under strict precautions related to the pandemic. Some precautions limit access to allow for enhanced disinfection and PPE changes between patients, however RVU's, unduplicated clients, and visits were only slightly down from the same quarter in 2019, indicating more efficient operations overall.

In the third quarter, the clinic continued to experience unexpected covid-related absences as well as the loss of a hygienist, a dental assistant, and a front desk person. Unexpected absences and planned time off, coupled with staff turn-over created some staffing challenges. While during this time, it became clear that our initial cross-training efforts had allowed us to remain productive during such challenging times, it also indicated a need to further cross-train and think beyond any self-imposed cross-functional limitations. As such, additional cross training plans and efforts began in earnest and the team embraced the challenge.

Other activities of note included completing annual OSHA training for all clinical staff, and providing information and screening services at the Homeward Alliance healthcare event in August, and taking over and refining the Medicaid pre-authorization process from Finance. Additionally, significant time was spent preparing the 2022 budget.

Case Example:

At the end of the day after completing all scheduled appointments, we locked the clinic's front doors and prepared to leave. By chance, one of our Dental Services Guides happened to go to the front office area to shred some documents and saw a woman outside the clinic knocking and trying to open the doors. Our Guide went to let her know that we were closed for the day but could tell that she was saying "Spanish? Spanish?" When she opened the door and greeted her in Spanish, the woman smiled and explained she needed help and that someone had sent her our way. After our Guide told her that we would be able to help her, she continued to explain that she didn't speak any English, had no insurance, and had just started a new job three days before. She had only been living in Fort Collins for a very short period of time and she did not know where to go for help. She had a broken molar and explained that she had not been able to sleep nor eat for the past four days. Our Guide was able to complete an emergency eligibility appointment, and scheduled an emergency appointment to see a dentist the next day. As she was leaving she became teary and told our Guide how thankful she was that we were able to help her in Spanish and appoint her to see a Dentist the very next day.

HEALTH CARE ACCESS

I. LARIMER HEALTH CONNECT

Key Activities:

- Staff continued to offer in-person assistance a few days a week at the Mason office. Remote assistance has been very successful and will continue to remain an option for our customers moving forward.
- Marketing and outreach activities included newsletters sent to customers and partners, participation in several school and community events including Lunch Labs in Loveland and Fort Collins, the Rist Canyon Mountain Festival, Health Care-A-Van and the House of Neighborly Service Back-to-School bash. Awarded supplemental funds to help with additional targeted outreach.

- As a participant in the Covering Kids & Families Advocacy workgroups, we have been able to bring about process changes at a higher level, including educational and system changes.
- Staff continues to help customers that are in crisis with their prescription costs. Some manufacturers made it easier to qualify for medications and lowered co-pays, and insurance companies have adjusted medication parameters to meet specific COVID-19 needs.
- Staff was invited to present on Outreach Best Practices for Immigrant and Rural Populations at the annual CoverCo training in preparation for Open Enrollment.
- The American Rescue Plan Act brought additional savings to customers already on the Marketplace and removed the 400% FPL cap for customers to qualify for financial assistance. It also provided those who have been on Unemployment Benefits for at least 1 week in 2021 with the opportunity to purchase a \$0 benchmark Silver plan on the Marketplace.
 - The Uninsured Enrollment Period was extended through August 15th, the original end date was May 15th. This special enrollment period allowed for any uninsured customers to enroll in health coverage without a life change event outside of the normal open enrollment period.
 - ARP savings will continue into 2022

Comparison of Program Numbers 2019 – 2021

Larimer Health Connect: During Quarter 3, clients served were generally higher in 2019 and began to decrease during 2020 as the COVID pandemic was in full force. During this time, customers on Medicaid and CHP+ became locked into coverage in March of 2020 due to the Public Health Emergency (PHE). This meant that even if the income of families/individuals changed and they were technically not eligible for coverage anymore, they remained covered due to the pandemic and will remain covered until the PHE has ended. It is great to see a gradual increase in 2021 as things have returned to somewhat of a new normal.

II. PRESCRIPTION ASSISTANCE

Prescription Assistance: Customer demand for prescription assistance continues to remain slightly lower than in years past and we suspect this is due to many individuals being locked into Medicaid coverage due to the PHE. However, Manufacturer Prescription Assistance Program prescriptions (MPAPs) completed were up from the same quarter in 2020. Some individuals were helped on a one-time basis as they were in between coverage; others had health insurance but still could not afford the cost of their medications or the medications were not covered. We are expecting to see demand for services increase once the PHE ends.

Case Examples - Impact on Lives:

The services provided by Larimer Health Connect impacts the lives of our customers on a daily basis. The stories below are a testimony to the important work our team does for our community promoting health care, getting people covered, and in turn, providing access to the care needed and helping them access more affordable prescription medications.

Health Coverage Case Example: A customer who had good health insurance through her employer was diagnosed with kidney disease. She needed to keep her health insurance to cover her treatments so she continued to work until her health condition forced her to stop. She had 60 days to decide whether or not to enroll in COBRA. A mutual friend recommended Larimer Health Connect to her and we discussed her options. Her son, who was well versed in health insurance, had looked into options and thought COBRA was the only one. On the last decision day, she made an appointment with us and after hearing the options, she and her son were dumbfounded to find out that she qualified for Health First Colorado. Had she enrolled in COBRA, she'd have had to draw from her retirement to pay for it and pay an early withdrawal penalty. She can now keep those funds and use them for her retirement. Her tearful message was "I thank you and my kids thank you."

Prescription Assistance Care Example: A female in her 80s was referred to our prescription assistance program by the Heart Center as she was in need of help with a blood thinner medication. The cost of the prescription for a 1 month supply would be \$400 out of pocket for the client as her Medicare Part D deductible had not yet been met. Staff determined that she was likely eligible for the Manufacturer's Assistance Program, however the manufacturer requires that customers spend 3% of their annual income at the pharmacy prior to awarding any assistance. The client was \$50 short of meeting that requirement. Staff worked with the customer to help her find a way to purchase a 5-day supply to meet the requirement. The client completed the Manufacturer's application and submitted all supporting documentation on her own. When she was denied, staff reviewed the information and realized there was a mistake in her application. Staff contacted the manufacturer to troubleshoot the application, which was subsequently approved for coverage for the remainder of the year. The client was super grateful for the help provided to navigate receiving her prescriptions.

The 2021 third quarter was a busy and challenging time for the Connections program. Overall the program saw a continued increase in demand for behavioral health care services. At the same time, the CAYAC team was struggling with a variety of staff challenges and the adult team was dealing with staff shortages due to turnover and hiring challenges.

The numbers for all services provided by the Connections program increased throughout the quarter. Community referrals from our partnering agencies steadily increased throughout the quarter, specifically those from CSU. In addition to the growing mental health needs in the community related to COVID, individuals had difficulty accessing private community therapists for services. COVID encouraged community therapists to transition to remote work while more clients requested in-person services. Additionally, because of barriers put in place by private insurance for the reimbursement of mental health care services, community therapists are transitioning to private pay models, which creates more barriers for clients who need to utilize insurance. Both the adult and CAYAC Connections teams, saw an increase in delay of care as a result. This led to clients requesting referrals two or three times before they found an actual connection to an appropriate care provider. Unfortunately, it is becoming more common for clients to have to go outside of their insurance or use out of network benefits for services. There also continues to be difficulty finding providers for clients of all ages with severe and persistent mental illness. For clients unable to access community providers, the Connections staff provides interim services and bridges the gap through care coordination and brief therapy services, while they are waiting for community providers.

While the Adult team saw an increase in referrals from community providers, the CAYAC team also saw an increase in demand once the school year started. The emotional needs, both in intensity and severity, of children and adolescents have significantly increased. School referrals from PSD increased. CAYAC staff saw trends mirroring nationwide concerns regarding youth mental health. Staff report higher emotional needs, acting out behaviors, suicidal ideations, loneliness, depression, anxiety and also violent behaviors at home and in school. To assist with the increasing demands for psychiatry, the CAYAC psychiatric team activated the Psychiatric Provider Consult Line. The consult line allows for primary care providers to consult directly with the CAYAC psychiatrist. This helps community provider's access psychiatry for consultation to determine immediate medication needs while the client waits for a psychiatric appointment.

Challenges in staffing turnover and need for training meant that for a time, the limited walk-in hours that had been reinstated for the Adult Team were temporarily suspended until the new BHPs were fully trained. A program assistant position and a care coordinator position have been added to the team to help with the workload. Both teams were flexible and hard-working through a time of staff transitions and increase in work load.

Connections staff continued to outreach to providers to get them listed on healthinfosource.com (HIS), reaching 250 provider and organization profiles listed on the site during the 3rd quarter of 2021. They regularly use and promote HIS. Staff also continued outreach and marketing of the site, including mailer postcards to over 1,000 behavioral health providers, and the development and circulation of information cards for physician offices, etc, and are working on a plan for digital advertising. They continue to work with site developers on improvements and fixes. Google analytics review and data analysis began in earnest in August, showing that in each month of August and September we had an average of 1,000 (non-staff) users, over 1,600 sessions, and 6,700 unique page views on the site.

Case Examples:

CAYAC: Salud referred an 11 year old to CAYAC for assistance in getting them connected to long term therapy and psychiatry services. CAYAC's child and adolescent psychiatrist was able to see the client for a number of visits. Due to the complexity of this client's mental health issues, it was recommended the family and client follow up with SummitStone Health Partners for wrap around services. The client had private insurance, along with Medicaid as secondary, so initially SummitStone said they could not accept the client. CAYAC's psychiatrist continued to provide services for this client while the CAYAC psychiatry assistant worked with SummitStone and requested an exception. SummitStone has now made it possible for this client to be seen for long-term services even with the insurance complications. The CAYAC team was able to get the client in quickly, provide services, and then do a warm hand-off with SummitStone.

Adult: A family member of a person in their 20's who had Medicaid coverage contacted Connections for medication management referrals. The client had been diagnosed with a significant mental illness and substance use disorder and had been a client with SummitStone Health Partners and part of one of the alternative criminal justice programs. However, the client stopped their medication after they finished that program, was decompensating and now needed to get back on medication. The client was scheduled with a CAYAC contracted psychiatric nurse practitioner for interim medication management. The Adult staff worked to get the client reconnected with the client's family member and was eventually able to connect the client with an intake at SummitStone for ongoing services.

INTEGRATION OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES INTO PRIMARY CARE

In the third quarter of 2021, Behavioral Health Providers (BHP's) provided 1,277 case management, therapy and behavioral health contacts (visits) to 652 unduplicated patients between the two primary care clinics. The Integrated Care psychiatrist, in addition to serving as the consulting and teaching psychiatrist for all the physicians in both practices, provided 130 psychiatric contacts and services to 130 unduplicated patients. In addition, he provided 26 psychiatric services to 18 unduplicated patients through the Community Dual Diagnosis Team (CDDT) program and provided 33 educational sessions and 39 curbside consultations for residents at FMC during their psychiatric rotation clinics.

In 2020 and through the third quarter of 2021, both IC client visits with BHP's and clients receiving psychiatric care were above the levels of these services seen in 2019, prior to the pandemic. Comparing the third quarter of 2021 with the third quarter of 2019, psych clients were up by 11% and behavioral health contacts were almost 30% above 2019 levels.

During the third quarter, BHP's did not co-facilitate shared medical appointments (SMA's) at Salud (SMA's include Centering Pregnancy, diabetes and pain clinics), since Salud has not returned to the use of SMA's. BHP staff participated in 106 pain clinics and 38 Medication Assisted Treatment clinics at FMC.

Case Example:

An FMC BHP has been working with a middle-aged patient with a complex trauma history and multiple chronic medical conditions. Specifically, this patient deals with chronic pain, unidentified GI issues and they developed Avoidant Restrictive Food Intake Disorder (ARFID). This is a newer eating disorder driven both by historical trauma of being forced to eat as a child and by fear of GI flare ups/ pain when eating versus being motivated by weight or appearance management. Recently, the patient was very scared about some health manifestations and quite upset with their multiple doctors for not having answers regarding next steps. The BHP worked with the patient to identify objective pieces of information to share with their doctors. The intent was to get data to the doctors that might aid in their medical decision making instead of sending fear based highly emotional emails, which are not helpful to doctors in determining next steps for treatment. The patient followed this suggestion and received very productive responses from multiple medical providers, creating a notable shift in their doctor patient relationships. The patient reported feeling like their concerns were taken more seriously. This is an example of the ways in which BHP's can positively influence provider/patient relationships and help foster better health outcomes for patients. This patient was able to move beyond their emotional reaction, identify specific issues of medical concern, and articulate their experience in a way so as to receive more productive responses. They have also been able to tackle some significant trauma work related to Family of Origin experiences with eating and food.

HEALTH PROMOTION

Tobacco Treatment

In Quarter 3 of 2021, the Tobacco Treatment Specialists (TTS) saw 35 new clients (34 in 2019, 46 in 2020), delivered 222 sessions (196 in 2019, 214 in 2020), and saw 70 unduplicated clients (67 in 2019, 69 in 2020). The team received 73 referrals (68 in 2019, 75 in 2020), 25 were from Family Medicine Center, 28 were self-referrals, and the remaining 20 came from Associates in Family Medicine (AFM) at CSU, AFM (Horsetooth), AFM (Lemay), UHealth Cancer Care & Hematology, The Family Clinic of Fort Collins, Poudre Valley Hospital (PVH) Emergency Room, PVH Pulmonary Rehab Department, PVH Surgical Care, Salud Family Health Center, and UHealth Radiation & Oncology. During the 2022 budget proposal process in the fall of 2021, the tobacco treatment program decided to switch from the book "[Out of the Ashes](#)" to "[Do One Thing Every Day That Centers You: A Mindfulness Journal](#)" because the former book had become outdated. The new book will be introduced to clients in 2022.

Case Examples: A client in her 40's was very determined to quit to save money, improve her health, and live longer. She is helping her daughter raise her grandchildren and wants to be around to watch them grow up. This client also experiences pneumonia every year and wants to try to prevent this. She tried to quit in the past, but found that she became grouchy/mean when attempting to quit. The client was able to use nicotine replacement therapy (NRT) for the first time because of our program. She said it helped with some of the irritability and worked with the TTS to stay hydrated and use relaxation techniques to further reduce cravings and irritability. After 39 days smoke-free, she reported feeling lighter, happier, and more like herself and she continued to use affirmations and breathing techniques learned through the program. She was encouraged to treat herself for the hard work of quitting and replaced her 4pm cigarette craving with a piece of dark chocolate and is loving this new routine. At her final session she was 65 days smoke-free and reported feeling better every day while also starting to identify as a non-smoker. The follow-up 6 months after her

last session found she was still abstinent. She commented “My quit coach was absolutely amazing. So grateful for the connection with her because I don't think I could have done it without her.”

Heart Health Promotion

In July, 2021, the cholesterol testing service resumed clinics (still free for Health District residents) after 15 months of this service being curtailed due to the COVID-19 pandemic. The plan was to re-start slowly, offering three to five clinics in July and August and ramping up in September, which is National Cholesterol Education Month. The program has traditionally increased the number of community clinics in September to raise awareness of risk factor screening and assist clients to identify areas for improvement and resources to facilitate action. In the third quarter, 20 cholesterol and one blood pressure-only clinics were held, providing 303 cholesterol and 310 blood pressure screenings. In this quarter, the nurses also served 14 clients in the Improving Blood Pressure Program, providing 31 sessions. Clinics are anticipated to be reduced in the last quarter due to staff involvement in COVID-19 vaccination clinics and changes in staffing.

Case Examples:

A married couple, both in their early 40s, enrolled in the Improve Blood Pressure program because they both had been having high blood pressure readings. When their BP was initially checked, the husband's reading was 152/96 and the wife's was 160/105. The nurse loaned them a blood pressure monitor and, using the teach-back method, showed them how to properly monitor and record. At this time, neither person had a doctor. The nurse met with the couple two more times after they had both monitored their blood pressure for 3 weeks. While the husband's average readings were 148/96, the wife's came down significantly to 122/89. They both reported adding consistent exercise as well as reducing their salt intake. The couple did find a PCP with whom they had scheduled an appointment and also bought their own BP monitor. As of the one month follow-up, they still continued to monitor their BP and remained consistent with exercise and a low-salt diet. The wife is taking blood pressure medication, and the husband has a PCP appointment in January.

COMMUNITY IMPACT

CIT, MENTAL HEALTH AND SUBSTANCE USE ALLIANCE

CIT staff have been working with Larimer County on designing a process and scope for an updated “**Solutions to Behavioral Health Service Gaps in Larimer County (Solutions 2.0).**” Staff gathered information from prior work to lay a foundation for future plans, including consolidating disparate data points from the original Solutions project, into a single database as a foundation for future data collection, and reviewed potential models for organizing mental health levels. In Q3, staff were asked to support the betterment of the competency restoration process in Larimer County by working on a “**Competency Restoration Gaps and Solutions Project,**” by helping to map current services and processes, identify gaps and barriers, and identify ways to better serve the clients and community while reducing the harms of the current process. Staff began researching the existing competency restoration process in the community through key stakeholder interviews & process analysis.

Staff are also working with community partners on a “**Community Information Exchange (CIE) Project**”, researching a variety of different “referral management and care coordination platforms” that have been created to enable better communication and collaboration in making referrals and coordinating care for shared clients/patients, in order to determine whether the community might be able to coordinate utilization of a single (or limited number) of platforms to significantly improve referrals and care coordination locally. Work continues on the “**Changing Minds Public Awareness Campaign**” through integration of the campaign in the Fort Collins Museum of Discovery Mind Matters exhibit. The Museum hosted a suicide prevention teen educational and self-care event where staff provided educational materials, naloxone and the Changing Minds presentation to attendees.

Work also continues on increasing access to Medication Assisted Treatment (MAT) for those with substance use disorders. The NoCO CARES team, which includes CIT staff, applied for and received a \$2.9M, 5 year SAMHSA MAT-PDOA grant to continue funding support for Colorado Opioid Synergy of Larimer and Weld. Staff worked with MAT in Jail/ JUST NoCO Partners to bring greater access to MAT services for Alcohol Use Disorder in the Jail. In addition, staff continue to work on increasing access to harm reduction services such as naloxone distribution and fentanyl testing – working within the NoCO CARES Harm Reduction Alliance to develop a Contactless Naloxone Distribution Project which will allow for individuals to access Naloxone in public spaces using a vending machine that completes a quick training on its use to better support people throughout the COVID-19 Pandemic. Staff provided 65 Naloxone Kits to attendees of the Teen Self Care Fair Staff, and trained Outreach Fort Collins on Overdose Prevention and Harm Reduction.

In other efforts, as part of their Robert Wood Johnson Foundation Culture of Health Leaders Program, MJ Jorgensen continues work on engaging clinicians, regional community partners, and others across the state to improve access to gender affirming healthcare services. The goal is to remove existing barriers and gatekeeping for transgender and non-binary people to receive care for hormone therapies and surgeries by working mental health clinicians to write the letters required by insurance companies

to approve the care; a comprehensive training and Q & A approach is being developed. Staff also began researching national best practices for the development of more homeless health services for the community; continues evaluation work with the Frequent Utilizer Systems Engagement (FUSE) project; assisted SummitStone Health Partners & North Range Behavioral Health with a mapping process to identify how programs can more swiftly provide and accept referrals across agencies; and are participating in a new workgroup is forming in the community around creating a Center of Excellence to support workforce development in creating school to workforce recruitment training and internship pipelines. The focus will prioritize Health Equity, Mental Health and Substance Use Disorders. The CIT Director moved from the Health District to the Fire Authority in September and the CIT Program Assistant moved out of state. Staffing planning for these and other positions for 2022 began with the budget process.

OTHER SERVICES

I. ASSESSMENT, RESEARCH, AND PROGRAM EVALUATION

The third quarter of 2021 found the three-member Research and Evaluation Team down one fulltime employee, with the resignation of the Program Evaluation Specialist. The position was restructured and a successful search was conducted. The Team also helped onboard the new Program Specialist for Health Promotions, who has 8 hrs/week with the RE-Team.

While COVID response duties decreased somewhat in the summer of 2021, team members continued to organize and provide vaccination clinics at the 120 building and at various mobile sites. In late September a request from LCDHE led to the two Team members being assigned and trained to assist with COVID contact tracing efforts several days per week.

Other notable activities include facilitating the completion of 2020 End of Year Reports and Mid-Year 2021 Reports. These reports were shared with the Board of Directors during their annual retreat (8/23/21). Planning the 2022 Community Health Assessment (CHA) began in earnest in the third quarter. Meetings were held with Health District leadership and the Resource Development Coordinator, our assessment colleagues at Larimer County and Weld County public health departments, and the survey statistics and methods experts with the Department of Statistics at CSU. The CHA budget was prepared and submitted, and a general timeline, with the Larimer County Community Health Survey fielding advanced to the spring (instead of the traditional fall timing), proposed.

II. SPECIAL PROJECTS

Advanced Care Planning Project

The Advance Care Planning Program continued to have steady output in the third quarter of 2021. The ACP Coordinator educated and engaged 362 individuals. The number of clients receiving one-on-one assistance was 58 for the quarter with 30 people completing documents. The ACP Coordinator also planned, organized and delivered 16 community workshops, classes and/or presentations.

The third quarter was focused on continuing to meet the ACP needs of the community with strong outreach and collaborative events reaching large numbers of people. This was evident in the Death Happens event held in September at the Fort Collins Senior Center, which was attended by 150 community members. The increase in interest in advance care planning and death education, likely due to the pandemic, drove these large numbers. Outreach to our Spanish speaking community continues to go forward with the translation of ACP materials into Spanish. The ACP Coordinator continued to work with providers on resources for ACP, and with clients one on one via phone and video chat.

Case Example:

A woman come in for her COVID booster shot. As she was waiting she saw the information on our advance care planning program and other Health District Programs. She shared with the nurse that she was very interested in completing her documents. The ACP Coordinator was in the office and able to meet with her. She was very excited to be able to complete her documents and shared with the Coordinator that she is currently in remission of Stage 4 Cancer. The Coordinator asked if during her treatment, anyone had talked to her about ACP. She responded, yes, but it was overwhelming, and unless she had a specific appointment for something she wasn't able to take care of it. She was so grateful to come to the Health District and get two very important health concerns taken care of in one place!

III. RESOURCE DEVELOPMENT

During the third quarter of 2021, Resource Development worked closely with program managers, directors, and key staff on numerous Health District funding priorities, fulfilled requirements for existing grants, and secured funding for COVID-19 Pandemic response efforts.

- The Health District received four grant awards totaling \$288,050 (corrected after Board packet was sent):
 - \$102,500 was awarded from Larimer County Office on Aging to support dental care for older adults in Larimer County through June 2023.

- \$75,550 was awarded from Larimer County Behavioral Health Services to maintain expanded access to Connections (including CAYAC Team) services for southern Larimer County residents through 2022.
 - \$60,000 was awarded from the City of Loveland to support out-of-district Connections services for Loveland residents.
 - \$50,000 in additional Coronavirus Relief Funding was awarded through Colorado’s Department of Local Affairs (DOLA) to support COVID-related expenses for 2020-2021.
- Interim and closeout grant reporting requirements were prepared and submitted for three pre-existing grants (with the Denver Foundation, State of Colorado Senior Dental Program, and Robert Wood Johnson Foundation), meeting both funder expectations and reporting deadlines.

IV. COMMUNICATIONS / HEALTHINFOSOURCE

The Communications Team continued to be involved in numerous pandemic activities, including internal and external messaging, and vaccine outreach; promoted vaccine clinics at the Health District and in the community; and began planning for Latinx vaccine outreach in conjunction with the Health Department. For the Connections/CAYAC program, they helped Connections launch its Facebook page and developed new visual branding for social media accounts; arranged for Spanish translation of school outreach materials; and assisted with direct-mail outreach campaign to local therapists for HIS. For Advance Care Planning, they provided promotional support for “Death Happens” event in September; and created Spanish language outreach materials to be used during Day of the Dead activities in October.

The team also developed the summer issue of Compass, including the 2020 Annual Report, mailed to approximately 96,000 households in July; placed ads for the Dental, Connections/CAYAC, Larimer Health Connect, and Healthy Heart Clinics; continued the Community at Work radio show, to re-vamp parts of the Health District website, including adding COVID-19 vaccine information and registration links to front page; and announced retirement of executive director via press release and social media.

V. SUPPORT SERVICES

During the third quarter of 2021, HR staff conducted twelve job searches with 147 applicants screened and 22 interviewed. Eight of the positions have been filled. Three intern positions were on-boarded. An annual training on Sexual Harassment was held for supervisors. Staff conducted a Wellness Employee Pulse Survey to aid in the planning of future wellness and recognition activities, and implemented a new platform for employee recognition.

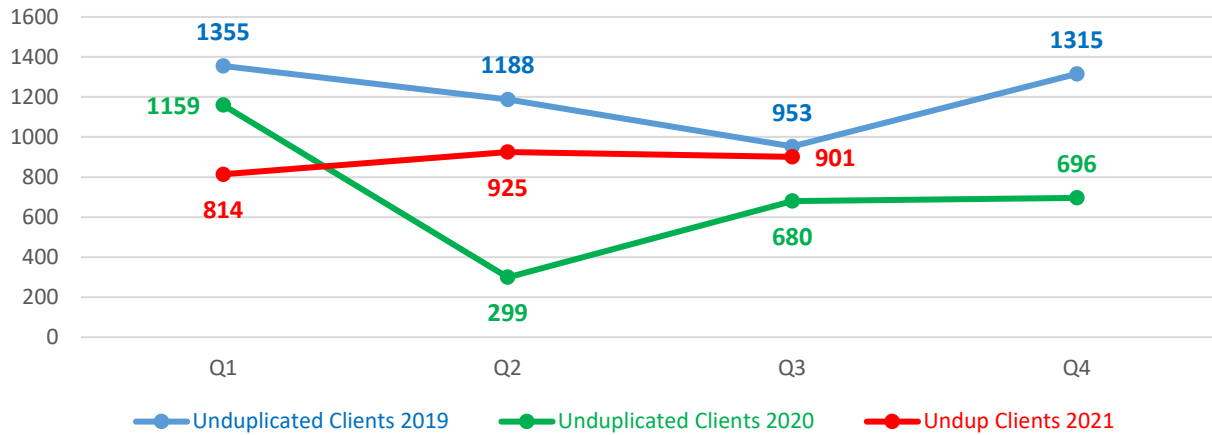
In Finance, the new Finance Director was selected, work began on selection of the Assistant Finance Director, and significant work on the 2022 Budget was begun. The Finance Department continued to work closely with Executive Director and Resource Development Coordinator to identify funding opportunities to cover COVID related costs and worked with the Resource Development Coordinator in the submission of grant applications. Staff also Processed and submitted required documentation for expense reimbursements for all grants that were awarded.

IT staff received and resolved 258 IT help-desk tickets submitted; upgraded Dentrix Enterprise, our dental practice management software; rolled out a new email phishing and training platform; made a variety of improvements in our databases; rolled out a new employee communication platform for weather and emergency closures, called SmartNotice; and upgraded our network and phone system capabilities.

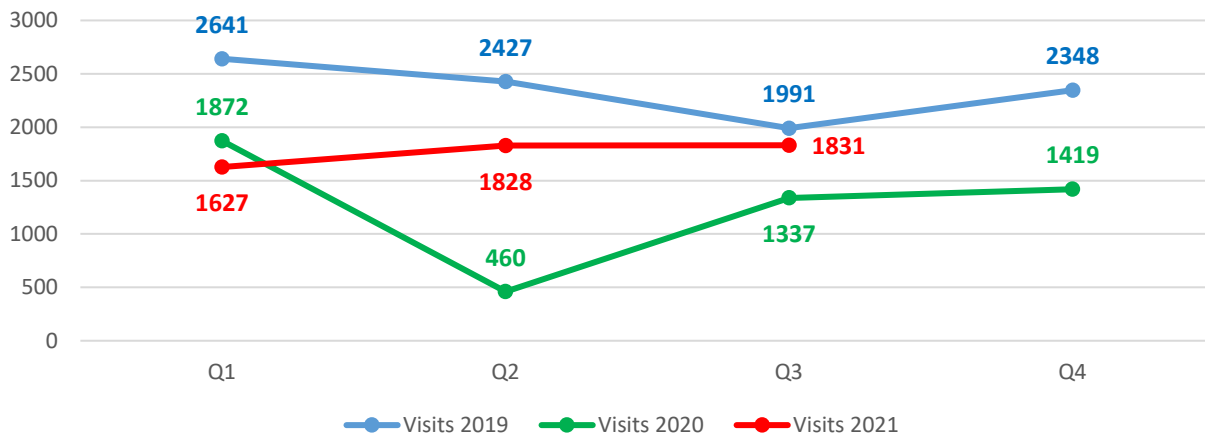
Front desk staff, in addition to normal daily duties, supported and registered clients for 20 blood pressure/cholesterol screening clinics this quarter as well as supporting client check-in at vaccine clinics held at the 120 Building.

Facilities staff completed the move of most offices in the 120 building (for return after remote work due to COVID) in order to improve work flow and efficiencies; worked to secure the repainting of the 425 W. Mulberry building, upgraded furniture in that building; worked on engaging an architect firm for design of major renovations at that building, which will include an elevator for ADA improvements and renovated office space for the upcoming Larimer Health Connect move; completed the great majority of 34 facility and equipment work orders; and arranged the replacement of three heating/cooling units in two buildings.

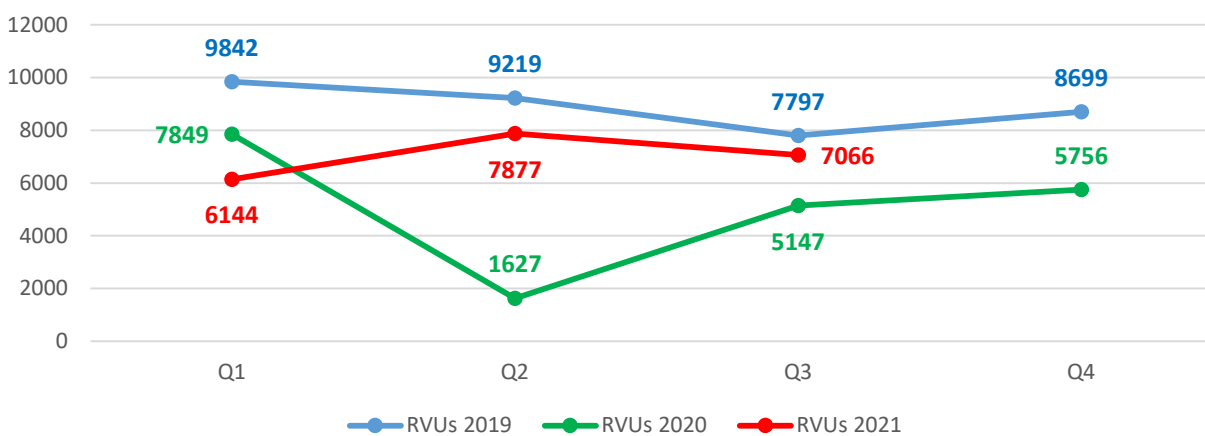
Dental Clinic Clients by Quarter



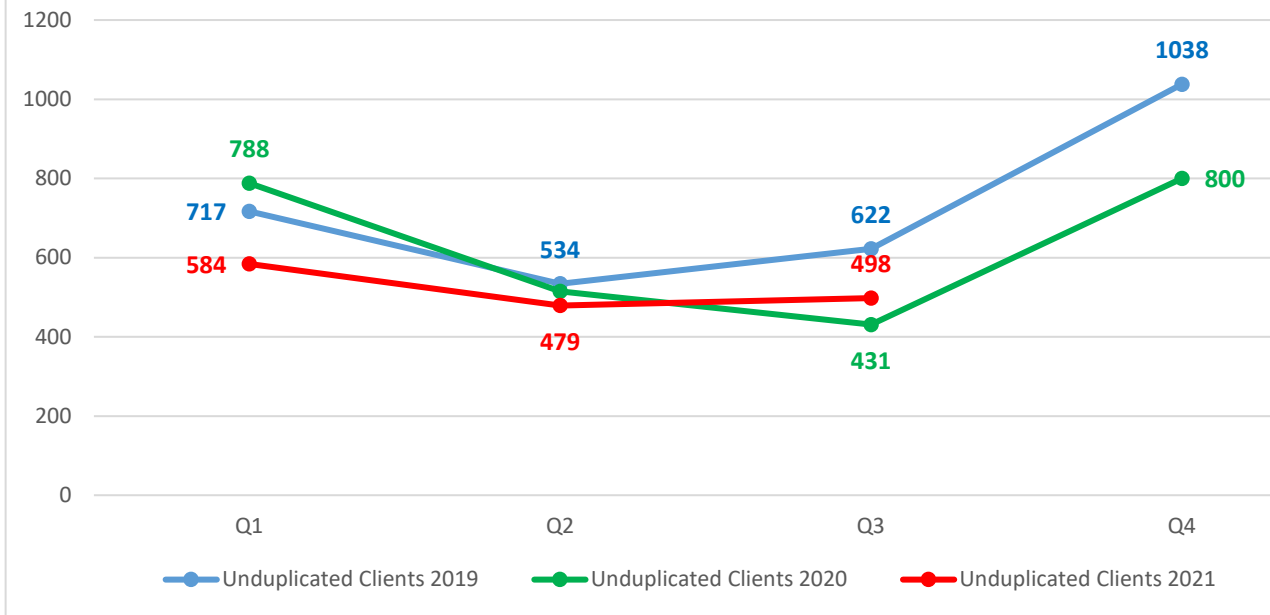
Dental Clinic Visits by Quarter



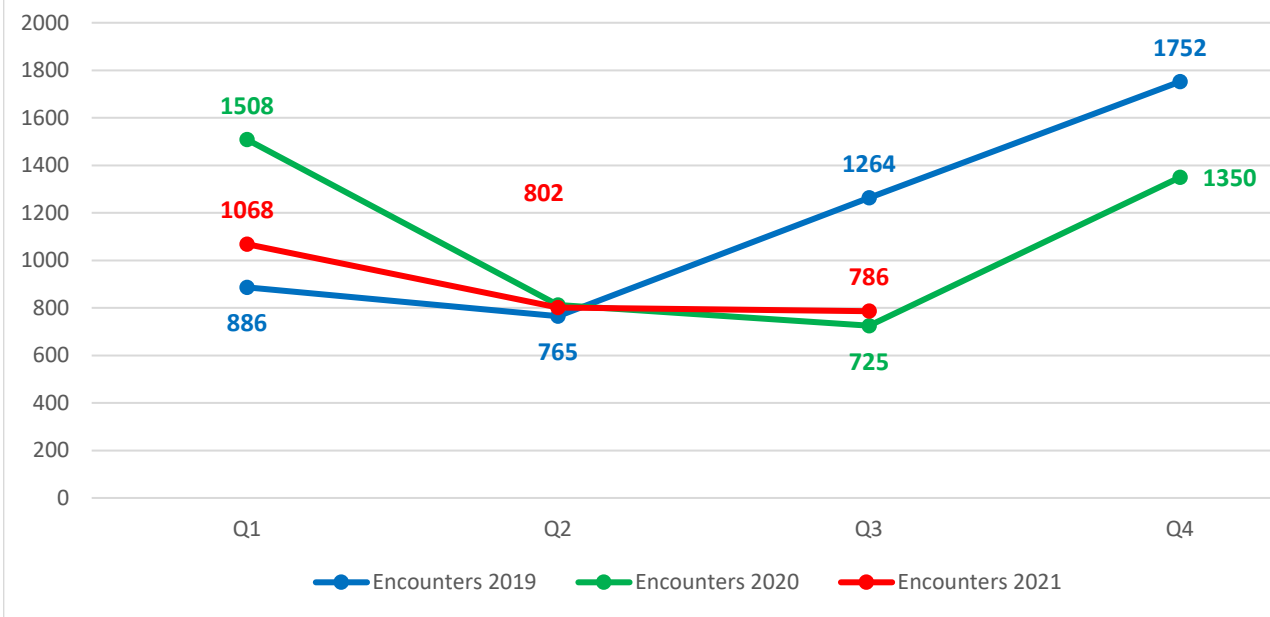
Dental Clinic RVUs by Quarter



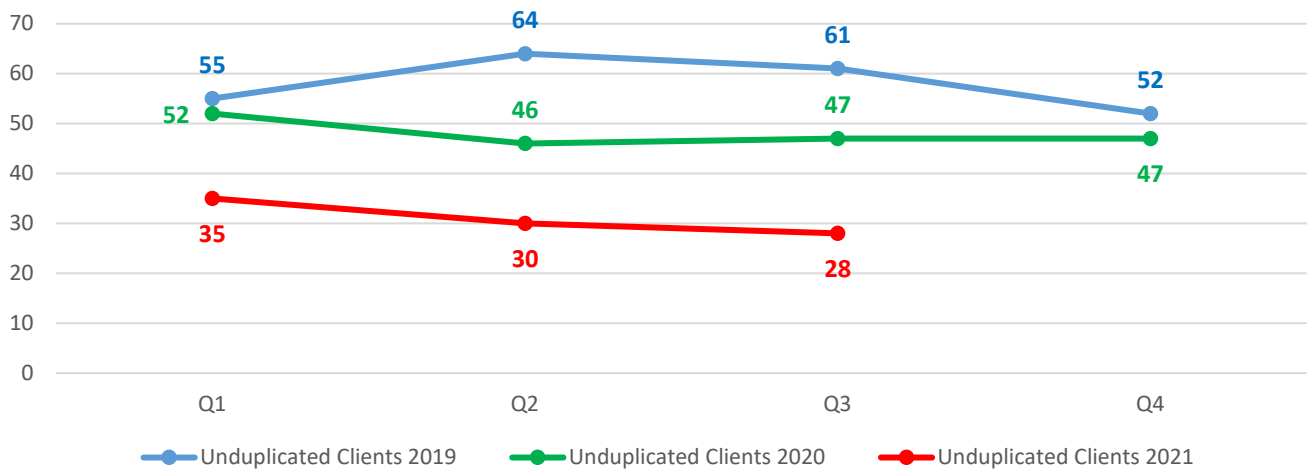
Larimer Health Connect Clients by Quarter



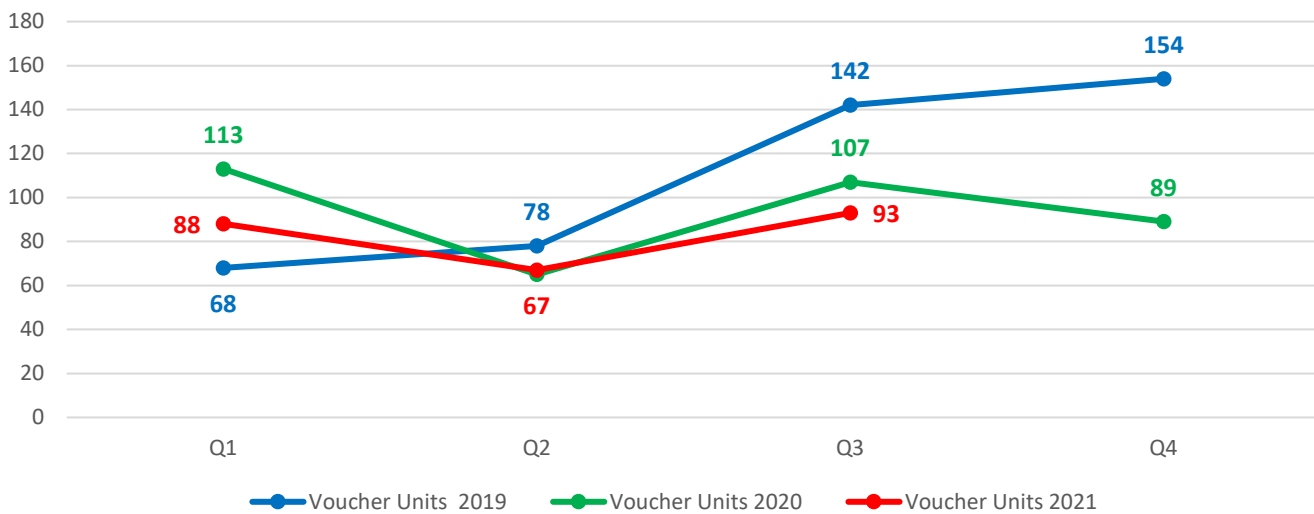
Larimer Health Connect Client Encounters by Quarter



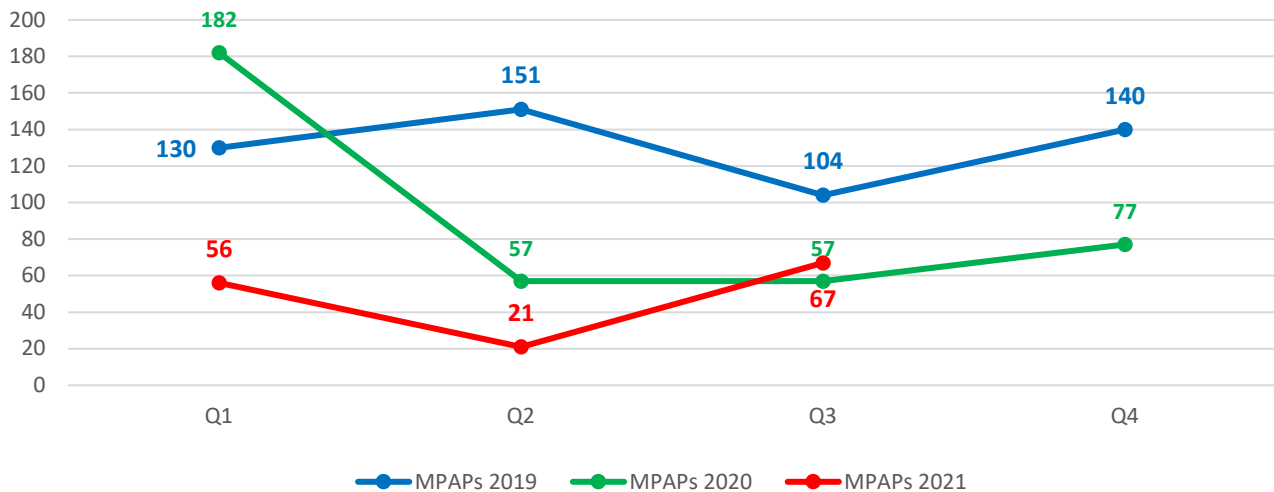
Prescription Assistance Clients by Quarter



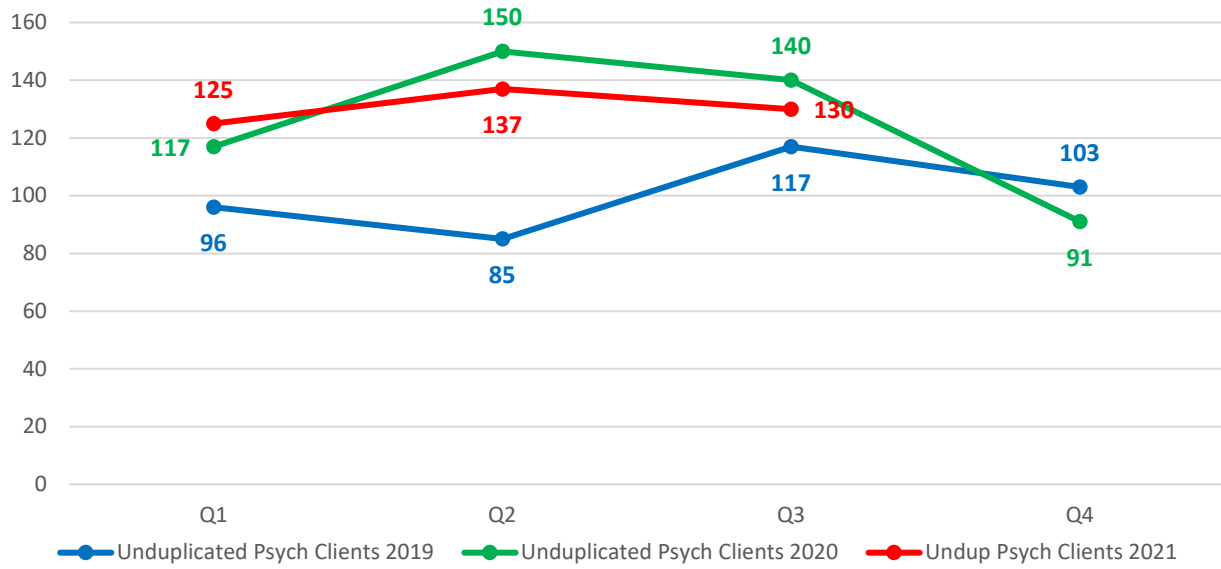
Prescription Units Provided Using Vouchers



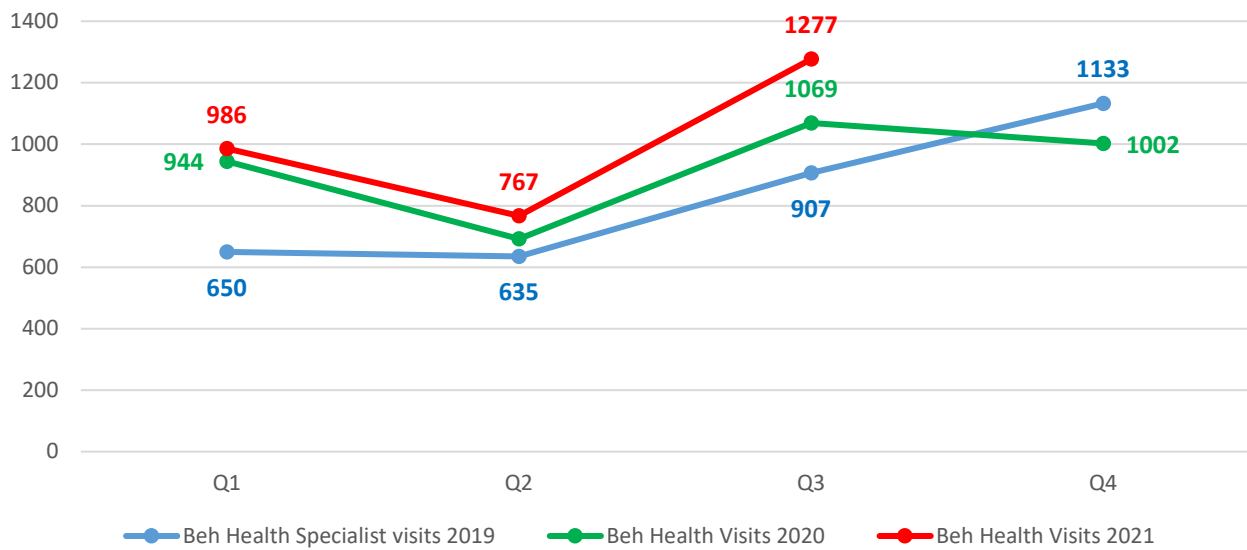
Prescription Units Provided Using Manufacturers' Programs



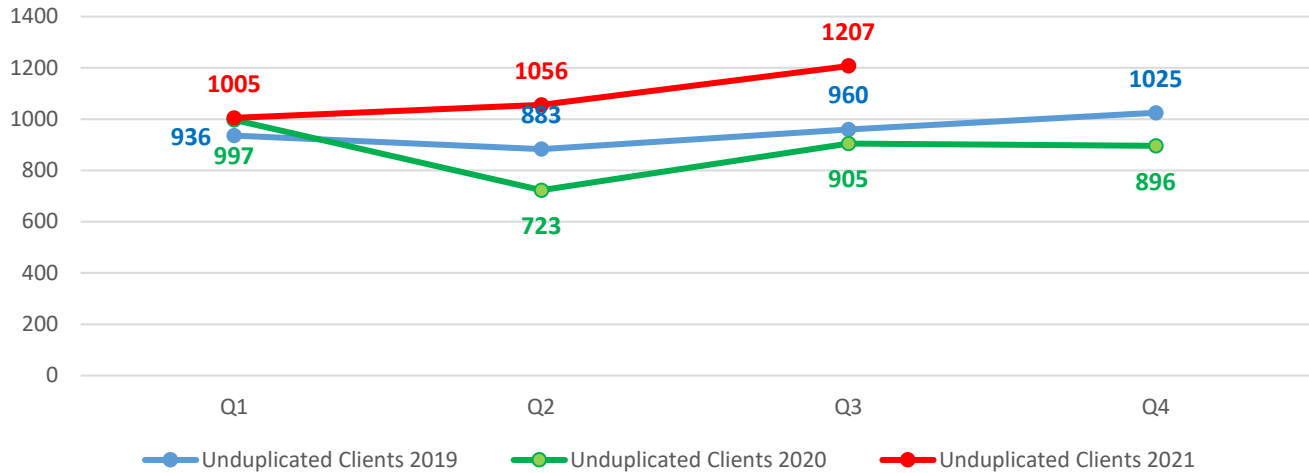
Clients with Sessions with the Integrated Care Psychiatrist



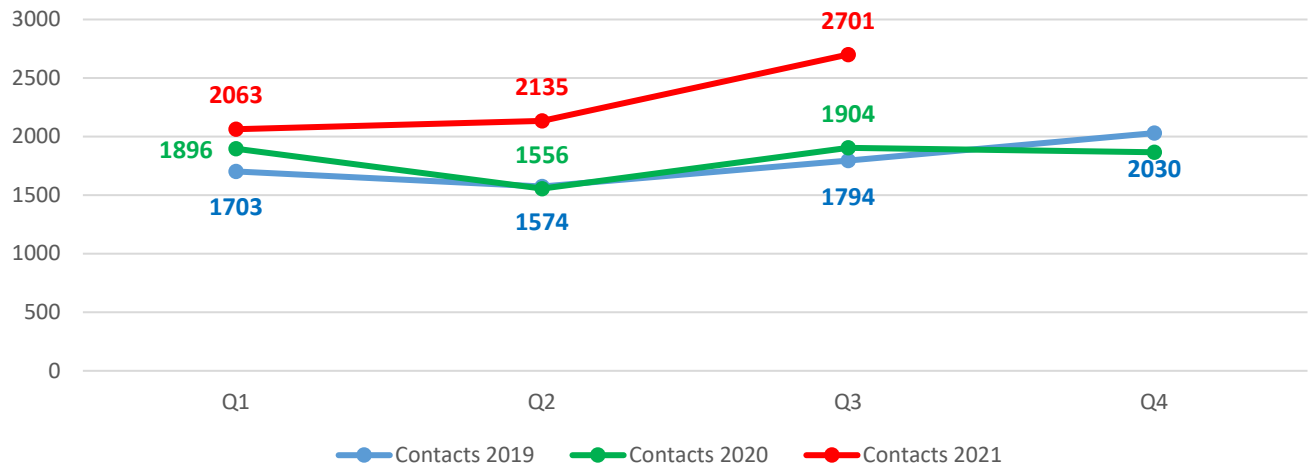
Integrated Care Visits with Behavioral Health Specialists



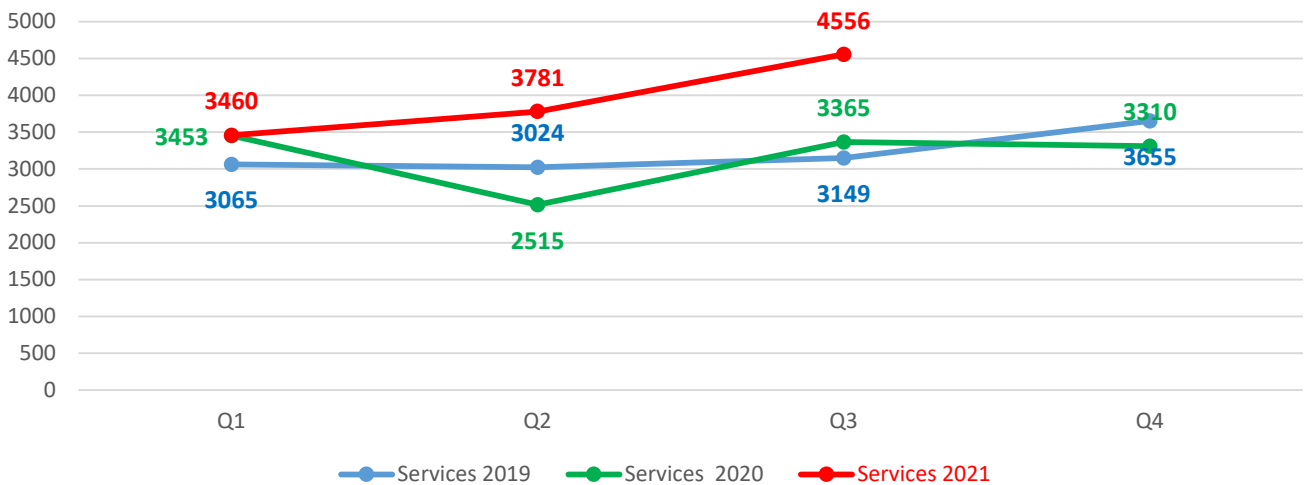
Adult Connections Clients by Quarter



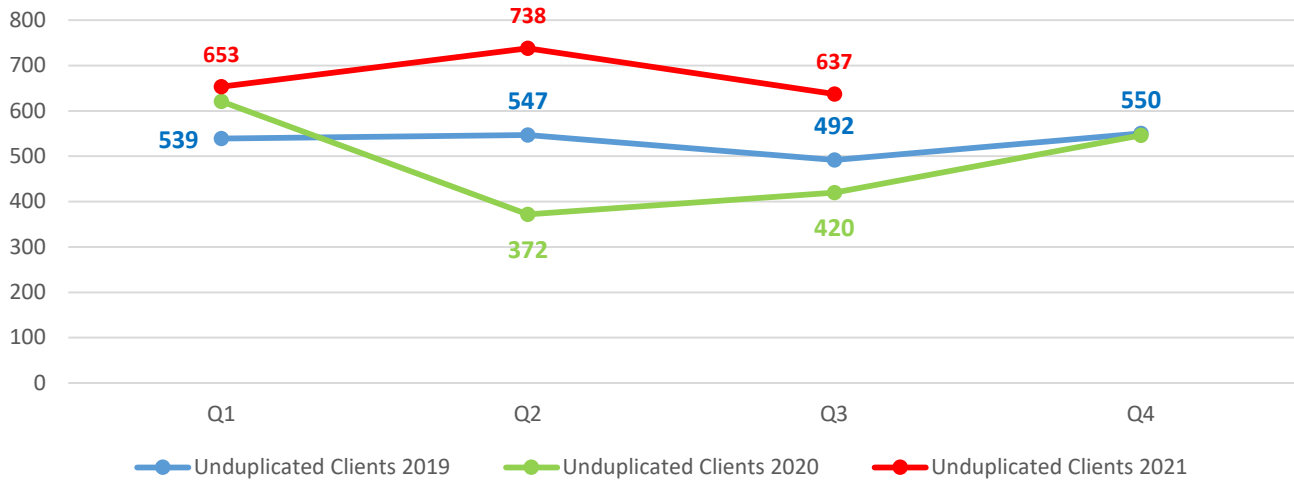
Adult Connections Contacts by Quarter



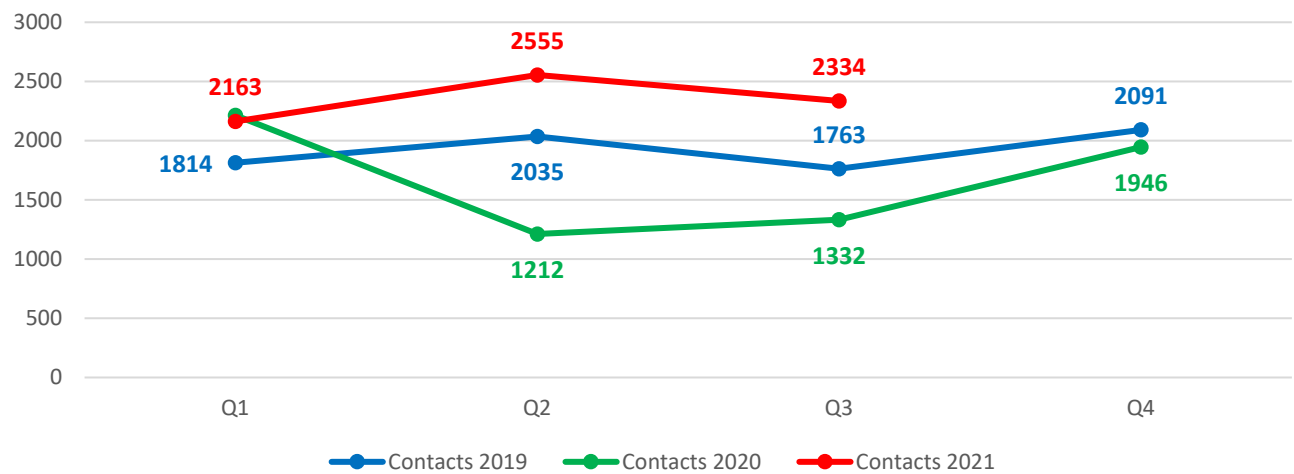
Adult Connections Services by Quarter



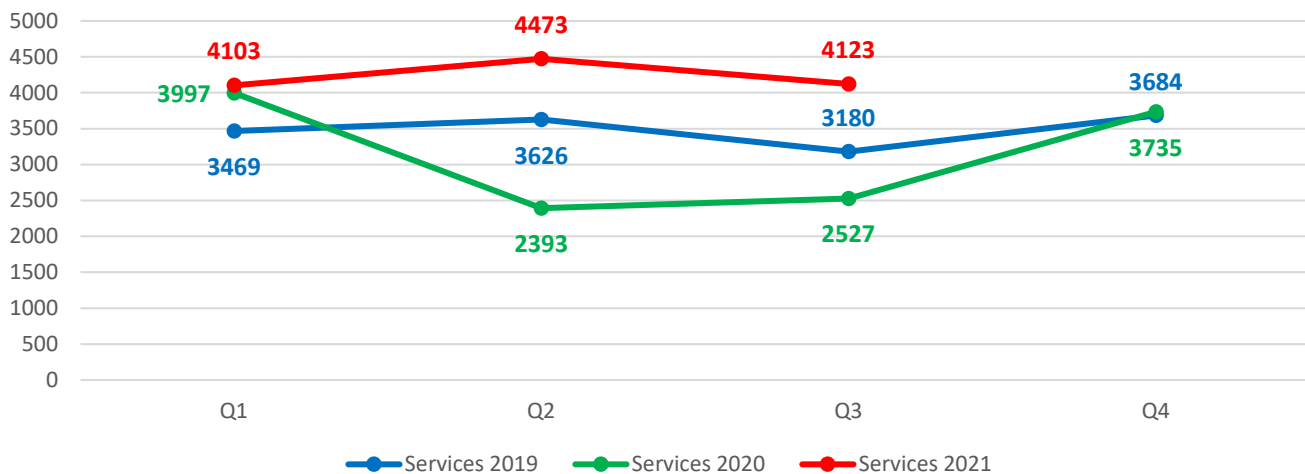
CAYAC Clients by Quarter



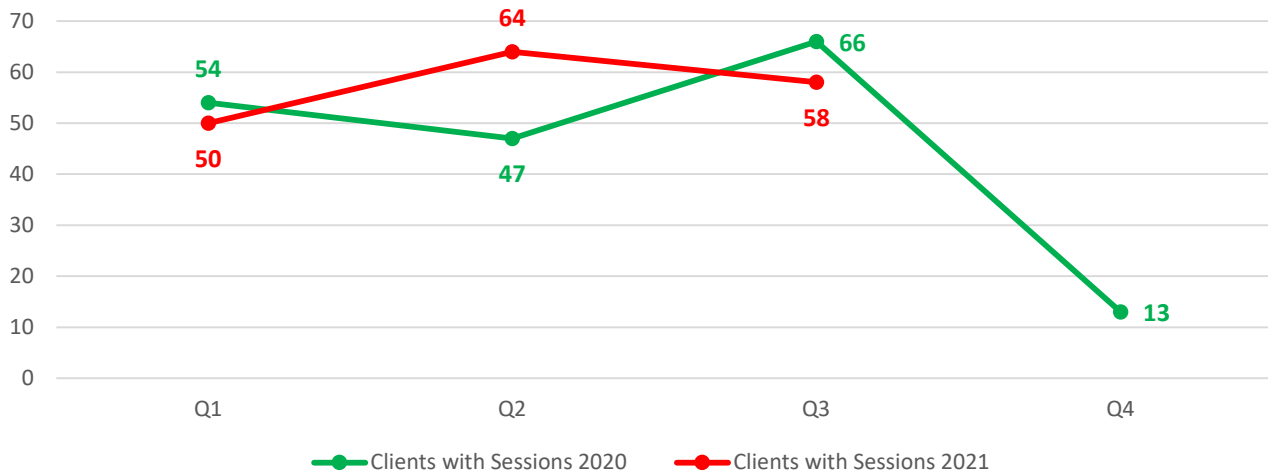
CAYAC Contacts by Quarter



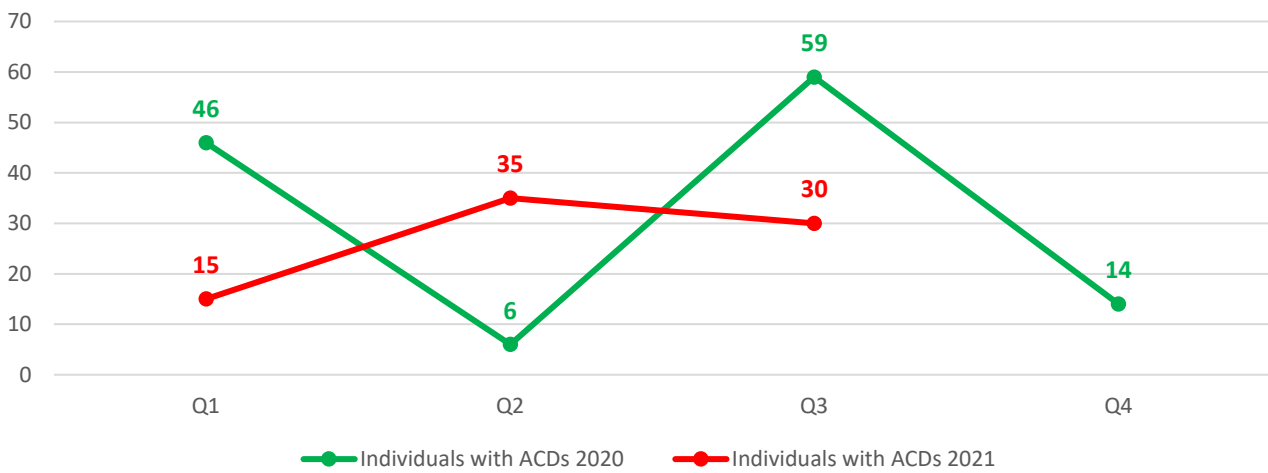
CAYAC Services by Quarter



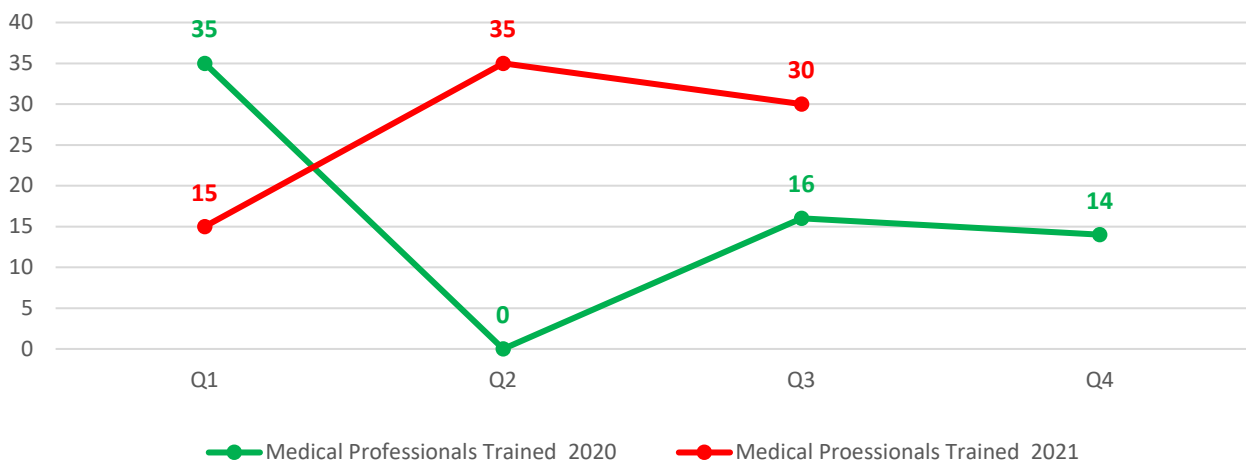
Advance Care Program Clients with Sessions



Clients With Advance Care Directives Completed

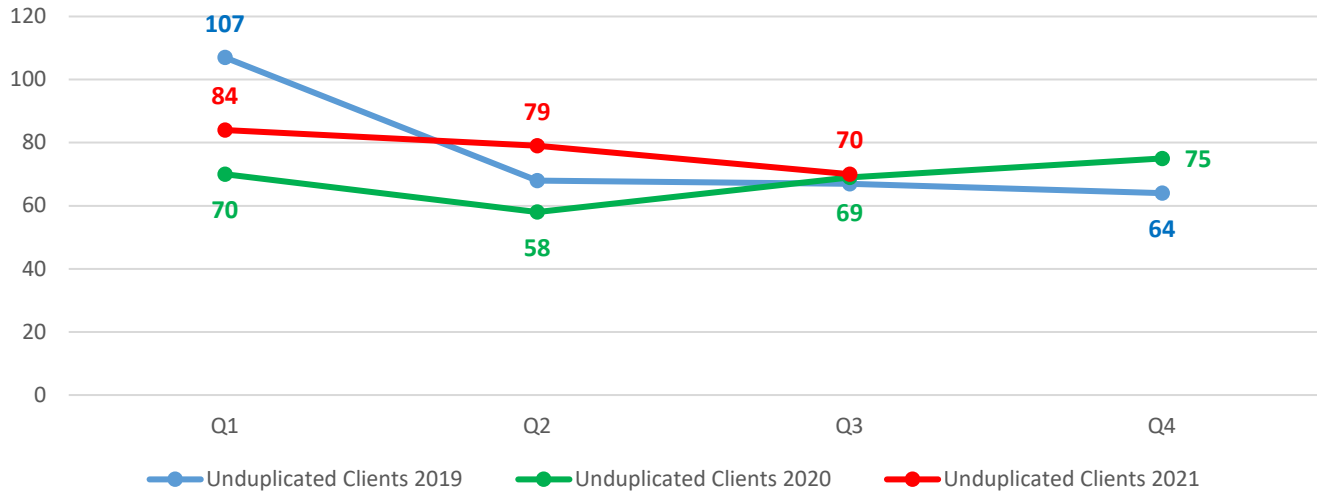


Medical Professionals Trained in Advance Care Planning

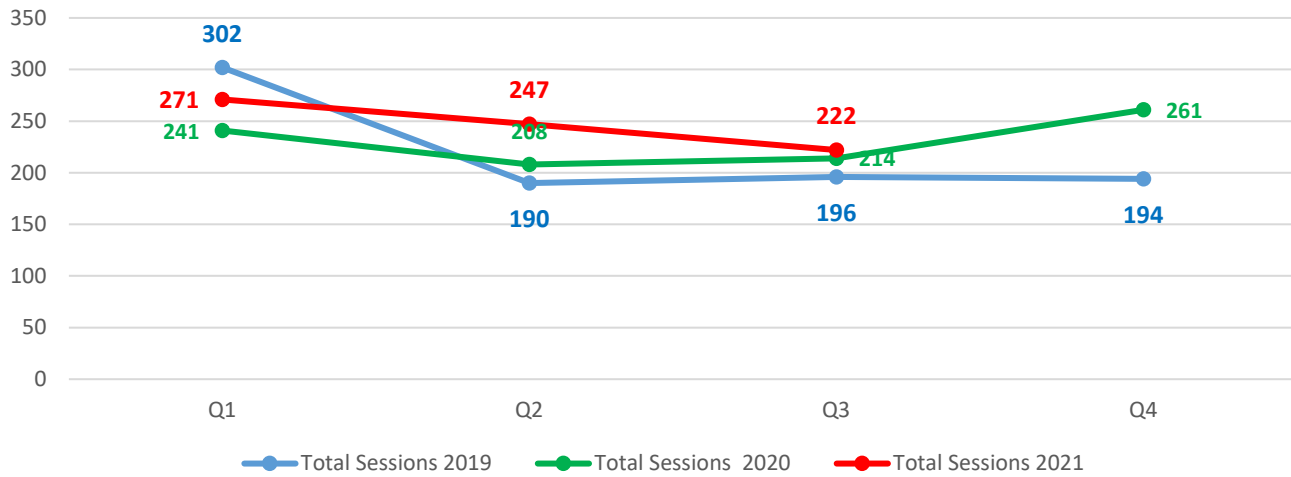


The Advance Care Program was downsized from 4+FTE in 2019, to 1 FTE in 2020.

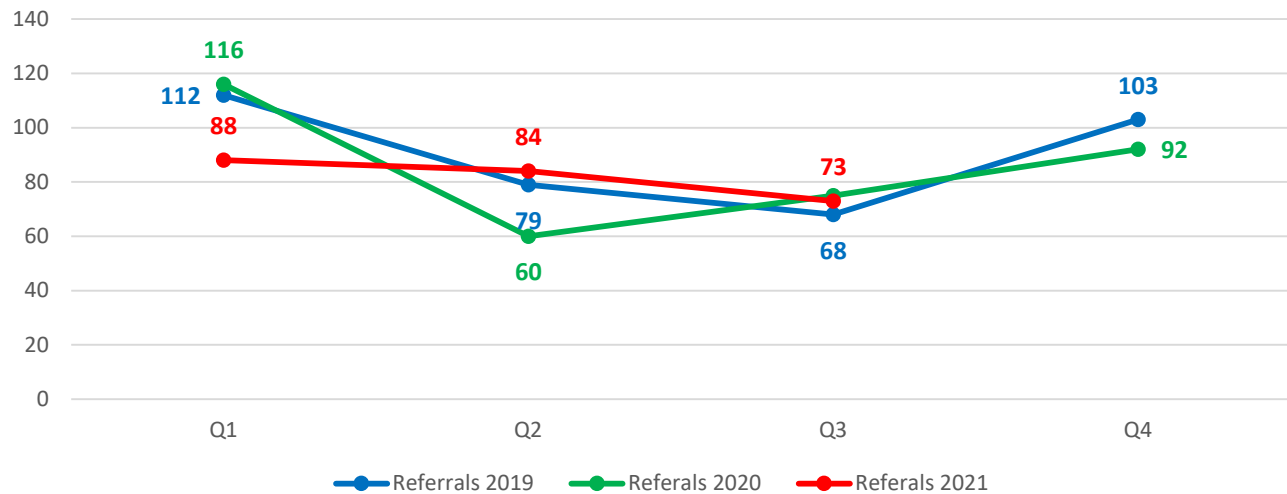
Quit Tobacco Clients by Quarter



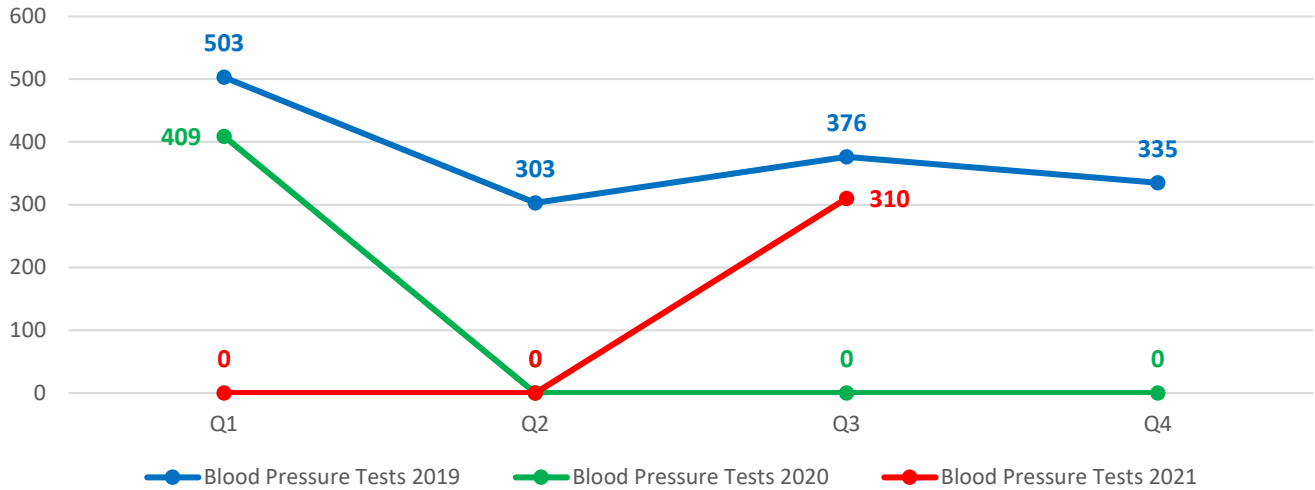
Quit Tobacco Sessions By Quarter



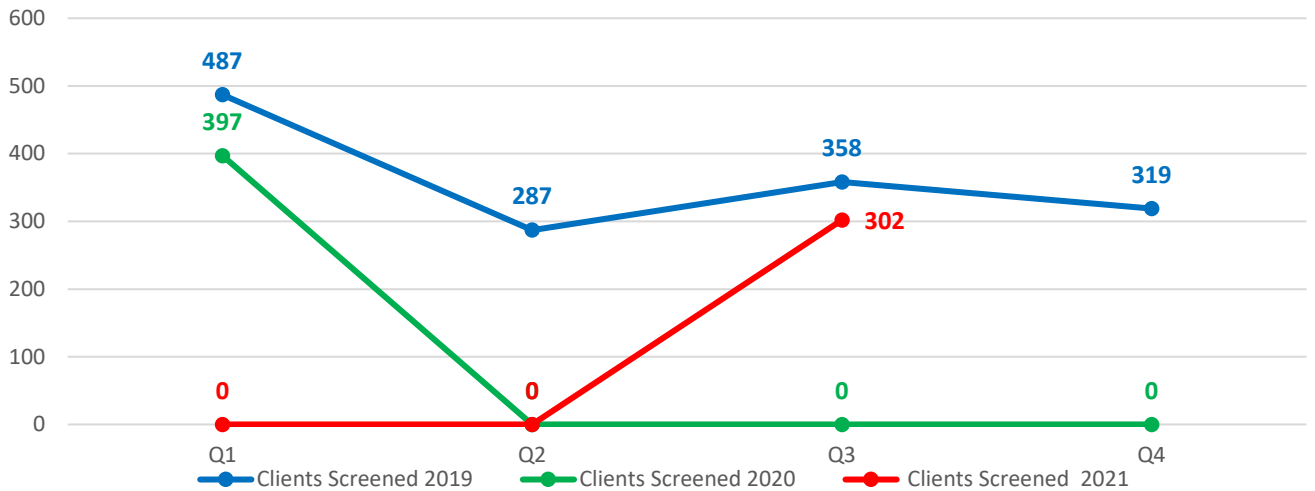
Quit Tobacco Referrals by Quarter



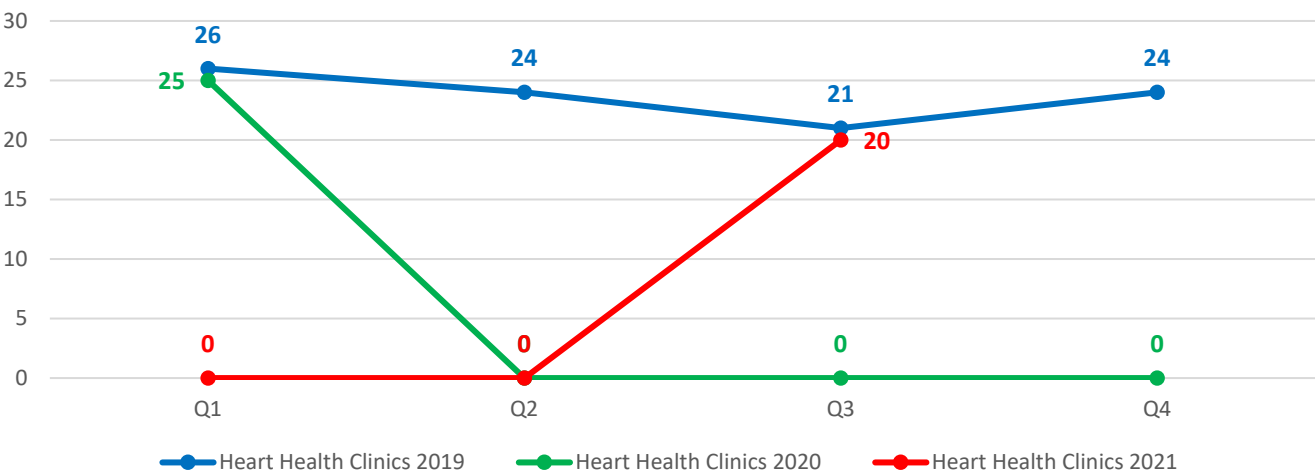
Heart Health Program Blood Pressure Checks



Heart Health Clinic Clients



Heart Health Clinics by Quarter





Resolution 2022-01

RESOLUTION TO ESTABLISH MEETING DAYS, TIMES AND LOCATIONS FOR MONTHLY BOARD OF DIRECTORS MEETINGS

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

That the Health District of Northern Larimer County Board of Directors regular meetings for 2022 shall normally be held on the fourth Tuesday of the month, at 4:00 p.m., with the exception of the November and December meetings, which are assigned per the attached schedule. Special meetings will be held as needed. Currently scheduled meetings are included on the attached schedule, however the Board may move, add or cancel any meeting if found to be necessary. Notice of any meetings shall be posted.

Meetings shall be held at the Health District office building, located at 120 Bristlecone Drive, Fort Collins, Colorado, 80524, unless otherwise noted.

ADOPTED, this 25th day of January, A.D., 2022.

Attest:

Michael D. Liggett, President

Molly Gutilla, Vice President

Johanna Ulloa Giron, Secretary

Joseph Prows, Treasurer

Celeste Kling
Liaison to UCHealth-North/PVHS Board



Resolution 2022-02

RESOLUTION TO ESTABLISH A DESIGNATED PUBLIC PLACE FOR THE POSTING OF MEETING NOTICES AS REQUIRED BY THE COLORADO OPEN MEETINGS LAW

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

Section 1. The designated public place for the posting of meeting notices as required by the Colorado Open Meetings Law, C.R.S. §24-6-402(2)(c), shall be at the Health District, 120 Bristlecone Drive, Fort Collins, Colorado. In addition, meeting notices shall be posted on the Health District website.

Section 2. The District Secretary or its designee shall also be responsible for posting meeting agendas no later than twenty-four (24) hours prior to the holding of the meeting. Such agendas will be posted at the Health District, 120 Bristlecone Drive, Fort Collins, CO, as well as on the Health District website.

ADOPTED, this 25th day of January, A.D., 2022.

Attest:

Michael D. Liggett, President

Molly Gutilla, Vice President

Johanna Ulloa Giron, Secretary

Joseph Prows, Treasurer

Celeste Kling
Liaison to UCHealth-North/PVHS Board

HEALTH DISTRICT
of Northern Larimer County
October 2021
Summary Financial Narrative

Revenues

The Health District is 0.4% ahead of year-to-date tax revenue projections. Interest income is 84.9% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings decreases slightly from 0.18% to 0.14% (based on the weighted average of all investments). Fee for service revenue from clients is 8.3% behind year-to-date projections and revenue from third party reimbursements is 16.3% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 0.6% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 19.5% behind year-to-date projections. Program variances are as follows: Administration 11.8%; Board 52.2%; Connections: Mental Health/Substance Issues Services 22.1%; Dental Services 17.8%; MH/SUD/Primary Care 20.1%; Health Promotion 16.6%; Community Impact 27.3%; Program Assessment and Evaluation 13.6%; Health Care Access 19.0%; and Resource Development 12.3%.

Capital Outlay

Capital expenditures are 5.5% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 10/31/2021

ASSETS

Current Assets:	
Cash & Investments	\$7,639,177
Accounts Receivable	163,124
Property Taxes Receivable	60,999
Specific Ownership Tax Receivable	65,040
Prepaid Expenses	18,737
Total Current Assets	<u>7,947,077</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,179,725
Equipment	1,247,179
Accumulated Depreciation	(3,117,622)
Total Property and Equipment	<u>9,901,877</u>
Total Assets	<u><u>17,848,954</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	791,274
Deposits	8,332
Deferred Revenue	885,591
Total Current Liabilities	<u>1,685,197</u>
Long-term Liabilities:	
Compensated Absences Payable	43,730
Total Long-term Liabilities	<u>43,730</u>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	48,542
Total Deferred Inflows of Revenues	<u>48,542</u>
Total Liabilities & Deferred Inflows of Resources	<u>1,777,469</u>
EQUITY	
Retained Earnings	13,900,525
Net Income	2,170,959
TOTAL EQUITY	<u>16,071,485</u>
TOTAL LIABILITIES AND EQUITY	<u><u>17,848,954</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 10/31/2021

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	12,456	8,226,426
Specific Ownership Taxes	65,039	566,579
Lease Revenue	99,598	984,373
Interest Income	1,921	14,011
Fee For Service Income	10,581	127,691
Third Party Income	106,319	834,326
Grant Income	79,450	593,511
Special Projects	0	3,332
Miscellaneous Income	1,526	20,479
Total Revenue	<u>376,889</u>	<u>11,370,728</u>
Expenses:		
Operating Expenses		
Administration	51,308	707,189
Board Expenses	857	22,434
Connections: Mental Health/Substance Issues Svcs	142,774	1,375,938
Dental Services	258,420	2,648,668
Integrated Care (MHSA/PC)	82,077	813,571
Health Promotion	61,676	602,365
Community Impact	31,151	433,000
Program Assessment & Evaluation	18,239	191,223
Health Care Access	82,412	811,932
Resource Development	14,114	141,307
Mulberry Offices	23,097	77,342
Special Projects	19,456	696,689
Grant Projects	97,112	477,577
Total Operating Expenses	<u>882,692</u>	<u>8,999,235</u>
Depreciation and Amortization		
Depreciation Expense	<u>20,628</u>	<u>200,534</u>
Total Depreciation and Amortization	<u>20,628</u>	<u>200,534</u>
Total Expenses	<u>903,320</u>	<u>9,199,769</u>
Net Income	<u>(526,431)</u>	<u>2,170,959</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 10/31/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$21,787	\$12,456	(\$9,331)	\$8,212,797	\$8,226,426	\$13,629	\$8,274,968	\$48,542
Specific Ownership Taxes	62,772	65,039	2,267	541,010	566,579	25,569	650,000	83,421
Lease Revenue	99,598	99,598	0	984,373	984,373	0	1,183,569	199,195
Interest Income	7,000	1,921	(5,079)	93,000	14,011	(78,989)	130,000	115,989
Sales Revenue	50	0	(50)	500	0	(500)	600	600
Fee for Services Income	13,923	10,581	(3,343)	139,234	127,691	(11,543)	167,081	39,390
Third Party Reimbursements	56,366	106,319	49,953	717,615	834,326	116,711	881,666	47,340
Grant Revenue	60,937	79,450	18,513	687,616	593,511	(94,105)	1,404,188	810,677
Partnership Revenue	2,058	0	(2,058)	20,579	3,332	(17,247)	24,695	21,363
Miscellaneous Income	1,635	1,526	(110)	16,354	20,479	4,124	19,625	(854)
Total Revenue	\$326,126	\$376,889	\$50,763	\$11,413,079	\$11,370,728	(\$42,351)	\$12,736,392	\$1,365,664
Expenditures:								
Operating Expenditures								
Administration	\$61,278	\$51,308	\$9,971	\$801,610	\$707,189	\$94,421	\$922,767	\$215,578
Board Expenses	2,418	857	1,561	46,938	22,434	24,504	75,523	53,089
Connections: Mental Health/Substance Issues Svcs	178,243	142,774	35,469	1,767,006	1,375,938	391,068	2,121,411	745,473
Dental Services	329,480	258,420	71,060	3,223,915	2,648,668	575,247	3,864,795	1,216,127
Integrated Care (MH/SUD/PC)	102,849	82,077	20,772	1,017,652	813,571	204,080	1,219,791	406,220
Health Promotion	74,459	61,676	12,783	722,142	602,365	119,777	865,158	262,793
Community Impact	60,325	31,151	29,174	595,533	433,000	162,532	713,580	280,580
Program Assessment & Evaluation	22,375	18,239	4,136	221,295	191,223	30,072	265,194	73,971
Health Care Access	103,678	82,412	21,266	1,002,301	811,932	190,370	1,208,842	396,910
Resource Development	16,105	14,114	1,991	161,052	141,307	19,745	193,262	51,955
Mulberry Office	15,961	23,097	(7,136)	159,607	77,342	82,265	191,529	114,187
Contingency (Operations)	0	0	0	0	0	0	60,000	60,000
Special Projects	222,482	19,456	203,026	1,736,548	696,689	1,039,859	2,673,230	1,976,541
Grant Projects	57,992	97,112	(39,120)	645,695	477,577	168,119	1,404,188	926,611
Total Operating Expenditures	\$1,247,644	\$882,692	\$364,952	\$12,101,294	\$8,999,235	\$3,102,059	\$15,779,270	\$6,780,035
Net Income	(\$921,518)	(\$505,803)	\$415,715	(\$688,214)	\$2,371,493	\$3,059,707	(\$3,042,878)	(\$5,414,371)

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 10/1/2021 to 10/31/2021

	<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	11,500	-	11,500	2,818,500	2,750,131	68,369	2,818,500	68,369
Construction in Progress	-	5,014	(5,014)	-	8,478			
Capital Equipment	-	-	-	14,300	-	14,300	14,300	14,300
General Office Equipment	35,000	-	35,000	40,000	-	40,000	60,000	60,000
Medical & Dental Equipment	-	-	-	121,775	80,626	41,149	121,775	41,149
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	-	12,690	(12,690)	29,700	27,419	2,281	57,700	30,281
Total Non-Operating Expenditures	<u>\$ 46,500</u>	<u>\$ 17,704</u>	<u>\$ 28,796</u>	<u>\$ 3,024,275</u>	<u>\$ 2,866,654</u>	<u>\$ 166,099</u>	<u>\$ 3,072,275</u>	<u>\$ 214,099</u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Administration								
Revenue:								
Miscellaneous Income	\$875	\$6	(\$869)	\$8,750	\$7,469	(\$1,281)	\$10,500	\$3,031
Total Revenue	875	6	(869)	8,750	7,469	(1,281)	10,500	3,031
Expenditures:								
Salaries and Benefits	47,970	41,790	6,180	479,698	441,601	38,097	575,638	134,037
Supplies and Purchased Services	13,309	9,518	3,791	321,911	265,588	56,324	347,129	81,541
Total Expenditures	61,278	51,308	9,971	801,610	707,189	94,421	922,767	215,578
Board of Directors								
Expenditures:								
Salaries and Benefits	0	0	0	8,612	8,120	493	8,612	493
Supplies and Purchased Services	2,418	857	1,561	32,326	14,315	18,011	37,911	23,596
Election Expenses	0	0	0	6,000	0	6,000	29,000	29,000
Total Expenditures	2,418	857	1,561	46,938	22,434	24,504	75,523	53,089
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	2,083	2,594	511	20,833	28,056	7,223	25,000	(3,056)
Total Revenue	2,083	2,594	511	20,833	28,056	7,223	25,000	(3,056)
Expenditures:								
Salaries and Benefits	149,724	125,202	24,522	1,497,239	1,239,748	257,491	1,796,687	556,939
Supplies and Purchased Services	28,519	17,572	10,946	269,767	136,190	133,577	324,724	188,534
Total Expenditures	178,243	142,774	35,469	1,767,006	1,375,938	391,068	2,121,411	745,473
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	54,982	62,221	7,240	549,816	655,310	105,494	659,779	4,469
Total Revenue	54,982	62,221	7,240	549,816	655,310	105,494	659,779	4,469
Expenditures:								
Salaries and Benefits	260,167	201,825	58,343	2,601,674	2,202,564	399,110	3,122,009	919,445
Supplies and Purchased Services	69,313	56,595	12,718	622,241	446,104	176,137	742,786	296,682
Total Expenditures	329,480	258,420	71,060	3,223,915	2,648,668	575,247	3,864,795	1,216,127

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2021

	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	0	42,883	42,883	153,956	149,469	(4,487)	205,275	55,806
Total Revenue	0	42,883	42,883	153,956	149,469	(4,487)	205,275	55,806
Expenditures:								
Salaries and Benefits	90,153	73,073	17,080	901,528	746,840	154,689	1,081,834	334,994
Supplies and Purchased Services	12,696	9,005	3,692	116,123	66,732	49,392	137,957	71,225
Total Expenditures	102,849	82,077	20,772	1,017,652	813,571	204,080	1,219,791	406,220
<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	51,732	27,516	24,216	517,324	400,587	116,737	620,789	220,202
Supplies and Purchased Services	8,593	3,635	4,958	78,209	32,413	45,795	92,791	60,378
Total Expenditures	60,325	31,151	29,174	595,533	433,000	162,532	713,580	280,580
<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	18,778	16,278	2,500	187,778	172,880	14,897	225,333	52,453
Supplies and Purchased Services	3,597	1,961	1,636	33,517	18,343	15,175	39,861	21,518
Total Expenditures	22,375	18,239	4,136	221,295	191,223	30,072	265,194	73,971
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	700	0	700	7,002	695	6,307	8,402	7,707
Total Revenue	700	0	700	7,002	695	6,307	8,402	7,707
Expenditures:								
Salaries and Benefits	57,328	51,959	5,369	573,280	518,927	54,353	687,936	169,009
Supplies and Purchased Services	17,131	9,717	7,414	148,862	83,438	65,424	177,222	93,784
Total Expenditures	74,459	61,676	12,783	722,142	602,365	119,777	865,158	262,793

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 10/31/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
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	81,971	65,174	16,797	819,706	713,514	106,191	983,647	270,133
Supplies and Purchased Services	21,707	17,239	4,469	182,595	98,417	84,178	225,195	126,778
Total Expenditures	103,678	82,412	21,266	1,002,301	811,932	190,370	1,208,842	396,910
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	13,946	13,002	944	139,460	131,779	7,681	167,352	35,573
Supplies and Purchased Services	2,159	1,112	1,048	21,592	9,528	12,064	25,910	16,382
Total Expenditures	16,105	14,114	1,991	161,052	141,307	19,745	193,262	51,955
Mulberry Offices								
Revenue:								
Fees, Reimbursements & Other Income	13,335	10,720	2,615	133,347	138,545	(5,198)	160,016	21,471
Total Revenue	13,335	10,720	2,615	133,347	138,545	(5,198)	160,016	21,471
Expenditures:								
Salaries and Benefits	0	0	0	0	0	0	0	0
Supplies and Purchased Services	15,961	23,097	(7,136)	159,607	77,342	82,265	191,529	114,187
Total Revenue	15,961	23,097	(7,136)	159,607	77,342	82,265	191,529	114,187

Health District of Northern Larimer County

Investment Schedule October 2021

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,383	0.020%	0.01%	N/A
Local Government Investment Pool	COLOTRUST	\$ 5,575,014	78.659%	0.03%	N/A
Flex Savings Account	First National Bank	\$ 238,497	3.365%	0.05%	N/A
Certificate of Deposit	Advantage Bank	\$ 141,974	2.003%	1.60%	12/27/2021
Certificate of Deposit	Advantage Bank	\$ 115,015	1.623%	0.25%	9/2/2022
Certificate of Deposit	Points West	\$ 115,729	1.633%	0.70%	12/12/2021
Certificate of Deposit	Points West	\$ 157,318	2.220%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	\$ 241,929	3.413%	0.35%	10/7/2023
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	3.527%	0.50%	1/9/2022
Certificate of Deposit	Farmers Bank	\$ 250,682	3.537%	0.65%	6/27/2022
Total/Weighted Average		<u>\$ 7,087,541</u>	<u>100.000%</u>	<u>0.14%</u>	

Notes:

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper, money market funds and repurchase agreements backed by these same securities.

HEALTH DISTRICT
of Northern Larimer County
November 2021
Summary Financial Narrative

Revenues

The Health District is 0.1% ahead of year-to-date tax revenue projections. Interest income is 85.4% behind year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings increased slightly from 0.14% to 0.16% (based on the weighted average of all investments). Fee for service revenue from clients is 8.1% behind year-to-date projections and revenue from third party reimbursements is 18.1% ahead of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 0.5% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 19.7% behind year-to-date projections. Program variances are as follows: Administration 12.3%; Board 49.6%; Connections: Mental Health/Substance Issues Services 21.5%; Dental Services 18.3%; MH/SUD/Primary Care 20.1%; Health Promotion 16.5%; Community Impact 28.9%; Program Assessment and Evaluation 13.6%; Health Care Access 19.8%; and Resource Development 12.2%.

Capital Outlay

Capital expenditures are 6.4% behind year-to-date projections.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 11/30/2021

ASSETS

Current Assets:	
Cash & Investments	\$7,149,521
Accounts Receivable	137,363
Property Taxes Receivable	48,542
Specific Ownership Tax Receivable	52,784
Prepaid Expenses	14,876
Total Current Assets	<u>7,403,086</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,180,871
Equipment	1,240,097
Accumulated Depreciation	(3,131,205)
Total Property and Equipment	<u>9,882,358</u>
Total Assets	<u><u>17,285,444</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	775,826
Deposits	8,332
Deferred Revenue	946,984
Total Current Liabilities	<u>1,731,142</u>
Long-term Liabilities:	
Compensated Absences Payable	42,541
Total Long-term Liabilities	<u>42,541</u>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	18,163
Total Deferred Inflows of Revenues	<u>18,163</u>
Total Liabilities & Deferred Inflows of Resources	<u>1,791,846</u>
EQUITY	
Retained Earnings	13,900,525
Net Income	1,593,073
TOTAL EQUITY	<u>15,493,598</u>
TOTAL LIABILITIES AND EQUITY	<u><u>17,285,444</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 11/30/2021

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	30,379	8,256,805
Specific Ownership Taxes	52,783	619,362
Lease Revenue	99,598	1,083,971
Interest Income	606	14,617
Fee For Service Income	13,123	140,814
Third Party Income	79,911	914,237
Grant Income	20,977	614,488
Special Projects	13	3,345
Miscellaneous Income	858	21,337
Total Revenue	<u>298,248</u>	<u>11,668,976</u>
Expenses:		
Operating Expenses		
Administration	48,959	756,148
Board Expenses	2,430	24,864
Connections: Mental Health/Substance Issues Svcs	149,962	1,525,899
Dental Services	246,126	2,894,795
Integrated Care (MHSA/PC)	79,956	893,528
Health Promotion	60,390	662,755
Community Impact	32,559	465,560
Program Assessment & Evaluation	19,041	210,264
Health Care Access	74,266	886,198
Resource Development	14,189	155,497
Mulberry Offices	6,244	83,586
Special Projects	75,376	772,065
Grant Projects	45,971	523,548
Total Operating Expenses	<u>855,469</u>	<u>9,854,705</u>
Depreciation and Amortization		
Depreciation Expense	<u>20,665</u>	<u>221,199</u>
Total Depreciation and Amortization	<u>20,665</u>	<u>221,199</u>
Total Expenses	<u>876,134</u>	<u>10,075,903</u>
Net Income	<u>(577,887)</u>	<u>1,593,073</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 11/30/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$62,137	\$30,379	(\$31,758)	\$8,274,934	\$8,256,805	(\$18,129)	\$8,274,968	\$18,163
Specific Ownership Taxes	51,483	52,783	1,300	592,493	619,362	26,869	650,000	30,638
Lease Revenue	99,598	99,598	0	1,083,971	1,083,971	0	1,183,569	99,598
Interest Income	7,000	606	(6,394)	100,000	14,617	(85,383)	130,000	115,383
Sales Revenue	50	0	(50)	550	0	(550)	600	600
Fee for Services Income	13,923	13,123	(801)	153,158	140,814	(12,343)	167,081	26,267
Third Party Reimbursements	56,366	79,911	23,545	773,981	914,237	140,255	881,666	(32,571)
Grant Revenue	60,937	20,977	(39,960)	748,553	614,488	(134,065)	1,404,188	789,700
Partnership Revenue	2,058	13	(2,045)	22,637	3,345	(19,292)	24,695	21,350
Miscellaneous Income	1,635	858	(777)	17,990	21,337	3,347	19,625	(1,712)
Total Revenue	\$355,187	\$298,248	(\$56,940)	\$11,768,267	\$11,668,976	(\$99,291)	\$12,736,392	\$1,067,416
Expenditures:								
Operating Expenditures								
Administration	\$61,040	\$48,959	\$12,081	\$862,650	\$756,148	\$106,502	\$922,767	\$166,619
Board Expenses	2,418	2,430	(13)	49,355	24,864	24,491	75,523	50,659
Connections: Mental Health/Substance Issues Svcs	175,684	149,962	25,722	1,942,690	1,525,899	416,790	2,121,411	595,512
Dental Services	318,100	246,126	71,973	3,542,015	2,894,795	647,220	3,860,795	966,000
Integrated Care (MH/SUD/PC)	100,818	79,956	20,862	1,118,470	893,528	224,942	1,219,791	326,263
Health Promotion	71,241	60,390	10,851	793,383	662,755	130,628	865,158	202,403
Community Impact	58,972	32,559	26,413	654,505	465,560	188,945	713,580	248,020
Program Assessment & Evaluation	21,945	19,041	2,904	243,239	210,264	32,976	265,194	54,930
Health Care Access	103,287	74,266	29,021	1,105,588	886,198	219,390	1,212,842	326,644
Resource Development	16,105	14,189	1,916	177,157	155,497	21,660	193,262	37,765
Mulberry Office	15,961	6,244	9,717	175,568	83,586	91,983	191,529	107,943
Contingency (Operations)	0	0	0	0	0	0	60,000	60,000
Special Projects	222,482	75,376	147,106	1,959,030	772,065	1,186,965	2,673,230	1,901,165
Grant Projects	57,992	45,971	12,021	703,687	523,548	180,140	1,404,188	880,640
Total Operating Expenditures	\$1,226,044	\$855,469	\$370,574	\$13,327,337	\$9,854,705	\$3,472,633	\$15,779,270	\$5,924,565
Net Income	(\$870,857)	(\$557,222)	\$313,635	(\$1,559,071)	\$1,814,271	\$3,373,342	(\$3,042,878)	(\$4,857,150)

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 11/1/2021 to 11/30/2021

	<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	-	-	-	2,818,500	2,750,131	68,369	2,818,500	68,369
Construction in Progress	-	1,146	(1,146)	-	9,624			
Capital Equipment	-	-	-	14,300	-	14,300	14,300	14,300
General Office Equipment	-	-	-	40,000	-	40,000	60,000	60,000
Medical & Dental Equipment	-	-	-	121,775	80,626	41,149	121,775	41,149
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	28,000	-	28,000	57,700	27,419	30,281	57,700	30,281
Total Non-Operating Expenditures	<u>\$ 28,000</u>	<u>\$ 1,146</u>	<u>\$ 26,854</u>	<u>\$ 3,052,275</u>	<u>\$ 2,867,800</u>	<u>\$ 194,099</u>	<u>\$ 3,072,275</u>	<u>\$ 214,099</u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2021

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$875	\$0	(\$875)	\$9,625	\$7,469	(\$2,156)	\$10,500	\$3,031
Total Revenue	875	0	(875)	9,625	7,469	(2,156)	10,500	3,031
Expenditures:								
Salaries and Benefits	47,970	43,919	4,051	527,668	485,520	42,148	575,638	90,118
Supplies and Purchased Services	13,070	5,040	8,031	334,982	270,627	64,354	347,129	76,502
Total Expenditures	61,040	48,959	12,081	862,650	756,148	106,502	922,767	166,619
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	0	0	0	8,612	8,120	493	8,612	493
Supplies and Purchased Services	2,418	2,430	(13)	34,743	16,745	17,999	37,911	21,166
Election Expenses	0	0	0	6,000	0	6,000	29,000	29,000
Total Expenditures	2,418	2,430	(13)	49,355	24,864	24,491	75,523	50,659
<u>Connections: Mental Health/substance Issue</u>								
Revenue:								
Fees, Reimbursements & Other Income	2,083	3,806	1,723	22,917	31,862	8,945	25,000	(6,862)
Total Revenue	2,083	3,806	1,723	22,917	31,862	8,945	25,000	(6,862)
Expenditures:								
Salaries and Benefits	149,724	123,042	26,682	1,646,963	1,362,789	284,174	1,784,687	421,898
Supplies and Purchased Services	25,960	26,920	(960)	295,727	163,110	132,617	336,724	173,614
Total Expenditures	175,684	149,962	25,722	1,942,690	1,525,899	416,790	2,121,411	595,512
<u>Dental Services</u>								
Revenue:								
Fees, Reimbursements & Other Income	54,982	71,487	16,505	604,797	726,797	121,999	659,779	(67,018)
Total Revenue	54,982	71,487	16,505	604,797	726,797	121,999	659,779	(67,018)
Expenditures:								
Salaries and Benefits	260,167	202,342	57,826	2,861,842	2,404,906	456,936	3,122,009	717,103
Supplies and Purchased Services	57,933	43,785	14,148	680,174	489,889	190,285	738,786	248,897
Total Expenditures	318,100	246,126	71,973	3,542,015	2,894,795	647,220	3,860,795	966,000

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2021

	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	0	7,416	7,416	153,956	156,885	2,929	205,275	48,390
Total Revenue	0	7,416	7,416	153,956	156,885	2,929	205,275	48,390
Expenditures:								
Salaries and Benefits	90,153	73,794	16,358	991,681	820,634	171,047	1,081,834	261,200
Supplies and Purchased Services	10,665	6,162	4,503	126,789	72,894	53,895	137,957	65,064
Total Expenditures	100,818	79,956	20,862	1,118,470	893,528	224,942	1,219,791	326,263
<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	51,732	29,311	22,422	569,057	429,898	139,159	620,789	190,891
Supplies and Purchased Services	7,240	3,249	3,991	85,448	35,662	49,786	92,791	57,129
Total Expenditures	58,972	32,559	26,413	654,505	465,560	188,945	713,580	248,020
<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	18,778	17,040	1,738	206,555	189,920	16,635	225,333	35,413
Supplies and Purchased Services	3,167	2,001	1,166	36,684	20,344	16,340	39,861	19,517
Total Expenditures	21,945	19,041	2,904	243,239	210,264	32,976	265,194	54,930
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	700	463	(238)	7,702	1,158	(6,544)	8,402	7,244
Total Revenue	700	463	(238)	7,702	1,158	(6,544)	8,402	7,244
Expenditures:								
Salaries and Benefits	57,328	49,681	7,647	630,608	568,608	62,000	687,936	119,328
Supplies and Purchased Services	13,913	10,709	3,204	162,775	94,147	68,628	177,222	83,075
Total Expenditures	71,241	60,390	10,851	793,383	662,755	130,628	865,158	202,403

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 11/30/2021

	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	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	81,971	64,468	17,503	901,676	777,982	123,695	983,647	205,665
Supplies and Purchased Services	21,316	9,799	11,518	203,912	108,216	95,696	229,195	120,979
Total Expenditures	103,287	74,266	29,021	1,105,588	886,198	219,390	1,212,842	326,644
<u>Resource Development</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	13,946	12,959	987	153,406	144,738	8,668	167,352	22,614
Supplies and Purchased Services	2,159	1,231	928	23,751	10,759	12,992	25,910	15,151
Total Expenditures	16,105	14,189	1,916	177,157	155,497	21,660	193,262	37,765
<u>Mulberry Offices</u>								
Revenue:								
Fees, Reimbursements & Other Income	13,335	10,720	(2,615)	146,681	149,265	(2,584)	160,016	10,751
Total Revenue	13,335	10,720	(2,615)	146,681	149,265	(2,584)	160,016	10,751
Expenditures:								
Salaries and Benefits	0	0	0	0	0	0	0	0
Supplies and Purchased Services	15,961	6,244	9,717	175,568	83,586	91,983	191,529	107,943
Total Revenue	15,961	6,244	9,717	175,568	83,586	91,983	191,529	107,943

Health District of Northern Larimer County

Investment Schedule November 2021

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,383	0.021%	0.01%	N/A
Local Government Investment Pool	COLOTRUST	\$ 5,152,373	77.302%	0.03%	N/A
Flex Savings Account	First National Bank	\$ 238,517	3.578%	0.05%	N/A
Certificate of Deposit	Advantage Bank	\$ 142,165	2.133%	1.60%	12/27/2021
Certificate of Deposit	Advantage Bank	\$ 115,040	1.726%	0.25%	9/2/2022
Certificate of Deposit	Points West	\$ 115,729	1.736%	0.70%	12/12/2021
Certificate of Deposit	Points West	\$ 157,318	2.360%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	\$ 241,929	3.630%	0.35%	10/7/2023
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	3.751%	0.50%	1/9/2022
Certificate of Deposit	Farmers Bank	\$ 250,821	3.763%	0.65%	6/27/2022
Total/Weighted Average		<u>\$ 6,665,275</u>	<u>100.000%</u>	<u>0.16%</u>	

Notes:

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper, money market funds and repurchase agreements backed by these same securities.

MEMO

TO: Health District Board of Directors

FROM: Karen Spink, Assistant Director

DATE: January 25, 2022

RE: Board Policy Updates

We are in the process of updating Board policies to reflect pronoun changes, any law changes, and to use new ADA formatting. Since these changes are not substantive, the policies have been included in the Consent Agenda calendar.

All policy updates include a change in format – the heading will include the original adopted date and the current revision only. All other history will be at the end of the document.





99-01 Pol: Contract Signature Policy

Approved July 23, 1996

~~Amended August 23, 2016~~

~~Amended September 28, 2021~~ Amended January 25, 2022

Preamble: The business of operating the Health District of Northern Larimer County requires the execution of a wide variety of agreements and contracts. In order to facilitate the execution of those documents, it is appropriate for the Board to determine a policy of limitation of authority for contracts in which Health District funds (not grant, partner, or other funds) will be expended.

Note: *For the second and third categories below, if time is of the essence and the Board President determines that the contract is likely to be non-controversial to the Board, the Board President may approve and sign the contract, subject to ratification by the Board at the subsequent meeting.*

Memos of Agreement and Contracts Under \$10,000

When a memo of agreement, contract, or other document implements a Board-adopted program or budget, and is in an amount less than \$10,000, the Program Director is authorized to sign the agreement. If a Memo of Agreement with a health care provider or consultant sets a price per service or hour but does not set a total amount, the Program Director is responsible for monitoring payments on the contract to insure that expenditures do not exceed the approved budget.

Memos of Agreement and Contracts Under \$50,000

When a memo of agreement, contract, or other document implements a program or budget that has been included in the budget authorized by the Board of Directors, and is in an amount less than \$50,000, the Executive Director (or, in the Executive Director's absence, ~~his/her~~their staff designee) is authorized to sign the agreement.

Memos of Agreement and Contracts \$50,000 to \$150,000

Projects that are in the amount of \$50,000 to \$150,000 require general approval of the Board of Directors, and the corresponding contract or other document will be signed by the Executive Director (or, in the Executive Director's absence, ~~his/her~~their staff designee), and the Board President (or, in the Board President's absence, the Board Vice President). "General approval" means that the Board has considered the general concept of the project in a board meeting and has voted to approve the expenditure.

Memos of Agreement and Contracts Exceeding \$150,000

Projects that are in an amount exceeding \$150,000 will require specific approval of the Board of Directors, and the wording of the actual contract or other document will be submitted to board members for their review prior to signature. The document will be signed by the Executive Director (or, in the Executive Director's absence, ~~his/her~~their staff designee), and the Board President (or, in the Board President's absence, the Board Vice President).

ADOPTED, on the 23rd day of July, A.D., 1996
RATIFIED, on the 11th day of February, A.D., 1999
RATIFIED, on the 24th day of February, A.D., 2004
AMENDED, on the 23rd day of October, A.D., 2012
AMENDED, on the 23rd day of August, A.D., 2016
AMENDED, on the 28th day of September, A.D., 2021
AMENDED, on the 25th day of January, A.D., 2022

Attested by:

Michael D. Liggett, Esq., President

Molly Gutilla, MS, DrPH, Vice President

Celeste Kling, JD, Liaison to PVHS Board

Joseph Prows, MD, Treasurer

Johanna Ulloa Giron, PsyM, MSW, Secretary



99-7 Pol: Establishing and Communicating a Position on Policy Issues

Adopted December 14, 1999

~~Amended January 22, 2019~~ Amended January 25, 2022

Purpose of Policy: Outlines procedures by which the Health District of Northern Larimer County establishes and communicates positions related to policy issues as allowed under Internal Revenue Service (IRS) regulation and state law, as well as briefly discusses positions on ballot issues.

Introduction: The Health District of Northern Larimer County recognizes that the policies determined by legislatures and other governmental bodies can sometimes have a significant impact on the health status of our community or on the organization. The Board of Directors of the Health District have determined that it is part of their responsibility to review the implication of key policy proposals and determine whether the Health District will take an official position on all or part of proposal.

In general, the process will be that staff will review policies and legislation at the federal, state, or local level that are likely to have a significant impact on either the health status of our community or on the Health District, and present them to the Board for consideration. During the state legislative session, staff will be responsible for presenting to the Board a matrix of issues of potential importance, sorted by priority. For issues with the greatest potential impact, when time allows, staff will create a balanced, evidence-based policy document regarding the issue and its impact on the health of our community (or on our organization) for Board consideration. After careful deliberation of the possible health (or organizational) implications of any particular policy change, the Board will make the decision about whether to take a position, or not, and if so, what position to take. Staff will generally communicate any stances taken by the Board. The process is based on the procedures outlined below.

Prioritization Method for Legislation during Legislative Session

During a legislative session of the Colorado General Assembly, a staff policy committee, comprised of the Executive Director, the Director overseeing Policy, the Medical Director, and the Policy Coordinator, prioritize bills of interest to the Health District. Upon agreement of the committee, bills are prioritized as follows:

Priority 1: Issues with a potentially significant impact on the health status of the community (or a potentially significant impact on Health District operations).

Priority 2: Issues that will potentially have an impact, though less significant, on the health status of the community (or a less significant impact on Health District operations).

Priority 3: Other health or Health District operations issues.

Bills that are prioritized by the staff policy committee will be presented to the Board on a legislative matrix, which will include where the bill is in the legislative process, a simple description, the priority level, and the bill sponsors.

The Policy Strategy Team will determine for which bills staff will develop appropriate policy documents.

Board members may request, by consensus, to re-prioritize bills listed on the matrix (or not listed on the matrix).

POLICY

Process

When time allows for a quality, balanced analysis by staff on a particular policy issue for discussion and action at a regularly scheduled board meeting.

When policy issues of significant importance to the Health District are identified (Priority 1 bills or other important issues), the appropriate staff member, under the direction of the staff policy committee, will develop a thorough, balanced, written analysis (including readily available evidence) for presentation at a regularly scheduled board meeting. The analysis will include, at a minimum, background information on the issue, readily available evidence, and reason to support or oppose the policy. If requested by the current Board, staff will attach a memo with a recommended position and recommended actions for the Board to consider.

The appropriate staff member, at the direction of the Executive Director, will present the analysis to the Board and answer questions for discussion. Usually the analysis will be presented by the Policy Coordinator.

Following Board discussion, the Board, by motion, may decide to take one of the following positions: Strongly Support, Support, Oppose, Strongly Oppose, or No Position (Neutral). The Board may also decline to take a position or may decide to take a position on specific portions or particular concepts within a bill or issue rather than take position on a bill or issue.

When a position is taken by the Board, the Policy Coordinator or authorized designee will:

1. Share position with appropriate policymakers
2. Share policy documents with appropriate policymakers
3. Post policy document(s) and position on Health District website, per Board Policy 01-02.

When a position of Strongly Support or Strongly Oppose is taken, and occasionally when a position of Support or Oppose is taken, the Policy Coordinator or Director overseeing Policy, and/or other staff, as designated by the Executive Director, may also:

1. Testify at committee meetings on position and concerns
2. Make phone calls, send emails or visit personally with appropriate policymakers
3. Share analysis with other legislators
4. Coordinate efforts with other organizations and advocates working on the issue

The Board may also decide to specifically direct staff actions different from those listed above.

Staff will continue to track these policy issues until the policy has passed or been defeated and will present bill status and highlight changes for the Board as needed.

When time does not allow for full written analysis by staff on a particular policy issue, but time allows for discussion and action at a regularly scheduled board meeting.

When issues of significant importance to the Health District are identified (Priority 1 bills or other important issues), but when there is not adequate time for a full analysis as described above before the next scheduled board meeting, staff may draft a short policy summary or brief. This document will include basic background information and issues that are known at the time of drafting. The summary may include or be a product developed by one or more outside organizations, if approved by the staff policy committee. The document will explicitly state that it is not a complete analysis of the issue.

The appropriate staff member, at the direction of the Executive Director, will present the document to the Board and answer questions for discussion. Usually the presenter will be the Policy Coordinator.

Following discussion, the Board may decide that further analysis is needed and may direct staff to complete a full analysis of the issue. That analysis may be presented at the following scheduled board meeting or action may be taken per the section, below: *When time does not allow for discussion at a regularly scheduled board meeting.*

The Board may decide that the short summary provided enough information for the Board to make an informed decision on the bill or policy issue. The Board may then, by motion, take a position as described in the previous section: *When time allows for a quality, balanced analysis by staff on a particular policy issue for discussion and action at a regularly scheduled board meeting.*

Staff will continue to track these policy issues until the policy has passed or been defeated and will present bill status and highlight changes for the Board as needed.

When time does not allow for discussion at a regularly scheduled board meeting.

There are occasions where the policy making process does not allow time for discussion at a regularly scheduled board meeting or where the Board may elect to defer a decision and action until a full analysis is developed but *before* the next board meeting. The Executive Director, or under the direction of the Executive Director, the Director overseeing Policy, or Policy Coordinator, will contact the President of the Board of Directors and inform ~~him/her~~ them of the issue and proposed action.

The President may request that one of the following occurs:

1. No action will be taken.
2. If timeline allows, a special meeting may be called to discuss the issue (72 hours posted notice is required).
3. If the timeline does not allow for a special meeting, or a special meeting does not appear to be warranted in the opinion of the President of the Board, in consultation with the Executive Director, (for example, because the Board has previously considered the issue and issued its

general opinion, or because the issue has a clear and important health impact and the Board President anticipates ~~highly likely~~ full Board consensus, but the issue is moving too fast for full Board action), the President of the Board or, in the President's absence, the Vice President, may give direction to the Executive Director, which direction will be subject to ratification or withdrawal by the Board at its next public meeting.

Testifying before a government or regulatory body as an Official Representative of the Health District in support or opposition of specific policy

In the event that the Health District has the opportunity to provide testimony in support for or opposition to a specific policy in front of a governmental or regulatory body, Board members or designated staff will limit their testimony to the official Board position and relevant facts as described in the policy document. Designated staff members who are requested to answer questions from a policymaker may answer those questions in a manner that is consistent with the Board's position and the facts from the policy document. Per Colorado law, regular testimony (more than three appearances) before a Colorado General Assembly committee or other board or commission must be made by an individual registered with the State of Colorado as a lobbyist. Testimony will be coordinated by the Policy Coordinator, with Executive Director approval (or Board approval if appropriate). No staff representing the Health District's position is to testify before a governmental or regulatory body without Executive Director approval. Any person who testifies shall submit a report to the Policy Coordinator.

Grassroots Lobbying

Should the Board take a special interest in a particular issue, they may direct staff to engage in grassroots lobbying, as allowed under IRS and other regulations. Grassroots lobbying is defined by the IRS as attempting to influence any legislation through attempts to affect the opinions of the general public or any segment thereof. Communication is considered grassroots when:

1. It refers to a specific piece of legislation,
2. Reflects a position on this legislation, and
3. Encourages the recipient of the message to take a specific action.

All three requirements must be met for the communication to qualify as grassroots lobbying.

Grassroots lobbying will be undertaken only on issues where a position of strongly support or strongly oppose has been taken and only under the explicit direction of the Board. These activities will be handled by the Director overseeing Policy, the Policy Coordinator, and the Communications Director (as needed) under the supervision of the Executive Director.

The Board may direct staff as follows:

Grassroots I: Send or share advocacy action messages with constituents, specific groups or other interested individuals. These messages may originate with the Health District or may be messages created by others and forwarded. These may be communicated via email, fax, phone, or in-person.

Grassroots II: Actively organize individuals and groups to advocate for our position. This could include soliciting individuals or groups to offer testimony, organizing letter writing campaigns, demonstrations or other coordinated efforts.

Grassroots III: Create (and then lead) a coalition of interested individuals to advocate for our position.

If grassroots lobbying is undertaken, staff will keep careful track of all resources expended in the manner required by law, which may be different from regular lobbying reporting regulations.

Action on Ballot or Candidates

Special districts, like other government bodies, are greatly restricted from expending money (including staff time) on ballot issues by the Fair Campaign Practices Act (which should be reviewed carefully if ballot positions are considered) and are not allowed to become involved in candidates' elections. The Board may direct staff to prepare a balanced analysis on ballot issues of official concern (referring to the definition of "official concern" in current law) and may pass a non-binding resolution in support or opposition of a ballot measure, announcing the position in the same way that other decisions are announced. As with all resolutions concerning policy issues, it will be published electronically on the Health District website. No staff time or monies may be expended in promoting this position.

Monitoring and Reporting Time and Finances Spent on Legislative Issues

Per applicable IRS regulations, the Policy Coordinator will report all time spent and funds expended on direct lobbying and grassroots lobbying, if any, to the Health District Finance Director. IRS regulations dictate expenditure limits for both direct and grassroots lobbying, thus these figures must be tracked by appropriate Health District staff. Registered lobbyists will also report expenditures to the Colorado Secretary of State, as required by law.

Adopted, this 14th day of December, A.D., 1999

Amended, this 22nd day of August, A.D., 2000

Amended, this 22nd day of January, A.D., 2001

Amended, this 30th day of September, A.D., 2003

Amended, this 15th day of February, A.D., 2006

Amended, this 13th day of December, A.D., 2013

Amended, this 22nd day of January, A.D., 2019

Amended, this 25th day of January, A.D., 2022

Attested by:

Michael D. Liggett, Esq. President

Molly Gutilla, MS, DrPH, Vice President

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