



BOARD OF DIRECTORS REGULAR MEETING

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

**Tuesday, July 26, 2022
4:00 p.m.**



AGENDA

BOARD OF DIRECTORS REGULAR MEETING

July 26, 2022

4:00 pm

- 4:00 p.m. Call to Order; Introductions; Approval of Agenda.....Julie Field**
- 4:03 p.m. PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.
- 4:10 p.m. PRESENTATIONS**
- Legislative Session Wrap-Up:Lisa Ward and Karen Spink
 - Larimer Health Connect.....Rosie Duran
 - Dental Services.....Dana Turner
 - Triennial Assessment UpdateSue Hewitt
- 4:40 p.m. DISCUSSION & ACTIONS**
- Joint Board Meeting with PVHS Board Robert Williams
 - Employment Law Updates Karen Spink
- 5:10 p.m. CONSENT AGENDA**
- Approval of the June 28, 2022 Regular Meeting Minutes
 - Approval of March, 2022 and April, 2022 Financials
- 5:15 p.m. OTHER UPDATES & REPORTS**
- Executive Director Updates Robert Williams
 - Performance Reporting and Priority Budgeting
 - Board Portal
 - Mini-Retreat Summary
- 5:40 p.m. PUBLIC COMMENT (2nd opportunity) See Note above.**
- 5:55 p.m. ANNOUNCEMENTS**
- August 23, 4:00 pm – Board of Directors Regular Meeting
 - September 19, 8:00 am – 6:00 pm – Board Retreat at Tapestry House
 - September 27, 4:00 pm – Board of Directors Regular Meeting
 - October 27, 4:00 pm – Board of Directors Regular Meeting
- 6:00 p.m. Executive Session: Personnel Matters.....Board of Directors Only**
- Personnel matters regarding an Executive Director Contract review and Executive Director 6-month Evaluation Plan per §24-6-402(4)(f) of the C.R.S..
- 6:30 p.m. ADJOURN**

GUIDELINES FOR PUBLIC COMMENT

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

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

■ MISSION ■

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

■ VISION ■

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

■ STRATEGY ■

The Health District will take a leadership role to:

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

■ VALUES ■

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

WRAP-UP OF THE 2022 LEGISLATIVE SESSION

PREPARED FOR
THE BOARD OF DIRECTORS OF
THE HEALTH DISTRICT OF
NORTHERN LARIMER COUNTY

Session Summary

The 2022 legislative session began on January 12, 2022, and ended on May 11, 2022. During the 2022 legislative session, 657 bills introduced with 513 (78%) passing. This compares to 623 bills introduced during the 2021 legislative session, with 502 (81%) that passed. The legislators focused on issues like behavioral health, early childhood education, and environmental issues. The large amount of Federal pandemic relief funds through the American Rescue Plan Act (ARPA) were allocated through more than three dozen bills. Although these ARPA funds were a boon to the many focus areas of funding (behavioral health, affordable housing, workforce, and economic recovery and relief). These ARPA funds were unable to address every issue as many programs or proposals were not able to be funded since federal rules require that all ARPA money be obligated by the end of 2024 and spent by 2026. The General Assembly typically does not have enough money to fund many priorities even in the best of economies; however, this year, a strong economy combined with federal stimulus dollars allowed legislators to fund more and new programs and proposals.

Legislation of Significant Importance Presented to the Health District Board of Directors

Staff monitored 65 bills that were designated as either priority 1 or 2. Of the bills monitored, 46 (71%) passed and 19 (29%) failed. The Health District Board of Directors considered 7 bills during session, and took positions on 6 of those bills. The following chart summarizes the bills on which the Health District board took a position. The bill summary reflects what was included in the final version of the bill before it passed or was lost. Policy staff has added post-session notes on the bills to discuss potential next steps and issues. Staff are looking at all bills that were passed during the session to determine implications to programs, Health District operations, or to key services in our community to help understand their impact and ensure compliance. 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.

HB22-1064: Prohibit Flavored Tobacco Regulate Synthetic Nicotine

<p>The bill prohibits retailers from selling or advertising flavored cigarettes, tobacco, or nicotine products, including flavored rolling paper. Flavored products impart a taste or smell other than that of tobacco, including menthol, mint, wintergreen, fruit, herb, candy, and spice, among other flavors. There are four exceptions to the ban: (1)premium cigars; (2)flavored pipe tobacco; (3)shisha tobacco products including hookahs; and (4) cigar-tobacco bars may sell no more than one carton of menthol cigarettes per person per day. The bill aligns the penalties for selling flavored products with the penalties for selling cigarettes, tobacco, and nicotine products to a minor. The bill adds synthetic nicotine to the definition of tobacco products that may not be sold to minors. The bill directs the existing tobacco education, prevention, and cessation grant program administered by the Division of Prevention Services in the Colorado Department of Public Health and Environment (CDPHE) to provide resources to communities disproportionately impacted by the marketing, sale, and use of tobacco and nicotine products.</p>	<p>The Board first voted to support the introduced version of the bill but due to amendments changed to an ‘amend’ position. The amendments adopted into the bill would have permitted age restricted stores to continue to sell flavored tobacco products, striking the prohibition language and intent of the bill.</p>	<p>The bill was postponed indefinitely by the Senate Appropriations Committee on May 10, 2022.</p>	<p>Although the bill was postponed indefinitely at the tail end of session, a version of this bill will likely be returning in the 2023 session. Staff will continue to monitor any discussions regarding the issue during the interim.</p>
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HB22-1122: Pharmacy Benefit Manager Prohibited Practices

<p>The bill enacts the “Colorado 340B Prescription Drug Program Anti-Discrimination Act.” The federal 340B program, established in 1992, provides discounted drugs to eligible entities, who then offer prescription drugs at significantly reduced costs to their patients and must use savings generated from the program to reinvest back into patient services. 340B entities include non-profit hospitals that serve a disproportionately high number of Medicare beneficiaries, HIV clinics, and federally qualified health centers (FQHCs). The bill prohibits health insurers and pharmacy benefit managers (PBMs) from engaging in certain practices that reduce the financial benefit of the 340B program for the entities and their patients. The bill was amended to narrow the language regarding specific reimbursement rates to be only for contracts between PBMs and a pharmacy with fewer than 100,000 residents that is owned by a licensed pharmacist. The bill makes violation of the Act an unfair or deceptive act or practice in the business of insurance and authorizes the DOI to adopt rules to implement and enforce the Act.</p>	<p>The Board voted to support the bill.</p>	<p>The amended bill passed on May 10, 2022 and the Governor signed the bill into law on June 2nd, 2022.</p>	<p>340B entities will be able to continue to supply certain prescription drugs at lower costs to their patients, which assists in extending services to more people or offering more comprehensive care. All of Colorado’s FQHCs participate in the 340B program and use the savings generated to invest directly back into patient care including Salud.</p>
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HB22-1281: Behavioral Health-care Continuum Gap Grant Program

<p>The bill creates the Community Behavioral Health-Care Continuum Gap Grant Program to be administered by the Behavioral Health Administration (BHA) and appropriates \$75 million from ARPA funding to the grant program. The BHA must award \$35 million for community investment grants and \$40 million for children, youth, and family services grants. Grants may be awarded to nonprofit and community-based organizations as well as local governments that identify a source of contributing funds or non-financial contributions. The BHA must develop a behavioral health-care services assessment tool that grant applicants can use to identify regional gaps in services on the behavioral health-care service continuum. In awarding grants, the BHA must give preference to applicants providing a service that addresses a gap in services identified with the assessment tool. Grant recipients may use no more than 10 percent of grant funding for administrative costs. Each grant recipient must report to the BHA information about the use of the grant award.</p>	<p>The Board voted to amend the bill. The introduced bill language included a definition of local government which did not specifically include special districts, defined a community investment grant to be used for evidence-based services but did not include “peer support services”, and allowed non-profit grant recipients to use grant awards for substance use disorder treatment, telehealth, and medication assisted</p>	<p>The bill passed on May 10, 2022 and the Governor signed the bill into law on May 18, 2022.</p>	<p>The bill was amended to reflect two of the three amendment requests put forward by the Health District. The definition of local government remained unchanged. However, policy staff consulted with the Board on this specific issue and the Board agreed that ultimately the Health District would fit under the bill language and therefore no further action was needed. Peer support services were added to the bill and the non-profit grant recipient definition was expanded beyond hospitals to include a primary care provider, withdrawal management provider, outpatient substance use treatment provider, or a hospital. The bill also included an amendment adding a new grant</p>
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<p>The bill also establishes in the BHA the Substance Use Workforce Stability Grant Program to be awarded to support direct care staff who spend 50 percent or more of their time working with clients. Support may include temporary salary increases, recruitment and retention bonuses, and other strategies that support staff. The program is appropriated \$15 million from ARPA funding.</p>	<p>treatment, only if the non-profit was a hospital.</p>		<p>with a \$15M allocation for substance use disorder treatment and recovery providers to support direct care staff. This funding can be used for temporary salary increases, recruitment and retention bonuses, and other tactics to support staff. The grant funding will also provide funding specific to children, youth, and families including navigation and coordination services, intensive outpatient services, and capital expenditures related to providing treatment and services.</p> <p>The bill was a high priority for our partners in the Mental Health and Substance Use Alliance. The three grant programs within the bill will benefit several community organizations in the areas of prevention, treatment, crisis services, recovery, harm reduction, care navigation, and supportive housing.</p> <p>Key Dates:</p> <ul style="list-style-type: none"> • By Dec. 31, 2022- The BHA must begin accepting grants applications • By Dec. 31, 2024- Grant recipients must spend or obligate funding • By Dec. 31, 2026- Grant recipients must spend all funding • Jan. 31, 2027- Bill is repealed
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HB22-1289: Health Benefits For Colorado Children And Pregnant Persons

Effective January 1, 2025, The Department of Health Care Policy and Financing (HCPF) must provide comprehensive health insurance coverage for low-income pregnant people and children (age 0 to 18) who would be eligible for Medicaid or CHP+ if not for their immigration status. For pregnant persons, coverage continues for 12-months postpartum so long as this coverage remains available through Medicaid and CHP+ plans. HCPF is required to report on program implementation, then cost savings and health benefits associated with lookalike programs at its annual SMART Act hearing. HCPF is also required to make comprehensive lactation support services, lactation supplies and equipment, and maintenance of multi-user loaned equipment a covered benefit for Medicaid and CHP+ recipients, with access prior to labor and delivery. Also, HCPF must draw down federal Health Services Initiative funding to improve perinatal and postpartum support after completing a stakeholder process to determine funding priorities. The Department is required to establish an outreach program to address enrolling eligible groups into insurance options, and to report on outreach and enrollment strategy outcomes by conducting a stakeholder process approximately one and two years after implementation. It must pursue a demonstration waiver that authorizes the state to use federal medical assistance payments, in coordination with the Division of Insurance (DOI), to enhance or expand state subsidized individual health care coverage for low-income Coloradans and, if needed to maximize federal financial participation, for populations eligible under this bill and eliminate the annual CHP+ enrollment fee.

The bill requires the Insurance Commissioner to establish state-subsidized individual health plans, through rule, for qualified individuals that are equivalent to coverage provided in a qualified health plan and that maximize affordability, along with other specified requirements to be addressed through rule by the Health Insurance Affordability Board. Additionally, beginning January 1, 2025, the bill establishes a special insurance enrollment period for individuals who do not have existing insurance coverage when they become pregnant.

The Board voted to support the bill.

The amended bill passed on May 10, 2022 and the Governor signed into law on June 7, 2022.

Providing coverage to 12 months postpartum will ensure that more postpartum Coloradans have access to health care during a formative time for both parent and infant. Larimer Health Connect will need to be aware of the special enrollment period for individuals who do not have existing insurance coverage when they become pregnant; the elimination of the annual CHP+ enrollment fee; and the enrollment process for the lookalike programs. Health District programs that bill Medicaid and/or CHP+ will need to know if there are any different processes for the traditional programs in comparison to the lookalike programs.

Key Dates:

- **Jan. 1, 2025-** HCPF must provide coverage through Medicaid and CHP+ lookalike programs

SB22-147: Behavioral Health Care Services for Children

<p>The bill creates Colorado pediatric psychiatry consultation and access program (CoPPCAP) to support primary care providers in identifying and treating mild to moderate behavioral health conditions in children in primary care practices or school based health centers.</p> <p>The bill creates the CoPPCAP in the University of Colorado to: support primary care providers to identify and treat mild to moderate behavioral health conditions; provide support and assistance to primary care providers with the integration of pediatric behavioral health screening and treatment; provide peer-to-peer consultations; identify evidence-based resources and care coordination; support all patients seen in primary care practices; create educational opportunities focused on pediatric behavioral health conditions; and create digital resources focused on pediatric behavioral health conditions. The bill allows CoPPCAP to enter into agreements and collaborate with a variety of agencies and to seek gifts, grants, and donations. Finally, the bill requires the General Assembly to appropriate \$4.6 million to the University of Colorado to fund the program. Additionally, \$5 million is appropriated to the behavioral health care professional matching grant program to expand access to behavioral health care services for children and families; and \$1.5 million to the school-based health center grant program.</p>	<p>The Board voted to support the bill.</p>	<p>The bill passed on May 10, 2022 and the Governor signed into law on May 17, 2022.</p>	<p>The bill may be able to restore services provided to local schools through the Health District’s Child, Adolescent, and Young Adult Connections (CAYAC) program. Additionally, the CoPPCAP program will be able to support integrated primary care providers throughout Northern Larimer County health systems by providing support with the integration of pediatric behavioral health screening and treatment with primary care.</p> <p>Key Dates: December 31, 2024- Funds must be obligated by this date. December 31, 2026- Funds must be spent by this date.</p>
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SB22-238: 2023 And 2024 Property Tax

<p>The bill reduces property tax assessment rates and taxable valuations for the 2023 and 2024 tax years, and requires that the state government reimburse local governments for a portion of the resulting property tax revenue reductions. The bill requires that each county treasurer calculate the 2023 property tax revenue reduction to local governments in their county, other than school districts, as a result of the changes to property tax assessment in the bill. Calculations are submitted to the property tax administrator, who may request additional information to verify their accuracy. Upon receipt of the correct amount for each county, the state treasurer will reimburse local governments for tax year 2023 revenue losses as follows:</p> <ul style="list-style-type: none"> Local governments in counties with over 300,000 people will be made whole for 65% of their lost revenue. This 	<p>The acting Board Chair in-between scheduled Board meetings, gave permission to amend the bill in order to ensure that health services districts in larger population counties are able to get a higher level of reimbursement.</p>	<p>The amended bill passed on May 6, 2022 and the Governor signed the bill into law on May 16th.</p>	<p>The bill passed with the Health District’s amendment to include health services districts alongside municipalities, water districts, fire protection districts, sanitation districts and library districts in counties with over 300,000 people at a higher backfill (90 or 100% instead of 65%). This issue will be continued to be monitored by staff and staff will inform the Board regarding implications for revenue.</p> <p>Key Dates:</p>
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<p>includes nine counties, including Larimer. Fire, library, sanitation & water districts, health service districts & municipalities within these nine counties will receive a higher percentage backfill. Those exempted districts and municipalities with an assessed valuation of more than 10% will be made whole for 90% of their lost revenue. Those exempted districts and municipalities with an assessed valuation of less than 10% will be made whole for 100% of their lost revenue.</p> <ul style="list-style-type: none"> • Local governments in counties with under 300,000 people and an assessed valuation growth of over 10% will be made whole for 90% of their lost revenue. This includes ten counties. • Local governments in counties with under 300,000 people and an assessed valuation growth of under 10% will be made whole for 100% of their lost revenue. This includes the remaining 45 counties. 			<p>March 21, 2024- Property tax administrator to submit a report to the General Assembly describing the aggregate reduction of local government property tax revenue</p> <p>July 1, 2025: Bill is repealed</p>
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About this 2022 Legislative Session Wrap-Up

This legislative session summary was prepared by staff of the Health District of Northern Larimer County to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. 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. This document is accurate to staff knowledge as of date printed. For more information about this document or the Health District, please contact Lisa Ward, Policy Coordinator, at (970) 224-5209, or lward@healthdistrict.org.

2022 Triennial Community Health Assessment Progress Report
For the Health District Board of Directors
July 26, 2022

2022 Larimer County Triennial Community Health Survey

The Research and Evaluation Team (RE Team) successfully launched the Health District's 10th Triennial Larimer County Community Health Survey (CHS) in April of 2022. Invitations to complete the survey were mailed to a scientific random sample of just under 13,000 households within Larimer County, requesting that one adult in the household complete the survey. Following best practices, a five mailed contacts push to web approach was used, with every address getting an upfront \$2 incentive and an additional \$5 gift card contingent on completing the survey online. The first three mailed contacts directed recipients to the online survey. On June 1st, the fourth mailed contact was sent. Addresses that had not yet responded were sent paper versions of the survey, in both English and in Spanish, with a postage paid return envelope, which yielded 589 completed surveys. The fifth mailed contact emphasized the online survey and reminded residents of the option to complete the paper survey they had recently received. Ultimately, the contacts yielded over 2,200 online survey completions. Data collection closed on July 15th. The Team anticipates a final response rate of ~23% and ~2,760 usable surveys once the dataset is cleaned of duplicates and incomplete entries. These results exceed our 2019 tally when we had 2,532 usable surveys to use for reporting and a 22% response rate.

Data analysis and reporting of the 2022 results will begin in earnest in late July, following state-of-the-art statistical adjustments and weighting to closely match survey data to the current adult population of Larimer County. The Health District's Board can expect to see some preliminary key findings and several topical data reports for the retreat in September, with additional results and reports to follow.

To date, the CHS has been implemented within the special projects budget approved by the Board in December of 2021, with funds remaining for a series of community discussions and a possible follow-up with survey respondents late in 2022 or early 2023. With help from the Resource Development Coordinator, we received a total of \$13,000 from the City of Loveland and North Colorado Health Alliance to support the costs of surveying households outside of the Health District service area.

2022 Triennial Community Health Discussion Groups

Traditionally, the RE Team has held a series of facilitated community discussions concurrent with the fielding of the survey, during the fall. With the survey fielding moved up to the spring of 2022 and new executive leadership at the Health District, the Team was approved to hold these community qualitative data gathering events uncoupled from the survey for the first time. As we began planning these groups, we learned that LCDHE's Community Health Improvement Plan, which must be updated every 5 years, had already planned a large series of community listening groups starting in August to meet their reporting deadlines. These groups greatly overlap with the populations we would want to hear from and could detract from our ability to get them to attend another set of groups convened for the similar purpose of learning about what are the highest priority issues and potential solutions concerning their health and well-being.

Initial meetings with LCDHE CHIP staff indicate that they are open to collaborating with us. While specific details and a formal MOU is pending, the vision is that they will share the recorded transcripts from their listening sessions with us and they are open to adding questions that we need data on to their discussion guides. In turn, Health District staff will take the lead on organizing and hosting some groups that we are better suited to handle (e.g. The Murphy Center, clients of our programs, rural mountain communities) or that we have had success with in previous years (e.g. medical and behavioral health providers, local elected officials, seniors). Due to reduced staffing of the RE Team and the work ahead preparing and reporting on the CHS and topical, local data (e.g. Substance use, Cancer incidence, Children and Youth), it is anticipated that our groups will be held no sooner than October or November of 2022.

Mid-Year 2022 Program Updates
For the Health District Board of Directors
July 26, 2022

MENTAL HEALTH/SUBSTANCE USE CONNECTIONS

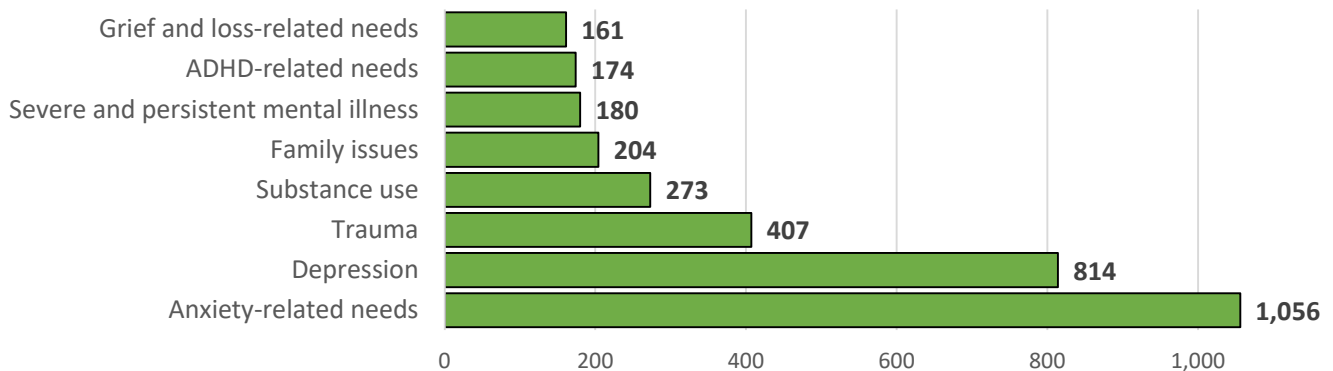
The first half of 2022 has been a time of change for the Connections program. The program was in transition with new leadership and changing internal structure. There has been a significant amount of staff turnover with Adult Connections (1 FTE Program Manager, 2 FTE Behavioral Health Providers and 1 FTE Program Assistant, while 1 FTE Behavioral Health Provider remains unfilled). There continues to be recruitment concerns in finding qualified and interested behavioral health professionals.

Overall, the program continues to see an increase in demand for behavioral health care services during the 1st half of 2022 compared to the past several years. The chart on the next page shows services levels at the mid-point of 2019 (pre-pandemic) through 2022.

- 91% of the 1,990 individuals served were new intakes and 21% were Medicaid only.
- The 9,039 services includes 141 direct to patient behavioral health interventions.
- 1,674 individuals received a total of 1,742 needs assessments and 1,820 individuals had 6,586 care coordination services.

When services could not be found in the community, Connections staff continued to provide interim services to bridge the gap through enhanced care coordination provided by a Behavioral Health Provider and brief therapy services (141 services). The program is taking a more active approach in offering same-day face-to-face needs assessments and actively offering interim services as people work to get engaged in ongoing care in the community.

Consumers come to Connections for help finding care for a number of reasons. In 2022, the most frequent reasons are (some may have multiple issues):

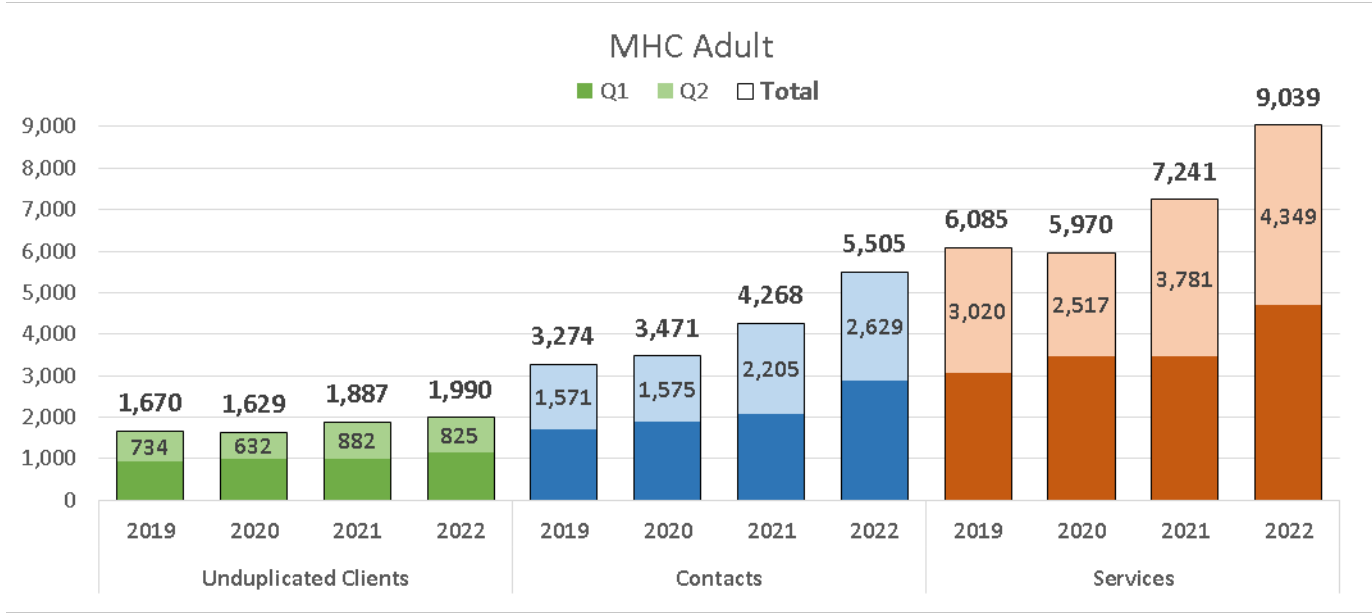


Adult Connections staff also provided two separate community educational events reaching 82 individuals.

Program clients are encouraged to complete a short survey about their experience with Connections. So far in 2022:

- 92% agreed or strongly agreed Connections helped them understand treatment options and 91% felt their questions and concerns were addressed.

- 91% reported feeling more hopeful that they will get the care they need
- 86% reported that Connections reduced or eliminated the barriers they previously faced getting mental health and/or substance use care.



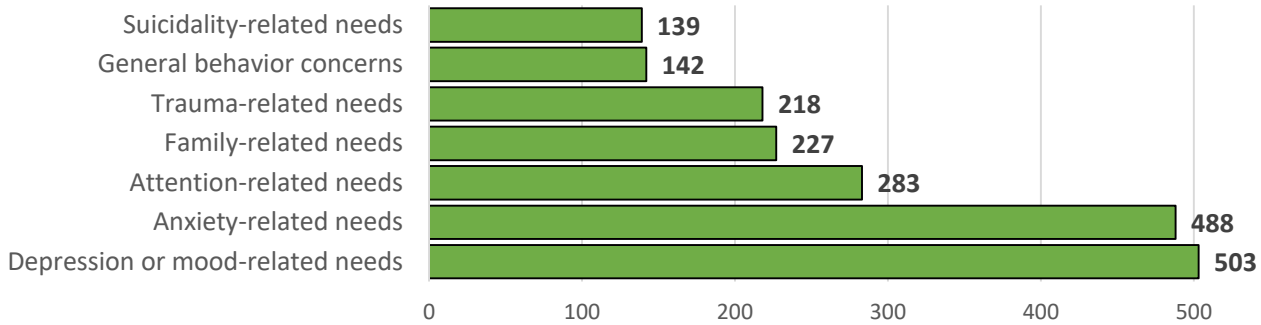
CHILD ADOLESCENT YOUNG ADULT CONNECTIONS (CAYAC)

Like the Adult Connections Program, CAYAC has been in transition with new leadership and changing internal structure and staffing challenges with the departure of the Psychiatric Nurse Provider. This has been a difficult position for which to recruit and contract. This staffing may create a backlog and longer waitlist in the fall due to the shortage of providers.

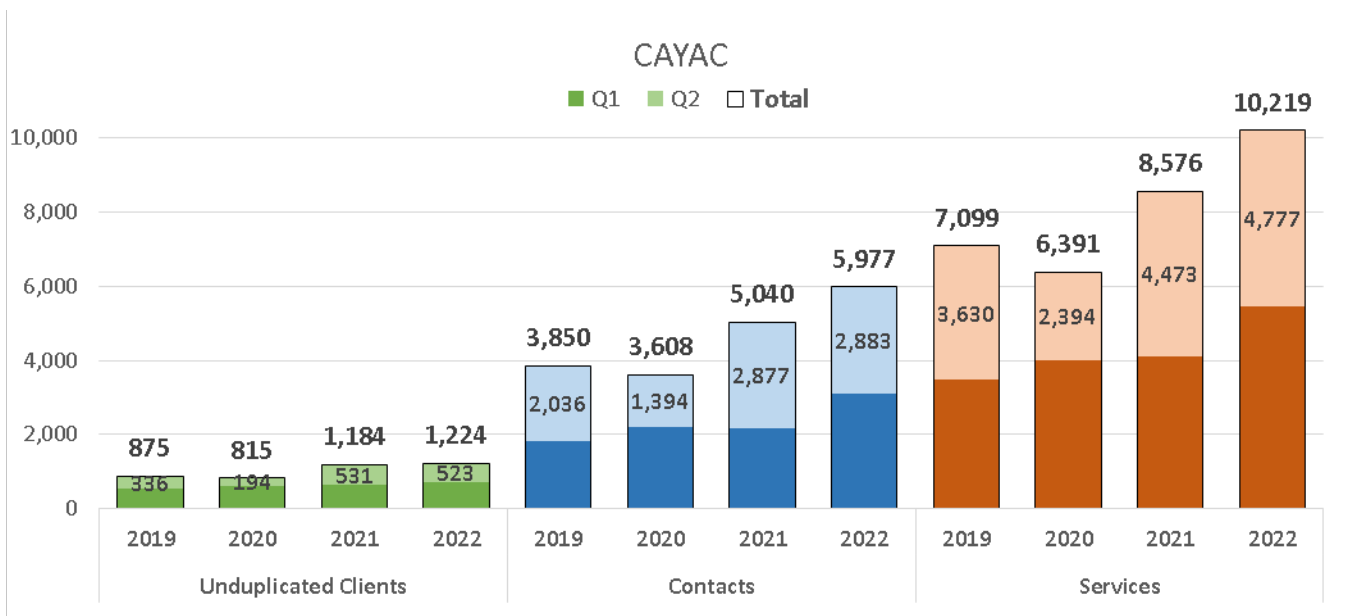
Overall, the program saw a continued increase in need throughout the schoolyear with a decrease in the summer months when children are not in school. In the first half of 2022:

- 73% of the 1,224 individuals served were new intakes and 40% (492) were Medicaid only.
- Of the 10,219 services provided, 6,966 were care coordination services for 1,207 individuals.
- 179 individuals received 439 psychiatric services.
 - The psychiatrist also provided approximately 57 phone consultations with primary care doctors in the community to assist in maintaining patients from a psychiatric perspective.
- 89 individuals had contact notes written by our psychologists.
 - 27 individuals were served through actual testing; this includes limited ADHD assessment for educational accommodation only services as well as full assessments.
 - 19 individuals completed testing and interpretation, and received testing feedback.
- 26 individuals received 104 direct-to-patient behavioral health interventions.

In 2022, the most frequent reasons for seeking care through CAYAC are (some may have multiple issues):



In 2022, the CAYAC team also provided 6 community educational events, reaching 334 individuals. The chart below shows service levels at the mid-point for 2019 through 2022. Half-way through 2021 and 2022 levels of clients, contacts and services were ahead of levels seen in 2019, before the pandemic.



HEATH INFO SOURCE

In 2022, Connections staff continued outreach to providers to get them listed on HealthInfoSource.com (HIS), reaching over 390 providers and adding an additional 40 provider and organization profiles on the site. Staff also continue to work with site developers on improvements and fixes to the site.

A digital marketing campaign for HIS was in force and reported out in May, with population-specific ads posted on various social media platforms. The effort garnered new users and thus increased awareness, but drove limited traffic to the online resources. The hope is that in the future those that accessed the site through this work will remember and return if in need. Specifically:

- LGBTQ+ Teen targeted ads contributed the most new users on the website, making up 352 of 502 total new users. Snapchat contributed roughly 95% of the teen users that visited the site with an average session duration for teens of just 4 seconds, meaning they went to the site and jumped right off.

- Spanish Speaking Women targeted ads brought 45 new users to the website. This group had one of the lowest bounce rates at 89%, meaning they visited the site and jumped out less than any other audience, with an average session duration of 16 seconds.
- Women, Age 30-50 targeted ads earned 42 new website users. The bounce rate was 94%.
- General Adult ads attracted 62 new users with a bounce rate of 94% and an average session time of 6 seconds.

A review of Google Analytic data shows that on average, approximately 1,000 users a month complete an average of approximately 2,000 sessions and view nearly 7,500 pages on the site. The site is utilized by internal staff and CAYAC/Connections clients using the site to further investigate the referrals provided. However, there are limits to the data that can be pulled via Google Analytics to truly decipher and draw conclusions regarding how the site may be utilized outside of internal use by staff and consumers. Staff is working on adjusting available filters within Google Analytics to understand more.

INTEGRATED CARE PROGRAM

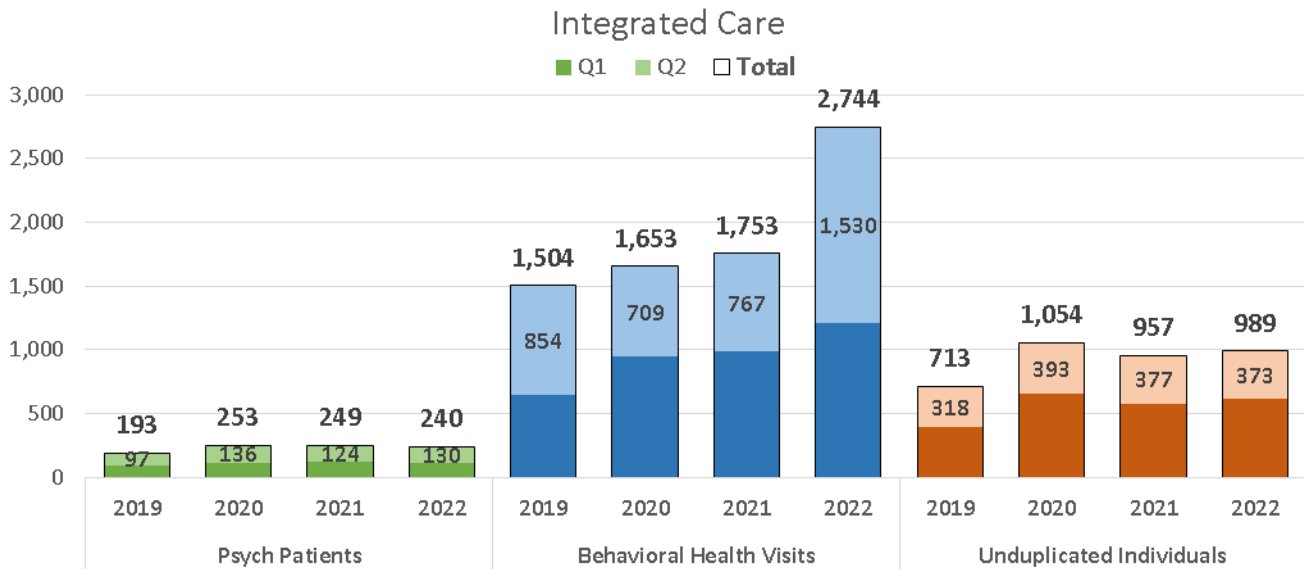
In the first half of 2022, Behavioral Health Providers (BHP's) with the Integrated Care program provided significantly more services than were provided at the mid-point of previous years. See the chart on the next page.

The Integrated Care psychiatrist provided 297 psychiatric contacts and services to 240 unduplicated patients and provided 78 psychiatric services to 22 unduplicated patients through the Community Dual Diagnosis Team (CDDT) program. In addition to providing in-clinic consultation to primary care physicians, he delivered 64 educational sessions and 67 curbside consultations for residents at the Family Medicine Center (FMC) during psychiatric rotation clinics.

At FMC, BHP staff participated 233 pain clinics and 51 Medication Assisted Treatment (MAT) clinics. An increase of patients needing Hepatitis C treatment at MAT clinics is expected as it is an increased focus of the Northern Colorado Health Network. FMC Pain Clinics have been restructured to a smaller number of groups with more attendees now that COVID restrictions have eased. Salud has not reinstated group or shared medical appointments (Centering Pregnancy, Diabetes and Pain Clinics) that were ceased due to the COVID pandemic.

FMC medical providers are collaborating with Planned Parenthood to provide back -up for abortions for out of state residents. Additional BHP FTE's may be requested for this and behavioral support to the women.

Regarding billing insurance for therapy at FMC, UCHHealth set the cost of an hour of therapy at around \$240, making behavioral support unattainable for individuals with no behavioral health insurance coverage, high deductible insurance plans, or percentage-based copay insurance plans (e.g. Medicare 80/20). Coding and submission errors in the billing department result in erroneous billing and stress for patients. BHP staff time is needed to help navigate these issues. Shifting to billing has led to significant gaps in access to therapy for FMC patients as community options are backed up and/or closed to new patients.



COMMUNITY IMPACT TEAM

Mental Health and Substance Use Alliance of Larimer County (MHSU Alliance) Priorities Youth Behavioral Health Assessment: "What will it take for young people to achieve optimal mental, emotional and social well-being in Larimer County?"

During Q1, work continued with executive sponsors (Larimer County Behavioral Health, SummitStone, Health District leadership) to identify the focus area for the next phase of system-level behavioral health assessment of gaps and needs after the original study published in 2018 (What Will It Take?: Solutions to Mental Health Service Gaps in Larimer County). This assessment, like the 2018 study, will be included as part of the 2023 Larimer County Behavioral Health Master Plan. A decision was made to focus on young people ages 0-26. Temporary project staff was hired in April, a Results Based Accountability (RBA) Framework was selected as a foundational underpinning for the project, and other key foundational approaches, such as an equity focus, were adopted. An advisory group was formed, and an initial scan for sources of local data was performed.

Competency Restoration Project Mapping, Protocol Development & Expansion

Staff continued pursuing community stakeholder interviews to support the mapping of current processes involved in the Larimer County 3A Competency Docket. Staff also researched national best practices to fold into efforts happening locally. Staff have developed draft procedures for both voluntary medication and involuntary medications for those experiencing psychosis while in custody in addition to a transition of care procedure for those re-entering the community after being in custody. Staff worked alongside partners to develop a proposal for funding and program expansion with the Consent Decree Fines Committee for \$6.9M to fund 5 years of medical support and service hub development. Staff have developed initial recommendations for identified gaps in the current process and shared these recommendations at the Quarterly Competency Docket Partners Meeting.

Community Information Exchange (CIE) Project

In Q1&2, staff continued conversations with stakeholders related to evaluating need and interest in better coordination of information sharing, referral and care coordination through the utilization of technology and the creation of a local CIE. In addition to a literature and existing model review, staff

researched what is happening at the State level related to community information exchange. A small ad-hoc Steering Committee was formed to review findings. Representatives of the Steering Committee were invited by the State office of eHealth Innovation to sit on a workgroup related to "Social-Health Information Exchange" and the potential for our community to become a pilot community was indicated. An attempt to identify a backbone organization uncovered a lack of organizational capacity within the ad-hoc Steering Committee. Discussions around the potential for applying for County Behavioral Health grant funding in order to engage an outside consultant ended when none of the organizations were able to commit to being a fiscal agent for a grant proposal. CIT staff will create a brief report of activities and findings so far and recommended next steps for the project and will provide this to the Steering group and Health District leadership.

Improving access to best practices across the substance use disorder continuum of care

Increasing access to Medication Assisted Treatment (MAT) in the Larimer County Jail:

The NoCO CARES team, which includes CIT staff, are convening with Larimer County Jail administrative and medical staff and key project partners to identify ways to improve the MAT in Jail program on a monthly basis. The program has begun offering support for MAT for people with Alcohol Use Disorder. As an example, the program completed over 200 intakes and continuations for suboxone, methadone, naltrexone and vivitrol in Q1.

Increasing access to harm reduction services (Naloxone, SAP, fentanyl testing): In Q1 of 2022, the Northern Colorado Harm Reduction Alliance distributed over 1117 boxes of Narcan (2 doses per box), and 500 Fentanyl Testing Strips. Staff worked within the NoCO CARES Harm Reduction Alliance to develop a Contactless Naloxone Distribution Project which installed its first Harm Reduction Vending Machine at the Murphy Center in Fort Collins. This machine dispenses Naloxone, Fentanyl Testing strips and basic needs like hand warmers, hygiene kits and period products. This will allow for individuals to access needs at no cost and in a contactless and anonymous manner.

Hub-and-Spoke implementation to improve Medication Assisted Treatment in Northern Colorado: This project brings our MAT treatment providers together under a shared MOU and operates under a non-parity model where clients are referred to the treatment provider that best meets their needs throughout the network through a one-call line. Through participation in the Northern Colorado Collaborative for Addiction and Recovery (NoCO CARES), the MHSU Alliance, through CIT staff work, is providing assistance in implementing a "Hub-and-Spoke" model for Medication Assisted Treatment (MAT) through the "Colorado Opioid Synergy Larimer and Weld (CO-SLAW) initial three year and following five year SAMHSA grant received by the North Colorado Health Alliance. NCHA CO-SLAW community based care coordination and peer support services are designed to meet members 'where they are', assisting with treatment access and reducing barriers to recovery for those in active addiction and new to recovery.

Frequent Utilizer Systems Engagement (FUSE) Demonstration Project

Staff have recommended and been approved by the Executive Director of the Health District to continue ongoing evaluation with our Evaluation Team. Staff are working with Homeward Alliance to identify program needs and sustainability.

Behavioral Health Referral Mapping

Staff were asked by SummitStone Health Partners & North Range Behavioral Health to support a mapping process to identify how the programs can more swiftly provide and accept referrals across agencies. Partners have been provided the initial referral map and have agreed on a process to ensure swift transfers of care between their systems. Partners reconvened and identified they would like to bring this process to additional partners to further the collaborative – including UCHHealth MountainCrest, Northpoint and Johnstown Heights.

Substance Use Disorder Community Transformation & Education

Rethinking Addiction 2022: A popular daylong professional and community training event was held with a national addiction treatment expert, Dr. Corey Waller, in May 2018. Since then, MHSU Alliance members and staff have worked to further disseminate information on the science of addiction through videos, visual summaries, and trainings. A second well-received community training event (Rethinking Addiction: A Call to Action) was held in August 2019. Due to the pandemic, no large community events have been held since Early 2020. In planning for 2022, the Community Impact Team assessed with partners and there is interest in bringing a conference style event back to the community and there was significant interest. Work began in Q2 with community partners to plan a conference-style professional development event for late summer 2022 with a significant equity focus.

Changing Minds Public Awareness Campaign and Provider Education: During Q1, staff worked alongside community partners to host a Mental Health and Substance Use awareness event at the Museum that targeted first responders. The event supported education and resources surrounding Mental Health and Substance Use for over 90 individuals.

Other Community Impact Team Projects and Activities

Recovery Supportive Services & Housing Program Research & Proposal Development

In late 2021, recovery housing was identified by the MHSU Alliance as a priority gap in the community (top recommendation on a list of nine funding priorities). Due to the interest of the Health District executive director and of the County Behavioral Health department, CIT staff began work to identify gaps in recovery housing and develop recommendations to fill those gaps. Since recovery housing cannot exist in a vacuum without a full continuum of recovery supports and services, the focus was expanded to “recovery supportive services and housing.” A RFP was issued for an outside consultant to help us identify strengths and gaps in the current system of recovery and recovery housing services and supports and make recommendations that will result in future improvements and expansions. These recommendations will be utilized in the development of the 2023 Community Behavioral Health Master Plan by the County and could also support funding proposals for a range of potential upcoming funding opportunities.

Gender Affirming Healthcare Letter Writing Strategic Initiative

As part of their Robert Wood Johnson Foundation Culture of Health Leaders Program, MJ Jorgensen is engaging clinicians, regional community partners, and others across the state to improve access to gender affirming healthcare services. This project works to remove the barriers and the gatekeeping involved for transgender and non-binary people to receive care for hormone therapies and surgeries by working with mental health clinicians to write the letters required by insurance companies to approve their medically necessary care. The project engages clinicians through a recorded training series, live question and answer sessions and shadowing. Live Q&A sessions are continuing throughout the spring

and early summer and individual support of organizations looking to protocolize the offering will be provided to interested agencies.

Center of Excellence for Workforce Development

CIT staff are involved in the forming of a new workgroup in the community around creating a Center of Excellence to support workforce development to create school-to-workforce recruitment training and internship pipelines with focuses on Health Equity, Mental Health and Substance Use Disorders.

Other

The hiring process began in earnest in Q1 to fill openings on the CIT Team with two full-time permanent staff and one full-time temporary staff. Two staff began in April and the third began in May. Onboarding, training and transfer of knowledge and projects were key areas of focus for CIT during Q1 and Q2 2022

ADVANCE CARE PLANNING PROJECT (ACP)

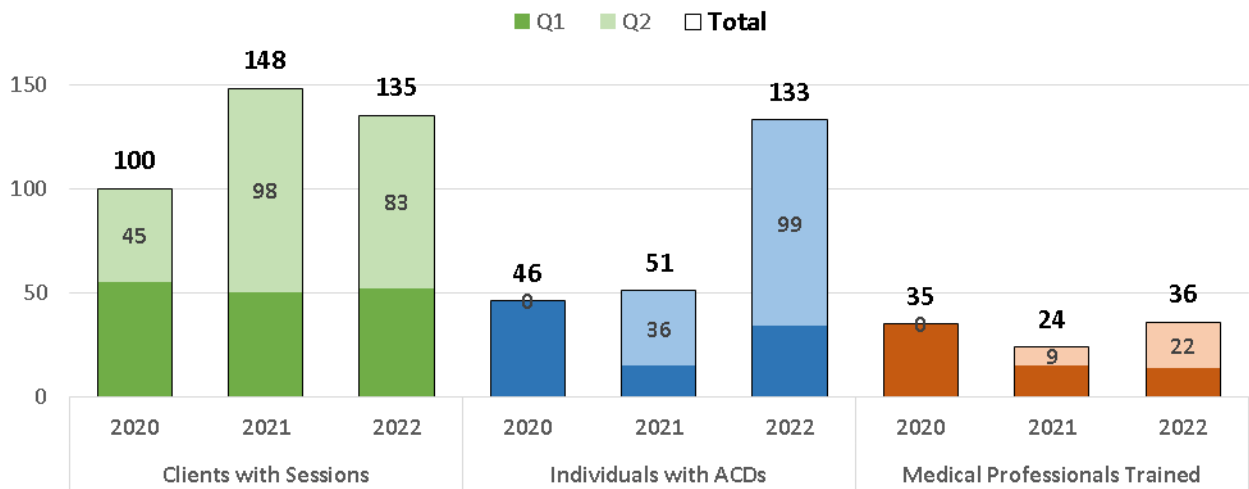
During the first half of 2022, the ACP Coordinator educated and engaged 850 individuals at 41 community workshops, classes and/or presentations. The program served 135 unduplicated clients with one-on-one assistance and 133 of these individuals completed their advance planning documents, more than twice as many as were done at the mid-point of the previous two years (see chart on the next page). Additionally, 36 medical personnel were trained on advance care planning with the goal of increasing the number of medical practices that can promote and provide advance care planning directive completion.

Outreach and education efforts to traditionally underserved communities continued and resulted in the opportunity to present at a bi-lingual evening event with Alianza NORCO. The program continues to work with those who do not have stable housing through outreach and staff training at the Murphy Center and Homeward Alliance, and with those who have been placed in subsidized housing (such as Housing Catalyst facilities, Oak Brook, Oakridge Crossing, and Mason Street).

Working with UHealth and other Health District programs, ACP presented to 129 patients with the Family Medicine Center Pain Clinics over nine classes. The summer speaking series continues at Pathways Hospice and will run through the fall. This series, and others planned throughout 2022, are a result of programs developed by the ACP program that address the importance of planning for the end of life.

Individuals who receive one-on-one assistance completing their directives are encouraged to complete a survey. So far in 2022, 100% of respondents agreed or strongly agreed the program helped them understand their options for advance care planning and 100% said they were helped "quite a bit" or "a great deal" by the services and information provided.

Advance Care Planning



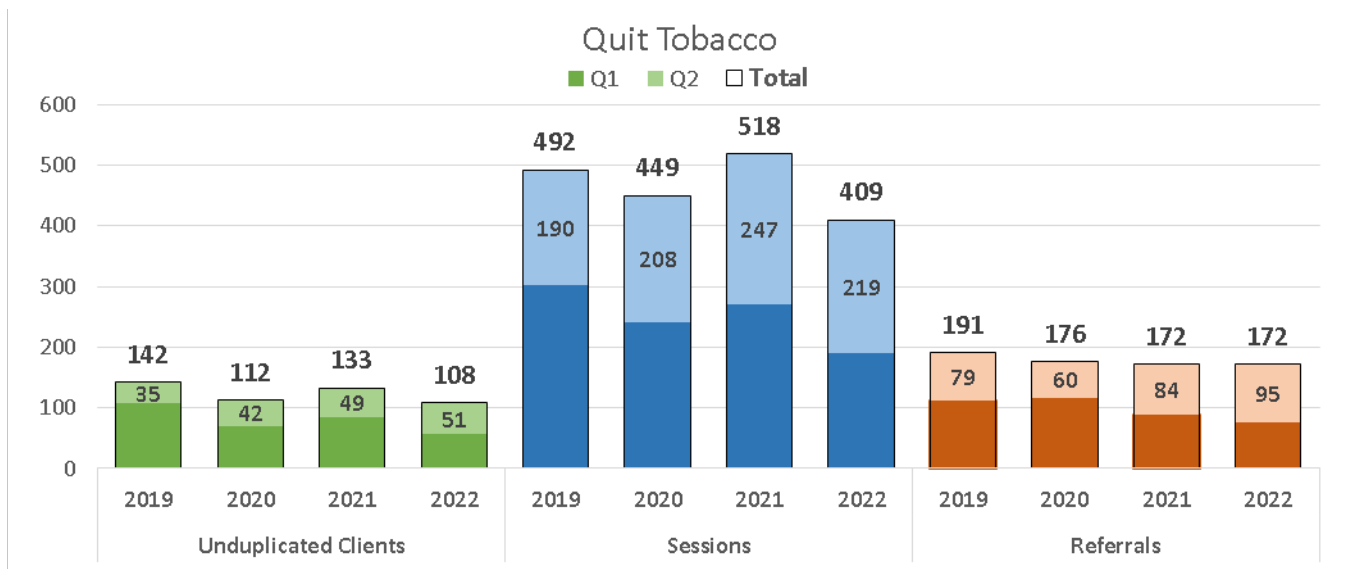
QUIT TOBACCO PROGRAM (QTP)

During the first half of 2022, the two Tobacco Treatment Specialists provided 409 treatment sessions for 108 individuals. Of these, 81 were initial enrollment sessions, with 64 (79%) returning for additional counseling sessions.

In an effort to increase referrals from medical providers, a Tobacco Treatment Specialist trained three FMC first-year residents about the Quit Tobacco Program (QTP) in January and February and attended a virtual All-Provider meeting with FMC staff to update them on QTP. To encourage referrals, the top three healthcare providers making referrals received gift certificates. Staff also provided the FMC pharmacologist with nicotine replacement therapy (NRT) lozenges for FMC patients who are heavy smokers as a way to link them to our program.

UCHealth is planning a marketing campaign to promote their Ambulatory Referral Program that includes QTP. Program staff attended the UC Health virtual meeting with 17 other referral agencies and UCHealth social workers to promote QTP along with other Health District programs. Also, conversations have begun with representatives from Poudre Valley Hospital about the potential to initiate a bedside tobacco intervention program.

Of the 31 clients who took a 6-month follow-up survey so far in 2022, 18 (58%) reported that they had refrained from using tobacco for at least 6 months, what we refer to as a 6-month quit tobacco rate. Another 5 (16%) reported they had abstained from use of tobacco for at least the last 30 days, but were shy of the 6-month mark. The 30 day prevalence abstinence rate is thus at 74%, while the five year average for this measure hovers around 50%. Those who had not quit (8) reported they made a serious quit attempt (lasting at least 24 hours) during or shortly after they received QTP services. Often, tobacco users make several unsuccessful quit attempts along the journey to becoming tobacco-free.



HEART HEALTH PROMOTION PROGRAM

In the first half of 2022, staff provided 31 community clinics serving 354 individuals with blood pressure and cholesterol checks. Prior to the pandemic, at least 50 clinics were provided in the first half of the year. The chart on the next page demonstrates program service levels at the mid-point of 2019-2022. Clinics were cancelled in the middle of March 2020 and did not resume until July of 2021, and at a reduced level to accommodate the need for nursing FTE for COVID response duties.

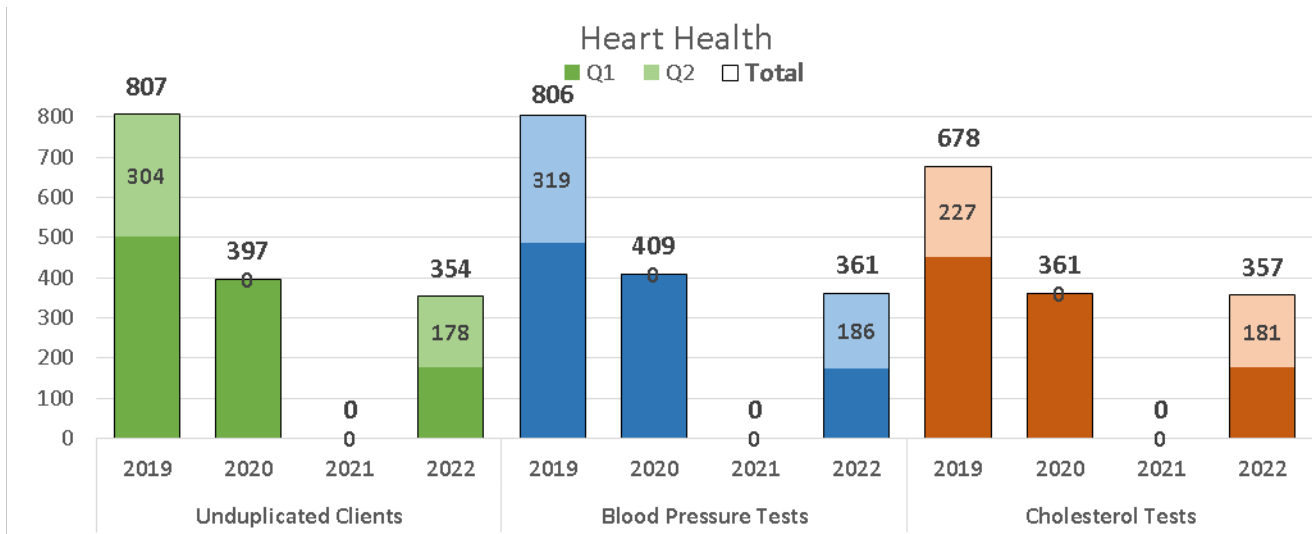
In April, the nurses and registrars began surveying clients for food insecurity. The results so far indicate that just under 20% of clients at community clinics are currently experiencing food insecurity and do not have the means to buy healthy food. Clinic staff promote various ways to afford and access healthy food, specifically during clinics at Mason Place and Red Tail Ponds (permanent supportive housing sites), by having drawings for local produce and kitchen ware/utensils.

The Health District nurses have begun the process of credentialing in Lifestyle Medicine. Pertinent to current and future programming, this training includes "Food as Medicine" instruction and health coaching/motivational interview skills.

Clinic participants are encouraged to complete a short survey about the service. Of the 61 survey respondents so far in 2022, 62% reported more confidence in their ability to take steps to improve their health, 64% felt more motivation to take action to improve their health, 60% reported more knowledge or strategies to set health goals, and 75% reported a greater understanding of their test results.

The Health District nurses also provided 34 COVID vaccination clinics with 357 shots given.

- 23 at the Health District
- 2 at Holy Family Church
- 1 at Aztlan Community Center for Project Homeless Connect
- 9 at the Murphy Center, with the last event set for July 20th.



POLICY

The Second Regular Session of the 73rd General Assembly convened on January 12, 2022 and adjourned on May 11, 2022. COVID-19 pandemic protocols, such as remote participation by legislators and the public, remained in place at the state Capitol. A new Policy Coordinator was hired to fill a vacancy and began work at the Health District on February 22. A total of 657 bills were introduced in the Colorado Legislature, with 513 passing. Staff tracked a total of 113 bills and actively monitored 65 bills that were designated as either priority 1 or 2. Of the bills actively monitored, 46 (71%) passed and 19 (29%) failed.

Staff presented legislative updates and policy analyses to the Board throughout the session. Seven bills were brought forward to the Board for their consideration. The Board voted to take positions on six of the bills, which included topics related to property taxes, funding for behavioral health services for children and families, increasing access to Medicaid services for immigrant women and children, access to flavored tobacco, and ensuring fair practice and continued funding toward the 340B pharmacy section of the federal Public Service Act. All but one of the bills the Health District supported passed into law this year. The bill aimed at banning flavored tobacco failed and it is expected to return next year.

This year, lawmakers crafted multiple budgets including a \$35 billion state budget, \$2 billion in federal pandemic relief funds, and \$1 billion in unallocated state revenues spent on shorter term priorities. Staff continued to engage with stakeholders and community groups with legislative presentations and policy focused information sharing.

COMMUNICATIONS

During the first half of 2022, the Communications Team:

- Worked with Research and Evaluation on the 2022 Community Health Survey, including developing a survey logo, revamping web properties (the public pages on the Health District website and the survey respondent website), creating social media content and press releases, and providing extensive help with formatting outgoing and return mail materials.

- Promoted the Board of Directors election through press materials, social media posts, website content, candidate profiles, and coordination with the League of Women Voters on a televised candidate forum. Staff also coordinated Spanish translation of election forms, sample ballot, and polling place signage, in addition to announcing election results to local media and the public via all social media platforms.
- Developed a Spanish-language COVID-19 vaccine information postcard, created jointly with the Health Department, that was mailed to 7,500 households in Larimer County where Spanish was the primary language.
- Produced the winter and spring issues of *Compass*, mailed to approximately 98,000 households. Planning and production of the summer issue and the 2021 annual report commenced. The summer issue of *Compass* was mailed to homes in mid-July.
- Placed print and digital advertising for Dental, Connections/CAYAC, and Heart Health Promotion clinics in a variety of local media. A digital campaign ran on Facebook/Instagram in February for Larimer Health Connect’s “Health Insurance & You” presentations.
- Engaged the services of Lasso Digital to develop creative materials for HealthInfoSource and to manage a digital campaign that included Facebook, Instagram, Snapchat, and Google ads, in addition to ads on streaming audio platforms.
- Continued efforts to improve ADA compliance of the Health District website including a review of contractors who might provide assistance on redesigned website.

A new Digital Media Specialist was hired in March to assume content creation and post scheduling responsibilities for main Health District social media platforms. She and the director attended the Government Social Media Conference virtually in March and all social media scheduling and analytics were moved to the third-party Hootsuite platform.

ASSESSMENT, RESEARCH, AND PROGRAM EVALUATION

2022 marked the start of the Health District’s 10th Triennial Community Health Assessment, which has been coordinated by the Assessment, Research and Program Evaluation Team (RE Team) every 3 years since 1995. The first priority was planning and launching the 2022 Larimer County Community Health Survey (LC-CHS). Team members concentrated on designing the survey instruments, gathered input from Health District staff and partner agencies, and worked with the Resource Development Coordinator to secure funds to cover the costs for including the south part of the county in the sample. The Team coordinated with survey statisticians at CSU to design the sampling plan and used an RFP process to hire a firm that specializes in multi-wave survey material printing and mailing. Data collection began on April 15 and closed on July 15. A progress report on the LC-CHS and plans for other Assessment components (community discussions and secondary data analysis) is provided separately.

During the first and second quarter the three member team of evaluators/health data specialists continued to coordinate and staff weekly COVID vaccine clinics at various locations, including the Murphy Center. The Team mentored three MPH students with their academic placements or capstone projects, and during the spring semester served as external advisors for the School of Public Health’s graduate research methods course at CSU that used the 2019 LC-CHS dataset for real-world data analysis projects. With the Resource Development Coordinator, the team submitted an application to once again host a CDC Public Health Associate. Staff continued to work with program staff on various

evaluation and data needs, including reporting on the FUSE study – a collaboration with the Murphy Center.

The Evaluator and Data Analyst resigned in early May and the Team has been operating at a reduced capacity since that time.

RESOURCE DEVELOPMENT

During the first half of 2022, Resource Development worked closely with program staff on numerous Health District priorities by submitting funding applications to secure \$560,181; fulfilled closeout reporting requirements for four existing grants; and supported three special projects.

- \$190,000 in funding was requested and awarded by Connect for Health Colorado to support a portion of staffing and outreach costs for Larimer Health Connect.
- \$185,981 in expenses supporting the COVID-19 IRQ site were reimbursed by Larimer County.
- \$171,200 in funding was requested and awarded by the Colorado Dental Health Care Program for Low-Income Seniors (Senior Dental Program) to support dental care for older adults in Larimer County.
- \$13,000 was secured to support out-of-district costs for the 2022 Community Health Assessment.
- The Health District submitted an application to the Centers for Disease Control (CDC) to become a 2022-2024 Public Health Associate (PHAP) Host Site, requesting a Public Health Associate Placement to the Research and Evaluation Team. Final determination is anticipated in August.
- Closeout grant reports and requirements were submitted to Caring for Colorado Foundation, Connect for Health Colorado, Larimer County Behavioral Health Services, and Larimer County Office on Aging.

The Resource Development Coordinator also managed several special projects in 2022:

- Verified all 2020-2021 COVID-related expenses and developed a summary report and presentation to the Board, outlining the total costs and external funding secured to support COVID-19 response efforts.
- Developed and launched a new internal process for staff to propose expansion or enhancements to existing programs and services or concepts for new programs and services to enhance the efficiency of future strategic planning.
- Launched the 2022 United Way Employee Giving Campaign, securing the highest amount in the campaign's history through a total of \$9,579 pledged by staff

SUPPORT SERVICES, FINANCE AND HUMAN RESOURCES

During the first half of 2022, staff:

- Conducted 16 job searches with 150 applicants screened and 43 interviewed. Twelve of the positions have been filled and one was closed without filling it.
- Coordinated and carried out the 2022 Board Election in compliance with all State requirements and approved budgets.
- Closed the 2021 fiscal year with all necessary financial reporting and prepared for the annual audit.
- Received an unqualified opinion or "clean opinion" for the 2021 annual audit. This indicates that the financial records are free of any misrepresentations and maintained in accordance with the standards of Generally Accepted Accounting Principles.

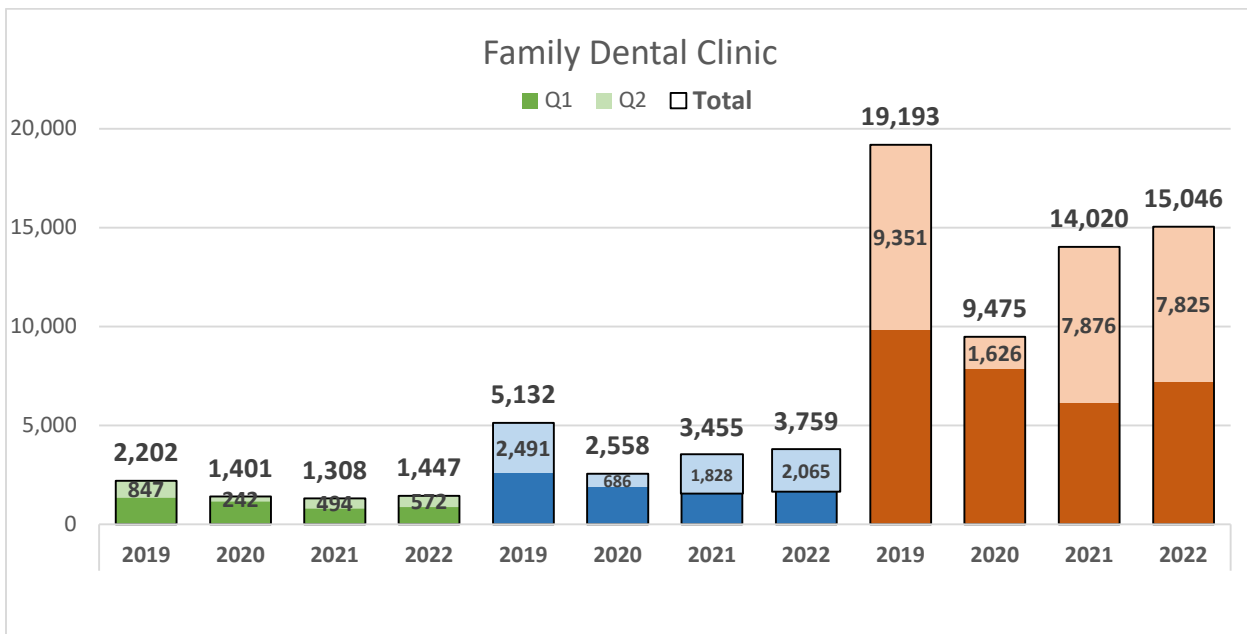
- Designed and prepared bid documents for restroom renovation and escalator addition to meet ADA requirements in the 425 West Mulberry building.
- Executed Microsoft 365 G3 contract and, as a result, implemented M365 related projects including Azure AD – this syncs our on premise Active Directory structure to Microsoft Azure, the foundation for all Microsoft cloud services, and rolling out our multifactor authentication project for the organization.
- Leased three suites in the 425 West Mulberry building to a new tenant, and completed related tenant finishes and facility upgrades.
- Implemented an ACH-direct deposit process for employee reimbursements and vendor payments. This process will reduce or eliminate lost or stolen checks and lower the costs associated with paper checks.
- Built two Dentrax test environments and upgraded to a newer version of Dentrax. The IT staff has spent more than 80 hours working with Dentrax on software bugs.
- Began work with Fort Collins Utilities to identify opportunities to cut electrical costs, and made changes to our HVAC system to reduce energy consumption.
- Started testing Office 365, SharePoint Online, Teams and Forms and are developing a strategic, communication, and training plan for each product.
- Cleaned up the Form One client intake form, replacing multiple radio buttons with single dropdown lists or check boxes, and simplifying the associated code. Also the residency affidavit portion was removed to comply with new Colorado law.
- Sought bids and awarded a project to replace the fence at 120 Bristlecone with a higher security design and a locking gate.
- Received and resolved 706 IT help-desk tickets submitted through the SpiceWorks program.
- Upgraded our Microsoft Exchange environment and began running Exchange 2016 alongside Exchange 2010. In this mixed mode configuration, we can start the process to move email accounts to Exchange Online, part of the Microsoft 365 G3 platform.
- Closed down the IRQ project including move out and disposition of all furniture and fixtures, and closing of the lease with all related utilities and services.
- Supported and registered clients for 30 blood pressure/cholesterol screening clinics this year.

DENTAL CLINIC

While The Family Dental Clinic continued to navigate the challenges related to COVID-19 throughout the first half of the year, productivity remained above projections and access to care remained available. Particular impact was felt in the General Anesthesia Program (GAP) as many of our most vulnerable community members saw care postponed as physicians were unable to medically clear some clients for general anesthesia due to health concerns, and unexpected pandemic complexities affected our volunteer GAP dental providers.

Internal collaboration and preparation occurred to ensure all program processes, policies, and forms were compliant with the July 1st removal of the HB 06S-1023 proof of Lawful Presence requirement. In conjunction, education, partnership, and communication with community partners focused on planning to serve those in our community who were previously unable to access comprehensive care at The Health District while the law was intact. Other activities of note included participation in Project Homeless Connect in April, and our first Early Childhood screenings of the year in June. Staff completed OSHA and CPR training, and the Dental Director participated in budget preparations, a Health District building safety assessment, and a three day Bridges Out Of Poverty train the trainer workshop sponsored by Larimer County Department of Human Services.

Dental Clinic patients are sent a short survey by email or regular mail about a month after their appointments. To date in 2022, 71% of survey respondents say they were helped "a great deal" by the dental services they received and the remaining 21% say they were helped "quite a bit." Similarly, 76% reported that staff were "a great deal" considerate and sensitive to their needs and 24% rated staff on this items as "quite a bit."



Health District
OF NORTHERN LARIMER COUNTY
BOARD OF DIRECTORS
REGULAR MEETING
June 28, 2022
Remote Meeting

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Julie Kunce Field, JD, Board Vice President
Ann K. Yanagi, MD, Board Secretary
Celeste Kling, JD, Liaison to UCH-North/PVH
Joseph Prows, MD MPH, Board Treasurer

BOARD MEMBERS ABSENT: Molly Gutilla, MS DrPH, Board President

Staff Present:

Robert Williams, Executive Director
James Stewart, Medical Director
Karen Spink, Assistant Director
Laura Mai, Finance Director
Lin Wilder, Interim CIT Director
Mike Ruttenberg, Connections Director

Staff Present:

Xochitl Fragoso, Assistant Finance Director
Anita Benavidez, Executive Assistant

Presenter:

Allison Slife, CliftonLarsonAllen, LLP
Justin Halstead, CliftonLarsonAllen, LLP

Public:

June Hyman Cismoski, LWV

CALL TO ORDER; INTRODUCTIONS & APPROVAL OF AGENDA

Noting a change to the agenda, with Director Celeste Kling officiating, Director Kling called the meeting to order at 4:05 p.m.

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

PUBLIC COMMENT

None

PRESENTATIONS, DISCUSSION & ACTION

2021 Audit

Ms. Allison Slife introduced herself and Justin Halstead. She reported that there were no difficulties with performing the audit, no audit adjustments, and no further disagreements with management. The Management Representation letter was signed and included in the board packet. The Letter to the Board of Directors includes any necessary disclosures.

While the Financial Statements are technically in draft form, the Board may elect to finalize the report by vote of approval. Most important in the Financial Statements is the Independent Auditor's Report in which the auditors provide their opinion. Some changes from last year's process were noted. In the auditor's opinion, the financial statements referred to in their report present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Health Services District of Northern Larimer County, as of December 31, 2021, and the respective changes in financial

position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

The Statement of Net Position reflects “all-in” finances including long-term revenues, capital assets, long-term liabilities and equity with a resulting net position of \$14.3M, increasing by \$387,774. The short-term fund balance is nearly \$5M. Capital assets have increased year-over-year including the addition of the Mulberry building. A budget to actuals analysis of the general fund is included.

Ms. Slife commented that the notes to financial statements are the narratives behind the numbers presented. There have been some changes in the basis of accounting explained in the notes.

Finance Director, Laura Mai expressed her gratitude to her team, as well as Alison’s team. Everyone put in a lot of hard work. CliftonLarsonAllen, LLP has been working with the Health District for about six years. Ms. Slife works closely with government entities and has about 13 years’ experience.

MOTION: To approve the audit report as presented
Motion by Joseph Prows / Seconded by Julie Field / Carried Unanimously

PRESENTATIONS

Introduction, Robert B. Williams

Mr. Williams advised the Board that James Stewart, the Health District’s Medical Director will provide a final report on the Isolation, Recovery, and Quarantine (IRQ) sites.

HD IRQ Site for People Experiencing Homelessness 2020 – 2022, Dr. James Stewart

Dr. Stewart noted that the IRQ was shut down last month after being in one form or another from March 2020 to May 2022. He expressed his sincere gratitude for the selfless service from staff and volunteers, supporting congregate and non-congregate shelters during the pandemic. IRQ 1.0 was in operation March 2020 to May 2021 (15 months) and IRQ 2.0 operated from December 2021 to May 2022 (5 months).

The Health District stepped up in a big way when shelters for those experiencing homelessness could not support the numbers needed and manage infection control. People experiencing homelessness are a vulnerable group with high health risks and complex health needs. With the lockdown in March 2020, it was impossible for those experiencing homelessness to “stay home” or be “safer at home”. In response to the urgent need, the City made available the Northside Aztlan Community Center (NACC). There was great collaboration between Homeward Alliance, the Fort Collins Rescue Mission, Catholic Charities and the Health District. The Health District focused on health and infection control processes. Dr. Stewart shared the floor plan for the NACC and explained that HD staff worked on screening using no-touch thermometers, diverting those with symptoms to a different area of the NACC. This was not particularly successful throughout the cold months, as guests were made to leave the building early morning, spending as much as an hour in the cold air. This resulted in false low temperatures and staff had to be allowing time to warm up and for temperatures to normalize.

Thousands of temperature checks were done through June, as it became apparent that a separate quarantine area was needed. They also had issues with a norovirus outbreak at the same time. It was at this point that the Health District leased the Myrtle houses for use in isolation. In June, the Fort Collins City Council shutdown the community shelter leaving existing shelters to bear the burden. During the winter, a temporary shelter was opened in the old food bank (called the Blue Spruce shelter). A major outbreak quickly occurred as test results were delayed as much as nine days. Homeward Alliance set up non-congregate shelter in a hotel in Fort Collins and Larimer County did the same at a hotel in Loveland.

Mid-December to mid-February the IRQ saw more COVID-positive individuals than all the local hospitals combined. In May 2021 IRQ 1.0 shutdown. Dr. Stewart noted that staff sacrificed a lot, often

working in hazardous conditions, to support this effort. Homeward Alliance and the Health District received the “Community Builder Award” for their partnership in these endeavors. Between March 2020 and May 2021, IRQ 1.0 served 211 individuals with HD staff providing 1,408 hours of support. It was essential that the IRQ could meet the needs of their guests so that guests weren’t tempted to leave the site. It is a population with complex mental health issues and high substance use with some being actively suicidal. Staff tried to assist guests in connecting with the right services. Staff also saw issues with alcohol withdrawal which can be very serious. Since none of the detox facilities were accepting individuals with COVID, staff worked with the emergency departments to provide the necessary drugs before sending them to the IRQ.

Staff member Julie Abramoff providing care coordination for 33 IRQ guests with high medical needs. In December 2021 the Myrtle Houses IRQ was opened once again. At this point, Larimer County offered funding from FEMA and other grants they had received, if the Health District would provide staffing. Key staff were hired for the facility. IRQ 2.0 provided services to 68 individuals with 61 being COVID+. The demographics were a bit different – serving more families, a younger population, less substance use disorders and fewer mental health issues. Community Corrections experienced a surge of omicron cases early on.

Staff is currently developing a comprehensive IRQ Operations Toolkit for future reference including administrative forms, contracts, supply lists, etc. Dr. Stewart commended all of the organizations and staff who sacrificed a lot to respond to this need. As a side note, the NoCo Party Bus even partnered with the Health District to transport folks to the IRQ. And none of this could have been done without support from Finance, IT, grants and resource development, and Support Services. Dental redeployed employees to the NACC early in the pandemic and the Evaluation team aided in the gathering of important data.

A Board member asked if all of the shelters closed down during the early part of the pandemic. They did close down as none of them had sufficient space for safe distancing. It became a coordinated effort to operate the NACC and there was a women’s shelter out of the Community of Christ gymnasium. A lot was learned about the needs of those experiencing homelessness.

Another Board member asked if HD staff provided other medical services. While they attempted to avoid mission-creep, there was an effort to connect people to the appropriate services. And staff would pick up medical supplies including medication. Board member, Julie Field noted that she knows some of those that might have been served in this environment, as a result of her work in the Wellness Court. She commended the Health District for great work! The creation of a toolkit for future incidences is huge.

Kudos to the Health District team – not just for their direct support of this crisis but also for the partnerships built, expanding and improving service to our community.

CONSENT AGENDA

- Approval of May 24, 2022 Regular Meeting Minutes
- Approval of Resolutions 2022-15 through 2022-22 updating signature authority
- Approval of Final December 2021 Financials

MOTION: To approve the consent agenda as presented
Motion by Julie Field / Second by Ann Yanagi / Carried Unanimously

OTHER UPDATES & REPORTS

Overview of the Family Medical Leave Insurance Program, Karen Spink

This is a very high level overview of the Family Medical Leave Insurance Program (FAMLI), intended to familiarize the Board with the concept. It was voted into law in 2020 with benefits available in January 2024. It is a state run paid family leave program, up to twelve weeks. It would be funded equally by

employer (.45%) and employee (.45%). Contributions would begin in January 2023. Covered employees will receive between 3% and 90% of their wages, up to a cap of \$1,100 per week.

Five categories are covered: new child (including adopted and foster children); themselves in the case of a serious health condition; family member's serious health condition; to make arrangements for family member's military deployment; and to address the immediate safety needs and impact of domestic violence and/or sexual assault.

Local governments have three options: (1) participate in FAMILI; (2) decline participation; and (3) decline employer participation. Option 1: the employer agrees to pay .45% of wages and provide wage data quarterly. If the determination is to opt-in, it is a three year commitment. The SDA is currently reviewing the "non-appropriation" law. Option 2: First, the Board must hold a public hearing and vote to decline participation. The process would be to inform employees, hold a public hearing, and make the decision. If an employer declines, employees still have the right to participate. The employee would self-elect coverage and then contribute their .45% directly to the state. Those who self-elect coverage get full benefits. The state must receive notification of the decision before January 2023. A decline is good for eight years, repeating the public hearing process every eight years. An organization can elect to opt-in at any time. Option 3: Allows an organization to facilitate deductions on employees' behalf, at the rate of .45% of wages and report wage data quarterly. Deductions begin in January 2023, whether an employee uses it or not. An employee applies directly through the state agency.

The Board needs to vote any time before January 1, 2023, notify employees of their decision within 30 days. Rules around benefits and administration are in development by the State of Colorado. Special Districts and local governments are wrestling with the decision. The decision will need to be considered in the next Health District budget process. The HD offers intermediate medical leave now. At a future Board meeting, staff will provide a review of what is provided now as well as more in-depth information on FAMILI.

A Board member asked if there will be an opportunity to get feedback from HD employees. The public hearing would be the most likely opportunity to get feedback. More information will be available next month. A Board member indicated a favorable view of the extended family leave but is concerned about the logistics and cost to do so. Another Board member asked about the impact to Health District finances. Ms. Spink will send her presentation to the Board, as well as a link to the Division of Labor & Employment site that includes some webinars.

Liaison to PVH/UCHealth North Report

Board Member, Celeste Holder Kling, reported that the UCHealth Board meeting is happening simultaneously with this one so there is nothing to report at this time.

Executive Director Updates

Pertaining to UC Health, there is a routinely scheduled, monthly meeting for the Executive Director and Kevin Unger of UC Health. UC Health has proposed scheduling a joint Board meeting. UC Health has made a preliminary suggestion for September or October 2022. Director Kling noted that the next hospital Board meetings are September 21 and October 19. This meeting would likely be in addition to our regularly scheduled board meetings. There was general agreement to begin these meetings anew.

Mr. Williams expressed his appreciation for the Board's flexibility with moving this meeting to a virtual meeting. He wanted to let the Board know that the Health District follows Larimer County COVID guidelines. The Larimer County COVID-19 transmission rate has been high for the past few weeks, along with bordering counties. The Health District has also seen an uptick in cases, as employees reported a

COVID positive test and needed to quarantine etc. Good news – the County’s transmission rate was just dropped to medium this week. There is some hope that meetings may be switched to in-person. Please keep an eye out for updates.

Staff had great difficulty finding a day in July where the entire Board could participate in a mini-retreat. Mr. Williams is arranging meetings with smaller groups throughout July with the intent of discussing some issues he believes will be important for Budget Preparation and for further discussions in the full retreat, which is scheduled for September. The full retreat is scheduled and on everyone’s calendar.

A Board Member asked about receiving quarterly reports and there appears to be confusion around this issue. Mr. Williams had advised the Board of changing to a Performance Driven report to replace the narrative format in the past. However, implementation of this type of reporting will take time throughout the Health District and will not happen immediately, that is the confusion. Efforts are underway to work with program leads to get the new process/reports established. Report establishment will occur by program so this will take some time and the ED is asking for patience. In the interim, if the Board would prefer, the existing quarterly report format for the first quarter can be placed in the Board packets as the new reports are developed. There was general consensus that getting the reports, even in the old format, would be helpful. Mr. Williams advised that the current reports are completed and are very time consuming and for the new reports – goals and objectives are needed to be established for performance monitoring. Automation of the process is an uphill battle for the Health District.

There has been discussion about utilizing a Board portal for easy access to bylaws, policies, resolutions, and board packets. An overview and presentation to the Board of the portal will occur in July. The purpose of the presentation is to gather information from Board Members on what they want and need from the Portal.

Mr. Williams reported the final legislative update will be given at the July Board Meeting along with a presentation on two Health District Programs.

A Board member asked about the current status of the triennial survey. The Research and Evaluation Team is regrouping due to staff changes. The Research and Evaluation Team can provide a status report in the July Board Meeting. There was further discussion around the three community surveys (UCHealth, Larimer County Health Department, and the Health District) and the opportunity for collaboration. Questions included (1) is there overlap among the three; (2) are results shared; and (3) is there duplication in the survey questions. UCHealth has shared their survey results with Robert and discussions are underway to work more closely in the future. While there has not been a lot of collaboration in this particular area, they are looking forward to more collaboration and less duplication. James Stewart advised that Health District employee, Sue Hewitt has established a good rapport with Weld County resulting in collaboration. In the past, the County has relied on Health District data. Conversations are under way with both UCHealth and Larimer County. It was noted that the Health Department and UCHealth surveys include some mandated questions. Health District employees advised that the Health District’s survey is in the field and we have received 2,653 responses, out of 13K sent, as of last Thursday. The survey will close next week. A report and the analyzed data will hopefully be ready for presentation and review at the September retreat.

PUBLIC COMMENT

None

ANNOUNCEMENTS

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

- August 23, 4:00 pm – Board of Directors Regular Meeting
- **September 19, 8:00 am – 6:00 pm – Board Retreat at Tapestry House (added during meeting)**
- September 27, 4:00 pm – Board of Directors Regular Meeting
- October 27, 4:00 pm – Board of Directors Regular Meeting

ADJOURN

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

The meeting was adjourned at 5:37 pm.

Respectfully submitted:

Anita Benavidez, Assistant to the Board of Directors

Molly Gutilla, MS DrPH, Board President

Julie Kunce Field, JD, Board Vice President

Celeste Kling, JD, Liaison to UCH-North and PVHS Board

Joseph Prows, MD MPH, Board Treasurer

Ann Yanagi, MD, Board Secretary

HEALTH DISTRICT
of Northern Larimer County
March 2022
Summary Financial Narrative

Revenues

The Health District is 3.4% ahead of year-to-date tax revenue projections. Interest income is 58.0% behind year-to-date projections. Lease revenue is 27.3% ahead of year-to-date projections due to the implementation of GASB 87. Yield rates on investment earnings remained the same at 0.28% (based on the weighted average of all investments). Fee for service revenue from clients is 10.2% behind year-to-date projections and revenue from third party reimbursements is 4.6% behind of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 4.5% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 17.0% behind year-to-date projections. Program variances are as follows: Administration 10.8%; Board (7.9%); Connections: Mental Health/Substance Issues Services 17.8%; Dental Services 18.1%; MH/SUD/Primary Care 13.7%; Health Promotion 8.1 %; Community Impact 36.4%; Program Assessment and Evaluation 9.0%; Health Care Access 17.4%; Resource Development 9.2% and Mulberry Offices 27.5%.

Capital Outlay

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

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 3/31/2022

ASSETS

Current Assets:	
Cash & Investments	\$6,817,920
Accounts Receivable	52,506
Property Taxes Receivable	5,457,815
Specific Ownership Tax Receivable	59,753
Prepaid Expenses	<u>52,348</u>
Total Current Assets	<u>12,440,342</u>
Other Assets:	
Lease Receivable	<u>59,962,744</u>
Total Other Assets	<u>59,962,744</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,210,225
Equipment	1,240,097
Accumulated Depreciation	<u>(3,213,313)</u>
Total Property and Equipment	<u>9,829,604</u>
Total Assets	<u><u>82,232,690</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	910,225
Deposits	8,332
Deferred Revenue	<u>401,583</u>
Total Current Liabilities	<u>1,320,141</u>
Long-term Liabilities:	
Compensated Absences	<u>34,820</u>
Total Long-term Liabilities	<u>34,820</u>
Deferred Inflows of Resources	
Property Taxes	4,891,828
Leases	<u>59,671,112</u>
Total Deferred Inflows of Resources	<u>64,562,941</u>
Total Liabilities & Deferred Inflows of Resources	<u>65,917,901</u>
EQUITY	
Retained Earnings	14,288,299
Net Income	<u>2,026,489</u>
TOTAL EQUITY	<u>16,314,788</u>
TOTAL LIABILITIES AND EQUITY	<u><u>82,232,690</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 3/31/2022

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	565,987	3,808,938
Specific Ownership Taxes	59,752	167,787
Lease Revenue	115,007	729,323
Interest Income	1,333	3,013
Fee For Service Income	14,351	37,490
Third Party Income	81,018	186,802
Grant Income	61,402	167,067
Special Projects	158	171
Miscellaneous Income	571	3,678
Total Revenue	<u>899,578</u>	<u>5,104,269</u>
Expenses:		
Operating Expenses		
Administration	66,012	240,750
Board Expenses	23,326	24,689
Connections: Mental Health/Substance Issues Svcs	153,801	480,391
Dental Services	282,461	791,814
Integrated Care (MHSA/PC)	94,337	273,665
Health Promotion	69,659	194,192
Community Impact	45,741	119,662
Program Assessment & Evaluation	22,736	66,386
Health Care Access	97,335	268,122
Resource Development	15,604	44,043
Mulberry Offices	9,941	27,914
Contingency -Operational	954	1,954
Special Projects	141,760	290,141
Grant Projects	61,711	192,532
Total Operating Expenses	<u>1,085,378</u>	<u>3,016,254</u>
Depreciation and Amortization		
Depreciation Expense	<u>20,465</u>	<u>61,526</u>
Total Depreciation and Amortization	<u>20,465</u>	<u>61,526</u>
Total Expenses	<u>1,105,842</u>	<u>3,077,780</u>
Net Income	<u>(206,264)</u>	<u>2,026,489</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 3/31/2022

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$1,860,120	\$565,987	\$1,294,133	\$3,690,126	\$3,808,938	(\$118,812)	\$8,700,766	\$4,891,828
Specific Ownership Taxes	63,749	59,752	3,997	156,473	167,787	(11,314)	625,000	457,213
Lease Revenue	109,304	6,129	103,175	327,911	417,429	(89,518)	1,335,549	918,120
Interest Income	2,000	1,333	667	6,000	3,013	2,987	65,000	61,987
Sales Revenue	25	0	25	75	0	75	300	300
Fee for Services Income	13,918	14,351	(433)	41,754	37,490	4,264	167,021	129,531
Third Party Reimbursements	79,023	98,814	(19,791)	237,069	226,103	10,966	948,273	722,170
Grant Revenue	46,762	61,402	(14,640)	140,285	167,067	(26,781)	1,246,441	1,079,375
Partnership Revenue	0	158	(158)	0	171	(171)	0	(171)
Miscellaneous Income	1,892	571	1,321	5,676	3,678	1,998	22,704	19,026
Total Revenue	\$2,176,792	\$808,497	\$1,368,296	\$4,605,369	\$4,831,675	(\$226,306)	\$13,111,054	\$8,279,379
Expenditures:								
Operating Expenditures								
Administration	\$103,545	\$66,012	\$37,533	\$269,824	\$240,750	\$29,074	\$952,280	\$711,530
Board Expenses	16,192	23,326	(7,134)	22,876	24,689	(1,813)	79,118	54,429
Connections: Mental Health/Substance Issues Svcs	190,457	153,801	36,656	584,498	480,391	104,107	2,339,007	1,858,616
Dental Services	322,874	282,461	40,413	966,449	791,814	174,635	3,894,293	3,102,479
Integrated Care (MH/SUD/PC)	105,643	94,337	11,306	317,055	273,665	43,390	1,275,292	1,001,627
Health Promotion	70,074	69,659	415	211,291	194,192	17,099	854,448	660,256
Community Impact	62,544	45,741	16,803	188,112	119,662	68,450	757,422	637,760
Program Assessment & Evaluation	22,291	22,736	(446)	67,018	66,386	632	269,530	203,144
Health Care Access	108,772	97,335	11,437	324,523	268,122	56,401	1,312,744	1,044,622
Resource Development	16,131	15,604	527	48,514	44,043	4,471	195,262	151,219
Mulberry Office	12,822	9,941	2,881	38,505	27,914	10,591	178,020	150,106
Contingency (Operations)	5,000	954	4,046	15,000	1,954	13,046	60,000	58,046
Special Projects	174,940	141,760	33,180	490,820	290,141	200,679	3,078,726	2,788,585
Grant Projects	113,296	61,711	51,585	339,889	192,532	147,357	1,246,441	1,053,909
Total Operating Expenditures	\$1,324,580	\$1,085,378	\$239,202	\$3,884,373	\$3,016,254	\$868,119	\$16,492,583	\$13,476,329
Net Income	\$852,212	(\$276,881)	\$1,129,093	\$720,996	\$1,815,421	(\$1,094,425)	(\$3,381,529)	(\$5,196,950)

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 3/1/2022 to 3/31/2022

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual Budget</u>	<u>Annual Funds</u> <u>Remaining</u>
Non-Operating Expenditures								
Land	-	-		-	-		0	
Building	5,000	-	5,000	25,000	-	25,000	1,064,500	1,064,500
Construction in Progress		1,910		-	4,075	-	-	-
Capital Equipment	-	-	-	-	-	-	50,000	50,000
General Office Equipment	-	-	-	-	-	-	10,000	10,000
Medical & Dental Equipment	-	-	-	-	-	-	34,487	34,487
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	-	-	132,000	132,000
Total Non-Operating Expenditures	\$ 5,000	\$ 1,910	\$ 5,000	\$ 25,000	\$ 4,075	\$ 25,000	\$ 1,290,987	\$ 1,290,987

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 3/31/2022

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Administration								
Revenue:								
Miscellaneous Income	\$875	\$0	\$875	\$2,625	\$1,709	\$916	\$10,500	\$8,791
Total Revenue	875	0	875	2,625	1,709	916	10,500	8,791
Expenditures:								
Salaries and Benefits	49,508	40,552	8,956	148,518	127,941	20,577	594,079	466,138
Supplies and Purchased Services	54,037	25,460	28,577	121,306	112,809	8,496	358,201	245,392
Total Expenditures	103,545	66,012	37,533	269,824	240,750	29,074	952,280	711,530
Board of Directors								
Expenditures:								
Salaries and Benefits	0	2,034	(2,034)	0	2,034	(2,034)	8,612	6,578
Supplies and Purchased Services	3,192	1,527	1,665	9,476	2,890	6,586	38,506	35,616
Election Expenses	13,000	19,765	(6,765)	13,400	19,765	(6,365)	32,000	12,235
Total Expenditures	16,192	23,326	(7,134)	22,876	24,689	(1,813)	79,118	54,429
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	3,083	3,974	(891)	9,249	8,604	645	37,000	28,396
Total Revenue	3,083	3,974	(891)	9,249	8,604	645	37,000	28,396
Expenditures:								
Salaries and Benefits	164,182	123,725	40,457	492,546	407,714	84,832	1,970,180	1,562,466
Supplies and Purchased Services	26,275	30,077	(3,801)	91,952	72,677	19,275	368,827	296,150
Total Expenditures	190,457	153,801	36,656	584,498	480,391	104,107	2,339,007	1,858,616
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	61,678	84,550	(22,872)	185,034	195,255	(10,221)	740,136	544,881
Total Revenue	61,678	84,550	(22,872)	185,034	195,255	(10,221)	740,136	544,881
Expenditures:								
Salaries and Benefits	261,536	209,311	52,225	784,608	613,869	170,739	3,138,417	2,524,548
Supplies and Purchased Services	61,338	73,151	(11,813)	181,841	177,945	3,896	755,876	577,931
Total Expenditures	322,874	282,461	40,413	966,449	791,814	174,635	3,894,293	3,102,479

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 3/31/2022

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	19,285	7,416	11,869	57,855	22,248	35,607	231,419	209,171
Total Revenue	19,285	7,416	11,869	57,855	22,248	35,607	231,419	209,171
Expenditures:								
Salaries and Benefits	94,990	80,748	14,242	284,970	241,457	43,513	1,139,873	898,416
Supplies and Purchased Services	10,653	13,589	(2,936)	32,085	32,208	(123)	135,419	103,211
Total Expenditures	105,643	94,337	11,306	317,055	273,665	43,390	1,275,292	1,001,627
<u>Community Impact</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	55,254	33,647	21,607	165,762	98,653	67,109	663,073	564,420
Supplies and Purchased Services	7,290	12,094	(4,804)	22,350	21,010	1,340	94,349	73,339
Total Expenditures	62,544	45,741	16,803	188,112	119,662	68,450	757,422	637,760
<u>Program Assessment & Evaluation</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	19,645	18,504	1,141	58,935	55,552	3,383	235,728	180,176
Supplies and Purchased Services	2,646	4,232	(1,587)	8,083	10,835	(2,752)	33,802	22,967
Total Expenditures	22,291	22,736	(446)	67,018	66,386	632	269,530	203,144
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	231	0	231	693	155	538	2,770	2,615
Total Revenue	231	0	231	693	155	538	2,770	2,615
Expenditures:								
Salaries and Benefits	57,566	54,311	3,255	172,698	157,021	15,677	690,780	533,759
Supplies and Purchased Services	12,508	15,348	(2,840)	38,593	37,171	1,422	163,668	126,497
Total Expenditures	70,074	69,659	415	211,291	194,192	17,099	854,448	660,256

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 3/31/2022

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Health Care Access								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	90,114	79,183	10,931	270,342	217,920	52,422	1,081,343	863,423
Supplies and Purchased Services	18,658	18,152	506	54,181	50,202	3,979	231,401	181,199
Total Expenditures	108,772	97,335	11,437	324,523	268,122	56,401	1,312,744	1,044,622
Health Info Source								
Revenue:								
Expenditures:								
Resource Development								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	14,249	13,245	1,004	42,747	39,632	3,115	170,985	131,353
Supplies and Purchased Services	1,882	2,359	(477)	5,767	4,410	1,356	24,277	19,867
Total Expenditures	16,131	15,604	527	48,514	44,043	4,471	195,262	151,219
Mulberry Offices								
Revenue:								
Fees, Reimbursements & Other Income	9,706	17,796	(8,090)	29,118	39,301	(10,183)	116,473	77,172
Total Revenue	9,706	17,796	(8,090)	29,118	39,301	(10,183)	116,473	77,172
Expenditures:								
Salaries and Benefits	2,892	2,843	49	8,678	8,448	230	34,694	26,246
Supplies and Purchased Services	9,930	7,098	2,831	29,827	19,466	10,361	143,326	123,860
Total Revenue	12,822	9,941	2,881	38,505	27,914	10,591	178,020	150,106

Health District of Northern Larimer County

Investment Schedule March 2022

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,383	0.021%	0.10%	N/A
Local Government Investment Pool	COLOTRUST	\$ 5,060,199	76.961%	0.25%	N/A
Flex Savings Account	First National Bank	\$ 238,556	3.628%	0.05%	N/A
Certificate of Deposit	Advantage Bank	\$ 142,492	2.167%	0.40%	12/27/2023
Certificate of Deposit	Advantage Bank	\$ 115,134	1.751%	0.25%	9/2/2022
Certificate of Deposit	Points West	\$ 116,011	1.764%	0.28%	6/12/2023
Certificate of Deposit	Points West	\$ 157,714	2.399%	1.00%	4/2/2022
Certificate of Deposit	Adams State Bank	\$ 242,143	3.683%	0.35%	10/7/2023
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	3.802%	0.10%	1/9/2023
Certificate of Deposit	Farmers Bank	\$ 251,357	3.823%	0.65%	6/27/2022
Total/Weighted Average		<u>\$ 6,574,990</u>	<u>100.000%</u>	<u>0.28%</u>	

Notes:

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

HEALTH DISTRICT
of Northern Larimer County
April 2022
Summary Financial Narrative

Revenues

The Health District is 2.3% ahead of year-to-date tax revenue projections. Interest income is 43.3% behind year-to-date projections. Lease revenue is 10.5% ahead of year-to-date projections due to the implementation of GASB 87. Yield rates on investment earnings increased to 0.43% (based on the weighted average of all investments). Fee for service revenue from clients is 5.9% behind year-to-date projections and revenue from third party reimbursements is 6.2% behind of year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 2.4% ahead of year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 18.4% behind year-to-date projections. Program variances are as follows: Administration 9.7%; Board 19.6%; Connections: Mental Health/Substance Issues Services 18.8%; Dental Services 19.1%; MH/SUD/Primary Care 15.0%; Health Promotion 9.6%; Community Impact 33.7%; Program Assessment and Evaluation 3.9%; Health Care Access 19.1%; Resource Development 11.3% and Mulberry Offices 46.4%.

Capital Outlay

Capital expenditures are 83.3% behind year-to-date.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
BALANCE SHEET
As of 4/30/2022

ASSETS

Current Assets:	
Cash & Investments	\$7,792,182
Accounts Receivable	84,287
Property Taxes Receivable	4,891,829
Specific Ownership Tax Receivable	48,531
Prepaid Expenses	45,600
Total Current Assets	<u>12,862,429</u>
Other Assets:	
Lease Receivable	<u>58,921,907</u>
Total Other Assets	<u>58,921,907</u>
Property and Equipment	
Land	4,592,595
Building and Leasehold Improvements	7,221,683
Equipment	1,250,845
Accumulated Depreciation	<u>(3,233,762)</u>
Total Property and Equipment	<u>9,831,361</u>
Total Assets	<u><u>81,615,697</u></u>

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	957,831
Deposits	8,332
Deferred Revenue	347,543
Total Current Liabilities	<u>1,313,706</u>
Long-term Liabilities:	
Compensated Absences	<u>34,820</u>
Total Long-term Liabilities	<u>34,820</u>
Deferred Inflows of Resources	
Property Taxes	3,128,050
Leases	59,606,617
Total Deferred Inflows of Resources	<u>62,734,667</u>
Total Liabilities & Deferred Inflows of Resources	<u>64,083,194</u>
EQUITY	
Retained Earnings	14,288,299
Net Income	3,244,204
TOTAL EQUITY	<u>17,532,503</u>
TOTAL LIABILITIES AND EQUITY	<u><u>81,615,697</u></u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
STATEMENT OF REVENUES AND EXPENSES
As of 4/30/2022

	<u>Current Month</u>	<u>Year to Date</u>
Revenue		
Property Taxes	1,763,778	5,572,716
Specific Ownership Taxes	48,531	216,318
Lease Revenue	265,746	995,069
Interest Income	2,661	5,674
Fee For Service Income	14,926	52,416
Third Party Income	59,286	246,088
Grant Income	91,437	258,503
Special Projects	10,014	10,184
Miscellaneous Income	7,580	11,258
Total Revenue	<u>2,263,958</u>	<u>7,368,227</u>
Expenses:		
Operating Expenses		
Administration	95,376	336,126
Board Expenses	7,183	31,871
Connections: Mental Health/Substance Issues Svcs	160,268	640,658
Dental Services	256,259	1,048,073
Integrated Care (MHSA/PC)	87,252	360,917
Health Promotion	61,987	256,178
Community Impact	47,434	167,096
Program Assessment & Evaluation	19,853	86,240
Health Care Access	83,487	351,609
Resource Development	13,656	57,698
Mulberry Offices	12,448	40,361
Contingency -Operational	954	2,908
Special Projects	85,566	375,707
Grant Projects	94,073	286,605
Total Operating Expenses	<u>1,025,794</u>	<u>4,042,048</u>
Depreciation and Amortization		
Depreciation Expense	20,450	81,975
Total Depreciation and Amortization	<u>20,450</u>	<u>81,975</u>
Total Expenses	<u>1,046,244</u>	<u>4,124,024</u>
Net Income	<u>1,217,715</u>	<u>3,244,204</u>

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Revenues and Expenditures - Budget and Actual
As of 4/30/2022

	Current Month			Year to Date			Annual	Remaining
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Funds
Revenue:								
Property Taxes	\$1,759,840	\$1,763,778	(\$3,938)	\$5,449,966	\$5,572,716	(\$122,750)	\$8,700,766	\$3,128,050
Specific Ownership Taxes	48,027	48,531	(504)	204,500	216,318	(11,818)	625,000	408,682
Lease Revenue	109,304	65,806	43,498	437,215	483,234	(46,020)	1,335,549	852,314
Interest Income	4,000	2,661	1,339	10,000	5,674	4,326	65,000	59,326
Sales Revenue	25	0	25	100	0	100	300	300
Fee for Services Income	13,918	14,926	(1,008)	55,672	52,416	3,256	167,021	114,605
Third Party Reimbursements	79,023	70,346	8,677	316,092	296,449	19,643	948,273	651,824
Grant Revenue	46,762	91,437	(44,675)	187,047	258,503	(71,456)	1,246,441	987,938
Partnership Revenue	0	10,014	(10,014)	0	10,184	(10,184)	0	(10,184)
Miscellaneous Income	1,892	7,580	(5,688)	7,568	11,258	(3,690)	22,704	11,446
Total Revenue	\$2,062,790	\$2,075,079	(\$12,288)	\$6,668,160	\$6,906,754	(\$238,594)	\$13,111,054	\$6,204,300
Expenditures:								
Operating Expenditures								
Administration	\$102,269	\$95,376	\$6,892	\$372,092	\$336,126	\$35,966	\$952,280	\$616,154
Board Expenses	16,742	7,183	9,559	39,618	31,871	7,747	79,118	47,247
Connections: Mental Health/Substance Issues Svcs	204,109	160,268	43,842	788,607	640,658	147,949	2,339,007	1,698,349
Dental Services	328,288	256,259	72,029	1,294,737	1,048,073	246,664	3,894,293	2,846,220
Integrated Care (MH/SUD/PC)	107,561	87,252	20,309	424,616	360,917	63,699	1,275,292	914,375
Health Promotion	72,134	61,987	10,147	283,425	256,178	27,247	854,448	598,270
Community Impact	64,053	47,434	16,619	252,165	167,096	85,069	757,422	590,326
Program Assessment & Evaluation	22,748	19,853	2,895	89,766	86,240	3,526	269,530	183,290
Health Care Access	110,022	83,487	26,535	434,545	351,609	82,936	1,312,744	961,135
Resource Development	16,511	13,656	2,855	65,024	57,698	7,326	195,262	137,564
Mulberry Office	36,759	12,448	24,312	75,264	40,361	34,903	178,020	137,659
Contingency (Operations)	5,000	954	4,046	20,000	2,908	17,092	60,000	57,092
Special Projects	169,940	85,566	84,374	660,760	375,707	285,053	3,078,726	2,703,019
Grant Projects	113,296	94,073	19,224	453,186	286,605	166,581	1,246,441	959,837
Total Operating Expenditures	\$1,369,432	\$1,025,794	\$343,638	\$5,253,806	\$4,042,048	\$1,211,757	\$16,492,583	\$12,450,535
Net Income	\$693,358	\$1,049,284	(\$355,926)	\$1,414,354	\$2,864,705	(\$1,450,351)	(\$3,381,529)	(\$6,246,235)

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET TO ACTUAL

For 4/1/2022 to 4/30/2022

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual Budget</u>	<u>Annual Funds</u> <u>Remaining</u>
Non-Operating Expenditures								
Land	-	-		-	-			
Building	5,000	-	5,000	30,000	-	30,000	1,064,500	1,064,500
Construction in Progress		11,458	(11,458)	-	15,533	-	-	-
Capital Equipment	-	-	-	-	-	-	50,000	50,000
General Office Equipment	-	-	-	-	-	-	10,000	10,000
Medical & Dental Equipment	3,212	10,749	(7,537)	34,487	10,749	23,738	34,487	23,738
Computer Equipment	-	-	-	-	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	-	-	132,000	132,000
Total Non-Operating Expenditures	\$ 8,212	\$ 22,207	\$ (13,995)	\$ 64,487	\$ 26,282	\$ 53,738	\$ 1,290,987	\$ 1,280,238

For 4/1/2022 to 4/30/2022

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 4/30/2022

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Administration								
Revenue:								
Miscellaneous Income	\$875	\$6,596	(\$5,721)	\$3,500	\$8,305	(\$4,805)	\$10,500	\$2,195
Total Revenue	875	6,596	(5,721)	3,500	8,305	(4,805)	10,500	2,195
Expenditures:								
Salaries and Benefits	49,508	39,555	9,953	198,026	167,496	30,530	594,079	426,583
Supplies and Purchased Services	52,761	55,821	(3,061)	174,066	168,630	5,436	358,201	189,571
Total Expenditures	102,269	95,376	6,892	372,092	336,126	35,966	952,280	616,154
Board of Directors								
Expenditures:								
Salaries and Benefits	0	4,474	(4,474)	0	6,508	(6,508)	8,612	2,104
Supplies and Purchased Services	3,142	1,229	1,913	12,618	4,120	8,498	38,506	34,386
Election Expenses	13,600	1,479	12,121	27,000	21,244	5,756	32,000	10,756
Total Expenditures	16,742	7,183	9,559	39,618	31,871	7,747	79,118	47,247
Connections: Mental Health/substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	3,083	7,436	(4,353)	12,332	16,040	(3,708)	37,000	20,960
Total Revenue	3,083	7,436	(4,353)	12,332	16,040	(3,708)	37,000	20,960
Expenditures:								
Salaries and Benefits	164,182	147,051	17,131	656,728	554,765	101,963	1,970,180	1,415,415
Supplies and Purchased Services	39,927	13,217	26,711	131,879	85,894	45,986	368,827	282,933
Total Expenditures	204,109	160,268	43,842	788,607	640,658	147,949	2,339,007	1,698,349
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	61,678	60,276	1,402	246,712	255,531	(8,819)	740,136	484,605
Total Revenue	61,678	60,276	1,402	246,712	255,531	(8,819)	740,136	484,605
Expenditures:								
Salaries and Benefits	261,536	204,405	57,131	1,046,144	818,274	227,870	3,138,417	2,320,143
Supplies and Purchased Services	66,752	51,853	14,899	248,593	229,799	18,794	755,876	526,077
Total Expenditures	328,288	256,259	72,029	1,294,737	1,048,073	246,664	3,894,293	2,846,220

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 4/30/2022

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	19,285	7,416	11,869	77,140	29,664	47,476	231,419	201,755
Total Revenue	19,285	7,416	11,869	77,140	29,664	47,476	231,419	201,755
Expenditures:								
Salaries and Benefits	94,990	80,331	14,659	379,960	321,788	58,172	1,139,873	818,085
Supplies and Purchased Services	12,571	6,921	5,650	44,656	39,129	5,527	135,419	96,290
Total Expenditures	107,561	87,252	20,309	424,616	360,917	63,699	1,275,292	914,375
<u>Community Impact</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	55,254	41,393	13,861	221,016	140,046	80,970	663,073	523,027
Supplies and Purchased Services	8,799	6,040	2,759	31,149	27,050	4,099	94,349	67,299
Total Expenditures	64,053	47,434	16,619	252,165	167,096	85,069	757,422	590,326
<u>Program Assessment & Evaluation</u>								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	19,645	18,076	1,569	78,580	73,627	4,953	235,728	162,101
Supplies and Purchased Services	3,103	1,778	1,325	11,186	12,612	(1,426)	33,802	21,190
Total Expenditures	22,748	19,853	2,895	89,766	86,240	3,526	269,530	183,290
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	231	67	164	924	222	702	2,770	2,548
Total Revenue	231	67	164	924	222	702	2,770	2,548
Expenditures:								
Salaries and Benefits	57,566	52,062	5,504	230,264	209,083	21,181	690,780	481,697
Supplies and Purchased Services	14,568	9,924	4,644	53,161	47,095	6,066	163,668	116,573
Total Expenditures	72,134	61,987	10,147	283,425	256,178	27,247	854,448	598,270

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
Statement of Program Revenues and Expenditures - Budget and Actual
As of 4/30/2022

	Current Month			Year to Date			Annual Budget	Remaining Funds
	Budget	Actual	Variance	Budget	Actual	Variance		
Health Care Access								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	90,114	76,928	13,186	360,456	294,848	65,608	1,081,343	786,495
Supplies and Purchased Services	19,908	6,559	13,349	74,089	56,762	17,327	231,401	174,639
Total Expenditures	110,022	83,487	26,535	434,545	351,609	82,936	1,312,744	961,135
Health Info Source								
Revenue:								
Expenditures:								
Resource Development								
Revenue:								
Fees, Reimbursements & Other Income	0	0	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0	0	0
Expenditures:								
Salaries and Benefits	14,249	13,009	1,240	56,996	52,641	4,355	170,985	118,344
Supplies and Purchased Services	2,262	647	1,615	8,028	5,057	2,971	24,277	19,220
Total Expenditures	16,511	13,656	2,855	65,024	57,698	7,326	195,262	137,564
Mulberry Offices								
Revenue:								
Fees, Reimbursements & Other Income	9,706	11,061	(1,355)	38,824	50,361	(11,537)	116,473	66,112
Total Revenue	9,706	11,061	(1,355)	38,824	50,361	(11,537)	116,473	66,112
Expenditures:								
Salaries and Benefits	2,893	2,810	83	11,571	11,258	313	34,694	23,436
Supplies and Purchased Services	33,866	9,637	24,229	63,693	29,103	34,590	143,326	114,223
Total Revenue	36,759	12,448	24,312	75,264	40,361	34,903	178,020	137,659

Health District of Northern Larimer County

Investment Schedule

April 2022

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,384	0.018%	0.20%	N/A
Local Government Investment Pool	COLOTRUST	\$ 6,107,448	80.120%	0.45%	N/A
Flex Savings Account	First National Bank	\$ 238,566	3.130%	0.05%	N/A
Certificate of Deposit	Advantage Bank	\$ 142,540	1.870%	0.40%	12/27/2023
Certificate of Deposit	Advantage Bank	\$ 115,159	1.511%	0.25%	9/2/2022
Certificate of Deposit	Points West	\$ 116,011	1.522%	0.28%	6/12/2023
Certificate of Deposit	Points West	\$ 158,103	2.074%	1.00%	4/2/2024
Certificate of Deposit	Adams State Bank	\$ 242,143	3.177%	0.35%	10/7/2023
Certificate of Deposit	Cache Bank & Trust	\$ 250,000	3.280%	0.10%	1/9/2023
Certificate of Deposit	Farmers Bank	\$ 251,496	3.299%	0.65%	6/27/2022
Total/Weighted Average		<u>\$ 7,622,849</u>	<u>100.000%</u>	<u>0.43%</u>	

Notes:

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