



# **BOARD OF DIRECTORS MEETING**

**June 26, 2018  
4:00 pm**

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



## BOARD OF DIRECTORS MEETING

June 26, 2018

4:00 pm

Health District, 1<sup>st</sup> Floor Conference Room

### AGENDA

4:00 p.m. Board Refreshments

4:05 p.m. Call to Order; Approval of Agenda; Introductions.....Michael Liggett

4:08 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. DISCUSSION WITH VENDOR

- Introduction ..... Carol Plock
- Health District Public Awareness Consultation: Goals, Outcomes .... Dawn Putney, Toolbox Creative

4:45 p.m. DISCUSSION & ACTIONS

- 2017 Audit and Financials Statements ..... Lorraine Haywood, Carol Plock  
Sara Kurtz, CPA, Eide Bailly
- Determining Process for Making Appointment for Board Member Vacancy .....Michael Liggett
- Discussion: Annual Board Retreat Timing.....Michael Liggett, Carol Plock

5:20 p.m. UPDATES & REPORTS

- Legislation and Policy..... Alyson Williams
  - Colorado Legislative Session Wrap-up
  - Federal Farm Bill Update
- 2018 First Quarter Report and other Executive Director Updates ..... Carol Plock
- UCHHealth-North/PVHS Board Liaison Report ..... Faraz Naqvi

5:40 p.m. PUBLIC COMMENT (2<sup>nd</sup> opportunity) See Note above.

5:45 p.m. CONSENT AGENDA

- Approval of the May 22, 2018 Board Meeting Minutes
- Approval of the May 2018 Financials
- Approval of the Updated Financials for January thru April 2018 and Final December 2017 Financials

5:50 p.m. DECISION

- Approval of the May 1, 2018 Board Meeting Minutes

5:55 p.m. ANNOUNCEMENTS

- July 24, 4:00 pm – Board of Directors Regular Meeting (extended meeting)

6:00 p.m. ADJOURN

## ■ 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

### GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. 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.**

## **Background Information from RFP**

# **Health District Public Awareness Consultation Project**

**June 22, 2018**

### **Purpose of RFP**

The Health District of Northern Larimer County (Health District) solicited competitive proposals for consultation from vendors with experience and expertise in the development, testing, and execution of public awareness campaigns and/or branding campaigns. The purpose of the proposed campaign is to increase community awareness and understanding of the Health District, its services, projects, and roles in the community. Outcomes may include improved name recognition for the Health District, increased understanding of Health District services and roles, and increased utilization of direct services.

### **Background of the Health District**

The Health District of Northern Larimer County is a local public entity with the broad mission to enhance the health of our community. In order to do so, it has developed multiple and diverse programs, services, and projects. Some Health District programs provide direct services to clients. Some are for those with low incomes and/or no private health insurance, while others are open to all residents of the district. Other agency programs involve the Health District working on policy issues or in collaboration with community partner organizations to affect targeted changes to the local health-care delivery system. The Health District currently delivers messaging through a variety of media channels and continuously seeks to improve its effectiveness.

### **Project Overview**

The Health District is seeking strategic guidance on how best to increase public awareness and understanding of the Health District, its services, projects and roles in the community. This consultation should address ways to leverage the Health District's existing communication channels, and offer recommendations, as needed, for any additional approaches or strategies. As part of the consultation process, the vendor should seek to understand as much as possible current community awareness, understanding and perception of the Health District. It should also incorporate a review of the Health District's existing communication strategies and assist in an analysis of their strengths, as well as opportunities for improvement. The process will include working closely with an internal public awareness team throughout the project, and will result in a set of recommendations presented by the team and consultant to the Health District Board of Directors.



## MEMO

To: Health District Board of Directors

From: Carol Plock, Executive Director

Date: June 22, 2018

RE: Determining process, timeline, details for board member appointment to fill current board member vacancy: DRAFT documents for consideration

As you know, board member Deirdre Sullivan has submitted her resignation from the board. During the June 26 Board meeting, the Board will need to determine the process and timeline for filling the current vacancy on the Board of Directors.

State Statute and Board Bylaws state that a vacancy on the Board will be filled by appointment by the remaining directors, the appointee to serve until the next regular election, at which time the vacancy will be filled by election for any remaining unexpired portion of the time. The board has 60 days to complete the process, or they could lose their right to appoint.

Board chairperson Mike Liggett and I took a look at the historical process used to appoint a board member, which seemed rational and appropriate for this situation, so we made some minor adaptations and are proposing essentially the same process.

Attached to this memo are three documents for the board's review, and for discussion, edits (if any), and adoption at the June 26 board meeting :

Proposed:

- Process and timeline for appointment
- Call for candidates
- Application form

**Proposed Process and Timeline for Appointment of New Board Member  
Health District of Northern Larimer County**

June 22, 2018

When a board member resigns, state statute requires that a new board member be appointed by the remaining board members within 60 days of the resignation. If the appointment is not made by this time, the County Commissioners may step in and make an appointment.

Board President Deirdre Sullivan resigned on May 31, 2018. The remaining board members must name her replacement no later than July 30, or risk losing the authority to appoint the successor.

If the board follows the process used the last time that a vacancy occurred before an election, it would include:

- Recruitment of interested candidates through advertising and word of mouth
- Interested candidates submit letter, answers to application question
- Board selects up to 3 candidates for interviews (and may check references)
- Board interviews selected candidates
- Board makes an appointment

**Potential appointment process and timeline:**

Board review/edit/approval of process, ad, interview questions, timeline	June 26, 2018
Information packet ready for candidates	June 29
Opening advertised in Coloradoan (2x), through social media, press release	start June 29
Deadline for submitting letter, application question answers	July 16
- Applications delivered to Board	July 17
Board members hold phone meeting to select interviewees	July 18-20
Interviewees notified no later than	July 20
Board interviews candidates in work session	July 24
Board makes appointment at board meeting	July 24

- DRAFT AD -

**CALL FOR CANDIDATES FOR THE  
HEALTH DISTRICT  
GOVERNING BOARD**

**APPLICATION DEADLINE: July 16, 2018**

Due to the resignation of a board member, a vacancy has been created on the governing board of the Health District of Northern Larimer County. Candidates for the board should have skills or experience that will contribute to the leadership and governance of a community health organization. The term is from now until May 2020, when the position is up for public re-election.

Attributes of the candidate shall include:

- Availability of time and commitment to attendance
- A good understanding of health care and health issues (including mental health) that impact the local community
- Knowledge of the role and responsibilities of a policy-making board
- Commitment to thoughtful consideration of policy issues impacting the community and organization
- Ability to respond effectively to change

Candidate must be a registered elector and either a resident of the Health District boundaries, or the owner of taxable property within the district.

Interested persons can obtain the application packet either online at [www.healthdistrict.org/xxxx](http://www.healthdistrict.org/xxxx), or at the Health District offices at 120 Bristlecone Dr., Fort Collins, CO 80524, or call 224-5209 to have a packet sent to them. Applications must be RECEIVED either in the Health District office or through the designated online process no later than 5:00 pm, July 16, 2018 to be considered. The Board will review all applications and select one person to fill the vacancy until the election in May 2020.



4. Describe what you consider to be the significant health issues in our community.
5. The Health District is a health services special district, and its mission is to “enhance the health of the community.” What do you believe the role of the Health District should be in fulfilling that mission?
6. What do you believe is the difference between governance and management?
7. If selected, what additional knowledge or skills would you need to serve most effectively?
8. Please list below three references (with email and phone contact information) who would be able to address your suitability to serve on the Health District board.
9. Please tell us anything else you feel we should know in considering your application.

<b>Date:</b> June 20, 2018	<b>2018 COLORADO LEGISLATIVE SESSION WRAP-UP</b>	
<b>Staff:</b> Alyson Williams		

## 2018 COLORADO LEGISLATIVE SESSION

Overview of outcomes of legislation of interest to the Health District of Northern Larimer County

### Overview Statistics

**Overall results for the session:** 721 bills introduced, 432 passed (60% success rate)

**Total Bills Tracked by the Health District:** 128 Bills: 65 passed, 61 postponed indefinitely, 2 inactive<sup>1</sup>

- **57 priority 1 bills:** 25 passed/signed into law, 31 postponed indefinitely, 1 inactive.
- **36 priority 2 bills:** 21 passed/signed into law, 14 postponed indefinitely, 1 inactive.
- **35 priority 3 bills:** 19 passed/signed into law, 16 postponed indefinitely

**Board Positions:** The Health District Board of Directors took positions on 26 pieces of legislation and 3 budgetary issues during the 2018 legislative session.

### Summary

The 2018 legislative session began on January 10, 2018, and ended on May 9, 2018. This session was just short of the record number of bills introduced, 738 during the 2003 session. This year, 60 percent of bills passed during this session, compared to 62 percent in 2017. The end of the session was busier than usual as 57 bills were introduced in the last 20 days of session. Furthermore, there were still 276 bills pending passage 10 days before the end of session. Legislators addressed important issues ranging from rural broadband and transportation to PERA and the Colorado Civil Rights Division. However, health care bills did not fare as well this session. Bills intending to respond to the substance use disorder and overdose crisis in the state received bipartisan support. Additionally, some mental health bills were able to pass both chambers. There were many attempts to study and address the cost of insurance, prescription drugs, and other health care services. The majority of these were not adopted.

### Legislation of Significant Importance to the Health District of Northern Larimer County

The following charts summarize the bills on which the Health District board took a position during the 2018 legislative session. The bill summary reflects what was included in the final version of the bill before it passed or was postponed indefinitely. Policy staff has added post-session notes on the bills to discuss potential next steps and issues. For a complete list of bills monitored in the 2018 session, including more in-depth summaries, see the Legislative Matrix dated June 20, 2018. The titles of the bills include hyperlinks to the official General Assembly bill page, which includes the all versions of the bill, fiscal notes, bill history, and further information.

<sup>1</sup> Inactive bills are ones that did not get final action before the end of the session or were placed on the calendar for after the session, effectively postponing action until after the time that the General Assembly can take such action.

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### HB18-1003: Opioid Misuse Prevention

<p>This bill:</p> <ol style="list-style-type: none"> <li>1. Establishes the opioid and substance use disorder study committee</li> <li>2. Directs the Colorado Consortium for Prescription Drug Abuse Prevention to create address and report issues regarding recovery services</li> <li>3. Specifies school-based health care centers may apply for grants to expand behavioral health services and creates a grant program for those activities</li> <li>4. Creates a grant program for organizations to operate a substance abuse screening, brief intervention, and referral (SBIRT) program</li> <li>5. Directs the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies to develop and implement continuing education activities to help providers prescribe safely and effectively manage chronic pain.</li> </ol>	<p>The Board voted to <b>support</b> this bill on February 13.</p>	<p>An amended version of this bill <b>passed</b> on May 4 and was <b>signed</b> by the Governor on May 21.</p>	<p>The introduced version of this bill did not include the strategic plan for recovery housing and report on recovery services.</p> <p>Staff will attend hearings of the Opioid and Substance Use Interim Study Committee during the 2018 interim period. Additionally, staff will be watching for the report on recovery by the Colorado Consortium.</p>
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### HB18-1007: Substance Use Disorder Payment & Coverage

<p>This bill:</p> <ol style="list-style-type: none"> <li>1. Requires health plans to provide coverage without prior authorization for a 5-day supply of an FDA approved medication for opioid dependence (limit 1 time in 12 months)</li> <li>2. Prohibits carriers from taking adverse action against a provider based solely on a patient satisfaction survey relating to pain treatment.</li> <li>3. Clarifies that an urgent prior authorization request includes a request for medication-assisted treatment (MAT).</li> <li>4. Permits a pharmacist who has entered into a collaborative pharmacy practice agreement to administer injectable MAT and to receive an enhanced dispensing fee.</li> <li>5. Requires the Department of Health Care Policy &amp; Financing (HCPF) and the Office of Behavioral Health (OBH) to establish rules that standardize utilization management authority timelines for the non-pharmaceutical components of MAT.</li> <li>6. Colorado Medicaid program to authorize reimbursement for a FDA approved, ready-to-use opioid overdose reversal drug without prior authorization.</li> </ol>	<p>The Board voted to <b>support</b> this bill on March 13.</p>	<p>An amended version of this bill <b>passed</b> on May 3 and was <b>signed</b> by the Governor on May 21.</p>	<p>The introduced bill only required coverage for a 5-day supply of buprenorphine. It also included a mandate for all health plans that cover physical therapy, acupuncture, or chiropractic services to not subject those services to financial provisions that are less favorable than those for primary care services if the covered person has chronic pain or a substance use disorder diagnosis. Another provision that was removed from the final bill is the prohibition of insurers from requiring a covered person to undergo step therapy using a drug that include an opioid before covering a non-opioid. The introduced bill only included Medicaid reimbursement for intranasal naloxone.</p> <p>Staff will monitor rulemaking that occurs due to the enactment of this legislation.</p>
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#### HB18-1097: Patient Choice of Pharmacy

This bill prohibits an insurer that offers a health plan that covers pharmaceutical services from: limiting a person's ability to select a pharmacy or pharmacist; imposing a copay, fee, or other cost-sharing requirement for selecting a pharmacy of their choice; imposing other conditions that restrict a person's choice of pharmacy; or denying a pharmacy or pharmacist the right to participate in any of its pharmacy network contracts in this state if they have a valid license in Colorado.	The Board opted to <b><i>not take a position</i></b> on this bill on March 13.	This bill was <b><i>postponed indefinitely</i></b> by the Senate Committee on Business, Labor, and Technology on March 19.	This bill could return in the 2019 session.
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#### HB18-1136: Substance Use Disorder Treatment

This bill requires HCPF to apply for a federal waiver in order to add residential, inpatient, and medical detoxification substance use disorder services to the Colorado Medicaid program. The benefit is limited to nationally recognized, evidence-based level of care criteria for residential and inpatient substance use disorder treatment.	The Board voted to <b><i>strongly support</i></b> this bill on February 13.	An amended version of this bill <b><i>passed</i></b> on May 7 and the bill was <b><i>signed</i></b> into law by the Governor on June 5. The Governor provided a <u>statement</u> when signing the bill.	The introduced version of the bill did not include the medical detox service coverage. That language was added in the House.  Staff will monitor the development of the waiver application and weigh-in if necessary.
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#### HB18-1177: Youth Suicide Prevention

<p>This bill:</p> <ol style="list-style-type: none"> <li>1. Requires the Office of Suicide Prevention (OSP) to develop and implement a plan to provide access to suicide prevention programs for people who regularly interact with youth but are not in a profession that typically provides training opportunities. And OSP is to contract with a nonprofit to offer the program through an existing statewide model.</li> <li>2. Directs OSP to create and develop an online clearinghouse for access to preexisting mental health resources in Colorado</li> <li>3. Lowers the age of consent for a minor to seek psychotherapy services from 15 years of age to 12 years of age.</li> <li>4. Directs the Department of Human Services (DHS) and the Department of Public Health &amp; Environment (CDPHE) to coordinate and implement an awareness campaign about youth suicide prevention and awareness of the telephone crisis line. DHS to expand phone crisis services to include text.</li> </ol>	On February 27, the Board voted to <b><i>support</i></b> the creation of youth suicide prevention training programs and a state awareness campaign. The Board voted to remain <b><i>neutral</i></b> on the sections of the bill that would lower the mental health consent age.	This bill was <b><i>postponed indefinitely</i></b> on May 1 by the Senate Committee on State, Veterans, & Military Affairs.	The introduced bill only decreased the consent age for outpatient psychotherapy. IT also only had OSP within CDPHE creating the awareness campaign. The bill was amended in the House.  <u>SB18-272</u> was passed, which focuses on youth suicide prevention in schools. As the mental health consent age issue is a topic that has been introduced in the past, staff believes that this issue could be addressed again in the 2019 session.
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#### HB18-1182: Statewide System for Advance Directives

This bill states that CDPHE must create a state-wide electronic system that allows medical professions and individuals to upload and access advance directives.	The Board voted to <b>support</b> this bill on February 27.	This bill was <b>postponed indefinitely</b> , on request by sponsors, on March 29 by the House Health, Insurance, & Environment Committee.	The bill sponsors proposed to postpone indefinitely because they felt like they could not address the concerns by stakeholders and would want to have more discussion with the stakeholders on the topic.
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#### HB18-1212: Freestanding Emergency Department Licensure

This bill creates a new license, referred to as a “freestanding emergency department license” for CDPHE to issue to a health facility that offers emergency care. These freestanding emergency departments (FSEDs) are either owned or operated by, or affiliated with a hospital and located more than 250 yards away from the main campus or independent from and not operated by or affiliated with a hospital or hospital system that is within 250 yards of a hospital. It allows for exceptions in the case of an FSED operating in a rural area or granted a waiver if it serves an underserved population. This bill further states that a health facility with a freestanding emergency department license is limited in the amount of facility fees the facility can charge patients.	The Board voted to <b>support</b> this bill on February 27.	This bill was <b>postponed indefinitely</b> on May 1 by the Senate State, Veterans, & Military Affairs Committee.	As FSEDs continue to be a hot topic in Colorado, this could be back in the 2019 session, but maybe with some tweaks to engage more legislators. Although it had bipartisan sponsorship, many thought that it went too far in dictating facility fees.
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#### HB18-1260: Prescription Drug Price Transparency

This bill requires health insurers to submit information regarding prescription drugs covered under their health plans that were dispensed in the preceding calendar year to the Division of Insurance (DOI). It requires prescription drug manufacturers to notify purchasers, health insurers, and pharmacy benefit managers when the manufacturer increases the price of a drug by more than 10% or when the manufacturer introduces a new specialty drug in the commercial market. The manufacturers must provide specified information to the DOI regarding the drugs about which manufacturers are required to notify purchasers of a drug price increase or new specialty drug on the market.	The Board voted to <b>support</b> a draft of this bill on February 13, which was then introduced on February 26 with the same language.	The bill was <b>postponed indefinitely</b> on April 30 by the Senate State, Veterans, & Military Affairs Committee.	Staff expects a version of this bill to be back next year. Legislators from both aisles laud transparency but cannot always agree how to do so through legislation.
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#### **HB18-1279: Electronic Prescribing Controlled Substances**

This bill requires medical providers, dentists, and other practitioners to prescribe controlled substances via a prescription that is electronically transmitted to a pharmacy unless a specified exception occurs.	The Board voted to <b>support</b> this bill on March 27.	On April 25, the bill was <b>postponed indefinitely</b> by the Senate State, Veterans, & Military Affairs Committee.	This bill could come back in discussions regarding opioid use disorders, but the federal government is also considering such a measure for Medicare Part D ( <a href="#">H.R. 3528</a> ).
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#### **HB18-1284: Disclosure of Prescription Costs at Pharmacies**

This bill bars a carrier from prohibiting a pharmacy or pharmacist from providing a covered person information on the amount a person would pay for a prescription drug if paid the “cash-price” or the clinical efficacy of any more affordable alternative drugs that are therapeutically equivalent. Carriers are prohibited from requiring a pharmacy to charge or collect a copayment from a covered person that exceeds the total submitted charges by a network pharmacy.	The Board voted to <b>support</b> this bill on March 27.	This bill was <b>passed</b> , unamended, on April 19 and <b>signed</b> by the Governor on April 30.	This one of the few transparency/prescription drug cost bills that made it to the Governor this session. Staff will monitor implementation.
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#### **HB18-1311: Single Geographic Rating Area Individual Health Plan**

This bill prohibits a health insurer from considering the geographic location of a policyholder when establishing rates for the plan, thereby creating a single geographic rating area consisting of the entire state for purposes of all individual health benefit plans.	The Board voted to <b>oppose</b> this bill on April 10.	This bill was <b>postponed indefinitely</b> by the House Health, Insurance, & Environment Committee on April 19, on request of the bill sponsors.	This may not come back next session as one of the sponsors is term limited and it appeared that the sponsors deferred to the reinsurance program designed under as <a href="#">HB18-1392</a> as an adequate first-step in addressing insurance costs in their districts. However, since the reinsurance proposal failed this could be considered again in the 2019 session if stakeholders cannot agree on how to fund such a program.
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#### **HB18-1313: Pharmacists to Serve as Practitioners**

This bill clarifies that a licensed and qualified pharmacist may serve as a practitioner and prescribe over-the-counter medication under the Medicaid program and a statewide drug therapy protocol pursuant to a collaborative pharmacy practice agreement.	The Board voted to <b>support</b> this bill on April 10.	This bill <b>passed</b> , with limited amendments, on May 1 and <b>signed</b> into law on June 6.	Staff will be monitoring implementation to determine if this will make it easier for Medicaid patients to access tobacco cessation products.
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#### **HB18-1327: All-Payer Health Claims Database**

This bill allows the General Assembly to appropriate money to HCPF to pay for expenses related to the All-Payer Claims Database (APCD). This bill also establishes in statute a grant program to assist nonprofit organizations and governmental entities, other than HCPF, in accessing the database to conduct research.	On January 23, the Board voted to <b>support</b> the funding of the APCD, whether that occurred through the budgetary or legislative process.	This bill was <b>passed</b> unamended on April 5 and was <b>signed</b> by the Governor on April 23.	This legislation allows the APCD to be funded by the General Assembly as legislators see fit in future sessions.
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#### **HB18-1357: Behavioral Health Care Ombudsperson Parity Reports**

This bill establishes an Office of the Ombudsman for Behavioral Health Access to Care to act as an independent office within the Department of Human Services (DHS) to assist Coloradans in accessing behavioral health care. The ombudsman is to prepare and publish an annual report that details the actions taken during the previous year that relate to the office's duties.  The bill also requires the DOI to create and submit a report to the General Assembly that details the status of mental health parity in Colorado.	The Board voted to <b>support</b> this bill on May 1.	An amended version of this bill <b>passed</b> on May 4 and was <b>signed</b> by the Governor on May 24.	Staff will monitor the establishment of this office and any rulemaking that occurs. Additionally, the staff will watch for the mental health parity report and any effects it may have on policy in the future.
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#### **HB18-1384: Study Health Care Options**

This bill requires HCPF and the DOI to conduct a study and submit a report concerning costs, benefits, and the feasibility of implementing a Medicaid buy-in option, a public-private partnership option, or a community or regionally based option for healthcare coverage.	The Board voted to <b>support</b> this bill on May 1.	This bill was <b>postponed indefinitely</b> on May 4 by the Senate Committee on State, Veterans, & Military Affairs.	Staff expects that legislation to study health insurance options in the state will return during the 2019 session as the topic of increasing insurance costs was not addressed by the General Assembly this year.
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#### **HB18-1392: State Innovation Waiver Reinsurance Program**

This bill authorizes the DOI to apply to the U.S. Department of Health and Human Services (HHS) for a state innovation waiver (Section 1332), for federal funding, or both, to allow the state to implement a reinsurance program to assist health insurers in paying high-cost insurance claims in the individual market.	The Board voted to <b>support</b> this bill on May 1.	This bill was <b>postponed indefinitely</b> on May 4 by the Senate Committee on State, Veterans, & Military Affairs.	Many from the industry that this bill was aiming to help voiced their concerns with the funding mechanism. With reinsurance programs being established in other states and the continuing increase of health insurance costs, staff expects a version of this bill to be back in the 2019 legislative session.
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#### HB18-1416: Student Suicide Prevention Grant Program

This bill creates the suicide prevention grant program for schools within CDPHE. The purpose of the grant program is to provide financial assistance to school districts, schools, and institute charter schools to develop and implement student suicide prevention policies and training programs.	The Board voted to <b>support</b> this bill on May 1.	This bill was <b>postponed indefinitely</b> on May 8 by the Senate Committee on Appropriations.	<u>Senate Bill 18-272</u> , a similar bill to this one, was passed. That bill limited the eligible schools/districts that could receive funding for prevention training. Staff will monitor the implementation of SB18-272.
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#### SB18-022: Clinical Practice for Opioid Prescribing

This bill restricts the number of opioid pills that a health care practitioner may prescribe for an initial 7-day supply and one refill, at the prescriber's discretion, for a 7-day supply with certain exceptions mandated. This bill requires health care practitioners to query the prescription drug monitoring program (PDMP) before prescribing the first refill prescription for an opioid, except under specified circumstances. CDPHE is required to report to the General Assembly on previous studies of the PDMP and provider report cards.	The Board voted to <b>support</b> this bill on March 13.	An amended version of this bill was <b>passed</b> on May 7 and <b>signed</b> by the Governor on May 21.	Staff will monitor the implementation of this bill.
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#### SB18-040: Substance Use Disorder Harm Reduction

This bill (1) specifies that hospitals may be used as clean syringe exchange sites (2) provides civil immunity for participants of a clean syringe exchange program (3) creates a supervised injection facility pilot program in the city and county of Denver and provides civil and criminal immunity for the facility (4) allows school districts and nonpublic schools to develop a policy by which schools are allowed to obtain a supply of opiate antagonists in which school employees are trained to administer at risk of experiencing a drug overdose (5) requires the commission on criminal and juvenile justice to study certain topics related to sentencing for opioid-related offenses	On February 13 the Board voted to <b>strongly support</b> allowing for syringe access programs and allowing naloxone in schools. The Board voted to <b>support</b> requiring the study of opioid-related penalties. The Board voted to <b>not take a position</b> on a pilot-program for a supervised injection facility.	This bill was <b>postponed indefinitely</b> on February 14 by the Senate State, Veterans, & Military Affairs Committee.	Most of these topics will be discussed again during the interim at the Opioid and Other Substance Use Disorders Interim Study Committee. Staff will be attending these hearings and providing the Board of Directors with information regarding the topics discussed and the bills that may come out of those discussions.
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#### **SB18-108: Eligibility Colorado Road and Community Safety Act**

This bill allows a person to present a social security number as an alternative to a taxpayer identification card when obtaining a driver's license or identification card. Additionally, it streamlines the renewal process for these licenses.	The Board voted the sign-on and <b>support</b> the iDrive Campaign and the impending legislation, if consistent with the sign-on/white paper, on January 23.	This bill, with limited amendments, was <b>passed</b> on April 18 and <b>signed</b> into law by the Governor on May 29.	Staff will monitor the implementation of the bill and will inform the Board of Directors if any other issues that arise from the iDrive Campaign.
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#### **SB18-132: 1332 State Waiver Catastrophic Health Plans**

This bill requires the DOI to conduct an actuarial analysis to determine if the sale of catastrophic health plans to those 30 years or older that do not meet a hardship requirement would result in a decrease in advanced premium tax credits or increase in average premiums for individual health plans. If it does not demonstrate either of these outcomes, the bill directs the DOI to apply to the federal government for a 5-year waiver of the federal law (Section 1332) restricting catastrophic health plans offered through the Colorado insurance marketplace. These plans would have to be sold through Connect for Health Colorado and would not be eligible for advanced premium tax credits.	The Board voted to <b>strongly oppose</b> this bill on February 13. After consideration of amendments made in the Senate Health and Human Services committee, the Board voted to change the strength of their position altered their position to <b>oppose</b> the bill.	The amended bill <b>passed</b> on April 19 and <b>signed</b> by the Governor on May 3.	Staff will monitor the implementation of the bill and any rulemaking that occurs. Furthermore, staff will watch for the results of the actuarial study and present them to the Board to inform them if the waiver process will begin or not.
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#### **SB18-136: Health Insurance Producer Fee and Fee Disclosure**

This bill allows an insurance producer or broker advising a client on individual health benefit plans to charge the client a fee if the producer or broker does not receive a commission related to the individual health plan selected by the client and if the producer or broker discloses the fee to the client.	The Board voted to <b>not take a position</b> on this bill on March 13.	The bill, as amended, was <b>passed</b> on April 3 and <b>signed</b> into law by the Governor on April 12.	Staff will monitor the implementation of this bill.
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#### **SB18-146: Freestanding Emergency Departments Required Consumer Notices**

<p>This bill requires a freestanding emergency department (FSED) to provide any individual that enters the facility seeking treatment a written statement of the patients' rights, which an FSED staff member or health care provider must explain orally. The FSED must post a sign containing specific information. After conducting an initial screening and determining that a patient does not have an emergency medical condition, the FSED must provide the patient a written disclosure that includes the information posted on the sign as well as other required information. Lastly the FSED must also post the information about the written disclosure on its website and update the disclosure at least every 6 months. The FSED must provide all information in a clear and understandable manner and in languages appropriate to the communities and patients it serves.</p>	<p>The Board voted to <b><i>strongly support</i></b> this bill on February 13.</p>	<p>The bill, as amended, was <b><i>passed</i></b> on April 10 and <b><i>signed</i></b> into law by the Governor on April 25.</p>	<p>The amendments to the introduced bill were limited in scope and mainly in an attempt to ensure compliance with federal law and working to make the disclosures more understandable to consumers.</p> <p>This will take effect on January 1, 2019. Staff will monitor the implementation of the bill and any necessary rulemaking that occurs.</p>
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#### **SB18-168: Medication-Assisted Treatment Through Pharmacies**

<p>This bill requires extended-release opioid antagonist MAT (i.e. naltrexone) to be included in Medicaid's pharmacy benefit. It also allows a pharmacist who has entered into a collaborative pharmacy practice agreement to administer injectable MAT and receive an enhanced dispensing fee under the Medicaid program.</p>	<p>The Board voted to <b><i>support</i></b> this bill on March 13.</p>	<p>The bill was <b><i>postponed indefinitely</i></b> on April 30, on request of the bill sponsor, in the Senate Committee on Business, Labor and Technology.</p>	<p>This concept of this bill was included in HB18-1007 so there was no need to keep this bill active. Staff will monitor the implementation of HB18-1007 and any related reports to determine if this assists in MAT access for Coloradans.</p>
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#### **SB18-214: Request Self-Sufficiency Waiver Medicaid Program**

<p>This bill requires HCPF to prepare and submit a Section 1115 waiver to the federal government to implement certain self-sufficiency provisions as part of the Colorado Medicaid program. The bill requires able-bodied adults to become employed, actively seek employment, attend job or vocational training, or volunteer at a nonprofit organization to be eligible for Medicaid. The bill requires them to verify their income monthly for determination of eligibility. It authorizes HCPF to prohibit enrollment in Medicaid if a person fails to report a change in income or makes a false statement regarding compliance with the work requirement. The bill establishes a lifetime limit on Medicaid of 5 years. It authorizes HCPF to impose copayments to deter the use of</p>	<p>The Board voted to <b><i>strongly oppose</i></b> this bill on March 27.</p>	<p>The bill was <b><i>postponed indefinitely</i></b> on March 29 by the Senate Committee on Health and Human Services.</p>	<p>This bill failed in committee with one Republican joining the Democrats in a 3-2 vote. The 'no' votes on this bill were a result of the strain this would put on recipients as well as the administrative burden on already resource-taxed county agencies.</p> <p>As the federal government has approved work requirement waivers for other states' Medicaid programs, staff believes that a version of this bill will be back in the 2019 session. However, the Centers for</p>
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emergency departments and ambulatory services for emergency and nonemergency transportation			Medicare and Medicaid Services have demonstrated that they will not approve time limits.
<b>SB18-270: Behavioral Health Crisis Transition Referral Program</b>			
This bill establishes the community transition specialist program in the office of behavioral health. The program coordinates referrals of high-risk individuals to transition specialists by certain behavioral health facilities and programs. Transition specialists provide services related to housing, program placement, access to behavioral health treatment or benefits, advocacy, or other supportive services.	The Board voted to <b>support</b> this bill on May 1.	The bill, as amended, was <b>passed</b> on May 9 and <b>signed</b> into law by the Governor on May 21.	This bill passed with strong bipartisan support in both chambers.  Staff will monitor how this program is implemented and any reports/information that is publicly released. Staff will also watch the rulemaking process for this bill.

### **Budgetary Issues of Significant Importance to the Health District of Northern Larimer County**

The Health District board also took positions on budgetary issues during the 2018 legislative session. The following chart summarizes these issues, the results, and details relevant post-session notes to each topic. The “Long Bill” ([HB18-1322](#)) includes the following topics as well as all other appropriations for state fiscal year 2018-2019.

<b>All-Payer Claims Database (APCD) Funding</b>		
HCPF requested \$2.8 million in total state funds for state fiscal year (SFY) 2018-2019 to support APCD operations and backfill the private grants that are expiring.	On January 23, the Board voted to <b>support</b> the funding of the APCD, whether that occurred through the budgetary or legislative process.	In the end this was done through a bill (HB18-1327) as it was believed that the legislature did not have the authority to fund the APCD as it was originally funded through gifts, grants, and donations. In total, the APCD received \$2.6 million in funding.
<b>Long-Acting Reversible Contraception (LARC) Funding</b>		
As in previous years, the SFY2018-2019 budget request from CDPHE includes \$2.5 million for family planning, including LARC.	The Board voted to <b>support</b> the funding of LARC during the budgetary process for SFY2018-2019 on January 23.	There was no attempt to remove the funding for LARC through the Joint Budget Committee process, nor in the House or Senate during the budget debate. Funding for this line item will continue at the same level as last year.
<b>Senior Dental Program Funding</b>		
Increase the HCPF line item for Old Age Pension Senior Dental Program General Funds from \$2,962,510 to \$3,962,510, an increase of \$1 million. The waiting lists for SFY16-17 needed \$1.1 million and waiting lists in SFY17-18 started even earlier in the year.	The Board voted to <b>support</b> a request to increase the SFY2018-2019 funding for the Senior Dental Program on February 27.	Although the attempt to increase the line item for the program was unsuccessful, the program is now allowed to keep recoveries (i.e. when providers are audited and shown to have received overpayments). Currently, these recoveries are reverted back into the General Fund. This will add a small amount of money back into the program.

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**About this 2018 Legislative Session Summary**

This legislative session summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at [awilliams@healthdistrict.org](mailto:awilliams@healthdistrict.org)





**BOARD OF DIRECTORS  
MEETING  
May 22, 2018**

**Health District Office Building  
120 Bristlecone Drive, Fort Collins**

**MINUTES**

**BOARD MEMBERS PRESENT:** Molly Gutilla  
Michael D. Liggett  
Joseph Prows  
Deirdre Sullivan

**BOARD MEMBERS ABSENT:** Faraz Naqvi

**Staff Present:**

Carol Plock, Executive Director  
Karen Spink, Assistant Director  
Richard Cox, Communications Director  
Lorraine Haywood, Finance Director  
Mindy Rickard, ACP Program Coordinator

Chris Sheafor, Support Services Director  
Nancy Stirling, Assistant to Board & ED  
Lin Wilder, Community Impact Director  
Alyson Williams, Policy Coordinator

**WELCOME AND SWEARING IN OF NEW BOARD MEMBERS**

The newest board members, Molly Gutilla and Joseph Prows, were welcomed by all present. They, along with Michael Liggett, who was re-elected for another four-year term, were sworn in and completed the Oath of Office process under the direction and oversight of Chris Sheafor, Designated Election Official.

**CALL TO ORDER; APPROVAL OF AGENDA**

President Michael Liggett called the meeting to order at 4:02 p.m. Dr. Faraz Naqvi was excused from the meeting. The following changes to the meeting agenda were proposed: under "Updates and Reports", remove the 2018 1<sup>st</sup> Quarter Program Report; remove the Consent Agenda (as there are not enough previous board members present to approve the previous meeting minutes); as well as a couple of additional announcements.

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

**PUBLIC COMMENT**

**None.**

## **PRESENTATIONS**

### **Evolution and Future of Advance Care Planning Program**

The Advance Care Planning project was initiated in 2016 under the direction of Mr. Jim Becker, Special Projects Manager, with funding provided by the Health District, a 2-year funding grant from the Colorado Health Foundation, and financial and other resource contributions from community stakeholders. Mr. Becker moved on from the Health District in January of this year and Mindy Rickard, who was initially hired as Team Lead, was moved into the ACP Manager position. In addition to the “Evolution and Future of the Advance Care Planning Project” document provided in the meeting packet, Ms. Rickard provided a brief overview of project accomplishments and successes as well as what the project will strive to accomplish in the next couple of years.

The Vision of the project is that “advance care planning becomes a natural expected part of the continuum of health care in Larimer County; adults feel comfortable discussing it with their family and medical providers; community members have easy access to experts and materials who/which can guide them through the process; and individuals have expressed their wishes in writing and to their loved ones. Through robust conversations and proper completion and sharing of advance directives we help ensure that medical directives are available when they are needed.” To support this vision, ACP staff provide education via presentations to groups and organizations and assist individuals one-on-one to complete personal directives. They have also worked diligently to create partnerships with the local health systems, including UCHHealth, Banner Health, Estes Park Medical Center, Kaiser Permanente, and Veterans Administration, to make sure directives are placed and accessible to health care providers.

One of the many accomplishments achieved by the project thus far was the development of a four hour clinical training on how to complete MOST forms (medical end of life orders) with clients. Professionally videotaped, the training was rolled out at a care managers forum in which 60 people recently participated, and is now on the project’s web site [www.larimeradvancecare.org](http://www.larimeradvancecare.org). In other successes, the Team participated in National Health Care Decisions Week in April 2018 and helped people to complete 395 directives over a 5-day period.

Though originally due to expire in March 2018, unspent grant funding from the Colorado Health Foundation was extended, and additional funding in the amount of \$158,850 was recently awarded from the Next50 Initiative (an independent, Colorado-based, nonprofit dedicated to improving services for all people in the second 50 years) which provides full funding through 2018, and 75% of funding through 2019. As part of the Next50 grant, the project will work with patients who are high-users of medical services to create a “Patient Passport” which holds all their information and is easy to carry with them. The project will also develop employee campaigns (currently planned examples are construction sites and CSU), do clinical trainings to enhance provider efforts and continuity of advance care planning after the project ends, and continue to work with the community at large, through projects that work with partners like libraries and legal professionals.

**Board Questions/Comments:** Ms. Sullivan commented that the Health Department is currently working on a non-EPIC dependent online provider referral portal called “Provider Portal” where providers can go in and find referrals to an organization or service, and this might be listed in the Portal. In response to a question about how this project became a key priority, Ms. Plock noted

that focus on the significant health challenges upcoming due to the rising numbers of the aging population has been a priority issue designated by Health District boards for some time, and when this project emerged, the board considered it a relevant way to help impact some of those challenges. Discussion on the project was included in the last Health District retreat, where the Board continued its inclusion on Health District priorities.

The program has been profoundly successful (far exceeding original goals) and although the project has been fortunate to obtain grant funding, as things progress, it will be important in the future to determine how much advance planning is integrated into how the health system functions. Whether to continue the program on some level, or whether to end it when grant funding ends, will be a future consideration for the Board. The end goal would be to move advance care planning to the point where people understand its need, and planning naturally occurs in the health system.

## **DISCUSSION AND ACTIONS**

### **Health District Board Officer Elections**

The following nominations were proposed for Board Officers:

Board President – Michael Liggett

Board Vice President – Deirdre Sullivan

Board Secretary – Molly Gutilla

Board Treasurer – Joseph Prows

Board Liaison to PVHS/UCHealth-North Board – Faraz Naqvi

**MOTION: To elect the slate of Board Officers as proposed.**  
*Motion/Seconded/Carried Unanimously*

## **Policy**

### **Local Issues**

**Backyard Wood Smoke** – At the last board meeting, the Board heard from two people about the issue of neighborhood wood smoke, and the Board asked staff to find out what the County is doing in regard to the issue. Staff have done some initial research and the issue is in the ‘public engagement’ phase; action does not appear eminent. Staff will make more direct contact with County staff to determine the issues, who’s involved, and the process, to share with the Board to determine whether they want to take further steps.

**West Nile Virus** – The City of Fort Collins made an important change last week to the guidelines for monitoring and spraying for mosquitos infected with the virus. City Council chose to keep the vector index (VI) at 0.75, but to change the policy so that there would now be no case consideration (previously there had to be at least one human case of infection for consideration, which can mean that spraying happens too late to prevent human cases). This brings the City policy closer to the County policy, which also does not require human cases, but uses a lower vector index (VI) of .5; the County thus intervenes earlier to prevent WNV than the City.

### **End of Session Update**

**Substance Use Disorder Bills** – Five of 6 bills passed by the Colorado legislature have been signed. Ms. Williams will provide a more in-depth look at this year’s session at the next board meeting.

**What is a Rescission Request?** President Trump issued a “rescission request” in early May, requesting to claw back nearly \$15 billion in previously approved government spending. The purpose of the request is to lower government spending, since the tax bill of 2017 added to the national debt. The House and Senate have 45 days to approve the request; if it is not approved, the funding stays where it currently is appropriated. Almost half of this request (\$7 billion) would come from funds that have been allocated to the Children’s Health Insurance Program; \$5B of that may be appropriate since it can’t be spent, but \$2B are allocated to an important contingency fund that allows the program to continue in economic challenges.

**Farm Bill (House Version)** – The House’s version of the Farm Bill failed on Friday. The earliest that this will be re-visited in the House will be mid-June; it is unknown what form it might take. It is possible that the Senate version, expected to be significantly different from the House version, will come out before the next House version. At the Board’s request, Ms. Williams has been researching to find out if there is anyone locally organizing around public awareness of the impact that House-proposed changes to the SNAP program might make; she has not found anyone. This may be in part because organizations are waiting to see what proposals are receiving serious consideration. In case the House version comes back in a similar form, staff asked the Board to consider taking a position on this issue.

**MOTION: To STRONGLY OPPOSE the House version of the Farm Bill.**  
*Motion/Seconded/Carried Unanimously*

The Board is interested in having further discussion, perhaps at the board retreat, on whether the Health District (in partnership with other local organizations) should have a role in public education about the link between hunger and health, and why policies like the Farm Bill can make a big impact on local families.

### **Special District Rep on URA Board: Intro and Job Description**

Included in the meeting packet is the draft document titled “Job Description – Special District Representative on the City of Fort Collins Urban Renewal Authority Board” for the board’s consideration and approval. The attached memo from Support Services Director Chris Sheafor provides background information pertaining to 2015 legislation that, among other provisions, requires representation from affected taxing authorities, including special districts, on local URA boards and that any new Tax Increment Financing (TIF) proposals be approved by all such affected taxing authorities.

Mr. Sheafor provided a brief overview of tax increment financing for the board, its intent in improving local communities, and how it impacts the amount of revenue that special districts, such as the Health District, receive. Even before the passing of HB15-1348, there have been local efforts to create a fair way to evaluate TIF projects, and after the passage of the bill, to comply with the laws’ provisions and requirements. A regional study group was formed and came up with an impact model and other criteria to use to evaluate projects that come forward, as well as developed Intergovernmental Agreements (IGAs).

To meet the requirement for special district representation on the URA Board, the Health District was asked to take the lead and facilitate a meeting where all special districts overlapping the Fort Collins city boundaries were invited, in order to be sure they understood the issue and the local plans, and to solicit interest in selection of a special district appointment of a board member to

the URA board representative. Only two Districts expressed interest in proposing a board member and following the process closely: the Health District and the Poudre River Library District. An application and interview process was developed, but in the end only one applicant remained, Mr. Joe Wise, a Poudre River Library District board member. As the special district representative, it will be his responsibility to participate in URA Board meetings, represent the interests of special districts, and report back information to Mr. Sheafor in any actions taken by the URA that would impact special districts so that he can pass it along to all interested local special districts.

**MOTION: To approve the Job Description of the Special District Representative on the URA Board.**

*Motion/Seconded/Carried Unanimously*

## **UPDATES & REPORTS**

### **Executive Director Updates**

Ms. Plock highlighted the following activities in her report:

- **Health Care Working Group** – This group is a subgroup of the Northern Colorado Legislative Alliance and includes high level representatives of hospital systems, health care and behavioral health provider organizations, and businesses. Ms. Plock facilitated the group's second meeting to help the group determine priorities. Two priorities that rose to the top of the list were: behavioral health and work force. **Healthinfosource (HIS) Redevelopment Project** – Staff is working with a vendor, Nerdy Minds, to figure out how to make the HIS web site more usable and user friendly.
- **Medicaid Accountable Care Collaborative (MACC)** – The MACC project is a collaboration between Salud Family Health Centers, Family Medicine Center, Associates in Family Medicine, SummitStone Health Partners, and Rocky Mountain Health Plans who have pooled their ACC money received from the state to provide care coordination services to a specific population of Medicaid clients who have complex needs and need moderately intensive to intensive care coordination. The Health District facilitates and provides staff support for the group. The state's Department of Health Care Policy and Financing, which manages Medicaid and started the Accountable Care Collaborative programs, is initiating a major change in the model, including assigning responsibility for both primary care and behavioral health Medicaid services to new entities called Regional Accountable Entities, or RAEs. With the new changes, it was uncertain whether the practices and RMHP would be willing to continue to pool their dollars to keep the current MACC model going, but in a recent meeting, there was assurance that commitment will continue for at least the next year. An evaluation of the project is currently underway and a report of the first section of results of the evaluation are expected in the next month.
- Ms. Plock was invited to and recently participated in a CEO roundtable hosted by Bizwest which included top level representatives from health care systems and organizations. The roundtable was an opportunity to discuss what is happening in health care in northern Colorado. Top topics of the discussion were, as noted in the Healthcare Working Group, health care costs (costs, costs, and costs!) and work force.
- **Dental Services Director** – The search for a new Dental Services Director has begun and the job has been posted.
- **Rethinking Addiction** – SUDs Public Awareness Campaign Kickoff – Ms. Plock complimented Ms. Lin Wilder, Community Impact Director, and her team, as well as many other people in the organization who participated, on doing a fabulous job with the

kickoff events held on May 16. While staff originally thought it would be great to reach the level of 150 participants throughout the day, about 450 registered. She was very proud of the work and quality put into it and is hopeful that this is just the beginning of further community conversations and education to improve substance use disorder services.

- **Employee Appreciation Day** – The annual Employee Appreciation Day luncheon was held last week. It was very well attended and participants were enthusiastic.
- **New board member orientations** were completed on May 21.
- **Larimer Health Connect** received full funding from Connect for Health Colorado for the next enrollment period. Though the Colorado Health Foundation is no longer providing community funding, the C4HC grant is anticipated for the next two years (though the funding amount for year 2 is unknown at this time).

### **Outcome of Kickoff for Transforming our Approach to Substance Use Disorders: “Rethinking Addictions,” May 16; other CIT updates**

On May 16 the Community Impact Team, utilizing funds from a Colorado Health Foundation grant and the Health District, held three events to kickoff efforts to transform perceptions around substance use disorders. A morning event was held for health and behavioral health providers (146 attended); a four-hour lunch and afternoon event was held for behavioral health providers and criminal justice members (158 attended); and an evening event was available to the general public (approximately 150 attended).

Dr. Corey Waller, an addiction, pain, and emergency medicine specialist and nationally known speaker, spoke at each of the events, eloquently illustrating the impact of addiction on the brain, and what it takes to effectively intervene. The evening session was videotaped and can be accessed via the Health District’s Facebook page or on YouTube. Since the event, staff have been working to determine next steps and activities to use the information and high community interest to jumpstart local improvements in substance use disorder treatment.

In other updates, the “What Will It Take? Solutions to Mental Health Service Gaps in Larimer County” report is printed and available. The report includes recommendations for some new services as well as increasing levels of current services. A press release was written and yielded articles in the Coloradoan and BizWest publications. An outreach plan is being developed that will include staff providing presentations to interested groups.

Staff are also working with vendor Toolbox Creative on a 3 year public awareness campaign specifically addressing the issue of substance use disorders. Public messaging for the campaign should be coming out around late August.

### **PUBLIC COMMENT (2<sup>nd</sup> opportunity)**

None.

### **CONSENT AGENDA**

The consent agenda was removed and postponed to a future meeting when all 3 past board members would be present to approve. (Ms. Sullivan, Mr. Liggett, and Dr. Naqvi)

### **ANNOUNCEMENTS**

- June 26, 4:00 pm – Board of Directors Regular Meeting
- July 24, 4:00 pm – Board of Directors Regular Meeting

- August 7 – Board of Directors Annual Retreat

Ms. Gutilla noted that she may not be able to attend the June meeting in person, but might be able to via phone. Ms. Gutilla also inquired as to the process for setting the agenda for the annual board retreat. The Board President and Executive Director usually develop a proposed agenda, to be considered at a board meeting. Any suggestions board members may have for agenda items can be brought forward at that time.

### **Conference Attendance by Board Members**

Included in the budget are funds for each board member to attend one conference per year. The most popular conferences which board members have attended in the past are the American Public Health Association's (APHA) Annual Conference and the Colorado Health Symposium. Ms. Stirling will contact the board members to find out which, if any, of the conferences they would be interested in attending.

### **Compass Honored for Writing and Design**

Mr. Richard Cox, Communications Director, announced that the Health District's Compass newsletter took top honors in a National Federation of Press Women (NFPW) competition this spring for the article "The Healing Side of Technology". The article won first place in the 2018 National Communications Contest for a news story in a magazine, newsletter or other non-newspaper print publication. Another article, "Piecing Together the Puzzle of Youth Mental Illness" garnered a first-place finish at NFPW state-level competition. Both articles were written by Compass editor and NFPW member Julie Estlick. Compass was also recognized for its overall design, with graphic designer, Kristen Gilbert, earning first place in the at-large category in the state competition and an honorable mention in the national contest.

### **EXECUTIVE SESSION**

A motion was made to go into Executive Session.

**MOTION: For the purpose of discussion of matters under C.R.S. Section §24-6-402(4)(f) required to be confidential by federal or state law or rules and regulations pursuant to C.R.S. Section 7-74-701 et seq.**  
*Motion/Seconded/Carried Unanimously*

The Board retired to Executive Session at 5:30 p.m.

The Board came out of Executive Session at 5:55 p.m. No decisions were made in Executive Session, or after.

### **ADJOURN**

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

The meeting was adjourned at 5:56 p.m.

Respectfully submitted:

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Nancy Stirling, Assistant to the Board of Directors

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Molly Gutilla

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Michael Liggett

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[Absent]

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Faraz Naqvi, MD

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Joseph Prows, MD

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[Resigned]

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Deirdre Sullivan



**HEALTH DISTRICT**  
**of Northern Larimer County**  
**May 2018**  
**Summary Financial Narrative**

**Revenues**

The Health District is 6.0% behind of year-to-date tax revenue projections. Interest income is 50% ahead of year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings increased slightly from the previous month from 1.80% to 1.92% (based on the weighted average of all investments). Fee for service revenue from clients is 1.7% behind year-to-date projections and revenue from third party reimbursements is 17.3% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 5.7% behind year-to-date projections.

**Expenditures**

Operating expenditures (excluding grants and special projects) are 13.7% behind year-to-date projections. Program variances are as follows: Administration 10.6%; Board 42.6%; Connections: Mental Health/Substance Issues Services 25.2%; Dental Services 12.7%; Integrated Care 9.2%; Health Promotion 11.9%; Community Impact 2.9%; Program Assessment and Evaluation 6.9%; Health Care Access 14.2%; HealthInfoSource 14.3%; and Resource Development 13.4%.

**Capital Outlay**

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

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 5/31/2018

ASSETS

Current Assets:

Cash & Investments	\$9,684,431.80
Accounts Receivable	97,710.16
Property Taxes Receivable	2,458,862.83
Specific Ownership Taxes Receivable	54,537.34
Prepaid Expenses and Deposits	60,179.82

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Total Current Assets	12,355,721.95
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Property and Equipment

Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,224,802.79
Accumulated Depreciation	(2,577,095.31)

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Total Property and Equipment	7,661,418.23
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Total Assets	\$20,017,140.18
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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 5/31/2018

LIABILITIES AND EQUITY

Current Liabilities:

Accounts Payable	\$673,543.44
Deposits	1,000.00
Deferred Revenue	1,457,731.44

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Total Current Liabilities	2,132,274.88
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Long-term Liabilities:

Compensated Absences Payable	15,410.00
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Total Long-term Liabilities	15,410.00
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Deferred Inflows of Resources

Deferred Property Tax Revenue	2,023,591.79
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Total Deferred Inflows of Resources	2,023,591.79
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Total Liabilities & Deferred Inflows of Resource	4,171,276.67
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EQUITY

Retained Earnings	13,688,915.65
Net Income	2,156,947.86

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Total Equity	15,845,863.51
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Total Liabilities & Equity	\$20,017,140.18
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## STATEMENT OF REVENUES AND EXPENSES

For 1/1/2018 To 5/31/2018

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	\$435,271.04	\$5,164,839.21
Specific Ownership Taxes	54,536.54	257,720.33
Lease Revenue	91,147.99	445,112.99
Interest Income	14,371.56	50,001.85
Sales Revenue	55.53	246.02
Fee For Services Income	19,230.97	91,742.32
Third Party Reimbursements	72,607.04	341,710.22
Grant Revenue	60,332.40	299,480.36
Partnerships	32,197.03	56,092.63
Miscellaneous Income	350.94	24,050.83
Gain on Investment	0.00	1,239.15
Total Revenue	<u>780,101.04</u>	<u>6,732,235.91</u>
Expenses:		
Operating Expenses		
Administration	\$71,073.78	\$373,887.71
Board Expenses	9,682.53	13,907.16
Connections: MentalHealth/Substance Issues Svcs	97,435.81	502,335.78
Dental Services	292,819.05	1,465,141.01
Integrated Care (MHSA/PC)	82,899.30	422,933.08
Health Promotion	62,639.18	313,398.24
Community Impact	52,800.56	265,580.83
Program Assessment & Evaluation	16,045.76	82,333.21
Health Care Access	79,151.40	410,177.25
HealthInfoSource	5,875.23	31,000.27
Resource Development	10,418.35	63,052.28
Special Projects	98,820.28	324,252.01
Grant Projects	62,121.99	307,289.22
Total Operating Expenses	<u>941,783.22</u>	<u>4,575,288.05</u>
Depreciation and Amortization		
Total Depreciation and Amortization	<u>0.00</u>	<u>0.00</u>
Total Expenses	<u>941,783.22</u>	<u>4,575,288.05</u>
Net Income	<u>(\$161,682.18)</u>	<u>\$2,156,947.86</u>

Unaudited - For Management Use Only

# HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

Page: 1

## **STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL**

For 1/1/2018 To 5/31/2018

	<u>Current Month</u>	<u>Current Month</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Annual</u>
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>
Revenue:							<u>Funds Remaining</u>
Property Taxes	\$1,002,332	\$435,271	(\$567,061)	\$5,540,704	\$5,164,839	(\$375,865)	\$7,188,431
Specific Ownership Taxes	48,045	54,537	6,492	225,937	257,720	31,783	580,000
Lease Revenue	91,146	91,146	0	445,111	445,111	0	1,083,133
Interest Income	6,667	14,372	7,705	33,335	50,002	16,667	80,000
Sales Revenue	27	56	29	135	246	111	325
Fee For Services Income	22,919	19,231	(3,688)	93,342	91,743	(1,599)	234,606
Third Party Reimbursements	81,221	72,607	(8,614)	413,156	341,710	(71,446)	943,354
Grant Revenue	129,355	60,332	(69,023)	690,585	299,480	(391,105)	1,695,319
Partnership Revenue	3,708	32,197	28,489	18,541	56,093	37,552	44,498
Miscellaneous Income	1,661	250	(1,411)	8,303	23,750	15,447	19,930
Gain on Investment	0	0	0	0	1,239	1,239	0
<b>Total Revenue</b>	<b>\$1,387,081</b>	<b>\$779,999</b>	<b>(\$607,082)</b>	<b>\$7,469,149</b>	<b>\$6,731,933</b>	<b>(\$737,216)</b>	<b>\$11,869,596</b>
<b>Expenditures:</b>							
<b>Operating Expenditures</b>							
Administration	73,668	71,074	2,594	418,279	373,887	44,392	825,915
Board Expenses	11,727	9,683	2,044	24,109	13,841	10,268	46,476
Election Expenses	5,000	(67)	5,067	5,600	0	5,600	18,000
Connections: Mental Health/Substance Issues Sv	126,766	97,436	29,330	671,988	502,336	169,652	1,564,904
Dental Services	307,873	292,819	15,054	1,678,827	1,465,141	213,686	3,847,166
Integrated Care (MHSA/PC)	88,033	82,899	5,134	465,749	422,933	42,816	1,083,230
Health Promotion	66,027	62,639	3,388	355,668	313,398	42,270	826,433
Community Impact	51,575	52,801	(1,226)	273,651	265,581	8,070	635,016
Program Assessment & Evaluation	16,711	16,045	666	88,431	82,333	6,098	205,411
Health Care Access	90,052	79,152	10,900	477,991	410,177	67,814	1,101,355
HealthInfoSource	6,285	5,876	409	36,175	31,000	5,175	82,850
Resource Development	13,715	10,419	3,296	72,833	63,053	9,780	169,844
Contingency (Operations)	0	0	0	0	0	0	239,000
Special Projects	151,811	98,821	52,990	767,558	324,252	443,306	1,879,519
Grant Projects	129,355	62,122	67,233	690,585	307,289	383,296	1,695,319
<b>Total Operating Expenditures</b>	<b>1,138,598</b>	<b>941,719</b>	<b>196,879</b>	<b>6,027,444</b>	<b>4,575,221</b>	<b>1,452,223</b>	<b>14,220,438</b>
<b>Net Income</b>	<b>\$248,483</b>	<b>(\$161,720)</b>	<b>(\$410,203)</b>	<b>\$1,441,705</b>	<b>\$2,156,712</b>	<b>\$715,007</b>	<b>(\$4,507,554)</b>

Unaudited - For Management Use Only

## STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 5/31/2018

	Current Month		Current Month		Current Month		Year to Date		Year to Date		Year to Date		Annual	
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Annual Funds Remaining
Non-Operating Expenditures														
Building	0	0	0	0	0	0	0	0	0	0	0	0	3,020,000	3,020,000
General Office Equipment	0	0	0	0	0	0	20,000	0	20,000	20,000	20,000	20,000	20,000	20,000
Medical & Dental Equipment	0	0	0	0	0	0	7,830	7,800	30	13,797	13,797	30	13,797	5,997
Computer Equipment	0	0	0	0	0	0	11,600	0	11,600	11,600	11,600	11,600	11,600	11,600
Computer Software	0	0	0	0	0	0	0	0	0	7,300	7,300	0	7,300	7,300
Furniture	5,000	0	5,000	5,000	0	5,000	5,000	0	5,000	10,000	10,000	5,000	10,000	10,000
Total Non-Operating Expenditures	5,000	0	5,000	44,430	7,800	36,630	3,082,697	7,800	36,630	3,082,697	3,082,697	36,630	3,082,697	3,074,897

## STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 5/31/2018

	<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</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$792	\$287	(\$505)	\$3,958	\$19,714	\$15,756	\$9,500	(\$10,214)
Total Revenue	\$792	\$287	(\$505)	\$3,958	\$19,714	\$15,756	\$9,500	(\$10,214)
Expenditures:								
Salaries and Benefits	42,815	42,359	456	214,076	206,810	7,266	513,783	306,973
Supplies and Purchased Services	30,853	28,715	2,138	204,202	167,078	37,124	312,132	145,054
Total Expenditures	\$73,668	\$71,074	\$2,594	\$418,278	\$373,888	\$44,390	\$825,915	\$452,027
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	\$8,632	\$7,681	\$951	\$8,632	\$7,681	\$951	\$8,632	\$951
Supplies and Purchased Services	3,096	2,068	1,028	15,476	6,226	9,250	37,844	31,618
Election Expenses	5,000	(67)	5,067	5,600	0	5,600	18,000	18,000
Total Expenditures	\$16,728	\$9,682	\$7,046	\$29,708	\$13,907	\$15,801	\$64,476	\$50,569
<u>Community Impact</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$46,388	\$49,572	(\$3,184)	\$231,942	\$238,908	(\$6,966)	\$556,661	\$317,753
Supplies and Purchased Services	5,186	3,229	1,957	41,709	26,673	15,036	78,355	51,682
Total Expenditures	\$51,574	\$52,801	(\$1,227)	\$273,651	\$265,581	\$8,070	\$635,016	\$369,435

## STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 5/31/2018

<u>Program Assessment &amp; Evaluation</u>		<u>Current Month</u>	<u>Current Month</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Annual</u>	<u>Remaining</u>
<u>Revenue:</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Funds</u>
Total Revenue		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Expenditures:</u>									
Salaries and Benefits		\$14,997	\$14,956	\$41	\$74,987	\$73,866	\$1,121	\$179,969	\$106,103
Supplies and Purchased Services		1,714	1,090	624	13,444	8,467	4,977	25,442	16,975
Total Expenditures		\$16,711	\$16,046	\$665	\$88,431	\$82,333	\$6,098	\$205,411	\$123,078
<u>Connections: Mental Health/Substance Issue</u>									
<u>Revenue:</u>									
Fees, Reimbursements & Other Income		\$2,080	\$2,138	\$58	\$10,400	\$8,751	(\$1,649)	\$24,960	\$16,209
Total Revenue		\$2,080	\$2,138	\$58	\$10,400	\$8,751	(\$1,649)	\$24,960	\$16,209
<u>Expenditures:</u>									
Salaries and Benefits		\$76,720	\$69,444	\$7,276	\$503,598	\$364,588	\$139,010	\$1,050,635	\$686,047
Supplies and Purchased Services		50,046	27,992	22,054	168,390	137,748	30,642	514,269	376,521
Total Expenditures		\$126,766	\$97,436	\$29,330	\$671,988	\$502,336	\$169,652	\$1,564,904	\$1,062,568
<u>Dental Services</u>									
<u>Revenue:</u>									
Fees, Reimbursements & Other Income		\$98,867	\$85,949	(\$12,918)	\$480,136	\$410,916	(\$69,220)	\$1,114,692	\$703,776
Total Revenue		\$98,867	\$85,949	(\$12,918)	\$480,136	\$410,916	(\$69,220)	\$1,114,692	\$703,776
<u>Expenditures:</u>									
Salaries and Benefits		\$246,118	\$240,033	\$6,085	\$1,230,588	\$1,157,893	\$72,695	\$2,953,411	\$1,795,518
Supplies and Purchased Services		61,756	52,786	8,970	448,239	307,248	140,991	893,755	586,507
Total Expenditures		\$307,874	\$292,819	\$15,055	\$1,678,827	\$1,465,141	\$213,686	\$3,847,166	\$2,382,025



## STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 5/31/2018

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$2,917	\$2,650	( \$267 )	\$14,583	\$14,242	( \$341 )	\$35,000	\$20,758
Total Revenue	\$2,917	\$2,650	( \$267 )	\$14,583	\$14,242	( \$341 )	\$35,000	\$20,758
Expenditures:								
Salaries and Benefits	\$79,098	\$76,580	\$2,518	\$395,492	\$380,645	\$14,847	\$949,180	\$568,535
Supplies and Purchased Services	8,869	6,320	2,549	69,930	41,318	28,612	133,264	91,946
Total Expenditures	\$87,967	\$82,900	\$5,067	\$465,422	\$421,963	\$43,459	\$1,082,444	\$660,481
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$1,172	\$1,026	( \$146 )	\$5,860	\$3,570	( \$2,290 )	\$14,063	\$10,493
Total Revenue	\$1,172	\$1,026	( \$146 )	\$5,860	\$3,570	( \$2,290 )	\$14,063	\$10,493
Expenditures:								
Salaries and Benefits	\$52,710	\$49,768	\$2,942	\$263,548	\$243,219	\$20,329	\$632,516	\$389,297
Supplies and Purchased Services	13,318	12,871	447	92,120	70,179	21,941	193,917	123,738
Total Expenditures	\$66,028	\$62,639	\$3,389	\$355,668	\$313,398	\$42,270	\$826,433	\$513,035

## STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 5/31/2018

	<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</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Health Care Access</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$0	\$95	\$95	\$0	\$257	\$257	\$0	(\$257)
Total Revenue	\$0	\$95	\$95	\$0	\$257	\$257	\$0	(\$257)
Expenditures:								
Salaries and Benefits	\$72,715	\$72,657	\$58	\$363,573	\$349,942	\$13,631	\$872,574	\$522,632
Supplies and Purchased Services	17,337	6,495	10,842	114,419	60,235	54,184	228,781	168,546
Total Expenditures	\$90,052	\$79,152	\$10,900	\$477,992	\$410,177	\$67,815	\$1,101,355	\$691,178
<u>Health Info Source</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$4,989	\$4,850	\$139	\$24,944	\$23,823	\$1,121	\$59,865	\$36,042
Supplies and Purchased Services	1,297	1,026	271	11,232	7,178	4,054	22,985	15,807
Total Expenditures	\$6,286	\$5,876	\$410	\$36,176	\$31,001	\$5,175	\$82,850	\$51,849
<u>Resource Development</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$12,048	\$9,588	\$2,460	\$60,239	\$57,164	\$3,075	\$144,574	\$87,410
Supplies and Purchased Services	1,667	831	836	12,594	5,889	6,705	25,270	19,381
Total Expenditures	\$13,715	\$10,419	\$3,296	\$72,833	\$63,053	\$9,780	\$169,844	\$106,791

# Health District of Northern Larimer County

## Investment Schedule

May 2018

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,333	0.015%	1.70%	N/A
Local Government Investment Pool	COLOTRUST	\$ 7,502,593	81.810%	2.10%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	\$ 8,030	0.088%	2.10%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	\$ 22,740	0.248%	2.10%	N/A
Flex Savings Account	First National Bank	\$ 290,162	3.164%	0.90%	N/A
Certificate of Deposit - #714626	Advantage Bank	\$ 134,770	1.470%	0.80%	6/27/2018
Certificate of Deposit - #742487	Advantage Bank	\$ 108,162	1.179%	1.39%	3/2/2018
Certificate of Deposit - #35083766	First National Bank	\$ 110,808	1.208%	1.35%	9/6/2019
Certificate of Deposit - #40010527	Points West	\$ 111,425	1.215%	0.80%	6/4/2018
Certificate of Deposit - #40010448	Points West	\$ 150,853	1.645%	1.25%	4/2/2020
Certificate of Deposit - #23002918	Adams State Bank	\$ 229,873	2.507%	1.29%	10/7/2019
Certificate of Deposit - #824149	Cache Bank & Trust	\$ 250,000	2.726%	0.80%	12/27/2018
Certificate of Deposit - #1100000578	Farmers Bank	\$ 250,000	2.726%	1.20%	6/27/2018
Total/Weighted Average		\$ 9,170,749	100.000%	1.92%	

### 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

BALANCE SHEET

As of 1/31/2018

ASSETS

Current Assets:

Cash & Investments	\$6,480,654.51
Accounts Receivable	201,750.45
Property Taxes Receivable	7,188,431.00
Specific Ownership Taxes Receivable	52,717.00
Prepaid Expenses and Deposits	82,479.52

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Total Current Assets	14,006,032.48
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Property and Equipment

Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,217,002.79
Accumulated Depreciation	(2,577,095.31)

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Total Property and Equipment	7,653,618.23
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Total Assets	\$21,659,650.71
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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 1/31/2018

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	\$735,382.54
Deposits	1,000.00
Deferred Revenue	650,044.23
	<hr/>
Total Current Liabilities	1,386,426.77
	<hr/>
Long-term Liabilities:	
Compensated Absences Payable	15,410.00
	<hr/>
Total Long-term Liabilities	15,410.00
	<hr/>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	6,732,167.81
	<hr/>
Total Deferred Inflows of Resources	6,732,167.81
	<hr/>
Total Liabilities & Deferred Inflows of Resource	8,134,004.58
	<hr/>
EQUITY	
Retained Earnings	13,688,915.65
Net Income	(163,269.52)
	<hr/>
Total Equity	13,525,646.13
	<hr/>
Total Liabilities & Equity	\$21,659,650.71
	<hr/> <hr/>

## STATEMENT OF REVENUES AND EXPENSES

For 1/1/2018 To 1/31/2018

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	\$456,263.19	\$456,263.19
Specific Ownership Taxes	52,716.20	52,716.20
Lease Revenue	88,491.25	88,491.25
Interest Income	7,871.61	7,871.61
Sales Revenue	44.73	44.73
Fee For Services Income	14,084.30	14,084.30
Third Party Reimbursements	63,203.21	63,203.21
Grant Revenue	56,394.25	56,394.25
Partnerships	5,902.01	5,902.01
Miscellaneous Income	1,075.06	1,075.06
Gain on Investment	1,239.15	1,239.15
Total Revenue	<u>747,284.96</u>	<u>747,284.96</u>
Expenses:		
Operating Expenses		
Administration	\$60,438.73	\$60,438.73
Board Expenses	880.73	880.73
Connections: MentalHealth/Substance Issues Svcs	88,708.02	88,708.02
Dental Services	309,849.24	309,849.24
Integrated Care (MHSA/PC)	86,335.90	86,335.90
Health Promotion	68,756.47	68,756.47
Community Impact	52,708.79	52,708.79
Program Assessment & Evaluation	16,494.96	16,494.96
Health Care Access	80,486.89	80,486.89
HealthInfoSource	6,962.55	6,962.55
Resource Development	12,948.38	12,948.38
Special Projects	62,281.67	62,281.67
Grant Projects	63,702.15	63,702.15
Total Operating Expenses	<u>910,554.48</u>	<u>910,554.48</u>
Depreciation and Amortization		
Total Depreciation and Amortization	<u>0.00</u>	<u>0.00</u>
Total Expenses	<u>910,554.48</u>	<u>910,554.48</u>
Net Income	<u>(\$163,269.52)</u>	<u>(\$163,269.52)</u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 2/28/2018

ASSETS

Current Assets:

Cash & Investments	\$6,345,731.65
Accounts Receivable	93,277.24
Property Taxes Receivable	6,732,167.81
Specific Ownership Taxes Receivable	50,122.00
Prepaid Expenses and Deposits	76,844.91

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Total Current Assets	13,298,143.61
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Property and Equipment

Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,217,002.79
Accumulated Depreciation	(2,577,095.31)

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Total Property and Equipment	7,653,618.23
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Total Assets	\$20,951,761.84
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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 2/28/2018

LIABILITIES AND EQUITY

Current Liabilities:

Accounts Payable	\$680,755.79
Deposits	1,000.00
Deferred Revenue	589,281.38

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Total Current Liabilities	1,271,037.17
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Long-term Liabilities:

Compensated Absences Payable	15,410.00
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Total Long-term Liabilities	15,410.00
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Deferred Inflows of Resources

Deferred Property Tax Revenue	4,562,870.95
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Total Deferred Inflows of Resources	4,562,870.95
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Total Liabilities & Deferred Inflows of Resource	5,849,318.12
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EQUITY

Retained Earnings	13,688,915.65
Net Income	1,413,528.07

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Total Equity	15,102,443.72
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Total Liabilities & Equity	\$20,951,761.84
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## STATEMENT OF REVENUES AND EXPENSES

For 1/1/2018 To 2/28/2018

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	\$2,169,296.86	\$2,625,560.05
Specific Ownership Taxes	50,121.20	102,837.40
Lease Revenue	88,491.25	176,982.50
Interest Income	7,050.25	14,921.86
Sales Revenue	20.34	65.07
Fee For Services Income	16,758.07	30,842.37
Third Party Reimbursements	65,996.71	129,199.92
Grant Revenue	23,372.22	79,766.47
Partnerships	3,786.36	9,688.37
Miscellaneous Income	8,733.68	9,808.74
Gain on Investment	0.00	1,239.15
Total Revenue	<u>2,433,626.94</u>	<u>3,180,911.90</u>
Expenses:		
Operating Expenses		
Administration	\$95,280.99	\$155,719.72
Board Expenses	945.82	1,826.55
Connections: MentalHealth/Substance Issues Svcs	87,772.11	176,480.13
Dental Services	262,939.81	572,789.05
Integrated Care (MHSA/PC)	81,315.56	167,651.46
Health Promotion	57,098.61	125,855.08
Community Impact	53,145.30	105,854.09
Program Assessment & Evaluation	15,567.76	32,062.72
Health Care Access	87,279.52	167,766.41
HealthInfoSource	5,505.03	12,467.58
Resource Development	12,592.57	25,540.95
Special Projects	39,371.64	101,653.31
Grant Projects	58,014.63	121,716.78
Total Operating Expenses	<u>856,829.35</u>	<u>1,767,383.83</u>
Depreciation and Amortization		
Total Depreciation and Amortization	<u>0.00</u>	<u>0.00</u>
Total Expenses	<u>856,829.35</u>	<u>1,767,383.83</u>
Net Income	<u>\$1,576,797.59</u>	<u>\$1,413,528.07</u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 3/31/2018

ASSETS

Current Assets:

Cash & Investments	\$7,879,928.83
Accounts Receivable	82,012.77
Property Taxes Receivable	4,562,870.95
Specific Ownership Taxes Receivable	51,445.38
Prepaid Expenses and Deposits	73,923.87

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Total Current Assets	12,650,181.80
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Property and Equipment

Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,224,802.79
Accumulated Depreciation	(2,577,095.31)

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Total Property and Equipment	7,661,418.23
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Total Assets	\$20,311,600.03
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Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 3/31/2018

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	\$753,791.92
Deposits	1,000.00
Deferred Revenue	453,426.78
	<hr/>
Total Current Liabilities	1,208,218.70
	<hr/>
Long-term Liabilities:	
Compensated Absences Payable	15,410.00
	<hr/>
Total Long-term Liabilities	15,410.00
	<hr/>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	4,098,686.48
	<hr/>
Total Deferred Inflows of Resources	4,098,686.48
	<hr/>
Total Liabilities & Deferred Inflows of Resource	5,322,315.18
	<hr/>
EQUITY	
Retained Earnings	13,688,915.65
Net Income	1,300,369.20
	<hr/>
Total Equity	14,989,284.85
	<hr/>
Total Liabilities & Equity	\$20,311,600.03
	<hr/> <hr/>

## STATEMENT OF REVENUES AND EXPENSES

For 1/1/2018 To 3/31/2018

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	\$464,184.47	\$3,089,744.52
Specific Ownership Taxes	51,444.58	154,281.98
Lease Revenue	88,491.25	265,473.75
Interest Income	9,920.67	24,842.53
Sales Revenue	68.51	133.58
Fee For Services Income	19,033.48	49,875.85
Third Party Reimbursements	78,661.80	207,861.72
Grant Revenue	104,672.22	184,438.69
Partnerships	7,274.03	16,962.40
Miscellaneous Income	12,794.97	22,603.71
Gain on Investment	0.00	1,239.15
Total Revenue	<u>836,545.98</u>	<u>4,017,457.88</u>
Expenses:		
Operating Expenses		
Administration	\$61,767.22	\$217,486.94
Board Expenses	1,511.60	3,338.15
Connections: MentalHealth/Substance Issues Svcs	121,243.95	297,724.08
Dental Services	309,587.76	882,376.81
Integrated Care (MHSA/PC)	89,786.95	257,438.41
Health Promotion	66,870.25	192,725.33
Community Impact	53,325.03	159,179.12
Program Assessment & Evaluation	17,727.37	49,790.09
Health Care Access	84,012.93	251,779.34
HealthInfoSource	6,966.23	19,433.81
Resource Development	14,320.00	39,860.95
Special Projects	59,523.87	161,177.18
Grant Projects	63,061.69	184,778.47
Total Operating Expenses	<u>949,704.85</u>	<u>2,717,088.68</u>
Depreciation and Amortization		
Total Depreciation and Amortization	<u>0.00</u>	<u>0.00</u>
Total Expenses	<u>949,704.85</u>	<u>2,717,088.68</u>
Net Income	<u>(\$113,158.87)</u>	<u>\$1,300,369.20</u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 4/30/2018

ASSETS

Current Assets:

Cash & Investments	\$7,577,647.61
Accounts Receivable	85,466.86
Property Taxes Receivable	4,098,686.48
Specific Ownership Taxes Receivable	48,902.61
Prepaid Expenses and Deposits	67,984.77

Total Current Assets

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11,878,688.33

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Property and Equipment

Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,224,802.79
Accumulated Depreciation	(2,577,095.31)

Total Property and Equipment

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7,661,418.23

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Total Assets

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\$19,540,106.56

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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 4/30/2018

LIABILITIES AND EQUITY

Current Liabilities:

Accounts Payable	\$727,249.53
Deposits	1,000.00
Deferred Revenue	330,038.51

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Total Current Liabilities	1,058,288.04
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Long-term Liabilities:

Compensated Absences Payable	15,410.00
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Total Long-term Liabilities	15,410.00
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Deferred Inflows of Resources

Deferred Property Tax Revenue	2,458,862.83
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Total Deferred Inflows of Resources	2,458,862.83
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Total Liabilities & Deferred Inflows of Resource	3,532,560.87
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EQUITY

Retained Earnings	13,688,915.65
Net Income	2,318,630.04

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Total Equity	16,007,545.69
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Total Liabilities & Equity	\$19,540,106.56
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## STATEMENT OF REVENUES AND EXPENSES

For 1/1/2018 To 4/30/2018

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	\$1,639,823.65	\$4,729,568.17
Specific Ownership Taxes	48,901.81	203,183.79
Lease Revenue	88,491.25	353,965.00
Interest Income	10,787.76	35,630.29
Sales Revenue	56.91	190.49
Fee For Services Income	22,635.50	72,511.35
Third Party Reimbursements	61,241.46	269,103.18
Grant Revenue	54,709.27	239,147.96
Partnerships	6,933.20	23,895.60
Miscellaneous Income	1,096.18	23,699.89
Gain on Investment	0.00	1,239.15
Total Revenue	<u>1,934,676.99</u>	<u>5,952,134.87</u>
Expenses:		
Operating Expenses		
Administration	\$85,326.99	\$302,813.93
Board Expenses	886.48	4,224.63
Connections: MentalHealth/Substance Issues Svcs	107,175.89	404,899.97
Dental Services	289,945.15	1,172,321.96
Integrated Care (MHSA/PC)	82,595.37	340,033.78
Health Promotion	58,033.73	250,759.06
Community Impact	53,601.15	212,780.27
Program Assessment & Evaluation	16,497.36	66,287.45
Health Care Access	79,246.51	331,025.85
HealthInfoSource	5,691.23	25,125.04
Resource Development	12,772.98	52,633.93
Special Projects	64,254.55	225,431.73
Grant Projects	60,388.76	245,167.23
Total Operating Expenses	<u>916,416.15</u>	<u>3,633,504.83</u>
Depreciation and Amortization		
Total Depreciation and Amortization	<u>0.00</u>	<u>0.00</u>
Total Expenses	<u>916,416.15</u>	<u>3,633,504.83</u>
Net Income	<u>\$1,018,260.84</u>	<u>\$2,318,630.04</u>

Unaudited - For Management Use Only

**HEALTH DISTRICT**  
**of Northern Larimer County**  
**December 2017**  
**Summary Financial Narrative**

**Revenues**

The Health District is 1.7% ahead of year-to-date tax revenue projections. Interest income is 229% ahead of year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings increased slightly from the previous month from 1.25% to 1.38% (based on the weighted average of all investments). Fee for service revenue from clients is 29.1% behind year-to-date projections and revenue from third party reimbursements is 27.7% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 2.0% behind year-to-date projections.

**Expenditures**

Operating expenditures (excluding grants and special projects) are 12.4% behind year-to-date projections. Program variances are as follows: Administration 5.1%; Board 40.0%; Connections: Mental Health/Substance Issues Services 19.4%; Dental Services 10.8%; Integrated Care 8.7%; Health Promotion 9.6%; Community Impact 20.1%; Program Assessment and Evaluation 3.6%; Health Care Access 9.7%; HealthInfoSource 6.7%; and Resource Development (operational) 9.7%.

**Capital Outlay**

Capital expenditures are 63.3% behind year-to-date projections due to the postponement of some capital expenditures to a future time period.



HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 12/31/2017

ASSETS

Current Assets:

Cash & Investments	\$7,331,634.62
Accounts Receivable	161,096.93
Property Taxes Receivable	7,188,431.00
Specific Ownership Taxes Receivable	47,442.38
Prepaid Expenses and Deposits	93,689.92

Total Current Assets	14,822,294.85
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Property and Equipment

Land	4,592,595.02
Building and Leasehold Improvements	4,421,115.73
Equipment	1,217,002.79
Accumulated Depreciation	(2,577,095.31)

Total Property and Equipment	7,653,618.23
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Total Assets	\$22,475,913.08
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HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 12/31/2017

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	\$817,198.89
Deposits	1,000.00
Deferred Revenue	764,957.54
	<hr/>
Total Current Liabilities	1,583,156.43
	<hr/>
Long-term Liabilities:	
Compensated Absences Payable	15,410.00
	<hr/>
Total Long-term Liabilities	15,410.00
	<hr/>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	7,188,431.00
	<hr/>
Total Deferred Inflows of Resources	7,188,431.00
	<hr/>
Total Liabilities & Deferred Inflows of Resource	8,786,997.43
	<hr/>
EQUITY	
Retained Earnings	13,743,662.51
Net Income	(54,746.86)
	<hr/>
Total Equity	13,688,915.65
	<hr/>
Total Liabilities & Equity	\$22,475,913.08
	<hr/> <hr/>

## STATEMENT OF REVENUES AND EXPENSES

For 1/1/2017 To 12/31/2017

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	(\$2,408.38)	\$6,425,062.78
Specific Ownership Taxes	47,441.58	625,661.53
Lease Revenue	88,491.25	1,051,585.36
Interest Income	8,514.09	82,311.98
Sales Revenue	18.69	316.20
Fee For Services Income	14,514.64	233,147.73
Third Party Reimbursements	41,031.63	684,237.99
Grant Revenue	99,497.16	774,246.05
Partnerships	8,856.62	157,415.75
Miscellaneous Income	668.28	20,013.87
Gain on Investment	926.23	2,297.71
Total Revenue	<u>307,551.79</u>	<u>10,056,296.95</u>
Expenses:		
Operating Expenses		
Administration	\$51,865.68	\$687,926.14
Board Expenses	1,931.41	28,461.10
Connections: MentalHealth/Substance Issues Svcs	117,221.18	1,128,905.55
Dental Services	322,590.07	3,244,709.36
Integrated Care (MHSA/PC)	89,565.85	931,176.94
Health Promotion	78,336.68	688,898.37
Community Impact	58,909.05	506,281.74
Program Assessment & Evaluation	16,808.62	186,541.26
Health Care Access	92,090.77	901,865.68
HealthInfoSource	6,411.29	73,599.23
Resource Development	13,016.99	123,105.91
Special Projects	116,014.00	668,155.68
Grant Projects	96,393.07	758,286.57
Total Operating Expenses	<u>1,061,154.66</u>	<u>9,927,913.53</u>
Depreciation and Amortization		
Depreciation Expense	<u>183,130.28</u>	<u>183,130.28</u>
Total Depreciation and Amortization	<u>183,130.28</u>	<u>183,130.28</u>
Total Expenses	<u>1,244,284.94</u>	<u>10,111,043.81</u>
Net Income	<u>(\$936,733.15)</u>	<u>(\$54,746.86)</u>

Unaudited - For Management Use Only

**HEALTH DISTRICT OF NORTHERN LARIMER COUNTY**

**STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL**

For 1/1/2017 To 12/31/2017

	<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</u> <u>Budget</u>	<u>Annual</u> <u>Funds Remaining</u>
<b>Revenue:</b>								
Property Taxes	\$26	(\$2,408)	( \$2,434 )	\$6,449,965	\$6,425,063	( \$24,902 )	\$6,449,965	\$24,902
Specific Ownership Taxes	40,192	47,442	7,250	485,000	625,662	140,662	485,000	(140,662)
Lease Revenue	88,491	88,491	0	1,051,585	1,051,585	0	1,051,585	0
Interest Income	2,087	8,514	6,427	25,000	82,312	57,312	25,000	(57,312)
Sales Revenue	60	19	( 41 )	720	316	( 404 )	720	404
Fee For Services Income	27,577	14,515	(13,062)	328,994	233,148	( 95,846 )	328,994	95,846
Third Party Reimbursements	66,181	41,032	(25,149)	946,157	684,238	( 261,919 )	946,157	261,919
Grant Revenue	97,693	99,497	1,804	1,368,073	774,246	( 593,827 )	1,368,073	593,827
Partnership Revenue	32,529	8,857	(23,672)	80,895	157,416	76,521	80,895	(76,521)
Miscellaneous Income	1,663	668	( 995 )	19,930	20,014	84	19,930	(84)
Gain on Investment	0	926	926	0	2,298	2,298	0	(2,298)
<b>Total Revenue</b>	<b>\$356,499</b>	<b>\$307,553</b>	<b>( \$48,946 )</b>	<b>\$10,756,319</b>	<b>\$10,056,298</b>	<b>( \$700,021 )</b>	<b>\$10,756,319</b>	<b>\$700,021</b>
<b>Expenditures:</b>								
Operating Expenditures								
Administration	47,081	51,866	(4,785)	725,193	687,927	37,266	725,193	37,266
Board Expenses	2,820	1,931	889	47,469	28,461	19,008	47,469	19,008
Election Expenses	15,000	0	15,000	15,000	0	15,000	15,000	15,000
Connections: Mental Health/Substance Issues Sv	113,457	117,221	(3,764)	1,400,513	1,128,905	271,608	1,400,513	271,608
Dental Services	292,841	319,172	(26,331)	3,615,633	3,225,032	390,601	3,615,633	390,601
Integrated Care (MHSA/PC)	83,510	89,566	(6,056)	1,019,959	931,177	88,782	1,019,959	88,782
Health Promotion	62,443	78,298	(15,855)	761,335	688,358	72,977	761,335	72,977
Community Impact	51,733	58,909	(7,176)	633,767	506,282	127,485	633,767	127,485
Program Assessment & Evaluation	15,707	16,809	(1,102)	193,478	186,542	6,936	193,478	6,936
Health Care Access	80,725	92,091	(11,366)	996,802	901,866	94,936	996,802	94,936
HealthInfoSource	6,059	6,411	(352)	78,882	73,600	5,282	78,882	5,282
Resource Development	10,936	13,017	(2,081)	136,381	123,106	13,275	136,381	13,275
Contingency (Operations)	5,000	0	5,000	60,000	0	60,000	60,000	60,000
Special Projects	187,611	116,014	71,597	1,732,353	668,156	1,064,197	1,732,353	1,064,197
Grant Projects	108,735	96,393	12,342	1,518,073	758,287	759,786	1,518,073	759,786
<b>Total Operating Expenditures</b>	<b>1,083,658</b>	<b>1,057,698</b>	<b>25,960</b>	<b>12,934,838</b>	<b>9,907,699</b>	<b>3,027,139</b>	<b>12,934,838</b>	<b>3,027,139</b>
<b>Net Income</b>	<b>( \$727,159 )</b>	<b>( \$750,145 )</b>	<b>( \$22,986 )</b>	<b>( \$2,178,519 )</b>	<b>\$148,599</b>	<b>\$2,327,118</b>	<b>( \$2,178,519 )</b>	<b>( \$2,327,118 )</b>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

**STATEMENT OF NON-OPERATING EXPENDITURES - BUDGET AND ACTUAL**

For 12/1/2017 To 12/31/2017

	<u>Current Month</u>	<u>Current Month</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Annual Budget</u>	<u>Annual Funds</u>
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Variance</u>		<u>Remaining</u>
Non-Operating Expenditures									
Land	-	-	-	-	-	-	-	-	-
Building	-	(82,462)	82,462	82,000	-	82,000	82,000	82,000	82,000
Construction in Progress	-	-	-	-	-	-	-	-	-
Leasehold Improvement	-	-	-	-	-	-	-	-	-
Capital Equipment	-	-	-	10,000	-	10,000	10,000	10,000	10,000
General Office Equipment	-	-	-	32,300	-	32,300	32,300	32,300	32,300
Medical & Dental Equipment	-	-	-	68,637	-	68,637	68,637	68,637	2,209
Computer Equipment	6,822	53,317	(46,495)	8,500	66,428	1,528	8,500	8,500	1,528
Computer Software	-	-	-	21,350	6,972	14,646	21,350	21,350	14,646
Equipment for Building	-	6,704	(6,704)	10,000	6,704	4,586	10,000	10,000	4,586
Furniture	-	-	-	-	5,414	-	-	-	-
Total Non-Operating Expenditures	\$ 6,822	\$ (22,441)	\$ 29,263	\$ 232,787	\$ 85,518	\$ 147,269	\$ 232,787	\$ 232,787	\$ 147,269

HEALTH DISTRICT OF NORTHERN LARIMER COUNTYSTATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 12/31/2017

	<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</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$792	\$100	( \$692 )	\$9,500	\$15,263	\$5,763	\$9,500	(\$5,763)
Total Revenue	\$792	\$100	( \$692 )	\$9,500	\$15,263	\$5,763	\$9,500	(\$5,763)
Expenditures:								
Salaries and Benefits	37,301	36,825	476	447,612	441,635	5,977	447,612	5,977
Supplies and Purchased Services	9,780	15,041	(5,261)	277,581	246,292	31,289	277,581	31,289
Total Expenditures	\$47,081	\$51,866	(\$4,785)	\$725,193	\$687,927	\$37,266	\$725,193	\$37,266
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	\$0	\$0	\$0	\$8,636	\$6,602	\$2,034	\$8,636	\$2,034
Supplies and Purchased Services	2,820	1,931	889	38,833	21,860	16,973	38,833	16,973
Election Expenses	15,000	0	15,000	15,000	0	15,000	15,000	15,000
Total Expenditures	\$17,820	\$1,931	\$15,889	\$62,469	\$28,462	\$34,007	\$62,469	\$34,007
<u>Community Impact</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$45,730	\$43,071	\$2,659	\$543,961	\$450,468	\$93,493	\$543,961	\$93,493
Supplies and Purchased Services	6,002	15,838	(9,836)	89,806	55,814	33,992	89,806	33,992
Total Expenditures	\$51,732	\$58,909	(\$7,177)	\$633,767	\$506,282	\$127,485	\$633,767	\$127,485

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 12/31/2017

<u>Program Assessment &amp; Evaluation</u>	<u>Current Month</u>	<u>Current Month</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Annual</u>	<u>Remaining</u>
<u>Revenue:</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Funds</u>
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$14,262	\$13,813	\$449	\$171,146	\$168,269	\$2,877	\$171,146	\$2,877
Supplies and Purchased Services	1,445	2,995	(1,550)	22,332	18,273	4,059	22,332	4,059
Total Expenditures	\$15,707	\$16,808	(\$1,101)	\$193,478	\$186,542	\$6,936	\$193,478	\$6,936
<u>Connections: Mental Health/Substance Issue</u>								
<u>Revenue:</u>								
Fees, Reimbursements & Other Income	\$83	\$693	\$610	\$1,000	\$2,973	\$1,973	\$1,000	(\$1,973)
Total Revenue	\$83	\$693	\$610	\$1,000	\$2,973	\$1,973	\$1,000	(\$1,973)
Expenditures:								
Salaries and Benefits	\$85,999	\$63,021	\$22,978	\$1,032,421	\$813,864	\$218,557	\$1,032,421	\$218,557
Supplies and Purchased Services	27,458	54,200	(26,742)	368,092	315,041	53,051	368,092	53,051
Total Expenditures	\$113,457	\$117,221	(\$3,764)	\$1,400,513	\$1,128,905	\$271,608	\$1,400,513	\$271,608
<u>Dental Services</u>								
<u>Revenue:</u>								
Fees, Reimbursements & Other Income	\$90,233	\$48,451	(\$41,782)	\$1,232,831	\$871,087	(\$361,744)	\$1,232,831	\$361,744
Total Revenue	\$90,233	\$48,451	(\$41,782)	\$1,232,831	\$871,087	(\$361,744)	\$1,232,831	\$361,744
Expenditures:								
Salaries and Benefits	\$233,008	\$215,460	\$17,548	\$2,796,093	\$2,646,033	\$150,060	\$2,796,093	\$150,060
Supplies and Purchased Services	61,624	107,130	(45,506)	841,040	598,677	242,363	841,040	242,363
Total Expenditures	\$294,632	\$322,590	(\$27,958)	\$3,637,133	\$3,244,710	\$392,423	\$3,637,133	\$392,423

## STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 12/31/2017

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$3,250	\$5,890	\$2,640	\$39,000	\$38,855	( \$145 )	\$39,000	\$145
Total Revenue	\$3,250	\$5,890	\$2,640	\$39,000	\$38,855	( \$145 )	\$39,000	\$145
Expenditures:								
Salaries and Benefits	\$75,288	\$71,643	\$3,645	\$903,452	\$856,319	\$47,133	\$903,452	\$47,133
Supplies and Purchased Services	8,222	17,923	(9,701)	116,507	74,858	41,649	116,507	41,649
Total Expenditures	\$83,510	\$89,566	(\$6,056)	\$1,019,959	\$931,177	\$88,782	\$1,019,959	\$88,782
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$1,039	\$973	( \$66 )	\$12,470	\$8,961	( \$3,509 )	\$12,470	\$3,509
Total Revenue	\$1,039	\$973	( \$66 )	\$12,470	\$8,961	( \$3,509 )	\$12,470	\$3,509
Expenditures:								
Salaries and Benefits	\$48,223	\$46,516	\$1,707	\$578,679	\$555,844	\$22,835	\$578,679	\$22,835
Supplies and Purchased Services	14,253	31,821	(17,568)	183,056	133,055	50,001	183,056	50,001
Total Expenditures	\$62,476	\$78,337	(\$15,861)	\$761,735	\$688,899	\$72,836	\$761,735	\$72,836



## STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 12/31/2017

		<u>Current Month</u>	<u>Current Month</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Annual</u>	<u>Remaining</u>
		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Funds</u>
<u>Health Care Access</u>									
Revenue:									
Fees, Reimbursements & Other Income		\$83	\$126	\$43	\$1,000	\$577	( \$423 )	\$1,000	\$423
Total Revenue		\$83	\$126	\$43	\$1,000	\$577	( \$423 )	\$1,000	\$423
Expenditures:									
Salaries and Benefits		\$65,995	\$66,546	(\$551)	\$791,945	\$768,375	\$23,570	\$791,945	\$23,570
Supplies and Purchased Services		14,730	25,545	(10,815)	204,857	133,491	71,366	204,857	71,366
Total Expenditures		\$80,725	\$92,091	(\$11,366)	\$996,802	\$901,866	\$94,936	\$996,802	\$94,936
<u>Health Info Source</u>									
Revenue:									
Total Revenue		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:									
Salaries and Benefits		\$4,706	\$4,589	\$117	\$56,475	\$56,297	\$178	\$56,475	\$178
Supplies and Purchased Services		1,353	1,823	(470)	22,407	17,303	5,104	22,407	5,104
Total Expenditures		\$6,059	\$6,412	(\$353)	\$78,882	\$73,600	\$5,282	\$78,882	\$5,282
<u>Resource Development</u>									
Revenue:									
Total Revenue		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:									
Salaries and Benefits		\$9,346	\$9,281	\$65	\$112,149	\$110,751	\$1,398	\$112,149	\$1,398
Supplies and Purchased Services		1,590	3,736	(2,146)	24,232	12,355	11,877	24,232	11,877
Total Expenditures		\$10,936	\$13,017	(\$2,081)	\$136,381	\$123,106	\$13,275	\$136,381	\$13,275

# Health District of Northern Larimer County

## Investment Schedule

December 2017

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,325	0.018%	1.26%	N/A
Local Government Investment Pool	COLOTRUST	\$ 5,484,340	75.970%	1.47%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	\$ 8,857	0.123%	1.47%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	\$ 17,939	0.248%	1.47%	N/A
Flex Savings Account	First National Bank	\$ 363,988	5.042%	1.35%	N/A
Certificate of Deposit - #714626	Advantage Bank	\$ 134,504	1.863%	0.80%	6/27/2018
Certificate of Deposit - #742487	Advantage Bank	\$ 107,525	1.489%	1.09%	3/2/2018
Certificate of Deposit - #35083766	First National Bank	\$ 110,435	1.530%	1.35%	9/6/2019
Certificate of Deposit - #40010527	Points West	\$ 111,205	1.540%	0.80%	6/4/2018
Certificate of Deposit - #40010448	Points West	\$ 150,550	2.085%	0.80%	4/2/2018
Certificate of Deposit - #23002918	Adams State Bank	\$ 228,402	3.164%	1.29%	10/7/2019
Certificate of Deposit - #824149	Cache Bank & Trust	\$ 250,000	3.463%	0.80%	12/27/2018
Certificate of Deposit - #1100000578	Farmers Bank	\$ 250,000	3.463%	1.20%	6/27/2018
Total/Weighted Average		\$ 7,219,069	100.000%	1.38%	

### 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.