Health District
OF NORTHERN LARIMER COUNTY

BYLAWS
OF THE HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

ARTICLE I

PURPOSE/MISSION

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

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

ARTICLE II

POWERS

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

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

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

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

ARTICLE III

OFFICES

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

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

ARTICLE IV

BOARD OF DIRECTORS

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

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

a) To develop the mission and vision of the Health District and establish its values statement.

b) To develop ends and means policies, and review them annually.

c) To approve a strategic plan based on the mission, vision, strategy and values; and to review and evaluate the plan annually.

d) To provide management leadership by:
   Employing a qualified Chief Executive Officer
   Defining the Board-Executive Director relationship
   Establishing goals and objectives for the CEO based on the strategic plan
   Setting executive limitations
   Evaluating the CEO on an annual basis utilizing the goals and objectives

e) To fulfill fiduciary responsibility by:
   Adopting the budget and monitoring financial performance
   Setting the mill levy, within the parameters of the law
   Taking precautions against risk
   Assuring that any bond payments, if any, are timely made.
   Investing district funds responsibly, in accordance with district policy

f) To fulfill legal and regulatory responsibilities of a special district.

g) To establish/amend Board process.

h) To evaluate the Board's performance on an annual basis and make corrections based on that evaluation.

i) To provide for Board continuing education and development of core competencies.

j) To hold an Annual Retreat, at which the mission, vision, strategy and values are reviewed.

k) To oversee the election process.

l) To provide orientation to newly elected board members.

m) To monitor compliance by all parties with the Hospital Operating Lease Agreement between the District and Poudre Valley Health System dated May 1, 1994, and to further provide that all property interests of the District are protected to the fullest extent.

n) To facilitate effective communication with staff, peers, community and media.

o) To represent the Health District in the community.

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

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

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

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

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

a) If for any reason a properly qualified person is not elected to a director's office by the electors as required at a regular election;

b) If a person who was duly elected or appointed fails, neglects or refuses to subscribe to an oath of office, or to furnish the bond in accordance with the provisions of C.R.S. 32-1-901;

c) If a person who was duly elected or appointed submits a written resignation to the Board;

d) If a person who was duly elected or appointed ceases to be qualified for the office to which they were elected;

e) If a person who was duly elected or appointed is convicted of a felony;

f) If a Court of competent jurisdiction voids the election or appointment, or removes the person duly elected or appointed for any cause whatsoever, but only after their right to appeal has been waived or otherwise exhausted.

g) If a person who was duly elected or appointed fails to attend three (3) consecutive regular meetings of the Board without the Board having entered upon its minutes an

approval for an additional absence or absences; except that such additional absence or absences shall be excused for temporary mental or physical disability or illness;

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

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

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

Section 8. Meetings.

a) **Meetings.** The Board shall hold meetings at least ten times per year.

b) **Special Meetings.** Special meetings and/or work sessions may be held as often as the needs of the Health District require, upon notice to each director, and shall be posted as required by law.

c) **Notice of Meetings.** Notice of time and place designated for all meetings shall be posted in at least three (3) public places within the limits of the district, and, in addition, one such notice shall be posted in the office of the County Clerk and Recorder of Larimer County. Such notices shall remain posted and shall be changed in the event that the time or place of such regular meetings is changed. (C.R.S. 32-1-903 (2))

d) **Open Meetings.** All official business of the Board of Directors shall be conducted only during regular or special meetings called in the manner herein provided at which a quorum (a majority of directors) is present, and all said meetings shall be open to the public. (C.R.S. 32-1-903 (2)). An executive session may only be called at a regular or special meeting of the Board (not at a study session) by an affirmative vote of two-thirds of the quorum present (C.R.S. 24-6-402(4)). The purpose of the executive session, per C.R.S. 24-6-402(4), should be cited on the meeting agenda, whenever possible, and reflected in the meeting minutes. The Board of Directors may meet in executive session only for the purposes, and subject to the limitations, expressed in C.R.S. 24-6-401 et seq.

ARTICLE V

OFFICERS OF THE HEALTH DISTRICT

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

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

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

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

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

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

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

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

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

Section 10. Liaison Between Health District of Northern Larimer County Board of Directors and Poudre Valley Health System Board of Directors. The Board of Directors of the Health District will elect a representative from the elected members of the Health District Board to serve as an ex officio voting member of the Poudre Valley Health System Board, and as a liaison between the Health District and Poudre Valley Health System. The designee will normally have been a member of the Health District Board for at least two years prior to serving in this capacity. The term of the liaison position will normally be for two years. The general role of the liaison on the Poudre Valley Health System Board shall be to represent the interests of the residents of the Health District, representing the Health District mission, goals, and objectives; to monitor the various lease agreements between the Health District Board, the Poudre Valley Health System Board, and University of Colorado Health (JOC); and to perform the normal duties of a Poudre Valley Health System Board member. The specific responsibilities of the Liaison shall be set forth in a written job description developed by the Health District Board of Directors.

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

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

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

ARTICLE VI

COMMITTEES

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

ARTICLE VII

POLICIES

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

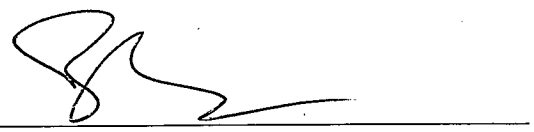
ARTICLE VIII

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

ARTICLE IX

ADOPTION

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



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

Health District
OF NORTHERN LARIMER COUNTY

Mission, Vision, Strategy, and Values

Mission

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

Vision

District residents will live long and well.

Our community will excel in health assessment, access, promotion and policy development.

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

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

ADOPTED, on the 25th day of May, 1997 A.D.
AMENDED, on the 24th day of December 1999 A.D.
AMENDED, on the 28th day of May, 2002 A.D.
AMENDED, on this 24th day of June, 2003 A.D.
AMENDED, on this 28th day of August, 2007 A.D.
AMENDED, on this 25th day of August, 2009 A.D.
AMENDED, on this 26th day of January, 2016 A.D.

Attest:

Bernard J. Birnbaum, President

Tess Heffernan, Vice President

Steven J. Thorson, PVHS/UCHealth-North Board Liaison

Michael D. Liggett, Secretary

Tracy Nelson, Treasurer

Health District
OF NORTHERN LARIMER COUNTY

FY2024–2025
STRATEGIC PLAN

The Health District of Northern Larimer County – Meeting local healthcare needs since 1960

A LETTER FROM OUR
BOARD CHAIR AND EXECUTIVE DIRECTOR

To our community members, colleagues, and partners:

We are excited to share the 2024–2025 Strategic Plan, which lays a critical foundation for the long-term success of the Health District. Since its inception 30 years ago, the Health District has been an essential resource for addressing the health needs of Northern Larimer County's residents.

Our achievements stem from our deep-rooted mission to enhance the health of our community. We best achieve this mission by continually evaluating and adapting our infrastructure and services to address the critical health needs of our residents as they evolve.

As we envision the possibilities over the next 30 years, we have developed a 2024–2025 Strategic Plan, centered on four strategic priority areas that are critical to our success: *Great Governance, Health Equity, Organizational Excellence,* and *Partnerships.*

We are privileged to build upon the groundwork and dedication that has guided the organization in providing exceptional services to the residents of Northern Larimer County for three decades. We honor this legacy by strengthening the fabric of our organization.

We are accountable to district taxpayers, ensuring that our community is involved in the investment they've made in the Health District. We know that equity and organizational excellence are inseparable in community health, and we cannot fully achieve our mission unless all people in our community are included and involved.

Recognizing that we cannot do this work alone, we will take a collaborative approach to building a healthier community. We're committed to engaging and strengthening cross-sector partnerships and providing more comprehensive support to improve health among our residents.

By fortifying *Great Governance, Health Equity, Organizational Excellence,* and *Partnerships* across our programs and services, we will augment and amplify our greatest strength—the talent and expertise of our dedicated staff—and elevate community standards for equitable, excellent care.

While the health needs of our community have changed dramatically since the Health District's founding 30 years ago, the need for exceptional health services has not. Our commitment to meeting those needs as they transform remains.

Here's to the next 30 years of enhancing the health of our community!

Sincerely,

Molly Gutilla | Board President
Liane Jollon | Executive Director

Health District of Northern Larimer County

TABLE OF CONTENTS

30 YEARS OF CARING

Health District

OF NORTHERN LARIMER COUNTY

1994 ~ 2024

The Health District of Northern Larimer County is a unique district, distinguished by the diversity of services we provide and our capacity and commitment to adapting to the community's changing health needs. Our origin story is no less unique.

In the 1950s, Larimer County was struggling to keep up with the health needs of its growing community. Hospitals were overcrowded to the point that, in 1952, there were 236 days in which hospital care had to be provided in corridors. Local legislators and residents recognized the scope and severity of the problem, and in 1960, they made a successful push to create the first-ever hospital district in the State of Colorado to fund the development of Poudre Valley Memorial Hospital.

The original district boundaries, which have not changed, excluded south Larimer County, as Loveland residents were already being served by a local hospital. (This is why Health District services today focus on district residents, unless outside funding is received to serve people living outside our boundaries.)

The Poudre Valley Hospital District continued to operate the hospital for the next 30 years, but by the 1990s, concerns had mounted that the legal structure of the hospital district was impacting the hospital's long-term ability to effectively serve its mission. So, in 1994, the district Board voted to separate the two. A private nonprofit entity was created to manage the hospital, and the reconfigured Health District was empowered to enhance community health.

Continued on next page.

The Health District of Northern Larimer County

OUR MISSION

Enhance the health of our community.

Through this separation, the Health District has been able to play a uniquely supportive role in community health. Rather than operating a hospital, we enhance the health of community residents in the following ways:

- We provide low-cost dental care to eligible residents of all ages through our Family Dental Clinic.
- We offer needs assessments, short-term counseling, and connections to local behavioral health resources through our Mental Health Connections program.
- We offer free services to help people sign up or manage their enrollment in health insurance plans through Medicaid, CHP+, or the Connect for Health Colorado Marketplace through our Larimer Health Connect Program.

In addition to these core services, we have the flexibility to introduce new forms of support to respond to emergent health needs in the community as they change with the times.

The Health District of today may be different from the hospital district our community created in 1960, and even different from the small community health team we started as in 1994. One thing that has not changed, and will not change, is the Health District's commitment to enhancing the health of Northern Larimer County and our commitment to meeting the changing needs of our community.

Photo on this and the previous page:
The Health District introduced a mobile unit providing basic medical services named the Health Van in 1996. The next year, Fort Collins was devastated by the Spring Creek Flood which washed out homes, damaged infrastructure, and claimed the lives of five people. Health District staff offered first aid services in the field with the Health Van and administered tetanus shots in hard-hit neighborhoods.

STRATEGIC PRIORITIES
OVERVIEW

STRATEGIC PRIORITIES
OVERVIEW, *continued*

GREAT GOVERNANCE
Great governance is essential to an impactful and high-performing organization. It is inclusive and participatory.

ORGANIZATIONAL EXCELLENCE
Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: to enhance the health of our community.

HEALTH EQUITY
Develop a health equity strategy that aligns with and supports the achievement of the Health District's mission: to enhance the health of our community.

PARTNERSHIPS
Broad, cross-sector partnerships are needed to effectively address the full array of complex factors impacting community health.

EXECUTIVE SUMMARY
OVERVIEW

This executive summary provides an overview of the strategic direction for the Health District for 2024–2025. The four strategic priorities provide a roadmap that will guide our efforts and aspirations as we carry out our mission: *to enhance the health of our community*.

GREAT GOVERNANCE

Great governance is essential to an impactful and high-performing organization.

It is inclusive and participatory.

Each process ensures fiscal stewardship, open and transparent communication, and informed decision-making.

Policies, processes, and actions support accountability and responsiveness to the current and future needs of Health District residents and taxpayers.

GOALS

1. Prepare the Health District Board of Directors to successfully carry out duties of governance and transparency*.
2. Protect the integrity of the Health District's financial position and foster fiscal stewardship and accountability.
3. Reflect the community in the Health District's work and increase opportunities for the community to see itself in this work.

ORGANIZATIONAL EXCELLENCE

Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: to enhance the health of our community.

Organizational excellence involves oversight, structures, processes, and standards to ensure that impactful services are efficiently delivered using available resources. Organizational excellence focuses on the role of cross-cutting functions in organizational operations and continuous improvement. Organizational excellence enables health equity, partnerships, and great governance.

GOALS

1. Shape Health District policy to promote positive health outcomes and operational excellence.
2. Fortify enabling functions, including Finance, Human Resources, Support Services, and Information Technology.
3. Strengthen communications functions and strategy, both internally and externally, and promote conditions that improve visibility, organizational transparency, and the use of programs and services.
4. Commit to using improved data collection analysis and dissemination for decision-making.

*Definitions for terms in *blue* can be found in Appendix A.

EXECUTIVE SUMMARY
OVERVIEW, *continued*

This executive summary provides an overview of the strategic direction for the Health District for 2024–2025. The four strategic priorities provide a roadmap that will guide our efforts and aspirations as we carry out our mission: *to enhance the health of our community*.

HEALTH EQUITY

Develop a health equity strategy that aligns with and supports the achievement of the Health District's mission: to enhance the health of our community.

Through a lens of cultural humility, we aim to improve access, inclusivity, and reach of the Health District's programs and services, and become a model of responsiveness and trust for the health care community.

GOALS

1. Develop and implement a definition of *health equity* for the Health District.
2. Cultivate an environment in which diverse thought and experience is welcomed, and staff knowledge of and commitment to equity is invested in.
3. Implement new strategies for high-quality and fair treatment of Health District clients and community members.
4. Build the foundation to become a model of inclusive excellence for health care partners and collaborators.

PARTNERSHIPS

Broad, cross-sector partnerships are needed to effectively address the full array of complex factors impacting community health.

GOALS

1. Assess partner relationships and opportunities for community engagement.
2. Build and strengthen partnerships that maximize impact on community health.
3. Improve collaboration between the Health District and our partners to advance health equity.

STRATEGIC PLANNING PROCESS

WHY A STRATEGIC PLAN?

- A strategic plan helps the Health District identify and achieve its short- and long-term goals, recognize opportunities, mitigate risks, and achieve clarity around how best to accomplish this.
- A strategic plan aligns the Health District's resources and activities with its short- and long-term goals in order to produce the greatest impact.
- A strategic plan provides the guidance the organization needs to successfully achieve the Health District's mission: *to enhance the health of our community*.

To develop a robust and comprehensive strategic plan, the Health District hired an outside consultant to conduct a creative, collaborative strategic planning retreat aimed at developing a strategic plan that, for the first time in the Health District's 30-year history, fully integrates all organizational functions.

In accordance with Health District Bylaws Article V, section 1, and Board Governance Policy 97-3, the Board must approve a strategic plan annually. The 2024–2025 Health District strategic planning retreat resulted in establishing strategic priority areas, goals, and strategies to inform the budget process and guide the staff in their day-to-day operations.

To prepare for the strategic planning retreat, the consultant conducted a discovery process that included six (6) inputs. The information collected from these inputs was used to prepare for the two-day strategic planning retreat.

STRATEGIC PLANNING PROCESS
THE SIX INPUTS

1. A review and assessment of existing Health District policies
2. Individual Health District Board of Directors interviews
3. Six interviews with community partners (stakeholders identified by the Board)
4. Interviews with members of the Health District's Executive Leadership Team
5. Summary data from the Health District's 2022 Community Health Survey and 2023 Youth Behavioral Health Assessment, as well as from secondary sources
6. Management and leadership input during Strategic Planning retreat

The consultant spent two days (May 13–14, 2024) with the leadership and management teams to integrate them into the strategic planning process. The leadership and management teams participated in two (2) three-hour interactive workshops that covered the following topics: the strategic plan process, a review of the five inputs; Government 101; strategic public management; communication; strategic budgeting; change and transition; and connecting the strategic plan to annual two days, May 15–16, 2024, the strategic planning retreat was held. On day one, participants included the Board, the Executive Director, and the Deputy Directors. The participants on day two included the Board, the Executive Director, and the Executive Leadership Team.

STRATEGIC PLANNING PROCESS
RETREAT OBJECTIVES

During our annual strategic planning retreat, we discussed the mission of the organization: **the why, what we do, who we are, and who we serve**. We participated in several brainstorming exercises around our primary goal for the retreat, which was to obtain direction from the Board. During this time, we gained a better understanding of the many different ways in which we each contribute to making the Health District a vital community organization and learned how centering our planning around shared strategic priorities can amplify the resonance of our mission internally and throughout the community and increase the impact of our work. Meaningful discussions took place and direction was provided to the staff. *In accordance with CRS 24-6-402, no formal actions were taken at the retreat.*

For our 2024–2025 strategic planning retreat, our objectives were as follows:

1. Review **roles and responsibilities**.
2. Gain an understanding of **what was heard in the discovery process and interviews**.
3. Gain recognition and consensus of **where the organization is and where it wants to go**.
4. Gain clarity and consensus **on a strategic framework**.
5. Build relationships and trust **between the Board and staff**.
6. Set a strong foundation to **move the organization into the future**.
7. Integrate staff workplans **into the Board's strategic plan direction**.

GREAT GOVERNANCE OBJECTIVES AND STRATEGIES

Great governance is essential to an impactful and high-performing organization. It is inclusive and participatory. Each process ensures fiscal stewardship, open and transparent communication, and informed decision-making.

Policies, processes, and actions support accountability and responsiveness to the current and future needs of Health District residents and taxpayers.

GOAL 1

Prepare the Health District Board of Directors to successfully carry out duties of governance and transparency.

Objective 1.1: Enhance clarity around roles and responsibilities (Board and staff).

- **Strategy 1.1.1:** Update Board policies.
  - Develop a process and timeline for bringing updated policies to the Board for review and approval in 2024–2025.
- **Strategy 1.1.2:** Provide Board training in 2024 and 2025 on identified topics.
  - See Appendix for a list of training areas identified throughout the strategic planning process.
- **Strategy 1.1.3:** Develop a new and documented onboarding process for the Board of Directors.
  - Review and update the current Board binder.
  - Develop and implement a comprehensive and standardized onboarding process for all new Board members.
- **Strategy 1.1.4:** Enhance the use of legal counsel.
  - Require legal counsel attendance at all Board meetings.
  - Utilize legal counsel for the update and development of organizational policies.

Objective 1.2: Increase Board meeting effectiveness.

- Strategy 1.2.1: Develop and implement quarterly strategic-plan reports.
- Strategy 1.2.2: Update meeting-agenda documentation to align with statutes, regulations, policy, bylaws, and/or strategic plan area(s).

GOAL 2

Protect the integrity of the Health District's financial position and foster fiscal stewardship and accountability.

Objective 2.1: Implement best practices to support fiscal sustainability and asset management.

- **Strategy 2.1.1:** Evaluate existing programs, systems, and processes, and update them for quality improvement, fiscal sustainability, and transparency, as needed.
- **Strategy 2.1.2:** Utilize existing policy audit to develop a plan to update and implement best-practice policies.

Objective 2.2: Promote fiscal sustainability, transparency, compliance, and best practices concerning all budgetary, financial, and regulatory standards.

- **Strategy 2.2.1:** Implement strategic budgeting to eliminate current structural deficit.
- **Strategy 2.2.2:** Update financial policies and procedures and internal controls, as needed.
- **Strategy 2.2.3:** Modernize budget and accounting software.
- **Strategy 2.2.4:** Explore pathways to improve community awareness, access to budget information, and trust in the Health District's stewardship of public funds.

GREAT GOVERNANCE OBJECTIVES AND STRATEGIES

Great governance is essential to an impactful and high-performing organization. It is inclusive and participatory. Each process ensures fiscal stewardship, open and transparent communication, and informed decision-making.

Policies, processes, and actions support accountability and responsiveness to the current and future needs of Health District residents and taxpayers.

GOAL 3

Reflect the community in the Health District's work and increase opportunities for the community to see itself in this work.

Objective 3.1: Enhance transparent and effective internal and external communication.

- **Strategy 3.1.1:** Update communications and brand standards.
- **Strategy 3.1.2:** Explore new technologies and communication channels.
- **Strategy 3.1.3:** Provide timely and accessible information through multiple channels to enhance engagement and reach priority populations and the broader community.
- **Strategy 3.1.4:** Examine existing community engagement processes and outcomes.

Objective 3.2: Shape Health District policy to promote positive health outcomes and operational excellence.

- **Strategy 3.2.1:** Assess local, state, and federal policies impacting the health of Health District residents and organizational operations.
- **Strategy 3.2.2:** Assess and maximize the use of partnerships and support contractors to influence policies impacting the health of Health District residents.

ORGANIZATIONAL EXCELLENCE
OBJECTIVES AND STRATEGIES

Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: *to enhance the health of our community*.

Organizational excellence involves oversight, structures, processes, and standards to ensure that impactful services are efficiently delivered using available resources.

Organizational excellence focuses on the role of cross-cutting functions in organizational operations and continuous improvement. Organizational excellence enables health equity, partnerships, and great governance.

GOAL 1

Shape Health District policy to promote positive health outcomes and operational excellence.

Objective 1.1: Members of the Board continue to demonstrate leadership by upholding integrity in accordance with high standards of behavior, serving as role models for others in the organization.

- **Strategy 1.1.1:** Develop an ethics policy that contains a Board and employee code of conduct.
- **Strategy 1.1.2:** Provide Board training and support.

Objective 1.2: Staff members continue to demonstrate integrity by conducting themselves in accordance with high standards of behavior, serving as role models for others in the organization.

- **Strategy 1.2.1:** Develop an ethics policy that contains a Board and employee code of conduct.
- **Strategy 1.2.2:** Provide staff training and support.

Objective 1.3: Be an employer of choice in Larimer County by integrating an "excellence and equity" lens into all employment processes and the HR lifecycle.

- **Strategy 1.3.1:** Assess and enhance the existing HR lifecycle.
- **Strategy 1.3.2:** Develop a strategic HR lifecycle that has an equity lens.
- **Strategy 1.3.3:** Develop key performance indicators to assess the HR lifecycle.
- **Strategy 1.3.4:** Finalize organizational compensation philosophy.
- **Strategy 1.3.5:** Hire a health equity strategist.

Objective 1.4: Attract and employ diverse and highly qualified staff, retain staff through development and growth opportunities, and promote staff to address increasingly complex challenges.

- **Strategy 1.4.1:** Assess and identify training and professional development needs based on input and feedback from staff.
- **Strategy 1.4.2:** Provide high-quality, year-round staff development and leadership training across all levels of the organization.
- **Strategy 1.4.3:** Develop the infrastructure and processes to track and monitor the training and development provided.
- **Strategy 1.4.4:** Identify metrics for assessing professional and leadership development to strengthen a strategic HR lifecycle.

ORGANIZATIONAL EXCELLENCE
OBJECTIVES AND STRATEGIES

Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: *to enhance the health of our community*.

Organizational excellence involves oversight, structures, processes, and standards to ensure that impactful services are efficiently delivered using available resources.

Organizational excellence focuses on the role of cross-cutting functions in organizational operations and continuous improvement. Organizational excellence enables health equity, partnerships, and great governance.

GOAL 2

Fortify enabling functions including Finance, Human Resources, Support Services, and Information Technology.

Objective 2.1: Audit and update processes and workflows among programs, services, and enabling functions.

- **Strategy 2.1.1:** Assess operational functions of enabling services and programs.
- **Strategy 2.1.2:** Develop operational plans to enhance efficiency.
- **Strategy 2.1.3:** Monitor and evaluate workflow and process changes.

Objective 2.2: Strengthen financial management and infrastructure to enable the delivery of high-quality services and support continuity of operations.

- **Strategy 2.2.1:** Align budgetary goals with strategic plan and address existing structural budget deficit to ensure long-term fiscal sustainability.
- **Strategy 2.2.2:** Update financial system, including technologies, policies, processes, and an Internal Controls Examination.
- **Strategy 2.2.3:** Enhance financial communications.
- **Strategy 2.2.4:** Develop a process for continuous improvement.
- **Strategy 2.2.5:** Provide staff with training and support.

Objective 2.3: Strengthen IT management and infrastructure to enable the delivery of high-quality services and support the continuity of operations.

- **Strategy 2.3.1:** Deploy a modernized IT infrastructure that enables seamless access to information and resources.
- **Strategy 2.3.2:** Strengthen data and knowledge-management systems.
- **Strategy 2.3.3:** Enhance information sharing to improve workflows and collaboration.
- **Strategy 2.3.4:** Leverage analytic technology to support enhanced data-driven decision-making and operations.

Objective 2.4: Strengthen facilities and infrastructure management to enable the delivery of high-quality services and support the continuity of operations.

- **Strategy 2.4.1:** Develop a capital maintenance and improvement plan to strategically plan for short-term and long-term infrastructure and capital needs.
- **Strategy 2.4.2:** Develop and implement an occupancy plan and facilities-management system.
- **Strategy 2.4.3:** Strategically budget for ongoing capital maintenance and infrastructure needs.
- **Strategy 2.4.4:** Develop a strategy for co-location and centralization of services to achieve integrated care objectives.

ORGANIZATIONAL EXCELLENCE
OBJECTIVES AND STRATEGIES

Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: *to enhance the health of our community*.

Organizational excellence involves oversight, structures, processes, and standards to ensure that impactful services are efficiently delivered using available resources.

Organizational excellence focuses on the role of cross-cutting functions in organizational operations and continuous improvement. Organizational excellence enables health equity, partnerships, and great governance.

Objective 2.5: Identify, assess, and determine responses to key strategic, operational, and financial risks associated with the Health District's goals and objectives.

- **Strategy 2.5.1:** Hire a compliance officer.
- **Strategy 2.5.2:** Review, evaluate, and adjust policies and procedures for internal controls.
- **Strategy 2.5.3:** Assess compliance risks within and across Health District services and operations.
- **Strategy 2.5.4:** Implement mitigation strategies that facilitate balanced, calculated risks necessary to achieve the Health District's mission.

GOAL 3

Strengthen communications functions and strategy, both internally and externally, and promote conditions that improve visibility, organizational transparency, and use of programs and services.

Objective 3.1: Improve outreach to clients and Health District residents through providing diverse, effective, and inclusive outreach avenues.

- **Strategy 3.1.1:** Evaluate existing outreach efforts and effectiveness to identify needs and opportunities.
- **Strategy 3.1.2:** Develop standardized processes and workflows for outreach efforts that are equitable, accessible, and effective at reaching priority populations (address needs/gaps in updated process or workflows).
- **Strategy 3.1.3:** Develop a comprehensive communication strategy to be executed in 2025.
- **Strategy 3.1.4:** Obtain any necessary tools/technology to enhance outreach efforts.
- **Strategy 3.1.5:** Implement new processes and tools to enhance outreach efforts.
- **Strategy 3.1.6:** Measure the effectiveness and impact of outreach and education strategies and identify opportunities for refinement.

Objective 3.2: Enhance the reputation of the Health District as a subject-matter expert and facilitator for collaborative work among community and state-wide partner organizations.

- **Strategy 3.2.1:** Assess existing support efforts for community partnerships and partner engagement to identify needs and opportunities.
- **Strategy 3.2.2:** Develop strategies, processes, and resources to facilitate greater cross-cutting support for building, maintaining, and expanding strategic relationships.
- **Strategy 3.2.3:** Measure effectiveness and equitability of reputation-management and strategic-relationship support and identify opportunities for refinement.

ORGANIZATIONAL EXCELLENCE
OBJECTIVES AND STRATEGIES

Organizational excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: *to enhance the health of our community*.

Organizational excellence involves oversight, structures, processes, and standards to ensure that impactful services are efficiently delivered using available resources.

Organizational excellence focuses on the role of cross-cutting functions in organizational operations and continuous improvement. Organizational excellence enables health equity, partnerships, and great governance.

Objective 3.3: Improve consistency and efficiency in communications processes and products across the organization.

- **Strategy 3.3.1:** Inventory and assess existing internal communications processes, marketing materials, and other collateral.
- **Strategy 3.3.2:** Update existing strategies and products and develop new processes to address procedural gaps and ensure high-quality material across the organization.
- **Strategy 3.3.3:** Implement new website and associated products to improve equitable access to information.
- **Strategy 3.3.4:** Measure effectiveness, impact, and equitability of internal communications processes and products and identify opportunities for refinement.

GOAL 4
Commit to using improved data collection, analysis, and dissemination for decision-making.

Objective 4.1: Assess what data is required to improve data-driven decision-making.

- **Strategy 4.1.1:** Examine and assess existing organizational and community data-collection practices and methodologies.
- **Strategy 4.1.2:** Determine strategies, policies, and procedures to enhance data collection.
- **Strategy 4.1.3:** Identify existing agreements and partners with whom the Health District shares or needs to collaborate with on data-sharing.
- **Strategy 4.1.4:** Create or update agreements with partners that meet the data-sharing practices, policies, and needs.

Objective 4.2: Gain clarity on best practices for data analysis and dissemination.

- **Strategy 4.2.1:** Connect organizational decision-making to population health analytics and program evaluation.
- **Strategy 4.2.2:** Procure consultant to analyze organizational evaluation practices.

HEALTH EQUITY OBJECTIVES AND STRATEGIES

Develop a health equity strategy that aligns with and supports the achievement of the Health District's mission: *to enhance the health of our community.*

Through a lens of cultural humility, we aim to improve access, inclusivity, and reach of the Health District's programs and services, and become a model of responsiveness and trust for the health care community.

GOAL 1

Develop and implement a definition of *health equity* for the Health District.

Objective 1.1: Enhance organizational capacity to advance health equity.

- **Strategy 1.1.1:** Hire a health equity strategist.
- **Strategy 1.1.2:** Convene local subject-matter experts who work in support of priority populations.
- **Strategy 1.1.3:** Synthesize relevant data on community needs.
- **Strategy 1.1.4:** Communicate the Health District's definition and vision of equitable service delivery.

GOAL 2

Cultivate an environment in which diverse thought and experience is welcomed, and staff knowledge of and commitment to equity is invested in.

Objective 2.1: Integrate values of equity, diversity, inclusion, and justice (EDIJ) in Health District operations, practices, and partnerships.

- **Strategy 2.1.1:** Incorporate an equity lens into Board decisions, discussions, and actions.
- **Strategy 2.1.2:** Assess staff demographics in relation to the community we serve.
- **Strategy 2.1.3:** Iteratively align organizational practices to EDIJ best practices.

Objective 2.2: Measure impact of our services on priority populations for iterative improvement.

- **Strategy 2.2.1:** Ensure equity measures are embedded into data systems and establish benchmarks.
- **Strategy 2.2.2:** Compare observed to desired outcomes.

GOAL 3

Implement new strategies for high-quality and fair treatment of Health District clients and community members.

Objective 3.1: Develop an organizational Health Equity Strategic Plan to transform systems, practices, and policies.

- **Strategy 3.1.1:** Conduct strengths, weaknesses, opportunities, and threats (SWOT) analysis to identify policies, systems, and practices that further or hinder equity initiatives in the organization.
- **Strategy 3.1.2:** Benchmark Health District client service procedures to Culturally and Linguistically Appropriate Services (CLAS) Standards.
- **Strategy 3.1.3:** Commit to use of destigmatizing and culturally appropriate language in alignment with health equity best practices.
- **Strategy 3.1.4:** Update processes, policies, and procedures to promote inclusive and equitable access.

HEALTH EQUITY
OBJECTIVES AND STRATEGIES

Develop a health equity strategy that aligns with and supports the achievement of the Health District's mission: *to enhance the health of our community.*

Through a lens of cultural humility, we aim to improve access, inclusivity, and reach of the Health District's programs and services, and become a model of responsiveness and trust for the health care community.

Objective 3.2: Enhance the visibility of Health District programs and services as a welcome resource for people with underrepresented identities.

- **Strategy 3.2.1:** Identify populations that are underserved by other health care services.
- **Strategy 3.2.2:** Evaluate existing marketing and outreach efforts targeted toward priority populations and identify needs and opportunities.
- **Strategy 3.2.3:** Update and develop marketing and outreach strategies specific to priority populations that are equitable, accessible, and effective.
- **Strategy 3.2.4:** Implement strategies to enhance existing marketing and outreach efforts.
- **Strategy 3.2.5:** Measure the effectiveness and impact of updated strategies to identify opportunities for refinement.

GOAL 4

Build the foundation to become a model of inclusive excellence for health care partners and collaborators.

Objective 4.1: Inform and elevate standards for high-quality, equitable, and inclusive care toward equity and justice.

- **Strategy 4.1.1:** Examine and assess community data-collection practices to inform community-wide health equity strategies.

Objective 4.2: Champion standards on methodologies for health equity assessment and analysis.

- **Strategy 4.2.1:** Conduct system-level network mapping to determine priorities alignment and crossover.

PARTNERSHIPS
OBJECTIVES AND STRATEGIES

Broad, cross-sector partnerships are needed to effectively address the full array of complex factors impacting community health.

GOAL 1

Assess partner relationships and opportunities for community engagement.

Objective 1.1: Conduct system-level network mapping to determine alignment and crossover of priorities.

- **Strategy 1.1.1:** Enhance critical partnerships with new and existing partners.
- **Strategy 1.1.2:** Develop and implement a partnership-management process and tools to identify, track, and manage partner relationships.
- **Strategy 1.1.3:** Establish designated relationship liaisons with community partner organizations to enhance communications, collaboration, and shared knowledge.
- **Strategy 1.1.4:** Develop and implement an evaluation process for understanding the impact of community partnerships.

Objective 1.2: Work in collaboration with community partners to enhance shared knowledge and service-access for priority populations.

- **Strategy 1.2.1:** Identify patient personas that are common between the Health District and other community partners to better understand shared-service needs.
- **Strategy 1.2.2:** Conduct patient-level journey mapping.
- **Strategy 1.2.3:** Establish clear data and service flows between community partner organizations for the identified patient personas to ensure seamless service delivery.

GOAL 2

Build and strengthen partnerships that maximize impact on community health.

Objective 2.1: Strengthen community health impact through fostering partnerships with government entities.

- **Strategy 2.1.1:** Identify key partners from network map across government entities and services.
- **Strategy 2.1.2:** Improve and expand coordination with local government entities and services.
- **Strategy 2.1.3:** Assess and iteratively improve the quality and completeness of governmental partnerships.

Objective 2.2: Strengthen community impact through fostering partnerships with local non-governmental organizations (e.g., nonprofits, hospital systems).

- **Strategy 2.2.1:** Identify key partners from network map across critical non-governmental organizations.
- **Strategy 2.2.2:** Improve collaboration between Health District and health care delivery systems to advance health equity.
- **Strategy 2.2.3:** Assess and iteratively improve the quality and completeness of non-governmental partnerships.

PARTNERSHIPS
OBJECTIVES AND STRATEGIES

Broad, cross-sector partnerships are needed to effectively address the full array of complex factors impacting community health.

Objective 2.3: Cultivate partnerships with organizations that represent and support the interests of priority populations and health-related social needs.

- **Strategy 2.3.1:** Identify key partners from network map.
- **Strategy 2.3.2:** Develop ad hoc community workgroups to create the bridge between strategy and service.
- **Strategy 2.3.3:** Support community-based advocacy organizations in advancing causes important to the well-being of our community.

GOAL 3

Improve collaboration between the Health District and our partners to advance health equity.

Objective 3.1: Strengthen, codify, and reconcile relationships that meet strategic plan goals.

- **Strategy 3.1.1:** Review and assess existing relationships, partnerships, and agreements for alignment with goals, resource allocation and investment, and ongoing compliance.
- **Strategy 3.1.2:** Reconcile partnership investments.

Objective 3.2: Establish role clarity and define and effectively communicate the Health District's role in serving the community.

- **Strategy 3.2.1:** Create a clear service/communications strategy.
- **Strategy 3.2.2:** Facilitate discussions with partners to define the Health District's distinct service lines.

APPENDIX A
GLOSSARY

accountability Taking responsibility for one's decisions and actions.

cross-cutting functions Health District departments of Communications and Planning, Policy, Research & Evaluation, including Community Impact and Health Equity teams.

enabling functions Health District departments of Finance, Human Resources, and Support Services, including Information Technology.

engagement Community and organizational involvement in Health District services and its work to achieve sustainable outcomes, equitable decision-making processes, and deepened relationships.

fiscal sustainability Creating and maintaining a balanced budget; judiciously tapping into reserve funds when essential for the delivery of Health District services; crafting and implementing a long-term financial plan with an infrastructure and capital-improvement strategy. Ensures that the Health District maintains a robust financial foundation to deliver programs and services aligned with its mission; promotes agility; allows the Health District to operate effectively, even in dynamic and challenging circumstances.

human resources lifecycle* Encompasses all activities related to human resources (HR) within the Health District.

integrity Impartiality, ethical behavior, and responsible use of information and resources; compliance with laws, regulations, and organizational policies; demonstrating and fostering high standards of professionalism across all levels.

leadership Leading by example; adhering to roles, responsibilities, policies, and decisions.

outreach Involves community-facing communications, strategies, and tactics meant to increase public knowledge of the Health District brand and the organization's services, mission, vision, and values.

stewardship Managing, monitoring, and safeguarding resources (fiscal, personnel, and other) on behalf of the public; monitoring and enhancing the ability to serve the public interest over time.

transparency Public, staff, and other stakeholders having full access to accurate and clear information; promotes accountability and trust in governance processes.

*The **human resources lifecycle** begins with aligning HR strategy to the organization's business goals. Next, it involves designing the organizational structure, individual jobs, and teams. HR planning anticipates workforce needs while fostering a positive work environment based on the organization's vision and values. Recruitment, onboarding, performance assessment, training, employee engagement, and career management follow. Finally, effective exit management ensures smooth employee departures. The HR life cycle integrates strategy and execution, supporting employees from recruitment to exit.

Image source: https://www.linkedin.com/pulse/guide-hr-lifecycle-chuma-chukwujama/

APPENDIX B

TRAINING NEEDS IDENTIFIED BY BOARD MEMBERS

(list not exhaustive)

Governance and Roles

- Roles and Responsibilities
- Fiduciary Responsibility
- Policy setting
- Communication process (limits)
- Health District Board Policies

Liability and Legal Issues

- Conflicts of interest
- Legal-limits discussion/obligations

Ethics

Special District Rules

- CORA
- Open-meeting rules
- Serial meetings

UCHealth Contract Overview

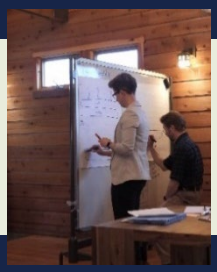
Onboarding

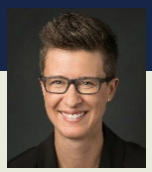
- Onboarding binder update
- Substantive orientation and onboarding
- Roles/duties of an elected Board

Opportunities for Professional Development

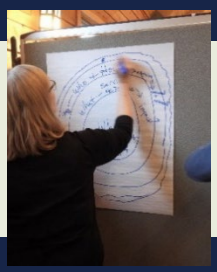
- Governance, and fiduciary roles and responsibilities (e.g., SDA)
- Public and community health (e.g., APHA)

HEALTH DISTRICT
BOARD OF DIRECTORS



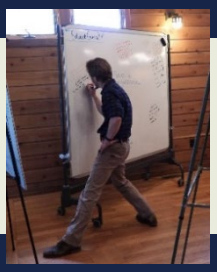


Molly Gutilla
President

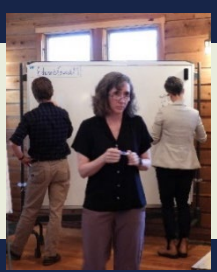


Julie Kunce Field
Vice President

John McKay
Secretary



Joseph Prows
Treasurer



Erin Hottenstein
Assistant Treasurer

ACKNOWLEDGMENTS

We also acknowledge and thank the members of the Health District staff who were integral in providing support and feedback in the development of this plan, as well as our community partners for your engagement, support, and participation in this process.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

STRATEGIC PLAN

FY2024–2025

www.healthdistrict.org

Health District

OF NORTHERN LARIMER COUNTY

2025 Budget

ADOPTED BY THE BOARD OF DIRECTORS ON DECEMBER 10, 2024

Jessica Holmes, YPTC

FINAL ON | DECEMBER 10, 2024

TABLE OF CONTENTS

2025 BUDGET MESSAGE

Presented within is the 2025 Budget for the Health District of Northern Larimer County. This budget has been carefully prepared by our dedicated staff to align with the four strategic priorities of the Board of Directors: *Great Governance*, *Organizational Excellence*, *Health Equity*, and *Partnerships*. Simultaneously, this budget also facilitates delivery of services within the Board's key priorities of: *Dental Health*, *Behavioral Health*, and *Access to Care through Insurance*. Additionally, this budget reflects the beginning of intentional organizational changes in how the Health District will achieve its mission and impact the community it serves.

Most importantly, this budget marks a significant step forward for the Health District. This budget is the first in the Health District's 30-year history to incorporate all facets of the organization so that all staff, from client-facing personnel to our support services and administrative team, see their work clearly reflected in and invested in within the budget.

The 2025 Budget supports the direction provided by the Board of Directors to strengthen the fabric of the organization in order to support equity in service delivery and operations as well as to reimagine the Health Districts programs and services in partnership. Ultimately, this budget supports the goal to honor the organization's legacy while fearlessly envisioning the future of the Health District to enhance the equity and collective impact of community health services in Northern Larimer County.

In compliance with the Local Government Budget Law of Colorado, the 2025 Proposed Budget was submitted on October 15, 2024. The Board of Directors reviewed the budget during the study session on October 22, 2024, invited public comment during a budget hearing on November 12, 2024, and adopted the 2025 Budget on December 10, 2024.

BUDGET CONSIDERATIONS

The Health District used the following considerations while developing the 2025 Budget:

- Facilitate the 2024-2025 Strategic Plan to provide a vision for the future of the organization that aligns with key priority areas of: *Great Governance*, *Organizational Excellence*, *Health Equity*, and *Partnerships*.
- Prioritize compensation to attract and retain skilled and dedicated staff.
    - Maintain commitment to full coverage of staff medical and dental premiums.
    - Add coverage for medical and dental premiums of dependents.
    - Provide wage increases to support staff, technical staff, and program-level manager and professional (non-clinical) staff.
- Maintain commitment to delivering services within defined priorities of: *Dental Health*, *Behavioral Health*, and *Access to Care* through the development of a consolidated client campus.
- Support the improvement of health and service outcome assessments and program evaluation.
- Enable the Health District to center equity in service delivery.
- Develop infrastructure to fund health-related services with substantial co-design of partnerships, programs, and evaluation.
- Reflect decreased revenue due to changes in Colorado property tax law.
- Clearly and accurately reflect expenses by program, service, and function.

- Reflect a comprehensive, fiscally sustainable multi-year capital plan to ensure effective management of capital assets.
- Ensure the continued financial well-being of the Health District with adequate reserves.

With those considerations in mind, the 2025 Budget for the Health District of Northern Larimer County includes: 2025 Budget (one-year), Three Year Comparative Budget (summary and detail), 2025 Budget by Program (summary and detail), as well Governmental Fund Appropriation and additional details on the nature and classification of revenues and expenses.

The financial statements and records of the Health District are prepared using the accrual basis of accounting. The 2025 Budget has been prepared using the modified accrual basis of accounting.

STRATEGIC BUDGETING

As we developed our 2025 Budget, the Health District embarked on a new strategic budgeting process to ensure budget alignment with Board priorities and organizational strategy. The Health District's 2024-2025 Strategic Plan, shaped during a Strategic Budget retreat in May 2024 with Board Members and the Health District's leadership team, played a pivotal role in guiding the process and in the development of the budget. The Strategic Plan is aligned with our Mission, Vision, and Values, and guides our budgetary and operational strategies.

The Strategic Plan outlines objectives and strategies to improve the equity and inclusivity of both Health District services and internal operations and processes, attract and retain top-tier talent, foster the responsible development and expansion of partnerships with organizations across sectors and throughout our community, and ensure responsible fiscal stewardship and long-term financial resilience.

These objectives are encapsulated within four strategic priority areas: *Great Governance*, *Health Equity*, *Organizational Excellence*, and *Partnerships*.

Great Governance is essential to an impactful and high-performing organization. It is inclusive and participatory.

The 2025 Budget supports the priority of Great Governance by providing for investment in systems and processes to ensure fiscal stewardship, open and transparent communication, and informed decision-making.

Organizational Excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: to enhance the health of our community.

The 2025 Budget supports the priority of Organizational Excellence by investing in our cross-cutting functions to support continuous improvement in organizational operations and enable health equity, partnerships, and great governance.

Health Equity stratification that aligns with and supports the achievement of the Health District's mission: to enhance the health of our community.

The 2025 Budget supports the priority of Health Equity by providing staff with the resources to improve the access, inclusivity and reach of the Health District's programs and services through a lens of cultural humility to become a model of responsiveness and trust for the health care community.

Partnerships are needed to effectively address the full array of complex factors impacting community health.

The 2025 Budget supports the priority of Partnerships by facilitating the development of innovative infrastructure for funding health-related services that involve substantial co-design of programs and of outcome assessment methods.

This intentional integration of strategy and budget into a comprehensive co-development process aligns the Health District's resources and activities with its short- and long-term goals in order to produce the greatest impact. The Strategic Plan helps the Health District identify and achieve its short- and long-term goals, recognize opportunities, mitigate risks, and achieve clarity around how best to accomplish this. The Strategic Plan ultimately provides the guidance the organization needs to successfully achieve our mission: *to enhance the health of our community*.

Please see the complete Strategic Plan on the Health District website for a detailed overview of our strategic objectives and their alignment with the 2025 budget.

SERVICES TO BE DELIVERED DURRING 2025

The Health District of Northern Larimer County is a special tax district created by voters in 1960 to serve community health needs. Today, the Health District provides dental care, behavioral health, and assistance with health insurance enrollment and literacy. We also collaborate at the systems level with community partners to improve the health of our community.

The district boundaries span the northern two-thirds of Larimer County, including Fort Collins, Laporte, Timnath, Wellington, Livermore and Red Feather Lakes. The Health District is primarily supported by local property tax dollars and is governed by its publicly elected, five-member Board of Directors.

The following services are to be delivered during the 2025 budget year:

- Dental care services, including dental primary care services and oral health screenings.
- Behavioral health services for children, youth and adults.
- Assistance with health insurance enrollment and health insurance plan management, and health insurance literacy.
- Comprehensive, integrated care coordination.

Importantly, the 2025 budget allows the Health District to make two key changes in 2025. To begin with, we will transform the delivery of core services into one integrated, team-based, person-centered health campus. A “no wrong door” integrated health campus will help us offer more person-centered and cost-effective health-related services. These changes will allow additional resources for significantly improving assessment and evaluation to inform the development of enhanced community services.

Secondly, the 2025 budget allows the Health District to reimagine community partnerships by funding high-impact health-related services and community projects to prioritize equity while leveraging local expertise and resources. This shift in the Health District’s service delivery model expands our opportunities to improve health in Northern Larimer County. Using qualitative and quantitative learnings, the Health District will create opportunities to center equity throughout strategic investments in health-related services.

Together, the organizational changes reflected in the 2025 Budget will intentionally transform the way we serve our community to achieve our mission of enhancing the health of our community.

I am excited to build on the Health District’s 30-year legacy of service as we create a more equitable, collaborative, and impactful future for community health in our home.

Cordially,

Liane Jollon, Executive Director

Health District of Northern Larimer County

2025 Budget

Revenues		
Lease Revenue	$	1,304,044
Property & Specific Ownership Taxes		11,361,432
Service Revenue		1,507,250
Grants & Partnerships		349,548
Interest Income		332,964
Miscellaneous Income		20,000
Total Revenues	**$**	**14,875,238**

Expenditures		
Personnel Compensation	$	10,435,117
Staff Development		341,754
Contracted Services		1,444,600
Insurance		102,979
Program Operations		1,332,039
Supplies & Equipment		413,113
Occupancy		469,461
Other Operating Expenses		406,153
Total Expenditures	**$**	**14,945,215**
Change in Fund Balance	**$**	**(69,977)**

Appropriation of Governmental Fund Balance		
Beginning Governmental Fund Balance		9,240,047
Total Revenues		14,875,238
Total Available Resources	**$**	**24,115,285**
Expenditures		14,945,215
Capital Expenditures		-
Contingency		-
Total Expenditures	**$**	**14,945,215**
Ending Governmental Fund Balance	**$**	**9,170,069**
Appropriation of Fund Balance:		
Restricted Funds		448,356
Committed Funds		-
Assigned Funds		7,472,610
Capital Funds		1,232,874
Unassigned Funds		16,229
Total General Fund:	**$**	**9,170,069**

Health District of Northern Larimer County

Three Year Comparative Budget

	2023 Budget	2023 Actual	2024 Budget	2024 Projection	2025 Proposed Budget
Revenues					
Lease Revenue	$ 1,455,433	$ 1,526,116	$ 1,531,998	$ 1,531,998	$ 1,304,044
Property & Specific Ownership Taxes	9,250,165	9,280,948	12,367,095	11,887,309	11,361,432
Service Revenue	1,020,803	1,088,043	1,169,972	911,091	1,507,250
Grants & Partnerships	1,099,614	486,121	895,620	394,383	349,548
Interest Income	230,000	434,456	415,000	518,750	332,964
Miscellaneous Income	23,984	61,796	24,600	20,508	20,000
Total Revenues	**$ 13,079,999**	**$ 12,877,480**	**$ 16,404,285**	**$ 15,264,039**	**$ 14,875,238**
Expenditures					
Personnel Compensation	$ 11,033,299	$ 8,313,304	$ 11,165,855	$ 10,584,688	$ 10,435,117
Staff Development	699,008	205,681	481,654	238,429	341,754
Contracted Services	2,368,020	528,303	2,561,573	1,240,759	1,444,600
Insurance	98,487	76,608	97,351	86,902	102,979
Program Operations	740,409	550,771	702,644	508,107	1,332,039
Supplies & Equipment	61,575	61,199	542,597	347,291	413,113
Occupancy	504,048	437,631	811,751	610,711	469,461
Other Operating Expenses	1,200,957	969,379	452,061	364,949	406,153
Total Expenditures	**$ 16,705,803**	**$ 11,142,876**	**$ 16,815,486**	**$ 13,981,835**	**$ 14,945,215**
Change in Fund Balance	**$ (3,625,804)**	**$ 1,734,604**	**$ (411,201)**	**$ 1,282,204**	**$ (69,977)**
Beginning Governmental Fund Balance	6,287,174	6,287,174	8,021,778	8,021,778	9,240,047
Ending Governmental Fund Balance	**$ 2,661,370**	**$ 8,021,778**	**$ 7,610,577**	**$ 9,303,982**	**$ 9,170,069**

Appropriation of Governmental Fund Balance

	2023 Budget	2023 Actual	2024 Budget	2024 Projection	2025 Proposed Budget
Beginning Governmental Fund Balance	6,287,174	6,287,174	8,021,778	8,021,778	9,240,047
Total Revenues	13,079,999	12,877,480	16,404,285	15,264,039	14,875,238
Total Available Resources	**$ 19,367,173**	**$ 19,164,654**	**$ 24,426,063**	**$ 23,285,817**	**$ 24,115,285**
Expenditures	16,705,803	11,142,876	16,815,486	13,981,835	14,945,215
Capital Expenditures	619,072	355,526	-	63,935	-
Contingency	-	-	500,000	-	-
Total Expenditures	**$ 17,324,875**	**$ 11,498,402**	**$ 17,315,486**	**$ 14,045,770**	**$ 14,945,215**
Ending Governmental Fund Balance	**$ 2,042,298**	**$ 7,666,252**	**$ 7,110,577**	**$ 9,240,047**	**$ 9,170,069**
Appropriation of Fund Balance:					
Restricted Funds	519,746	344,952	519,465	421,373	448,356
Committed Funds	1,000,000	1,000,000	3,000,000	3,000,000	-
Assigned Funds	-	-	1,031,897	1,031,897	7,472,610
Capital Funds	522,552	1,000,000	2,547,040	2,547,040	1,232,874
Unassigned Funds	-	5,321,300	12,175	2,239,737	16,229
Total General Fund:	**$ 2,042,298**	**$ 7,666,252**	**$ 7,110,577**	**$ 9,240,047**	**$ 9,170,069**

Health District of Northern Larimer County

Three Year Detailed Comparative Budget

	2023 Budget	2023 Actual	2024 Budget	2024 Projection	2025 Proposed Budget
Revenues					
Lease Revenue	$ 1,455,433	$ 1,526,116	$ 1,531,998	$ 1,531,998	$ 1,304,044
Property Tax	8,625,165	8,623,385	10,685,198	10,481,811	10,761,432
Specific Ownership Tax	625,000	657,563	650,000	406,511	600,000
State of Colorado Backfill	-	-	1,031,897	998,987	-
Fee For Service Income	169,495	170,042	185,415	259,581	417,109
Fee For Service Adjustments	(5,298)	(1,254)	(2,872)	(3,877)	(4,150)
Third Party Reimbursements	1,351,915	1,417,956	1,570,676	1,413,608	1,619,689
Contractual Adjustments	(495,309)	(498,701)	(583,247)	(758,221)	(525,398)
Donations	-	40,830	-	60	20,000
Grants & Partnerships	1,099,614	486,121	895,620	394,383	349,548
Interest Income	230,000	434,456	415,000	518,750	332,964
Miscellaneous Income	23,984	20,966	24,600	20,448	-
Total Revenues	**$ 13,079,999**	**$ 12,877,480**	**$ 16,404,285**	**$ 15,264,039**	**$ 14,875,238**
Expenditures					
Personnel Compensation					
Salaries & Wages	$ 8,921,136	$ 6,631,643	$ 8,878,432	$ 8,434,510	$ 8,181,343
Benefits & Taxes	2,112,163	1,681,661	2,287,423	2,150,178	2,253,774
Total Personnel Compensation	**$ 11,033,299**	**$ 8,313,304**	**$ 11,165,855**	**$ 10,584,688**	**$ 10,435,117**
Staff Development					
Recruitment	309,926	40,935	49,878	45,389	41,590
Staff Training	55,000	27,990	61,662	32,681	79,457
Conferences/Retreats	281,327	71,508	271,122	116,582	154,220
Meetings	38,080	59,083	79,750	35,888	58,523
Mileage	14,675	6,165	19,242	7,889	7,963
Total Staff Development	**$ 699,008**	**$ 205,681**	**$ 481,654**	**$ 238,429**	**$ 341,754**
Contracted Services					
Temporary Help	9,961	1,646	10,240	20,992	12,500
Interns & Residents	19,333	13,333	3,000	300	2,000
Consultants/Professional Services	2,315,726	490,569	2,523,333	1,185,967	1,395,100
Audit Services	23,000	22,755	25,000	33,500	35,000
Total Contracted Services	**$ 2,368,020**	**$ 528,303**	**$ 2,561,573**	**$ 1,240,759**	**$ 1,444,600**
Insurance					
Insurance - Property	28,592	24,162	31,033	22,654	34,136
Insurance - Auto	2,261	584	4,696	939	5,166
Insurance - Liability	15,480	20,975	16,543	17,370	18,197
Insurance - Employee Liability	1,698	1,710	1,722	1,808	1,894
Insurance - Money & Securities	385	-	414	-	455
Insurance - Professional Liability	21,819	7,851	19,065	18,112	20,972
Insurance - Malpractice	15,600	10,785	13,500	14,445	10,743
Insurance - Public Officials Liability	8,916	8,916	8,477	8,477	9,325
Insurance - Cyber Liability	3,364	1,285	1,501	2,717	1,651
Insurance - Volunteer Accident	372	340	400	380	440
Total Insurance	**$ 98,487**	**$ 76,608**	**$ 97,351**	**$ 86,902**	**$ 102,979**

Program Operations					
Community Education	322,129	160,445	206,157	148,433	143,630
Cooperative Agreements	-	-	-	-	770,000
Medical Supplies	173,308	143,536	185,280	155,635	153,300
Medical Equipment	240	33,210	31,635	3,480	10,893
Medicines & Vaccines	-	-	4,744	474	19,875
Prescriptions	23,500	20,250	39,500	16,195	15,920
Lab & X-Ray	137,900	137,840	143,000	145,860	150,000
Infection Control	6,000	10,529	9,036	2,892	7,921
Client Assistance/Incentives	42,332	13,704	48,292	14,488	25,500
Follow-up Care	35,000	31,257	35,000	20,650	35,000
Total Program Operations	**$ 740,409**	**$ 550,771**	**$ 702,644**	**$ 508,107**	**$ 1,332,039**
Supplies & Equipment					
Office Supplies	26,570	30,443	30,477	37,487	21,000
Office Equipment	-	-	44,194	26,516	650
Office Furniture	-	-	25,879	14,751	3,481
Computer Equipment	-	581	139,941	83,965	78,950
Computer Software	16,500	18,265	272,454	177,095	301,219
Postage	7,216	5,467	8,930	3,126	1,988
Printing/Copying/Binding	11,289	6,443	20,722	4,352	5,825
Total Supplies & Equipment	**$ 61,575**	**$ 61,199**	**$ 542,597**	**$ 347,291**	**$ 413,113**
Occupancy					
Rent & Lease Payments	86,341	72,787	75,848	81,916	9,414
Utilities	65,274	75,660	73,620	72,884	89,364
Custodial Services	99,199	85,422	110,426	94,966	115,219
Telephone	79,357	70,006	63,077	65,600	46,477
Internet	15,918	-	22,642	6,340	26,626
Repair & Maintenance	157,959	133,756	466,138	289,006	182,362
Total Occupancy	**$ 504,048**	**$ 437,631**	**$ 811,751**	**$ 610,711**	**$ 469,461**
Other Operating Expenses					
Wellness/Recognition	24,058	25,086	35,151	11,951	35,175
Volunteer Recognition	5,021	1,548	6,010	601	2,000
Memberships/Dues/Licenses	50,499	31,204	50,225	40,180	30,982
Publications/Subscriptions	18,486	20,080	23,627	21,973	14,747
Investment Fees	42,169	9,512	45,485	21,833	20,000
Treasurer Fees	185,003	172,494	226,704	238,039	232,909
Election Expenses	38,500	24,315	26,000	-	26,250
Property Taxes	31,000	31,042	31,000	26,970	36,000
Bad Debt Expense	7,186	3,355	4,755	3,091	8,090
Other Fees & Expenses	799,035	650,743	3,104	310	-
Total Other Operating Expenses	**$ 1,200,957**	**$ 969,379**	**$ 452,061**	**$ 364,949**	**$ 406,153**
Total Expenditures	**$ 16,705,803**	**$ 11,142,876**	**$ 16,815,486**	**$ 13,981,835**	**$ 14,945,215**
Net Change in Fund Balance	**$ (3,625,804)**	**$ 1,734,604**	**$ (411,201)**	**$ 1,282,204**	**$ (69,977)**

Health District of Northern Larimer County

2025 Budget by Program (Summary)

		Client Services									
	Admin & General	Mental Health Connections	Dental Services	Health Care Access	Community Impact	IC & Cooperative Agreements	Health Promotion	2025 Budget	2024 Budget	$ Change	% Change
Revenues											
Lease Revenue	$ 1,304,044	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,304,044	$ 1,531,998	$ (227,954)	-15%
Property & Specific Ownership Taxes	11,361,432	-	-	-	-	-	-	11,361,432	12,367,095	(1,005,663)	-8%
Service Revenue	-	503,351	959,399	-	-	44,500	-	1,507,250	1,169,972	337,278	29%
Grants & Partnerships	-	94,291	43,650	211,607	-	-	-	349,548	895,620	(546,072)	0%
Interest Income	332,964	-	-	-	-	-	-	332,964	415,000	(82,036)	-20%
Miscellaneous Income	-	-	-	-	20,000	-	-	20,000	24,600	(4,600)	-19%
Total Revenues	**$ 12,998,440**	**$ 597,642**	**$ 1,003,049**	**$ 211,607**	**$ 20,000**	**$ 44,500**	**$ -**	**$ 14,875,238**	**$ 16,404,285**	**$ (1,529,047)**	**-9%**
Expenditures											
Personnel Compensation	$ 3,193,467	$ 2,020,269	$ 2,769,678	$ 571,666	$ 1,530,162	$ 319,005	$ 30,870	$ 10,435,117	$ 11,165,855	$ (730,738)	-7%
Staff Development	142,595	56,074	45,441	15,154	71,526	10,630	334	341,754	481,654	(139,900)	-29%
Contracted Services	318,165	283,341	413,047	92,787	302,943	31,273	3,044	1,444,600	2,561,573	(1,116,973)	-44%
Insurance	32,499	18,370	30,724	5,533	12,625	2,994	233	102,979	97,351	5,628	6%
Program Operations	98,790	15,800	367,033	38,920	32,575	770,500	8,421	1,332,039	702,644	629,395	90%
Supplies & Equipment	179,395	56,358	79,351	22,976	69,475	5,124	435	413,113	542,597	(129,484)	-24%
Occupancy	126,188	86,417	143,680	30,128	68,746	13,034	1,269	469,461	811,751	(342,290)	-42%
Other Operating Expenses	(914,590)	386,986	532,732	91,458	304,950	4,411	206	406,153	452,061	(45,908)	-10%
Total Expenditures	**$ 3,176,508**	**$ 2,923,614**	**$ 4,381,687**	**$ 868,623**	**$ 2,393,002**	**$ 1,156,970**	**$ 44,812**	**$ 14,945,215**	**$ 16,815,486**	**$ (1,870,271)**	**-11%**
Change in Net Position	**$ 9,821,932**	**$ (2,325,973)**	**$ (3,378,637)**	**$ (657,016)**	**$ (2,373,002)**	**$ (1,112,470)**	**$ (44,812)**	**$ (69,977)**	**$ (411,201)**	**$ 341,224**	**83%**

Health District of Northern Larimer County

2025 Budget by Program (Detailed)

		Client Services									
	Admin & General	Mental Health Connections	Dental Services	Health Care Access	Community Impact	IC & Cooperative	Health Promotion	2025 Budget	2024 Budget	$ Change	% Change
Revenues											
Lease Revenue	$ 1,304,044	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,304,044	$ 1,531,998	$ (227,954)	-15%
Property Tax	10,761,432	-	-	-	-	-	-	10,761,432	10,685,198	76,234	1%
Specific Ownership Tax	600,000	-	-	-	-	-	-	600,000	650,000	(50,000)	-8%
State of Colorado Backfill	-	-	-	-	-	-	-	-	1,031,897	(1,031,897)	-100%
Fee For Service Income	-	209,621	207,488	-	-	-	-	417,109	185,415	231,694	125%
Fee For Service Adjustments	-	-	(4,150)	-	-	-	-	(4,150)	(2,872)	(1,278)	44%
Third Party Reimbursements	-	293,730	1,281,459	-	-	44,500	-	1,619,689	1,570,676	49,013	3%
Contractual Adjustments	-	-	(525,398)	-	-	-	-	(525,398)	(583,247)	57,849	-10%
Donations	-	-	-	-	20,000	-	-	20,000	-	20,000	0%
Grants & Partnerships	-	94,291	43,650	211,607	-	-	-	349,548	895,620	(546,072)	-61%
Interest Income	332,964	-	-	-	-	-	-	332,964	415,000	(82,036)	-20%
Miscellaneous Income	-	-	-	-	-	-	-	-	24,600	(24,600)	-100%
Total Revenues	**$ 12,998,440**	**$ 597,642**	**$ 1,003,049**	**$ 211,607**	**$ 20,000**	**$ 44,500**	**$ -**	**$ 14,875,238**	**$ 16,404,285**	**$ (1,529,047)**	**-9%**
Expenditures											
Personnel Compensation											
Salaries & Wages	$ 2,532,385	$ 1,586,161	$ 2,157,520	$ 435,427	$ 1,193,589	$ 251,902	$ 24,359	$ 8,181,343	$ 8,878,432	$ (697,089)	-8%
Benefits & Taxes	661,081	434,108	612,159	136,239	336,573	67,103	6,511	2,253,774	2,287,423	(33,649)	-1%
Total Personnel Compensation	**$ 3,193,467**	**$ 2,020,269**	**$ 2,769,678**	**$ 571,666**	**$ 1,530,162**	**$ 319,005**	**$ 30,870**	**$ 10,435,117**	**$ 11,165,855**	**$ (730,738)**	**-7%**
Staff Development											
Recruitment	11,625	7,961	11,578	2,776	6,333	1,201	117	41,590	49,878	(8,288)	-17%
Staff Training	56,260	6,163	8,963	2,149	4,903	930	90	79,457	61,662	17,795	29%
Conferences/Retreats	56,260	31,500	23,000	7,710	28,250	7,500	-	154,220	271,122	(116,902)	-43%
Meetings	15,700	10,100	1,500	800	29,590	750	83	58,523	79,750	(21,227)	-27%
Mileage	2,750	350	400	1,720	2,450	250	43	7,963	19,242	(11,279)	-59%
Total Staff Development	**$ 142,595**	**$ 56,074**	**$ 45,441**	**$ 15,154**	**$ 71,526**	**$ 10,630**	**$ 334**	**$ 341,754**	**$ 481,654**	**$ (139,900)**	**-29%**
Contracted Services											
Temporary Help	10,500	-	2,000	-	-	-	-	12,500	10,240	2,260	22%
Interns & Residents	-	-	-	-	2,000	-	-	2,000	3,000	(1,000)	-33%
Consultants/Professional Services	297,882	276,642	401,303	90,451	295,613	30,262	2,946	1,395,100	2,523,333	(1,128,233)	-45%
Audit Services	9,783	6,700	9,743	2,336	5,330	1,010	98	35,000	25,000	10,000	40%
Total Contracted Services	**$ 318,165**	**$ 283,341**	**$ 413,047**	**$ 92,787**	**$ 302,943**	**$ 31,273**	**$ 3,044**	**$ 1,444,600**	**$ 2,561,573**	**$ (1,116,973)**	**-44%**
Insurance											
Insurance - Property	9,541	6,534	9,503	2,278	5,198	986	96	34,136	31,033	3,103	10%
Insurance - Auto	1,444	989	1,438	345	787	149	15	5,166	4,696	470	10%
Insurance - Liability	5,086	3,483	5,066	1,214	2,771	525	51	18,197	16,543	1,654	10%
Insurance - Employee Liability	529	363	527	126	288	55	5	1,894	1,722	172	10%
Insurance - Money & Securities	127	87	127	30	69	13	1	455	414	41	10%
Insurance - Professional Liability	5,862	4,014	5,838	1,400	3,193	605	59	20,972	19,065	1,907	10%
Insurance - Malpractice	-	2,500	7,643	-	-	600	-	10,743	13,500	(2,757)	-20%
Insurance - Public Officials Liability	9,325	-	-	-	-	-	-	9,325	8,477	848	10%
Insurance - Cyber Liability	461	316	460	110	251	48	5	1,651	1,501	150	10%
Insurance - Volunteer Accident	123	84	122	29	67	13	1	440	400	40	10%
Total Insurance	**$ 32,499**	**$ 18,370**	**$ 30,724**	**$ 5,533**	**$ 12,625**	**$ 2,994**	**$ 233**	**$ 102,979**	**$ 97,351**	**$ 5,628**	**6%**

Program Operations											
Community Education	98,790	10,800	11,140	18,000	4,400	-	500	143,630	206,157	(62,527)	-30%
Cooperative Agreements	-	-	-	-	-	770,000	-	770,000	-	770,000	-100%
Medical Supplies	-	-	152,000	-	1,300	-	-	153,300	185,280	(31,980)	-17%
Medical Equipment	-	-	10,893	-	-	-	-	10,893	31,635	(20,742)	-66%
Medicines & Vaccines	-	-	-	-	19,875	-	-	19,875	4,744	15,131	319%
Prescriptions	-	-	-	15,920	-	-	-	15,920	39,500	(23,580)	-60%
Lab & X-Ray	-	-	150,000	-	-	-	-	150,000	143,000	7,000	5%
Infection Control	-	-	-	-	-	-	7,921	7,921	9,036	(1,115)	-12%
Client Assistance/Incentives	-	5,000	8,000	5,000	7,000	500	-	25,500	48,292	(22,792)	-47%
Follow-up Care	-	-	35,000	-	-	-	-	35,000	35,000	-	0%
Total Program Operations	**$ 98,790**	**$ 15,800**	**$ 367,033**	**$ 38,920**	**$ 32,575**	**$ 770,500**	**$ 8,421**	**$ 1,332,039**	**$ 702,644**	**$ 629,395**	**90%**
Supplies & Equipment											
Office Supplies	3,560	5,900	2,640	2,500	5,900	500	-	21,000	30,477	(9,477)	-31%
Office Equipment	650	-	-	-	-	-	-	650	44,194	(43,544)	-99%
Office Furniture	2,025	856	200	-	400	-	-	3,481	25,879	(22,398)	-87%
Computer Equipment	29,629	8,703	20,303	8,435	11,152	664	65	78,950	139,941	(60,991)	-44%
Computer Software	142,081	40,449	55,808	11,841	46,859	3,809	371	301,219	272,454	28,765	11%
Postage	375	450	400	200	513	50	-	1,988	8,930	(6,942)	-78%
Printing/Copying/Binding	1,075	-	-	-	4,650	100	-	5,825	20,722	(14,897)	-72%
Total Supplies & Equipment	**$ 179,395**	**$ 56,358**	**$ 79,351**	**$ 22,976**	**$ 69,475**	**$ 5,124**	**$ 435**	**$ 413,113**	**$ 542,597**	**$ (129,484)**	**-24%**
Occupancy											
Rent & Lease Payments	2,631	1,802	2,621	628	1,433	272	26	9,414	75,848	(66,434)	-88%
Utilities	24,978	17,106	24,877	5,964	13,608	2,580	251	89,364	73,620	15,744	21%
Custodial Services	32,205	22,055	32,075	7,689	17,545	3,326	324	115,219	110,426	4,793	4%
Telephone	12,991	8,896	12,938	3,102	7,077	1,342	131	46,477	63,077	(16,600)	-26%
Internet	7,442	5,097	7,412	1,777	4,054	769	75	26,626	22,642	3,984	18%
Repair & Maintenance	45,941	31,461	63,756	10,969	25,028	4,745	462	182,362	466,138	(283,776)	-61%
Total Occupancy	**$ 126,188**	**$ 86,417**	**$ 143,680**	**$ 30,128**	**$ 68,746**	**$ 13,034**	**$ 1,269**	**$ 469,461**	**$ 811,751**	**$ (342,290)**	**-42%**
Other Operating Expenses											
Wellness/Recognition	9,832	6,733	9,792	2,347	5,356	1,016	99	35,175	35,151	24	0%
Volunteer Recognition	559	383	557	133	305	58	6	2,000	6,010	(4,010)	-67%
Memberships/Dues/Licenses	15,116	3,495	7,008	-	3,424	1,939	-	30,982	50,225	(19,244)	-38%
Publications/Subscriptions	3,555	8,832	1,580	-	420	360	-	14,747	23,627	(8,880)	-38%
Investment Fees	20,000	-	-	-	-	-	-	20,000	45,485	(25,485)	-56%
Treasurer Fees	232,909	-	-	-	-	-	-	232,909	226,704	6,205	3%
Election Expenses	26,250	-	-	-	-	-	-	26,250	26,000	250	1%
Property Taxes	10,062	6,891	10,022	2,402	5,482	1,039	101	36,000	31,000	5,000	16%
Bad Debt Expense	-	4,000	4,090	-	-	-	-	8,090	4,755	3,335	70%
Other Fees & Expenses	(1,232,874)	356,652	499,683	86,575	289,964	-	-	-	3,104	(3,104)	-100%
Total Other Operating Expenses	**$ (914,590)**	**$ 386,986**	**$ 532,732**	**$ 91,458**	**$ 304,950**	**$ 4,411**	**$ 206**	**$ 406,153**	**$ 452,061**	**$ (45,908)**	**-10%**
Total Expenditures	**$ 3,176,508**	**$ 2,923,614**	**$ 4,381,687**	**$ 868,623**	**$ 2,393,002**	**$ 1,156,970**	**$ 44,812**	**$ 14,945,215**	**$ 16,815,486**	**$ (1,870,271)**	**-11%**
Change in Net Position	**$ 9,821,932**	**$ (2,325,973)**	**$ (3,378,637)**	**$ (657,016)**	**$ (2,373,002)**	**$ (1,112,470)**	**$ (44,812)**	**$ (69,977)**	**$ (411,201)**	**$ 341,224**	**83%**

2025 Budget

Capital Improvement Plan - 20 Year Forecast

Capital Category	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Land	-	-	-	-	-	-	-	-	-	-
Building	124,000	97,000	93,100	124,000	132,000	210,328	122,600	140,000	150,000	-
Leasehold Improvements	-	-	-	-	-	-	-	-	-	-
Capital Equipment	-	-	-	-	64,000	-	-	-	-	64,000
General Office Equipment	-	-	-	-	-	-	-	-	-	-
Medical & Dental Equipment	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200
Computer Equipment	152,743	23,660	23,660	23,660	23,660	23,660	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	5,000	-	-	-	-	-
Furniture	-	-	-	-	-	-	-	-	-	-
Capital Project Total	**391,943**	**235,860**	**231,960**	**262,860**	**339,860**	**349,188**	**237,800**	**255,200**	**265,200**	**179,200**

Capital Reserves	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Prior Year Balance	-	840,931	1,210,142	1,467,272	1,605,883	1,582,529	1,480,009	1,449,244	1,364,622	1,236,850
To Reserve	1,232,874	605,071	489,091	401,471	316,506	246,668	207,035	170,578	137,428	117,517
Capital Expenditures	(391,943)	(235,860)	(231,960)	(262,860)	(339,860)	(349,188)	(237,800)	(255,200)	(265,200)	(179,200)
Contingency Reserve	-	-	-	-	-	-	-	-	-	-
Ending Balance	**840,931**	**1,210,142**	**1,467,272**	**1,605,883**	**1,582,529**	**1,480,009**	**1,449,244**	**1,364,622**	**1,236,850**	**1,175,166**

Capital Category	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	Total
Land	-	-	-	-	-	-	-	-	-	-	-
Building	50,000	75,000	-	-	-	100,000	-	-	45,000	110,000	1,573,028
Leasehold Improvements	-	-	-	-	-	-	-	-	-	-	-
Capital Equipment	-	-	-	-	64,000	-	-	-	-	64,000	256,000
General Office Equipment	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental Equipment	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200	2,304,000
Computer Equipment	-	-	-	-	-	-	-	-	-	-	271,043
Computer Software	-	-	-	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	-	-	-	-	-	-	5,000
Furniture	-	-	-	-	-	-	-	-	-	-	-
Capital Project Total	**165,200**	**190,200**	**115,200**	**115,200**	**179,200**	**215,200**	**115,200**	**115,200**	**160,200**	**289,200**	**4,409,071**

Capital Reserves	2035	2036	2037	2038	2039	2040	2041	2042	2043	2043
Prior Year Balance	1,175,166	1,110,963	1,004,469	963,374	913,419	786,663	609,560	525,258	434,179	289,200
To Reserve	100,997	83,706	74,106	65,244	52,444	38,098	30,898	24,121	15,221	-
Capital Expenditures	(165,200)	(190,200)	(115,200)	(115,200)	(179,200)	(215,200)	(115,200)	(115,200)	(160,200)	(289,200)
Contingency Reserve	-	-	-	-	-	-	-	-	-	-
Ending Balance	**1,110,963**	**1,004,469**	**963,374**	**913,419**	**786,663**	**609,560**	**525,258**	**434,179**	**289,200**	**(0)**

2025 Budget

Supplemental Information

2025 Projected Tax Revenues

Certification of Tax Levies	2025	2024	$ Change	% Change
Gross Assessment	11,403,191	11,307,286	95,905	0.85%
Less: TIF District Share	(641,759)	(622,088)	(19,671)	3.16%
Net Property Tax Revenue	**10,761,432**	**10,685,198**	**76,234**	**0.71%**

Tax Revenue	2025	2024	$ Change	% Change
Property Tax Revenue	10,761,432	10,685,198	76,234	0.71%
Add: Specific Ownership Tax	600,000	650,000	(50,000)	-7.69%
Less: County Collection Fees	(232,909)	(226,704)	(6,205)	2.74%
Net Tax Revenue	**11,128,523**	**11,108,494**	**20,029**	**0.18%**

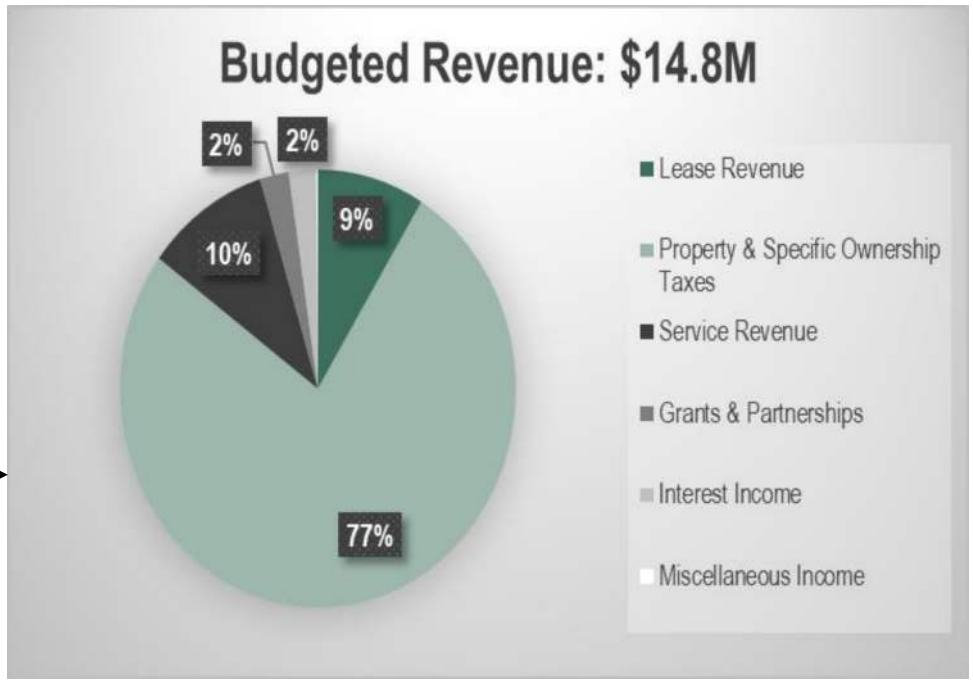
FTE by Program

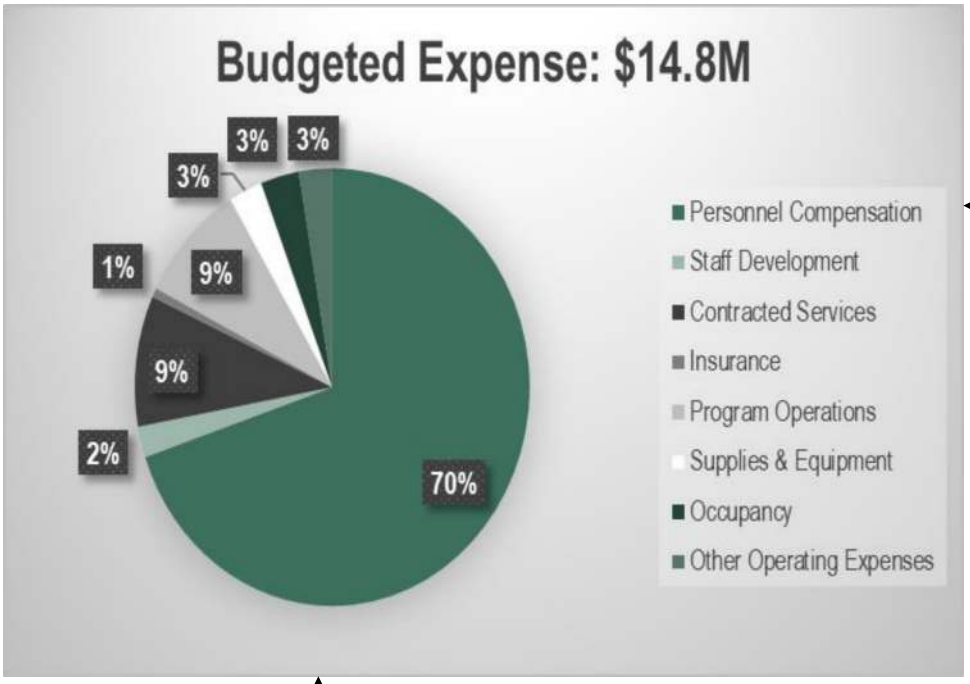
	2024		2025	
Program/Department	Budget	Actual	Proposed	Change
Administration	6.495	31.000	27.350	(3.650)
Board of Directors	0.725	0.175	-	(0.175)
Client Services				
Mental Health Connections	24.710	20.266	18.730	(1.536)
Dental Services	34.660	27.418	27.240	(0.178)
Health Care Access	9.380	8.166	6.530	(1.636)
Community Impact				
PPRE	7.505	7.000	9.700	2.700
Evaluation	3.170	3.000	5.200	2.200
Integrated Care (Transitioning)	9.430	6.850	2.825	(4.025)
Health Promotion (Transitioning)	6.135	2.685	0.275	(2.410)
Resource Development (Eliminated)	0.400	-	-	-
Leased Offices (Eliminated)	0.250	-	-	-
Total FTE	**102.860**	**106.560**	**97.850**	**(8.710)**

2025 Budget

Visualizing the Numbers

Property & Specific Ownership Taxes account for 77% of the Health District's total revenue for the 2025 year.





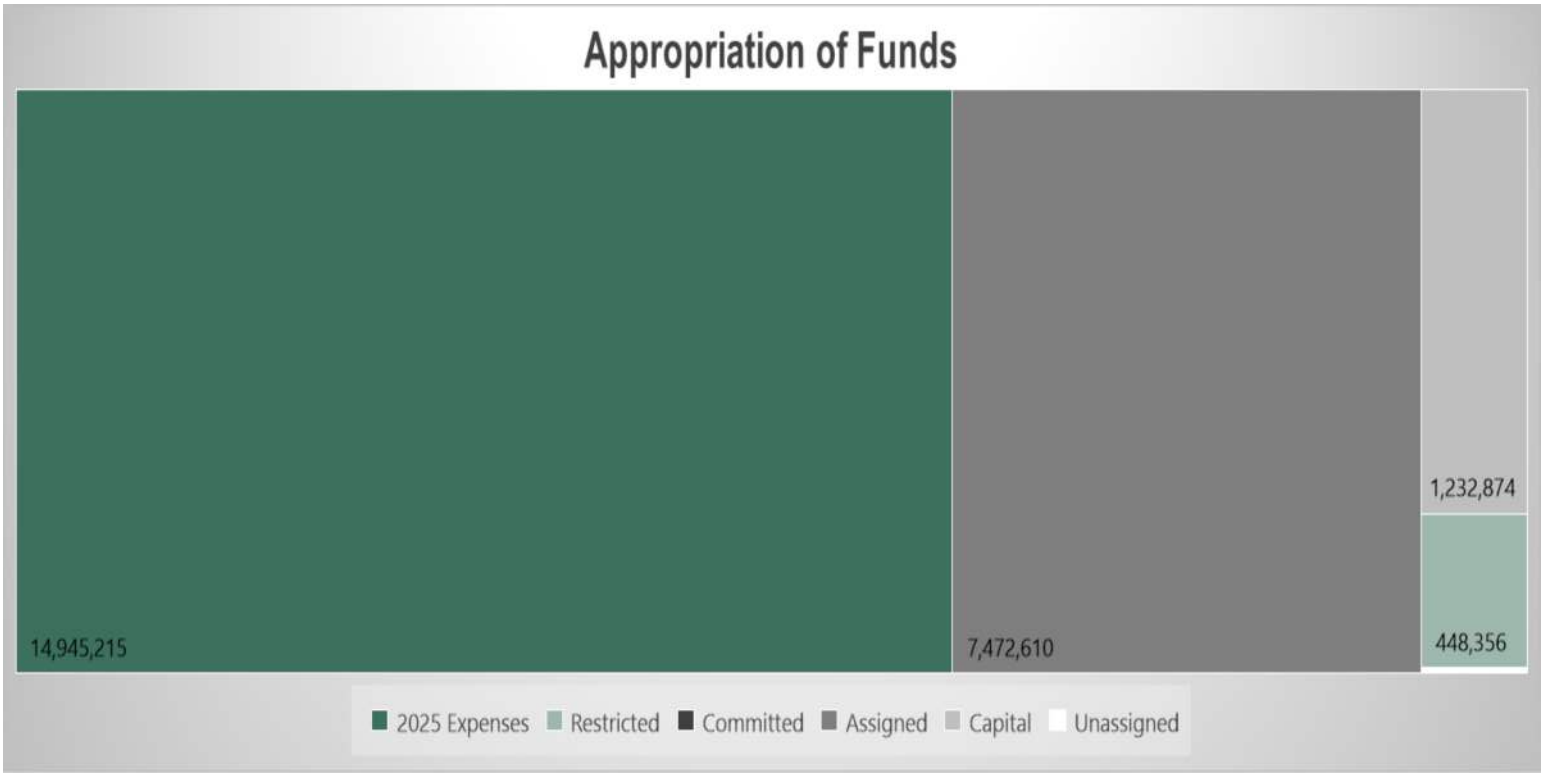
Personnel Compensation is the organization's largest expense category, accounting for 70% of total expenditures in 2025.

Program Operations includes $770k to fund health-related service providers in strategic alingment with the key priority of ***Partnerships***.

2025 Budget

Visualizing the Numbers

The projected Beginning Governmental Fund Balance of $9.2M, plus the 2025 Budgeted Revenue of $14.8M provides the Health District with $24.1M of available resources to appropriate for the 2025 year.



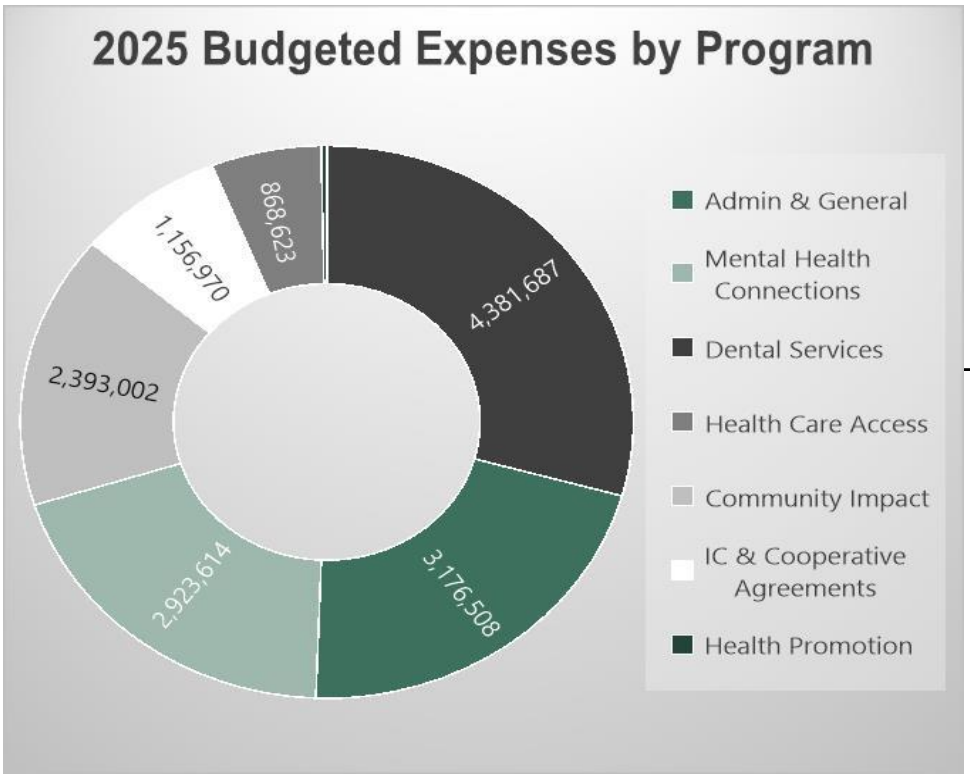
Of the available resources, 62% will fund the 2025 Budgeted Operating Expenditures. Leaving $9.2M of funds to appropriate as follows:

Restricted: $448k is allocated to Restricted Funds due to Colorado's constitutional amendment: The Taxpayer's Bill of Rights (TABOR) requirements.
Assigned: $7.5M is allocated to Assigned Funds to cover 6 months of the organization's average monthly operating expenses.
Capital: $1.2M is allocated to Capital Funds in accordance with the long-term Capital Improvement Plan.
Unassigned: $16k is allocated to Unassigned Reserves as it is not currently assigned to a specific purpose.

2025 Budget

Visualizing the Numbers

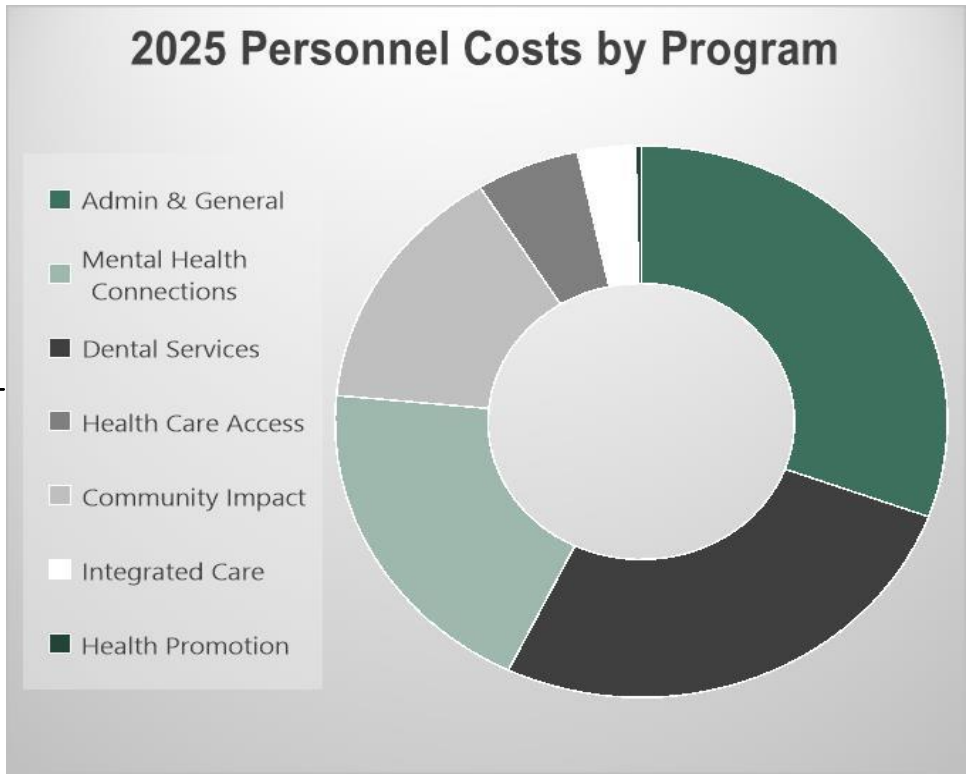
Shifting back to the 2025 Budgeted Expenses, the below visualizations provide insight into the programmatic division of expenditures:



Administrative Ratio: 21%

Programmatic Ratio: 79%

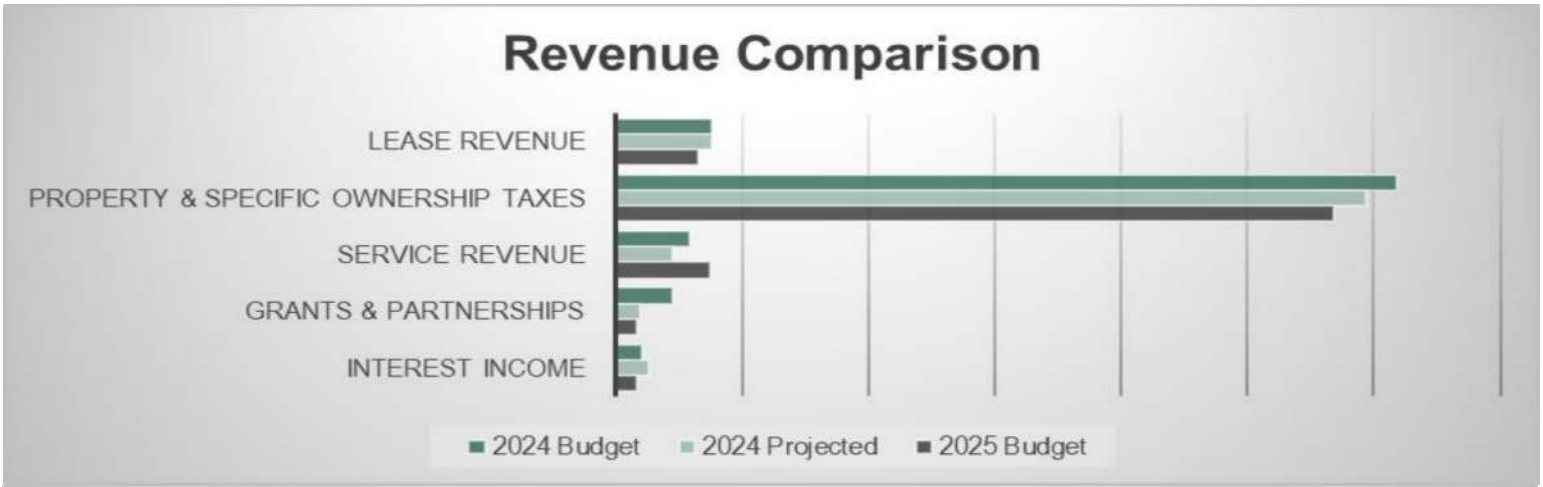
Personnel Expense Ratio: 70%

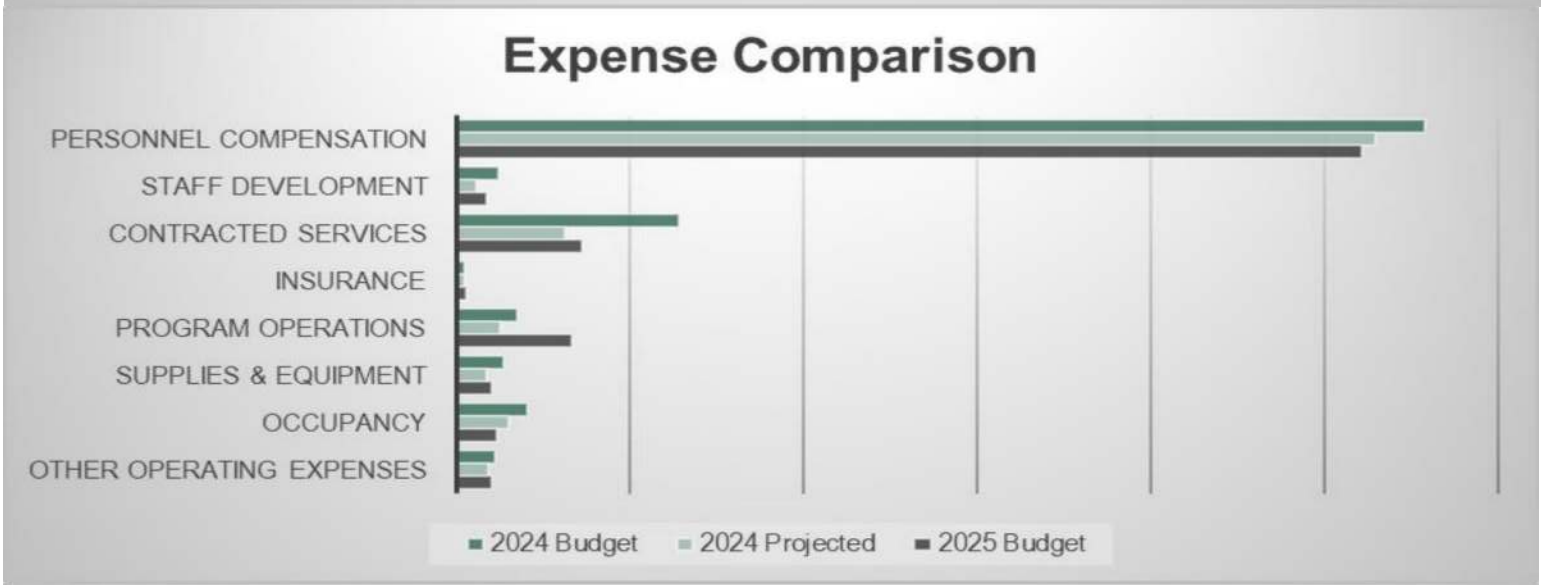


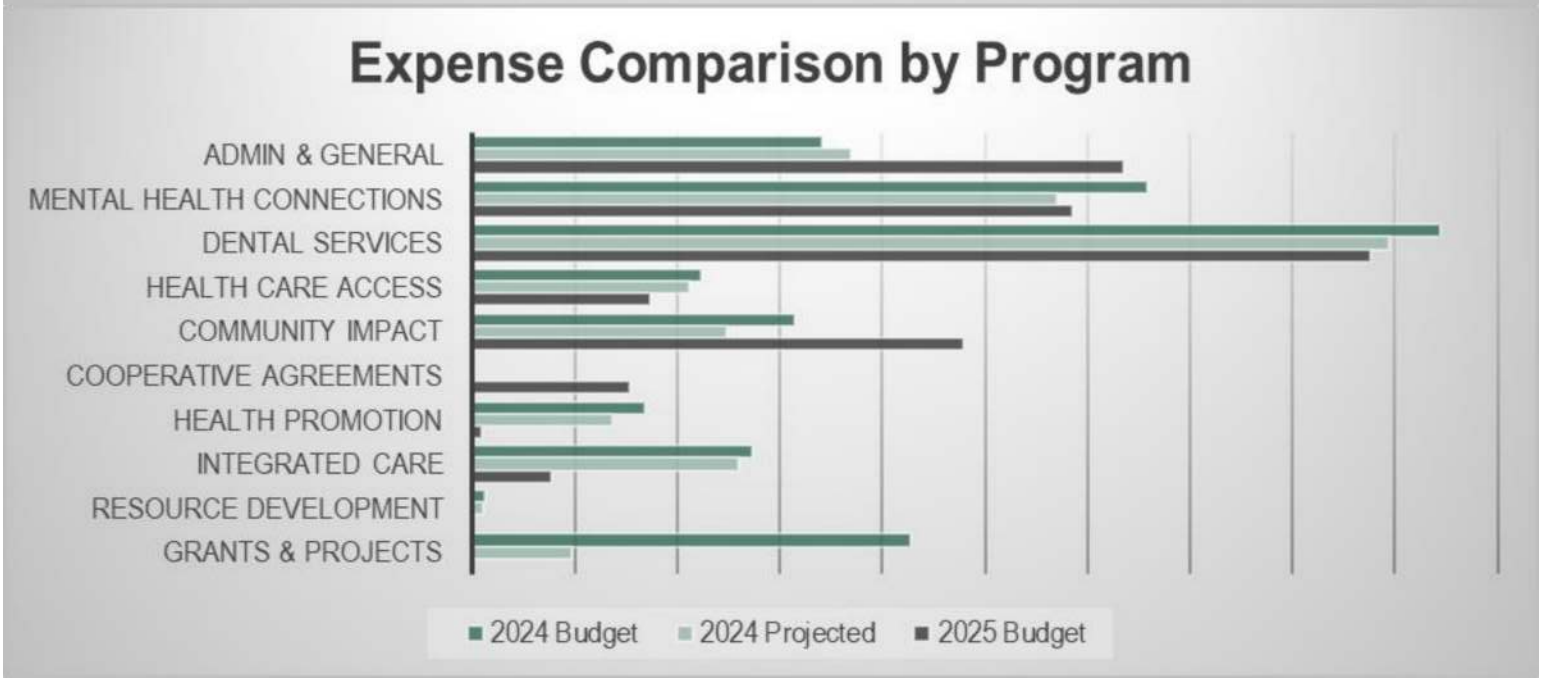
2025 Budget

Visualizing the Numbers

How does the 2025 Budget compare to 2024? The below charts depict the similarities and differences between the 2024 Budget, 2024 Projection, and the 2025 Budget.







Session 1: The Role, The Mission & The Structure

BOARD ORIENTATION | HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

In service of a healthier community — together.

TLG / THE LIND GROUP
PREMIER CONSULTING GROUP

SESSION 1 FOCUS: WHAT IT MEANS TO GOVERN AS A UNIFIED BODY

- Understand the board’s legal and ethical role
- Clarify authority, structure, and staff boundaries
- Define the culture and tone of this board from day one
- Align with the Health District’s mission and Executive Director partnership

TLG / THE LIND GROUP
PREMIER CONSULTING GROUP

WHY THIS ORIENTATION EXISTS

NOT JUST…	BUT INSTEAD…
• LEGAL BASICS AND BOARD POLICY	• AN ALIGNMENT OPPORTUNITY
• ONE-SIZE-FITS-ALL ONBOARDING	• TAILORED TO YOUR DISTRICT, YOUR MISSION
• GOVERNANCE THEORY	• TOOLS TO LEAD WITH CLARITY AND PURPOSE

YOU'RE NOT JUST LEARNING ROLES—WE'RE REINFORCING WHAT IT MEANS TO LEAD WELL, TOGETHER.

INTRODUCTIONS: WHY YOU LEAD

What drew you to serve on this board—and what leadership value matters most to you in this role?

HOW WE'LL APPROACH THIS WORK

Clarity:

We make roles and responsibilities unmistakable

Trust:

We lead with integrity, even in disagreement

Mission:

We center what the people of this district need and deserve

THIS ISN'T ABOUT FORMALITY—IT'S ABOUT HOW WE SHOW UP, LEAD TOGETHER, AND SERVE THE PEOPLE WHO COUNT ON US.

ABOUT YOUR FACILITATOR

Yashica Lind, MS, MBA – Founder, The Lind Group
Leadership Strategist | U.S. Navy Veteran

20+ years leading executive teams in government, military, and public service environments

Specializes in board development, governance alignment, and team clarity under pressure

TLG / THE LIND GROUP
PREMIER CONSULTING GROUP

PART 1: Understanding the Landscape

WHAT IT MEANS TO GOVERN A SPECIAL DISTRICT

In service of a healthier community — together.

TLG / THE LIND GROUP
PREMIER CONSULTING GROUP

WHAT MAKES A HEALTH DISTRICT UNIQUE?

- Special district, created by voters, funded by local tax dollars
- Mission: Improve health in the community
- Works in partnership — but separate from — county public health department
- Currently focused on behavioral health, oral health, access to care, and local service innovation as well as partnerships.
- Governed by elected board members from the community

TLG / THE LIND GROUP
PREMIER CONSULTING GROUP

Few models like this exist.
Most communities don’t have what we have.

TLG / THE LIND GROUP
PREMIER CONSULTING GROUP

WHAT SPECIAL DISTRICT LAW SAYS ABOUT BOARDS

- Boards govern — not manage
- Authority only exists when acting as a group
- Bound by transparency, ethics, and structure

THIS DISTRICT IS GOVERNED UNDER COLORADO SPECIAL DISTRICT LAW — THIS ISN'T JUST GOOD PRACTICE, IT'S THE GOLD STANDARD.

TLG / THE LIND GROUP
PREMIER CONSULTING GROUP

YOU HELP STEER THE MISSION

GOVERNANCE (YOU)	OPERATIONS (STAFF)
• DEFINE DIRECTION	• DELIVER PROGRAMS
• SET STRATEGY	• IMPLEMENT PLANS
• OVERSIGHT & POLICY	• DAY-TO-DAY EXECUTION
• FIDUCIARY DUTY	• COMPLIANCE & LOGISTICS

THE BOARD'S POWER IS STRUCTURAL, NOT OPERATIONAL.

YOU'RE AN ELECTED BOARD

GOVERNANCE (YOU)	OPERATIONS (STAFF)
• ELECTED BY VOTERS	• APPOINTED BY ORG LEADERSHIP
• MUST FOLLOW OPEN MEETINGS, TRANSPARENCY	• INTERNAL DISCUSSIONS ALLOWED
• OVERSIGHT & POLICY	• ACCOUNTABLE TO ORG MISSION/CEO
• ACCOUNTABLE TO PUBLIC INTEREST	• COMPLIANCE & LOGISTICS

YOUR DUTY IS TO THE PUBLIC. THAT MEANS STRUCTURE, SCRUTINY, AND SHARED AUTHORITY.

Health Department vs. Health District

HEALTH DEPARTMENT

- **Authority:** Est.by county commissioners under C.R.S. 25-1-506
- **CORE FUNCTIONS:**
  - Investigate and control epidemic or communicable diseases
  - Establish and enforce isolation/quarantine measures
  - Close schools and public places for public health
  - Investigate and abate public health nuisances
  - Public Health Emergency Preparedness
- **Regulatory Powers:** Administer & enforce laws related to public health, air pollution, solid/hazardous waste, and water quality.
- **Planning Requirements:** Must complete community health assessments and create public health plans every 5 years.
- **Vital Statistics**: Collect and compile data on marriages, births, deaths, and morbidity.
- **Collaboration:** Must collaborate with state departments on public health , water quality, air pollution and waste management.

HEALTH DISTRICT

- **Authority:** Created pursuant to C.R.S. 32-19-102
- **CORE FUNCTIONS:**
  - Service provision and healthcare delivery rather than broader public health functions.
  - **Health Services Direct 32-1-1003**
    - To establish, maintain, or operate, directly or indirectly through lease to or from other parties or other arrangement, public hospitals, convalescent centers, nursing care facilities, intermediate care facilities, emergency facilities, community clinics, or other facilities providing health and personal care services, including but not limited to facilities licensed or certified pursuant to section 25-1.5-103 (1)(a), C.R.S., and to organize, own, operate, control, direct, manage, contract for, or furnish ambulance service in said district; Organize, own, operate, control, direct, manage, contract for, or furnish ambulance service.
    - To organize, own, operate, control, direct, manage, contract for, or furnish ambulance service;
- **Governance:** Overseen by elected officials

WHAT I THOUGHT THIS ROLE WAS VS. WHAT IT IS

“When I decided to run—or agreed to serve—here’s what I believed this role would be like…”

And now…

“Here’s one thing I’ve realized about what this role actually requires.”

PART 2: Legal Power, Real Boundaries

THE GUIDELINES THAT DEFINE — AND PROTECT — HOW YOU GOVERN

In service of a healthier community — together.

TLG / THE LIND GROUP
PREMIER CONSULTING GROUP

REQUIREMENTS OF YOU AS A BOARD

- You are a collective body, not individual decision-makers
- Your authority exists only in formal board action
- You have a fiduciary duty to the district, not to individuals
- Meetings must follow open session requirements
- Quorum must be met for legal action

THIS IS NOT OPTIONAL. WHEN DONE WELL, IT ALSO STRENGTHENS TRUST.

POWER AS A BODY: WHAT THAT ACTUALLY MEANS

- You don’t have authority outside of the boardroom
- You speak and act only as a group decision
- Personal opinions ≠ board direction
- One board member cannot direct staff or speak for the board

POWER WITH STRUCTURE. LEADERSHIP WITH BOUNDARIES.

YOUR FORMAL ROLE: WHAT YOU MUST KNOW

CHAPTER	KEY TOPICS
I – BOARD BASICS	TAKING OFFICE, VACANCIES, OFFICER ELECTIONS, TERM LIMITS
II – BOARD MEETINGS	STRUCTURE, EMAIL COMMUNICATION, ETC.
III – CONFLICT OF INTEREST	TRANSPARENCY/GRAY AREAS/ETHICAL CONDUCT
VI- PUBLIC RECORD	RELATED TO COLORADOS OPEN RECORDS ACT (CORA)

RESOURCE- 1-PAGE SDA CHEAT SHEET

VOTE OR NOT VOTE? (GOVERNANCE QUIZ)

“Should the board vote on this—or not?”

“Is this governance…or operations?”

WHAT YOU NOW KNOW ABOUT BOARD POWER

You lead through structure, not instinct

You act as a body — not as individuals

Knowing what not to do is just as important as what to do

Following special district law protects your credibility and the district's mission

BOUNDARIES AREN'T BUREAUCRACY — THEY'RE YOUR LEADERSHIP SCAFFOLDING.

PART 3: Partnership with Operations

HOW TO SUPPORT, ALIGN, AND STAY IN ROLE

In service of a healthier community — together.

TLG / THE LIND GROUP
PREMIER CONSULTING GROUP

WHAT THIS PARTNERSHIP IS

- A leadership partnership, not a reporting line
- A shared trust structure built on clear roles
- The only relationship the board holds as a collective body
- Your primary channel for oversight, alignment, and strategic execution

EVERYTHING ELSE FLOWS THROUGH EXECUTIVE DIRECTOR

WHAT THIS PARTNERSHIP IS NOT

- A management backseat
- A way to “check in” on staff decisions
- A forum for operational complaints or employee input
- A place to blur lines “just to be helpful”

CLEAR LINES BUILD STRONG LEADERSHIP. BLURRED ONES CREATE SILENT DYSFUNCTION.

PERSONNEL & PUBLIC INTERACTION BOUNDARIES (SDA GUIDELINES)

CHAPTER	KEY TOPICS
XIV – PERSONNEL MATTERS	BOARD DOESN'T MANAGE STAFF
III- LIABILITY	LEGAL RISKS/ ETHICAL CONDUCT

STAFF GO TO THE ED. THE PUBLIC GOES TO MEETINGS. THE BOARD GOVERNS—NOT MANAGES.

WELL-MEANING MISTAKES THAT CAUSE REAL DAMAGE

“Let me check on that for you” → Undermines structure

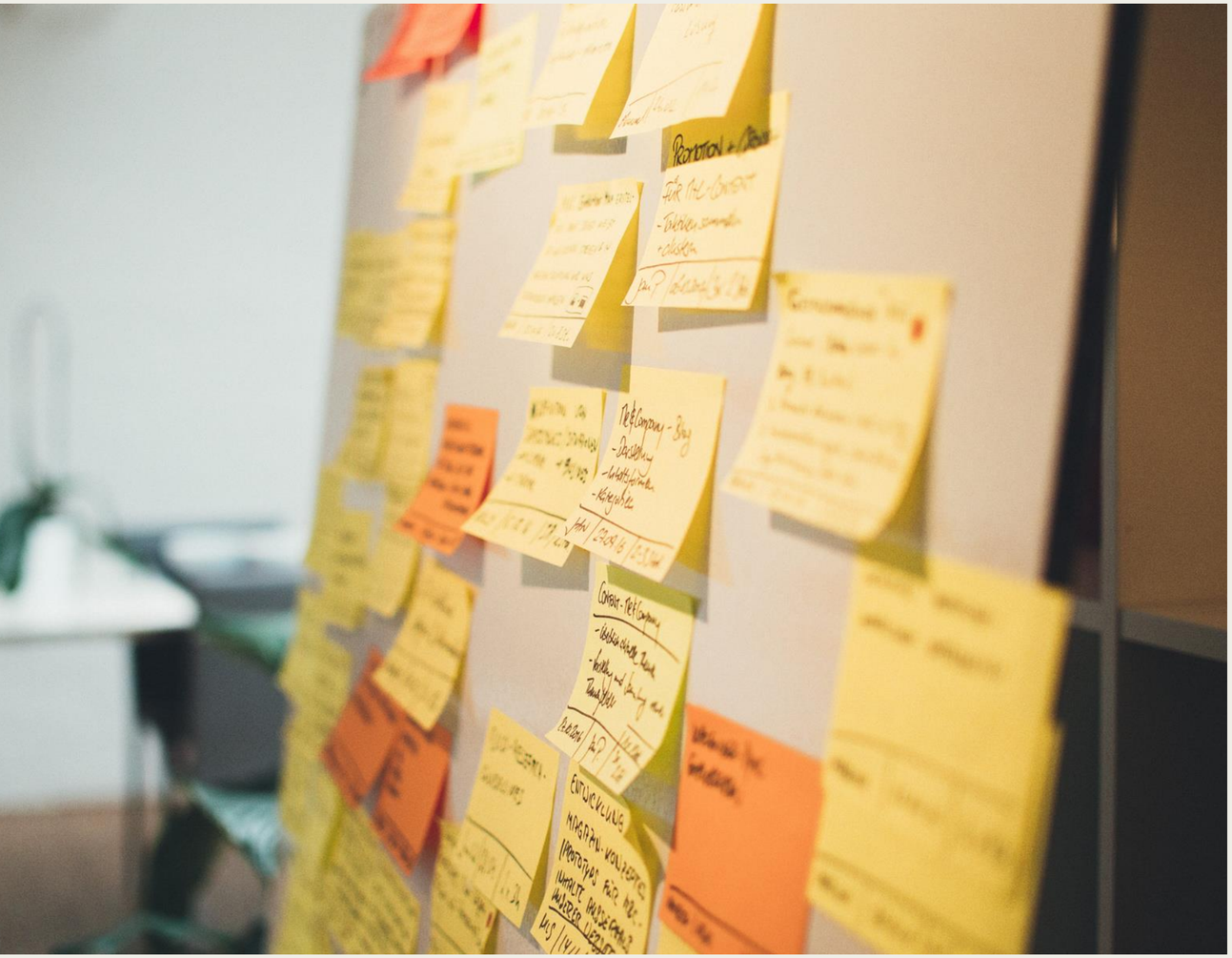
“They told me privately…” → Breaks confidentiality and trust

“I just wanted to help” → Interference framed as support

“Let’s find a workaround” → Creates misalignment and inconsistency

YOU’RE A LEADER. NOT A SHORTCUT. NOT A BUFFER. NOT HR.

ACTIVITY- BUILD OR BREAK TRUST?



Does this build trust or break trust?

CLEAR BOUNDARIES = HEALTHY CULTURE = BETTER OUTCOMES

YOU'RE NOT HERE TO SOLVE OPERATIONAL PROBLEMS—YOU'RE HERE TO LEAD STRATEGIC ALIGNMENT, TONE, AND TRUST.

- **Clear roles reduce tension and increase trust**
- **The board's tone affects how staff work—even without direct contact**
- **Staff can only succeed when the board stays in role and reinforces structure**
- **"Leading well" means trusting the scaffolding, not testing it**

PART 4: Culture, Mission & Common Missteps

WHO YOU ARE WHEN YOU LEAD — AND WHY IT MATTERS

In service of a healthier community — together.

TLG / THE LIND GROUP
PREMIER CONSULTING GROUP

CULTURE ISN'T WHAT YOU SAY — IT'S HOW YOU SHOW UP

Culture is set by tone, not talk

The board creates "permission signals" — what's modeled becomes acceptable

Alignment, respect, and discipline aren't extras — they're governance essentials

If trust fractures, structure can't hold

LEADERSHIP PRESENCE IS POLICY — BECAUSE BEHAVIOR SETS PRECEDENT.

WHAT IT MEANS TO LEAD A MISSION-DRIVEN HEALTH DISTRICT

COMMUNITY HEALTH LEADERSHIP REQUIRES BOTH HEAD AND HEART.

- **You don’t “own” the mission—you steward it**
- **Decisions must ladder up to health equity, prevention, and access**
- **Governance is values-based: strategy, tone, and accountability must align**
- **Mission isn’t a tagline—it’s the lens for every action, vote, and stance**

LET'S NORMALIZE GROWTH

Acting as Individuals, Not a Body

▪ Voting ≠ personal opinion. You're responsible for collective voice.

Micromanaging Staff Decisions

▪ Asking good questions ≠ inserting yourself.

Letting Tone Drift

▪ Eye rolls, side-comments, snark — small signals create lasting damage.

Using the Mission as a Weapon

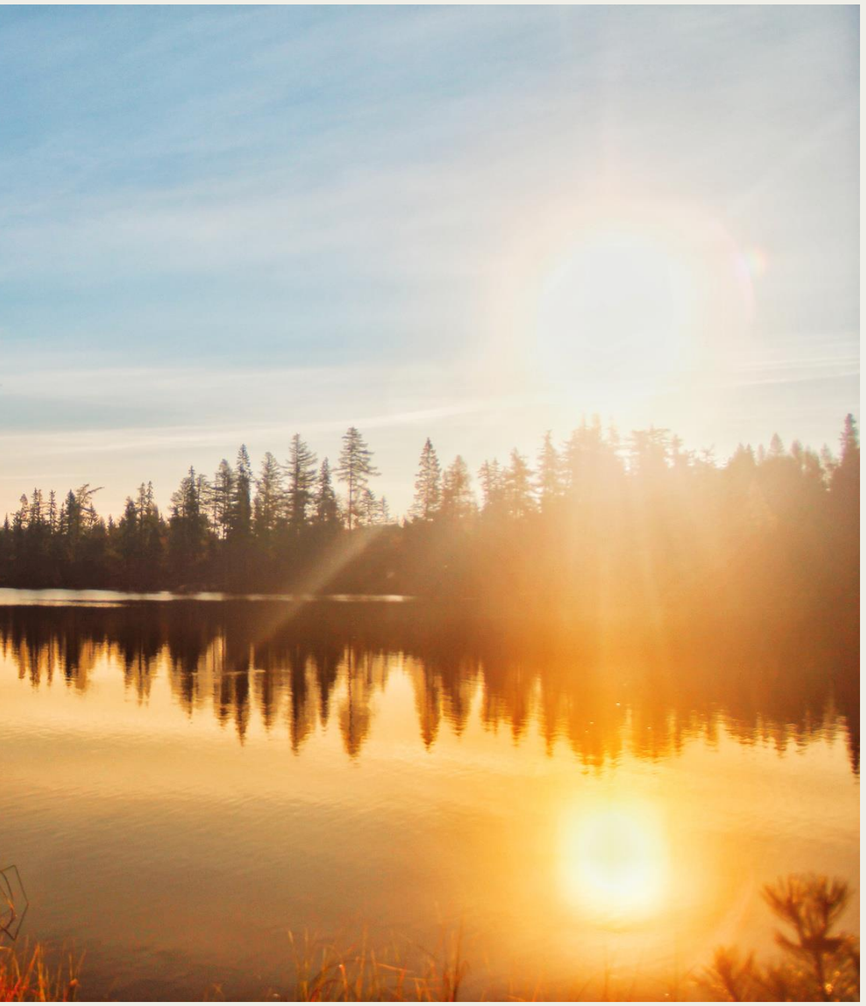
▪ "Well my values say..." → not strategic. Not aligned.

Avoiding Hard Conversations

▪ Silence isn't neutrality — it's abdication. Speak with care, not absence.

EVERY ONE OF THESE BEGINS WITH GOOD INTENTIONS — AND LEADS TO PREVENTABLE TENSION.

INDIVIDUAL REFLECTION – WHERE MY VALUES MEET THIS MISSION



Reflection Prompts:

What personal value or principle do I most want to bring into this role?

Where might that value need to adapt to support the collective mission?

What kind of presence do I want others to experience from me on this board?

FROM AWARENESS TO ALIGNMENT

Board culture doesn’t create itself — you do.

Mission and values are only real if you embody them.

Your tone, choices, and presence will define this board’s legacy.

WHAT IS ONE WAY YOU WILL CONTRIBUTE TO HEALTHY BOARD CULTURE THIS YEAR?

WRAP-UP: LET'S DEFINE YOUR CULTURE—ON PURPOSE

What behaviors do you want to model, protect, and reinforce as a governing body?

WHAT YOU OWE EACH OTHER, AND THE PUBLIC.

WRAP-UP: WHAT'S STILL ON YOUR MIND?

Take 2–3 minutes to jot down any questions, worries, or lingering 'I'm not sure if I should ask this…' thoughts.

You don't have to sign your name.

CONFIDENTIAL, VOLUNTARY, AND WELCOMED

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

00-1 Pol: Evaluation Policy: Value Added

[Replaces Policy 97-10]

Adopted July 25, 2000
Amended June 24, 2003

The District recognizes its responsibility to regularly evaluate its programs in terms of community need, quality, impact and value. The District will dedicate adequate resources to stay current with program evaluations. It will modify or terminate programs that no longer meet the evaluative criteria.

Need

The District will:

- determine need by research into the health status of the community and the status of exiting or anticipated services, and
- choose programs that address a prioritized need in the community that is not expected to be filled by another entity.

Program Quality

- Programs will have a well-articulated theory describing how and why they should lead to improved community health status.
- Programs will be described with reference to best practices in the field.
- Anticipated program outputs will be clearly specified.
- Actual program outputs will be monitored and reported according to prescribed timetable.

Impact

- The impact on health status of programs when possible.
- When assessment is not possible, the District may rely on information on effectiveness of comparable programs from the professional literature or on well-grounded program theory that describes how the program is expected to lead to desired impacts on health status.

Value

- The value of programs will be estimated by:
  1. measuring the cost of generating program outputs, and
  2. documenting the degree to which current knowledge supports the expectation that those outputs will lead to improved health status.
- The Board will decide whether the apparent value is sufficient, whenever possible using methods that may include normative cost/service standards, comparisons with similar programs or cost-effectiveness studies conducted by the Health District or others.

ADOPTED, on the 27th day of June, A.D., 2000.
AMENDED, on this 24th day of June, A.D., 2003

Attest:

Wilbur D. Huett, President

A. Thomas Linnell, Ed.D., Vice President

Averil Strand, Secretary-Treasurer

(ABSENT)
Lee Thielen, Assistant Secretary-Treasurer

Laurie Steele, Liaison to PVHS

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
01-1 Pol: ADVISORY COUNCILS AND COMMITTEES

Adopted April 24, 2001
Ratified October 4, 2005

Purpose of Policy: To state the manner in which Advisory Committees will be established, describe their role, how they operate, and their limits of authority.

Guiding Principal: From time to time, the Board of Directors may choose to establish Advisory Committees to provide public input to the Health District and to serve as advocates for Health District services. Advisory Committees can lend input, support, expert advice, ideas, and outreach to the Board and the community. Committee members can provide valuable advice on improving Health District services to better meet the needs of the community and the consumer.

1. Establishing and Abolishing an Advisory Committee

- Advisory Committees are established and abolished by the Board of Directors, based on recommendation from the Board of Directors and/or Executive Director.
- Upon establishment of any Advisory Committee, the Board of Directors will set forth a Charter, including purpose, anticipated benefit, scope of activities, committee size, terms of members (members will generally be limited to two terms), criteria for membership and attendance, recruitment and selection process, meeting frequency, structure, anticipated length (if ad hoc), target month for annual report to board, and logistics.
- Advisory Committees may be set up by the Board as either ongoing committees or ad-hoc committees. Ad-hoc committees are set up for a specific, time-limited task, and the committee will cease once the task is completed. Ongoing Advisory Committees will be scheduled for a sunset review at least every two years.

2. Advisory Committee Purpose and Role

- Advisory Committees are established for the purpose of providing advice; they are not policy-making bodies. The Board of Directors is responsible for policy-level decisions, and the Executive Director is responsible for implementation of policies and the day-to-day management of the organization (with review at the Board of Directors' discretion). Advice should be provided at the appropriate decision-making level: either to programs and the Executive Director, or to the Board of Directors.
- Advisory Committee members are volunteers who must live within the boundaries of the Health District.
- Advisory Committees shall not speak for the Health District or take independent positions on issues with the public or the press.
- Advisory Committee members shall allow adequate time for information-gathering and discussion, and consider the information and make recommendations as a whole.

- Advisory Committees will avoid direct involvement in administrative and programmatic means of attaining Health District goals.

3. Advisory Committee Appointment and Operation:

- Committee chairperson and committee members are recommended by staff, appointed by and serve at the pleasure of the Board of Directors. Members may be removed with or without cause.
- A staff liaison will be appointed by the Executive Director to every Advisory Committee. The liaison's role will be to facilitate meetings, work with the Advisory Committee Chair to set the agenda, coordinate communication and meeting notices, assure that minutes are taken, gather information and resources, and serve as a liaison between the Committee, the Executive Director and the Board of Directors.
- Minutes will be taken for each Advisory Committee meeting, and will include recommendations, as appropriate, for program improvements. Minutes will be made available to the Executive Director and the Board of Directors.
- Advisory Committees must annually submit a report to the Board of Directors stating the committee's purpose and goals, and demonstrating progress and outcomes.
- Any member who has any potential conflict of interest in any proposed or pending matter shall disclose such interest to the Advisory Committee and shall not vote or attempt to influence the decisions of other members voting on the matter.

ADOPTED, this 24th day of April, A.D., 2001
RATIFIED, this 4th day of October, A.D., 2005

Attest:

A. Thomas Linnell, Ed.D., President

Averil Strand, Vice President

Laurie Steele, Board Liaison to PVHS

Lee Thielen, Secretary

Joe D. Hendrickson, Treasurer

Health District
OF NORTHERN LARIMER COUNTY

01-2 Pol: Electronic Publication of Legislative and Public Policy Analyses and Resolutions

ADOPTED August 28, 2001
AMENDED April 9, 2019

PURPOSE

Provides for an objective source of health and special district related policy information for the community by directing staff to electronically publish legislative and public policy documents created by staff and presented to the Board as well as any Board resolutions concerning legislative, public policy, or electoral issues.

INTRODUCTION

Staff routinely prepares a variety of background documents intended to assist the Board in conducting its business. Among these documents, which together comprise the "Board Packet," are analyses, briefs, and summaries of health and special district related policy issues. These documents include, but are not limited to, analyses of:

- Specific bills pending before the Colorado State General Assembly
- Other state, local, or national legislative or policy matters
- Health concerns that are the subject of local, state, or national policy debate
- Ballot issues of official concern

While these documents are primarily designed to assist the Board in determining whether to take an official stand on an issue, the Board believes they can and should enjoy a wider audience, and that the Health District website provides an ideal medium for dissemination.

The Board believes that publishing these policy documents electronically provides an objective source of policy information to the community and potentially contributes to a more informed electorate. This practice is also consistent with one of the Board's strategies for fulfilling the mission of the Health District, which includes promoting "health policy and system improvements at the local, state, and national level."

Additionally, the Board occasionally passes resolutions supporting or opposing certain public policy concerns including, but not limited to, matters that come before the electorate. The Board believes that publishing such resolutions electronically helps inform the community of the Board's positions regarding these issues.

This policy pertains only to the electronic publication of policy documents and/or resolutions and does not govern the use of such publications for lobbying or other purposes. Any such use shall be undertaken in compliance with the provisions of the Fair Campaign Practices Act, other state law and regulations, as well as federal law and regulations, as now codified or as hereafter amended.

DEFINITIONS

- ***Official Concern***: Limited to issues that appear on an election ballot within the jurisdiction of the Health District.

POLICY

Staff will reproduce electronically on the Health District website all policy documents that:

- are included in the packet prepared for the Board's public meetings; and/or
- are presented to the Board at a Board meeting; AND
- result in the Board taking a position on said policy issue.

Resolutions concerning matters of health or other public policy, including advocacy resolutions that are adopted by the Board, will be reproduced on the Health District website.

Posting on the Health District Website

Policy documents and resolutions will be published in a separate section on the Health District's website (www.healthdistrict.org) that is linked to the home or main page.

Within the two business days following the Board meeting when the Board has taken a position, staff must post the document, the title of the issue, a brief summary of the issue, the position taken by the Board, and the date the position was taken.

Individuals wishing to receive Health District policy documents may request to be placed on an automatic transmission list to receive these documents by email after they are posted on the Health District website.

Nothing set forth in this Policy 01-2 shall be deemed to waive any "work product" exceptions that are contained in C.R.S. § 24-72-101 et seq.

ADOPTED, this 28th day of August, A.D., 2001

RATIFIED, this 24th day of February, A.D., 2004

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

AMENDED, this 9th day of April, A.D., 2019

Attest:

Michael D. Liggett, Esq., President

Molly Gutilla, MS DrPHE, Vice President

Celeste Kling, J.D., Secretary

Joseph Prows, MD MPH Treasurer

Faraz Naqvi, MD, Liaison to PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

97-2 Pol: Board Governance Policy – Governing Manner and Board Meetings

Adopted April 22, 1997
Amended February 28, 2023

Purpose of Policy: To state the manner in which the board members will relate to each other and to staff, and how board meetings will be conducted.

Guiding Principle: The Board will emphasize governance, not management.

1. **Meetings will be open.**
    - Board meetings will comply with the Health District's bylaws, Colorado State laws and regulations, and with Special District regulations.
    - The Health District will comply with all current and future open meeting laws and regulations.
    - The public will be welcome to attend all meetings, except when the Board is in executive session, and to participate in meetings according to guidelines established by the Board.

2. **To keep the proper focus, the Board will:**
    - Concentrate on long-term planning and goal-setting.
    - Set policy that
        - Determines the overall goals and programmatic direction of the organization, and
        - Assures proper financial direction and management.
    - Minimize direct involvement in the administrative, management, and specific programmatic means of attaining those goals.
    - Focus on the long-term impact of its decisions and achieving established goals.

3. **In relating to others, the Board will:**
    - Perform its obligations and make decisions as a body.
    - Allow adequate time for information-gathering and discussion.
    - Not act by the authority of individual board members unless the Board authorizes a member to do so to implement a decision of the Board.
    - Generally, the Board President is authorized to take action between board meetings if they judge the situation to be of such urgency that action is required, provided that the situation and decision is brought to the next board meeting for ratification or further action.

4. **In relating to each other, the Board will expect individual members to:**
    - Treat each other with respect.

- Acquire and share knowledge and information that will help the Board make informed decisions.
- Respect and encourage healthy dissent and disagreement.
- Listen to other board members' views even if different from their own.
- Raise legal and/or ethical concerns, if any, to be considered by the Board, including personal conflicts of interest.
- Refrain from acting to undermine decisions of the Board once made.

5. In relating to staff, the Board will:

- Give direction to the Executive Director as a body, since oversight rests with the entire board. The exception is that the Board President may work with the Executive Director to develop board meeting agendas, subject to board approval of the agendas at meetings.
- Not give direction to staff, but will instead request the Executive Director to do so where appropriate. Exceptions include:
    - Individual members may share relevant information with staff, as long as the Executive Director is copied. Such information will not be considered direction.
    - Individual members may bring issues of importance to the Executive Director's attention for action at the Executive Director's discretion concerning procedural matters which for timing reasons cannot be brought to the Board at a meeting.
    - The Board may give occasional assignments to staff members who have been assigned to assist the Board.

6. In relating to legal counsel the Board will:

- Access the Board's legal counsel through the Executive Director as a result of a Board decision, except that the Board as a whole may:
    - Access legal counsel directly as a result of a Board decision, without the involvement of the Executive Director.
    - Individual members may access legal counsel directly if they have a concern about a legal or ethical issue involving a board process, action or issue; provided that the member will share their concerns first with the Board as a whole, if possible, and will request first that the Board agree to seek legal counsel's opinion on the matter, if possible.

7. In all policy decisions, the Board will adopt a formal process for making policy decisions and will follow that process once adopted. Refer to Policy Process 97-1.

ADOPTED, on the 22nd day of April, A.D., 1997
RATIFIED, on the 28th day of July, A.D., 1998
RATIFIED, on the 22nd day of February, A.D., 2000
RATIFIED, on the 27th day of May, A.D., 2003
RATIFIED, on this 17th day of November, A.D., 2009
REVISED AND RATIFIED, on this 28th day of January, A.D., 2020
AMENDED, on this 28th day of February, A.D., 2023

Attested by:

DocuSigned by:
D8E7E32D0C204EF...
Molly J. Gutilla, MS, DrPH, President

DocuSigned by:
Julie Kunce Field
910B9CCE265F41D...
Julie Kunce Field, Vice President

DocuSigned by:
Ann Yanagi
7D3B8F7837464AE...
Ann Yanagi, MD, Secretary

DocuSigned by:
Joseph Prows
35DE8BF7DEE344A...
Joseph Prows, MD, Treasurer

DocuSigned by:
Celeste Holder Kling
ABCF4BE3BEEC448...
Celeste Holder Kling, JD, Liaison to PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

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

Adopted April 22, 1997
Amended February 28, 2023

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

Summary of Responsibility

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

Accountability

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

Board Duties

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

- Evaluate the Board's performance on an annual basis and make corrections based on that evaluation.
- Provide for Board continuing education and development of core competencies.
- Hold an Annual Retreat, at which the mission, vision, strategy, and values are reviewed.
- Oversee the election process.
- Assure the provision of orientation to newly elected board members.
- Monitor compliance by all parties with the Hospital Operating Lease Agreement between the District and Poudre Valley Health System dated May 1,994, as amended, and with the Consent Agreement dated March 9, 2012, and to further provide that all property interests of the District are protected to the fullest extent.
- Facilitate effective communication with staff, peers, community, and media.
- Represent the Health District in the community.

ADOPTED, on the 22nd day of April, A.D., 1997
RATIFIED, on the 28th day of July, A.D., 1998
REVISED, on the 22nd day of February, A.D., 2000
REVISED, this 24th day of June, A.D., 2003
REVISED, this 4th day of October, A.D., 2005
AMENDED, this 28th day of January, A.D., 2020
AMENDED, this 28th day of February, A.D., 2023

Attested by:

DocuSigned by:
D8E7E32D0C204EF...
Molly J. Gutilla, MS,DrPH, President

DocuSigned by:
910B9CCE265F41D...
Julie Kunce Field, JD, Vice President

DocuSigned by:
7D3B8F7837464AE...
Ann Yanagi, MD, Secretary

DocuSigned by:
35DE8BF7DEE344A...
Joseph Prows, MD, Treasurer

DocuSigned by:
ABCF4BE3BEEC448...
Celeste Holder Kling, JD, Liaison to PVHS Board

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

97-7 Pol: Executive Director Performance Policy

Approved February 20, 1997
Amended February 28, 2023

Purpose of Policy: In order to assure successful operation of the Health District's function a regular mechanism for Executive Director evaluation is established and guidelines to assist the Executive Director's performance are in place. The Executive Director will:

- Be responsible for implementing the strategic plan within the limitations of the board- approved budget and policies;
- Be responsible for insuring that staff adhere to board adopted policies and decisions;
- Adhere to the Health District's mission and values, as defined by the Board of Directors, in their implementation of policies and procedures;
- Assure fiscal responsibility;
- Carry out their duties in a manner consistent with these standards, and conduct themselves at all times in a manner that would not be detrimental to the mission of the Health District;

Board evaluation of the Executive Director will occur annually in concordance with the above stated criteria. At that time evaluation goals for the following year will be identified.

ADOPTED, on the 20th day of February, 1997.
REVISED, on the 28th day of April, 1998.
RATIFIED, on the 22nd day of February, 2000.
REVISED, this 27th day of May, 2003
AMENDED, this 28th of February, 2023

Attested by:

DocuSigned by:
D8E7E32D0C204EF...
Molly J. Gutilla, MS, DrPH., President

DocuSigned by:
910B9CCE265F41D...
Julie Kunce Field, JD, Vice President

DocuSigned by:
7D3B8F7837464AF...
Ann Yanagi, MD, Secretary

DocuSigned by:
35DE8BF7DEE344A...
Joseph Prows, MD, Treasurer

DocuSigned by:
ABCF4BE3BEEC448...
Celeste Holder Kling, JD, Liaison to PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

97-1 Pol: Decision-Making and Policy Process

Adopted January 28, 1997

Purpose of Policy: To establish a consistent process by which the Board considers new ideas and issues, reviews programs and creates policies.

- **The decision-making process will follow stages 1 through 8 (see following flow chart).**
  1. Screening
  2. Initiation
  3. Exploration
  4. Selection
  5. Policy/Resolution Development
  6. Implementation
  7. Evaluation
  8. Termination/Continuation

- **The Board President will assume the role of, or appoint a Board member to serve as, Process Coordinator. The Coordinator shall:**
  1. Assign a Board member to serve as a "sponsor" of each issue.
  2. Track the stages of development of each issue and assure timely progression of them.

- **Policies are to be succinct and follow the Health District governance model.**

- **Using this process, all Board policies will be reviewed periodically on a schedule established by the Board.**

ADOPTED, on the 28th day of January, A.D., 1997.
REVISED, on the 28th day of April, A.D., 1998.
REVISED, on the 22nd day of February, A.D., 2000.
AMENDED, on this 27th day of May, A.D., 2003
AMENDED, on this 4th day of October, A.D., 2005

Attested by:

DocuSigned by:
D8E7E32D0C204EF...
Molly J. Gutilla, MS, DrPH, President

DocuSigned by:
Julie Kunce Field
910B9CCE265F41D...
Julie Kunce Field, JD, Vice President

DocuSigned by:
Ann Yanagi
7D3B8F7837464AE...
Ann Yanagi, MD, Secretary

DocuSigned by:
Joseph Prows
35DE8BF7DEE344A...
Joseph Prows, MD, Treasurer

DocuSigned by:
Celeste Holder Kling
ABCF4BE3BEEC448...
Celeste Holder Kling, JD, Liaison to PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

PROCESS FOR BOARD CONSIDERATION OF IDEAS, ISSUES, PROGRAMS AND POLICIES

STAGE 1: SCREENING – BOARD ROLE

- Is there a problem or opportunity
- ***Is this a Board role?***
- Is the District the appropriate entity to address the problem or opportunity?
- How does this issue relate to our Mission and our Values/Beliefs Statement?
- Does the Board want this issue to be resolved through this process, dropped, or tabled for future consideration?
- If the Board's decision is to continue, is the issue best resolved through procedures? If so, refer to the Executive Director.
- Is the issue best resolved through policy or Board decision? If so, the Process Coordinator shall assign a Board member to serve as the "Sponsor" of this issue through the process and schedule a time on the Board's agenda for initial discussion as outlined in Stage 2
- Transition to Stage 2.

STAGE 2: INITIATION – BOARD ROLE

- What are we trying to accomplish?
- What is an appropriate timeline for a decision or action?
- Creative thinking and discussion of concepts, beliefs, and possibilities.
- What would be the value added/consequences from action on this issue?
- List the issues/questions which need to be addressed/answered.
- What prioritization criteria might apply (e.g., Hanlon?)
- Identification of additional information needed, if any, and direction given to Executive Director
- Transition to Stage 3, except if no additional information is needed, proceed to Stage 4

STAGE 3: EXPLORATION – STAFF ROLE

- Research on concepts, beliefs, extent of problem, options, best practices, targets set by others, cost/effectiveness evidence (if any), applied prioritization criteria results, consequences of action/inaction, securing input as appropriate.
- Develop list of options.
- For each option, develop a summary including: approach, goals/anticipated results/value added, performance criteria and indicators, rough costs, information from research, challenges, pro/con analysis.
- Draft report is given to Sponsor, who checks to see that Board directives have been accomplished.
- Sponsor gives comments to Executive Director.
- Executive Director or designated staff reports to Board on results of Exploration phase.
- Transition to Stage 4.

STAGE 4: SELECTION – BOARD ROLE

- Debate of possible options, including: Compromises, bargains, accommodations
  Integration of ideological, legal, political, and other important elements of decision
- Discussion of budget and strategic plan implications.
- If additional information is needed, return to Stage 3-Exploration, or
- Agreement on general concepts and option(s) to be selected, program goals, evaluation criteria and plan, and monitoring requirements.
- Direction given to the Sponsor to proceed to Stage 5, except in the case (such as with the annual strategic plan) where the Board determines that the Executive Director shall be responsible for development of draft language for Board action.

STAGE 5: POLICY/RESOLUTION DEVELOPMENT – BOARD/STAFF ROLE

- ***If formal policy is required, Board decides who should draft wording and assigns to Board or staff member.***
- Sponsor develops draft language and submits to Process Coordinator who checks for format and clarity.
- Scheduled for first reading at Board meeting.
- Possible second reading.
- Official adoption by Board including appropriations if needed.
- Board determines plan to communicate about the action to the public and directs staff as needed.
- Board evaluates the effectiveness of the process for this issue
- Transition to Stage 6.

STAGE 6: IMPLEMENTATION – STAFF ROLE

- Translation of decision into operational terms, procedures, specific budgets, program objectives, schedule, specific standards and performance indicators.
- Periodic reports to Board as directed in monitoring requirements.
- Notify Board if unexpected problems arise in implementation. If so, return to appropriate stage to address problems.
- Transition to Stage 7.

STAGE 7: EVALUATION – STAFF ROLE

- Use established criteria to compare expected and actual performance levels.
- Develop options for change/improvement, as needed.
- Report results to the Board
- Transition to Stage 8.

STAGE 8: TERMINATION/CONTINUATION – BOARD ROLE

- Review and discuss staff reports.
- Request additional information from Executive Director as needed.
- Should the District continue, amend, or terminate this policy/program?
- What are the costs/consequences of each option?
- If decision is to terminate, address new problems created and communication plan.
- If decision is to continue, what changes are needed? Start at Stage 2 to examine problems, opportunities, and areas for improvement

Health District
OF NORTHERN LARIMER COUNTY

97-11 Pol: Investment Guidelines

Approved May 27, 1997

Purpose of Policy: To develop guidelines that will establish clear investment objectives, describe appropriate securities that meet Colorado statutory requirements, delegate authority to Executive Director, provide for reporting and monitoring of the investment process, and require a minimum level of liquid reserves to be retained by the Health District at all times.

Policy:

1. **Investment objectives:**
    - Safety of principal shall be the primary consideration in all investment decisions.
    - Maintain adequate liquidity:
        - Funds must be available to meet budgeted expenditures as they come due.
        - Securities should be held to maturity, whenever possible, to avoid interest rate risk.
    - Maximize return by seeking the highest interest rates compatible with the first two objectives.
    - Stay fully invested at all times.
    - Local transactions (i.e., banks and brokers within the Health District), when competitive for quality and yield, will be the preference.
2. **Appropriate securities:**
    - Investment products that meet the statutory requirements for a special district.
    - Health District may pool investment funds with other local government agencies.
3. **Delegate authority:**
    - Executive Director is responsible for the accomplishment of this policy.
    - Director may delegate responsibility to another Health District employee.
    - That employee's name shall be disclosed to the Health District Board and other requiring notice of appointment/authority.
4. **Reporting and monitoring:**
    - Executive Director shall be responsible for establishing procedures and internal controls.
    - Health District Board will receive monthly reports on asset allocation and portfolio yields.
    - An annual investment report will be generated:'
        - Due at the same meeting as Health District Board receives financial audit.
        - Summary of Health District's investment accomplishments in prior calendar year.

- Includes market performance, investment strategies, yields and cost, and market values of investments on hand at year end.
- Comments on investment problems requiring action by the Health District Board.

5. **Maintain minimum level of liquid reserves:**
   - Liquid reserves are funds invested in bank accounts, treasury bills, and the Colorado Diversified Trust, or equivalent investments, all with a maturity of one year or less.
   - Liquid reserves should never fall below the greater of $1 million or statutory minimum.

ADOPTED, on the 27th day of May, A.D., 1997
RATIFIED, on the 12th day of November, A.D., 1998
REVISED, on the 22nd day of February, A.D., 2000
RATIFIED, this 24th day of February, A.D., 2004

Attested by:

DocuSigned by:
D8E7E32D0C204EF...
Molly J. Gutilla, MS, DrPH, President

DocuSigned by:
Julie Kunce Field
910B9CCE265F41D...
Julie Kunce Field, JD, Vice President

DocuSigned by:
Ann Yanagi
7D3B8F7837464AE...
Ann Yanagi, MD, Secretary

DocuSigned by:
Joseph Prows
35DE8BF7DEE344A...
Joseph Prows, MD, Treasurer

DocuSigned by:
Celeste Holder Kling
ABCF4BE3BEEC448...
Celeste Holder Kling, JD, Liaison to PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

97-13 Pol: Electronic Communication

Approved July 22, 1997
Amended April 25, 2023

Purpose of Policy: To establish guidelines for electronic mail (E-mail) for Health District board members and staff. To assure compliance with Colorado statutory requirements and judicial interpretations and ensure open communication.

Board Use of Electronic Mail

- Board members may use personal computer equipment for Health District business. If a board member does not have a computer, the Health District may supply one to ensure timely Health District communications. Board members may use e-mail programs supplied by the Health District for personal purposes as long as such use does not incur any additional expense to the District.
- Board members who use their business and/or personal e-mail programs for Health District business expressly waive any privacy rights to Health District electronic mail and records created using these programs.
- If a quorum of the Board of Directors exchange electronic mail to discuss pending legislation or other public business among themselves, the electronic mail is subject to the requirements of the Open Meetings Act.
- Electronic mail communication that ***does not*** relate to the merits or substance of pending legislation or other public business, including electronic mail communication regarding scheduling and availability or electronic mail communication that is sent by a Director for the purpose of forwarding information; responding to an inquiry from an individual who is not a member of the Board of Directors, or posing a question for later discussion by the Board, shall not be considered a "meeting" within the meaning of the Open Meetings Act. C.R.S. §24-6-402(2)(d)(III).
- Health District e-mail will not be used for any illegal, unethical or unprofessional activities, or for any purpose that would jeopardize the interest of the Health District.
- Any district that operates or maintains an electronic mail communications system must adopt a written policy on any monitoring of electronic mail communications and the circumstances under which it will be conducted per C.R.S. §24-72-204.5. The policy must include a statement that employee emails may be a public record and may be subject to public inspection under C.R.S. 24-72-203.

Staff Use of Electronic Mail

Staff use of electronic mail is covered in Health District Employee Policy 1-31.

Open Records Policy

E-mail is considered a public record when it is created or received by any governmental agency or public official for use in the exercise of functions required or authorized by law or administrative rule or

involving the receipt or expenditure of public funds. Use of electronic record communications shall adhere to open records law, including:

- All electronic e-mail communications between board members and/or staff, which have been determined to be public record, will be archived at the Health District's office.
- Board business communications sent by any board members to all board members or to individual board members will forward a copy to the Health District office to be archived by copying them to board@healthdistrict.org.
- Electronic records that are determined to be public records will be protected and retained as long as they are needed to meet operational, legal, audit or other requirements per guidelines outlined by the State Archives Department.
- The Health District will comply with requests to review or obtain copies of public records, including e-mail communications not excluded by law, in accordance with C.R.S. 24-72-201, et al.

Request to review or obtain copies of electronic mail and records

- All public requests for electronic communications must be made in writing as per Board Policy 97-16, Policies and Procedures for Reviewing and Copying Public Documents. The written request should be addressed to the Records Custodian and will be delivered to the Communications Director or, in their absence, the Assistant to the Executive Director. Requests need to be sufficiently specific in scope to enable the Records Custodian to identify the information desired.
- The Executive Director or their designee shall make a determination as to whether or not the requested record is a public record utilizing the criteria set forth in C.R.S. §24-72-202 and as construed in applicable interpretations such as The Denver Publishing Company v. Board of County Commissioners. Efforts will be made to inform board members prior to releasing their e-mail records.
- A reasonable research and retrieval fee may be charged, but only if the District has adopted and published on their website, or elsewhere, a written policy that includes a specific research and retrieval fee. The fee may not exceed $33.58 per hour, and no charge may be imposed for the first hour of research and retrieval of public records. C.R.S. §24-72-205(6)(a)(b). This fee may be adjusted every five years by the General Assembly's Legislative Council.Printed copies of electronic communications and records will be provided at the following rates: the first five pages of copies per individual, per calendar year will be at no charge; all additional copies will be charged at the rate of $0.25 per page, unless actual costs exceed that amount. C.R.S. §24-72-205(5)(a).
- If requested, electronic communications may be provided on CD-ROM at a cost of $10.00 per disk.
- Payment for photocopies or CD-ROMs must be made in advance. Checks should be made to the Health District of Northern Larimer County.

Authority and Definitions

- The authority for electronic record communications is included in the Colorado Open Records Act, C.R.S. § 24-72-201, et seq., as amended, and the Colorado Open Meetings Act, C.R.S., §24-6-401, et seq., as amended.
- Electronic mail ("E-mail"). An electronic message that is transmitted between two or more computers or electronic terminals, whether or not the message is converted to hard copy format after receipt or whether or not the message is viewed upon transmission or stored for later retrieval. "Electronic mail" includes electronic messages that are transmitted through a local, regional, or global computer network.

- "Public records" is broadly defined to include most documentation maintained by the District and the correspondence of elected officials, including email, whether maintained in hard copy or electronically in digital media. §24-72-202(6), C.R.S. It includes all writing made, maintained, or kept for use in the exercise of functions required or authorized by law or administrative rule or involving the receipt or expenditure of public funds. Public records include the correspondence of elected officials, except to the extent such correspondence is (1) work product; (2) without demonstrable connection to the exercise of functions required or authorized by law or rule and does not involve the receipt or expenditure of public monies; (3) communication from a constituent that clearly implies by its nature or content that the constituent expects that it be confidential or communication from the elected official in response to such a communication from a constituent; or (4) subject to non-disclosure under C.R.S. § 24-72-204(1).
- "Work product" means and incudes all intra- or inter-agency advisory or deliberative materials assembled for the benefit of elected officials, which materials express an opinion or are deliberative in nature and are communicated for the purpose of assisting such elected officials in reaching a decision within the scope of their authority. Such materials include, but are not limited to: (I) Notes and memoranda that relate to or serve as background information for such decisions; (II) Preliminary drafts and discussion copies of documents that express a decision by an elected official. Work product does not include any final version of a document that expresses a final decision by an elected official. It also includes a request by a Health District official for the preparation of such opinion or deliberative materials.

Open Meetings

Generally, board members will not discuss final versions of public business using electronic mail. When elected officials use electronic mail to discuss pending legislation or other public business among themselves, and are discussing final versions and not "work product", a public "meeting" is taking place, and must be properly noticed and held.

RATIFIED, this 23rd day of March, 1999
RATIFIED, this 22nd day of February, 2000
AMENDED, this 28th day of March, 2006
AMENDED, this 25th day of April, 2023

Attested by:

DocuSigned by:
D8E7E32D0C204EF...
Molly J. Gutilla, MS, DrPH, President

DocuSigned by:
Julie Kunce Field
910B9CCE265F41D...
Julie Kunce Field, JD, Vice President

DocuSigned by:
Ann Yanagi
7D3B8F7837464AE...
Ann Yanagi, MD, Secretary

DocuSigned by:
Joseph Prows
35DE8BF7DEE344A...
Joseph Prows, MD, Treasurer

DocuSigned by:
Celeste Holder Kling
ABCF4BE3BEEC448...
Celeste Holder Kling, JD, Liaison to PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

97-15 Pol: Employee Compensation

Approved August 26, 1997
Amended April 25, 2023

Purpose of Policy: The purpose of the Employee Compensation Policy is to set guidelines for pay scales, compensation adjustments, and benefits for all salaried and hourly Health District employees. This policy does not cover the Executive Director or employees being paid a training wage or stipend.

Staff Responsibilities to the Board:

- Perform a market analysis and position surveys at least every three years to provide information about comparable salaries for setting budgets.
- Collect information affecting overall market movement and cost of living/inflation changes and present to the Board of Directors for consideration during the budget process.
- Provide information on the budgetary impact of proposed cost of living adjustments, merit adjustments and TABOR limitations, if any.
- Create and implement a performance management procedure and pay adjustment system based upon the Board approved budget and board parameters.
- Assure that all employees fall under the same pay adjustment process (with the exception of the Executive Director, whose pay is set by the Board of Directors), the same paid time off policies, and the same insurance provisions. If any position, in the judgment of the Executive Director, should require a significantly unusual compensation package, the Executive Director will propose the exception to the Board of Directors. The Executive Director will fall under the same paid time off policies and the same insurance provisions as all other staff unless specifically changed by the Board of Directors.
- Assure that no major changes are made to the benefit package (except those required by law) without comparing the changes to benchmark organizations and without the approval of the Board of Directors.
- Periodically (generally every 3 years), perform a comparison of benefits to benchmark organizations and present to the Board of Directors.
- Annually report to the Board of Directors 1) the amount of salary changes budgeted and actually allocated; the average percentage of where the Health District positions fall in relation to comparable market positions; 2) a summary of the benefits provided to employees; and 3) information regarding the salary history and market level of the Executive Director and whether their benefits differ from other employees.

Board Responsibilities:

- Adopt general parameters for the amount of pay change to be used in preparing the annual budget.
- Adopt an annual personnel budget.
- Approve management procedures, including Employee Handbook, for adjusting staff compensation.
- Approve any changes in Personnel Policies, including those related to paid time off or other compensation.
- Approve any major changes in the benefit package, except those required by law.
- Determine and implement appropriate process for annually setting pay of the Executive Director.

ADOPTED, on the 26th day of August, A.D., 1997
REVISED AND RATIFIED, on the 20th day of July, A.D., 1999
RATIFIED, on this 27th day of May, A.D., 2003
REVISED AND RATIFIED, on this 17th day of November, A.D., 2009
AMENDED, on this 25th day of April, A.D., 2023

Attested by:

DocuSigned by:
D8E7E32D0C204EF...
Molly J. Gutilla, MS, DrPH, President

DocuSigned by:
Julie Kunce Field
910B9CCE265F41D...
Julie Kunce Field, JD, Vice President

DocuSigned by:
Ann Yanagi
7D3B8F7837464AE...
Ann Yanagi, MD, Secretary

DocuSigned by:
Joseph Prows
35DE8BF7DEE344A...
Joseph Prows, MD, Treasurer

DocuSigned by:
Celeste Holder Kling
ABCF4BE3BEEC448...
Celeste Holder Kling, JD, Liaison to PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

97-16 Pol: Policy for Reviewing and Copying Public Records

PURPOSE AND BASIS

- The purpose of this Policy is to provide effective, efficient, and orderly service for the review and copying of public records, except as otherwise provided by law.

POLICY

- Generally Available Documents.
    - Printed copies of many brochures, fact sheets, general information flyers, newsletters, and assessment documents are kept in stock and are readily available. The public is welcome to access any of these materials free of charge.
- Protected Records.
    - Certain records are protected under law from public inspection under the Colorado Open Records Act (CORA). These records fall into the following categories:
        - Personnel files;
        - Ongoing investigations by law enforcement authorities;
        - Victim/witness information;
        - Juvenile criminal records;
        - Work product;
        - Correspondence sent or received from the Health District's legal counsel;
        - Individual medical, mental health, sociological and scholastic achievement data
        - Letters of reference;
        - Trade secrets;
        - Confidential commercial and financial data;
        - Names, addresses, telephone numbers and personal financial information of past or present users of public utilities, facilities, or recreational or cultural services; and
        - Records of sexual harassment complaints and investigations.
    - Records that are exempt from the CORA might still be accessible to other forms of inspection, such as subpoena.
- Inspection.
    - General. Public records shall be open for inspection by any person at reasonable times, subject to the exceptions found in the CORA. All public records shall be inspected at the Health District's offices.
    - Request Required. A request to inspect public records must be made to the Custodian of Records in writing, and must be sufficiently specific in scope to enable the Custodian to identify the information desired. The request should include the requestor' s name, company name (if any), address, phone number(s) at which the requestor can be

reached, the specific public record requested, and whether the requestor desires to come in to review the record or to have copies made. Requests for inspection of e-mails shall include the sender's name, the recipient's name and the approximate date and time of the transmission. If the Custodian receives a request to inspect public records that is ambiguous or lacks sufficient specificity to enable the Custodian to locate the records, the Custodian shall, within 3 working days, notify the requesting party in writing of the deficiencies in the request. Any clarified request shall be considered a new request for purposes of this Policy and the CORA.

- Review and Response. Upon receipt of a request for inspection of public records, the Custodian of Records shall review the request and determine whether the requested records are voluminous, in active use, or otherwise not readily available. If so, the Custodian shall, within 3 business days, notify the requesting party in writing that the documents will be produced for inspection within 7 business days of the date of the request, pursuant to C.R.S. § 24-72-203(3). The notice shall state the reason(s) why the requested records are not readily available, and shall ask the requesting party to schedule an appointment for inspection of the requested records. If the records are readily available, the Custodian shall, within 3 working days of the request, contact the requesting party to schedule an appointment. Notwithstanding the foregoing, based on the case of *Citizens Progressive Alliance v. Southwestern Water Conservation District*, if it is physically impossible for the Custodian to comply with any request for public records within the time periods established by the CORA, the Custodian shall comply with the request as soon as physically possible.

- Inspection Procedures. No personal papers, briefcases, or personal files will be allowed in the area set aside for records inspection. Taking notes is allowed, as is the use of a laptop computer and/or tape-recording equipment.

- Only one file will be allowed in the inspection area at one time and records are not allowed to leave the inspection area. Files pulled for public inspection should be promptly replaced as soon as the requester is finished with them. Records may not be altered in any way, no loosening of any clips or binders within the files, changing the order within the file, or removing anything from the file or adding anything that was not previously in the file. No marks, notations or other changes are permitted to the records. If copies are requested within a file, a sticky note may be used to indicate the pages to be copied. Copies may be requested subject to the fees set forth herein, Records may be retrieved only by Health District staff.

- Fees.

  - Copies, Printouts or Photographs. Pursuant to C.R.S. § 24-72-205(5)(a), the Health District shall charge a fee not to exceed $0.25 (twenty-five cents) per standard page for any copy of a public record or a fee not to exceed the actual cost of providing a copy, printout or photograph of a public record which is in a format other than a standard page. For purposes of this Policy, a black and white copy made on a single sheet of letter or legal sized white paper shall constitute a "standard page." The Health District shall not charge an individual for the first 5 copies of standard pages made in a calendar year. The Health District will attempt to accommodate copying requests as soon as possible. Payment for copies must be made in advance to the Health District. Checks may be

made out to "Health District of Northern Larimer County."

- Research and Retrieval. Pursuant to C.R.S. § 24-72-205(6)(a), the first hour of research and retrieval time shall be free of charge; however, the Health District reserves the right to charge a fee of $41.37 (forty-one dollars and thirty-seven cents) per hour for any additional staff time devoted to researching and retrieving the requested information. Anyone submitting a request for electronically stored public records shall remit a deposit equal to 50% of the estimated costs for the search before the search is commenced.

- Postage/Courier Fees. If the Custodian of Records transmits records by regular mail or courier service, the requesting party shall be responsible for the cost of postage or courier fees.

- Electronic Transmission Fees. The Health District may not charge transmission fees to the requesting party for transmitting public records via e-mail, provided that the requesting party may be charged for staff time associated with research and retrieval of the requested records as provided herein.

- Posting.

  - The "Policies and Procedures for Reviewing and Copying Public Records" document shall be posted on the organization's website.

DEFINITIONS

- For purposes of this Policy, the following terms shall have the following meanings:

  - Correspondence. A communication that is sent to or received by one or more specifically identified individuals and that is or can be produced in written form, including without limitation communications sent via electronic mail, private courier, U.S. mail, modem or computer.

  - Custodian of Records. The individual who shall be responsible for compiling documents, scheduling appointments for inspection, and for responding to any such public records requests. The Health District hereby designates the Compliance Officer as the Custodian of Records.

  - Electronic Mail ("E-mail"). An electronic message that is transmitted between 2 or more computers or electronic terminals, whether or not the message is converted to hard copy format after receipt, and whether or not the message is viewed upon transmission or stored for later retrieval. E-mail includes electronic messages that are transmitted through a local, regional, or global computer network.

  - Work Product. All advisory or deliberative materials assembled for the benefit of elected officials, which materials express an opinion or are deliberative in nature and are communicated for the purpose of assisting such elected officials in reaching a decision

within the scope of their authority. Such materials include without limitation: notes and memoranda that relate to or serve as background information for such decisions; and preliminary drafts and discussion copies of documents that express a decision by an elected official. "Work product" also includes a request by a Health District official for the preparation of such opinion or deliberative materials. For example, if the Executive Director requests in writing that staff prepare material to assist the Health District Board in a decision-making process, the written request shall also be considered "work product."

KEY DOCUMENTATION AND REFERENCES

- The Health District enacts this Policy under the following authority: the Colorado Open Records Act, C.R.S. § 24-72-200.1, *et seq.*, as amended (the "CORA"); the Colorado Sunshine Law, C.R.S. § 24-6-401, *et seq.*, as amended; *Black v. Southwestern Water Conservation District*; 74 P.3d 462 (Colo. App. 2003); *Glenwood Post v. City of Glenwood Springs*, 731 P.2d 761 (Colo. App. 1986); and *Mountain Plains Investment Corp. v. Parker Jordan Metro. Dist.*, 12CAI034 (Colo. App. 2013).

REVIEW AND REVISION HISTORY

REVISED, on the 27th day of July, 2004
RATIFIED, on the 9th day of December, 2005
REVISED, on the 13th day of December, 2007
REVISED, on the 25th day of August, 2015
REVISED, on the 14th day of December, 2015
REVISED, on the 14th day of April, 2020
REVISED, on the 31st day of July, 2024

Attest:

Signed by:
918711D3895A4F2...
Molly Gutilla, President

Signed by:
Joseph Prows
CB5BA4FB914244A...
Joseph Prows, Treasurer

DocuSigned by:
515FE1BD399A4F7...
Julie Kunce Field, Vice President

Signed by:
Erin Hottenstein
03130EA6B31D455...
Erin Hottenstein, Assistant Treasurer

Signed by:
John McKay
3721208F9AE74C6...
John McKay, Secretary

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
98-1 Pol: New Program or Project Ideas

Approved September 22, 1998
Revised October 4, 2005

Purpose of Policy:
The Board recognizes that there are many opportunities for improving the health status of the community, and is interested in considering a variety of possible programs and projects. A Programmatic Committee, consisting of the Executive Director, Medical Director, Clinical Director, Community Impact Director and the Development Coordinator, reviews any new program/project suggestions. This policy outlines a process for consideration of any new project/program ideas that are outside the current operational budget and/or Strategic Plan.

Introduction:
The Health District's overall planning approach is to periodically complete a comprehensive evaluation of community health needs and the effectiveness of its programs, and subsequently determine program priorities and develop a specific Strategic Plan. However, good program/project ideas may occur outside that process that should be considered.

While the Health District is willing to consider new program/project ideas, the organization is not authorized to provide grants for other organizations. Any new ideas accepted would normally become a Health District program or project, performed either entirely by Health District staff, or, in limited cases within legal parameters, performed by contract. In some instances the Health District may enter into partnerships with other organizations to fund or seek external funding for projects of benefit to more than one organization.

Although considering a variety of ideas is important, the Health District will carefully consider the impact of diverting staff and board time from the primary goals stated in the current Strategic Plan, taking on more projects, and the use of reserve funds for projects, or implementing grant funded projects. All new program concepts will first be reviewed by the Programmatic Committee for further direction. The Programmatic Committee may make decisions on projects to be funded through external sources if they meet the following criteria:

- The program is directly related to what we currently do.
- The program will not cause a major change or increase in service;
- The program does not require a significant long term obligation;
- The program is not highly politically sensitive;
- The program does not require any significant changes in previously established budgets.

If a project does not meet all of the above criteria, or the project is to be funded from reserves, the Programmatic Committee must seek Board approval.

The Health District will carefully consider legal requirements, other board policy (e.g., the investment policy), and other anticipated needs for reserve dollars before moving forward on a funding strategy. The Health District reserves the right to limit the number of ideas to be considered, and the timing of their consideration. The Health District also reserves the right to refuse any program or project.

Parameters:
The following parameters will apply to consideration of any new program or project ideas (internal or external):

- The Health District will consider only ideas directly related to its Mission Statement.
- Procedures for consideration will be developed and may be amended from time to time.
- New ideas will be initiated with a written concept form submitted to the Development Coordinator. The Programmatic Committee will consider any ideas that are clearly related to the Health District's Mission Statement.
- While all relevant ideas will be considered, time-limited projects are more likely to be approved than ongoing programs, since ongoing programs may require discussion of existing budgeted funding.
- In reviewing concept letters, the Health District will take into consideration:
  - The applicability of the idea to the current Mission Statement and direction of the organization.
  - How the idea relates to the most recent needs assessment and statement of priorities.
  - The extent of the problem or opportunity.
  - Whether the Health District is the appropriate entity to address the problem or opportunity.
  - Current and future costs, and whether resources exist or can be generated to cover them.
  - Opportunities for community collaboration.
  - Presentation of idea? Is the concept well formulated?
  - Whether the idea is unique, or others may be doing it (duplicative).
  - The extent to which research indicates that promise of long-term success in reducing specific obstacles to health, or the services proposed focus on a new approach which can be evaluated for effectiveness.
  - How much value would be added to the community, and how that value would be assessed.
- If the Programmatic Committee and/or Board decides to consider the concept further, staff will be directed to provide additional information back to the Programmatic Committee for full consideration of the idea.
- Once an idea has been fully considered and approved, the development coordinator will work with the appropriate staff to write a complete proposal targeting specific funders.

- ❖ Final approval from either the Programmatic Committee or the Board will be given only after consideration of the full proposal, its impact on the organization, and analysis of budget/funding availability.
- ❖ The Board may assign responsibility to the Executive Director to consider and approve small projects (expenditures of up to $1,000) within the Mission Statement when "Special Projects" funds are available. The amount will be determined annually during budget approval time.

APPROVED, this 22nd day of September, A.D., 1998
ATTESTED, this 25th day of January, A.D., 2000.
REVISED, this 4th day of October, A.D., 2005

Attest:

A. Thomas Linnell, Ed.D., President

Averil Strand, Vice President

Laurie Steele, Board Liaison to PVHS

Lee Thielen, Secretary

Joe D. Hendrickson, Treasurer

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
98-2 Pol: Service Area/Eligibility Policy

Approved November 12, 1998
Revised October 2, 2006

Purpose of Policy: To establish Health District service area boundaries and client eligibility for Health District services.

Policy:

1. The services of the Health District will be provided within district boundaries to residents of the Health District with the exception of occasional promotional or educational services.
2. Residents of the Health District eighteen years of age or older requesting services must provide proof that they are lawfully present in the United States in accordance with the requirements of House Bill 06S-1023 (enacted August 1, 2006) as amended from time to time. Exceptions may be granted in accordance with the provisions of the law or as required by Federal law.
3. Clients from outside the Health District may be eligible for full cost services on a space-available basis. They are not eligible for sliding scale fees.
4. Sliding scale fees will be established for residents with inadequate insurance/low income who may otherwise be unable to access services offered by the Health District, if they meet eligibility criteria approved by the Executive Director.
5. As much as possible, low-income clients will be referred to available low-income health care insurance programs and services prior to being served by the Health District.
6. Should the Board find the interests of the Health District would be served by providing certain services outside of District boundaries (or to individuals who live outside boundaries), the Board may consider developing such services if non-Health District funds are secured to fully cover the direct and indirect costs of providing the service.

ATTESTED, on the 12th day of November, A.D., 1998.
REVISED, on the 22nd day of February, A.D., 2000
AMENDED, on this 24th day of June, A.D., 2003
AMENDED, on this 2nd day of October, A.D., 2006

Attest:

Averil Strand, President

Joe D. Hendrickson, Vice President

Lee Thielen, Secretary

Celeste Holder Kling, Treasurer

Laurie Steele, Liaison to PVHS

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

99-5 Pol: District Sponsored Attendance at Nonprofit Fundraising Events, or District Sponsorship of Nonprofit Events When Important Health Messaging Opportunity Exists

Approved June 16, 1999
Ratified June 24, 2003
[Ratified September 28, 2021]

Purpose of Policy: To represent and promote the Health District at community nonprofit fundraising events, or to sponsor a significant community nonprofit event when an important health messaging opportunity exists, and to show support for other community agencies.

Policy: The District may sponsor representatives of the Health District staff and board at nonprofit fundraising events benefiting organizations in the district's boundaries, or it may sponsor significant nonprofit events when an important health messaging opportunity exists, as long as:

- The events' purpose is compatible with the mission of the Health District,
- Tax dollars are not used,
- The amount does not exceed $3,000 dollars per event and $6,000 per fiscal year (not including the cost of the health messaging), and
- Sponsorship has been approved by the Executive Director.

ADOPTED, on the 16th day of June, A.D., 1999
RATIFIED, on this 24th day of June, A.D., 2003
RATIFIED, on this 28th day of September, A.D., 2021

Attest:

DocuSigned by:
Michael D. Liggett
33EDCA58B2F5432...
Michael D. Liggett, President

DocuSigned by:
D8E7E32D0C204EF...
Molly J. Gutilla, Vice President

DocuSigned by:
ABCF4BE3BEEC448...
Celeste Kling, Liaison to PVHS

DocuSigned by:
Johanna Ulloa Giron
33964C39EFF0459...

Johanna Ulloa Giron, Secretary

DocuSigned by:
Joseph Prows
35DE8BF7DEE344A...

Joseph W. Prows, Treasurer

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

99-6 Pol: Board Self-Evaluation and Training

Adopted September 28, 1999
Amended October 31, 2005

Purpose of Policy:
The Board of Directors for the Health District of Northern Larimer County [Health District] acknowledges that a well-trained and informed governing body is essential to an efficient and effective organization. In order to promote Board members having an adequate fund of knowledge with which to carry out the responsibilities of a Board member of the Health District, the following training policy is established:

Policy:

- Any candidate who submits a petition to run for the office of Board Member will be provided with a copy of key policies relating to Board function including Board training.
- Within 60 days of being elected, all new board members will undergo an orientation training that will include:
  - District History
  - District Policies
  - District Programs
  - Legal implications of Special Districts and Board functions
  - Fiduciary responsibility
  - Governance
- It is the responsibility of the Executive Director, in conjunction with the existing Board Chair, to coordinate the method by which this initial training/orientation will occur.
- Newly elected Board members will also complete the board self-assessment tool (see attached) as it relates to board competencies and submit that to the Board President. If, at the President's discretion, an individual board member has any specific deficiencies that may impair optimal Board function, the President may authorize (at District expense) whatever training may be indicated to remediate that Board member's knowledge base and enhance performance.
- Annually, the entire Board will complete a self-evaluation rating (utilizing the Board self-evaluation form* and the Core-Competencies form**) of the Board's performance of the identified Board goals of the previous year, as well as self-evaluation of their own strengths and weaknesses as they relate to Board function. The Board will compile the information from that assessment and generate a Board education plan at their annual retreat that will: set goals and identify training (seminars, classes, conferences, etc.) that individuals or the entire group will attend at Health District expense. At that time the Board will review the Board's budget and allocate adequate funds to meet those goals.
- Additional resources (e.g. books, journals, tapes, etc.) that may be deemed appropriate by the Board for either collective or individual training will be provided.
- If needed, the Health District will make available to each Board member, a PC and/or fax machine (as well as Internet access) to facilitate intra-board communication as well as access to educational resources which will enhance their performance as Board members.

* Attachment A: Board Self-Evaluation Process and Tool
** Attachment B: Board Education / Core Competencies Form

ADOPTED, this 28th day of September, A.D., 1999.
AMENDED, this 31st day of October, A.D., 2005

Attest:

A. Thomas Linnell, Ed.D., President

Averil Strand, Vice President

Laurie Steele, Board Liaison to PVHS

Lee Thielen, Secretary

Joe D. Hendrickson, Treasurer

ATTACHMENT A

Health District of Northern Larimer County
Board Self-Evaluation Process and Tool

Purpose of Policy:
The purpose of the Board Self-Evaluation Process is to provide a format and timetable for the Board to fulfill the responsibilities in its job description to evaluate the Board's performance on an annual basis and to provide for Board continuing education and development of core competencies.

Timetable and Process:

- At its Annual Retreat, the Board will establish its goals for the coming year and will develop a training plan, which supports the development of core competencies among its members.
- Prior to the next Annual Retreat, the board Chair will distribute the board self-evaluation tools to all members and appoint a person to receive and tabulate the results. The tools used will include:

    1. **The Board Self-Evaluation Form** – this form evaluates the effectiveness of the Board as a whole and the progress made toward its goals.
    2. **The Core-Competencies Self-Evaluation Form** – this form requires each board member to assess his or her skills and knowledge on the core competencies.

- The person appointed to tabulate the results of the self-evaluation will provide a written report to the Board in its advance materials for the next Annual Retreat.
- At its Annual Retreat, the Board will:

    1. Review the results of the self-evaluation.
    2. Develop a plan to make any corrections needed based on the evaluation.
    3. Develop a training plan for the coming year for the Board and its individual members based on the Core Competencies Self-Evaluations.
    4. Develop its goals for the coming year.

Health District of Northern Larimer County
Year 200_ Board Self-Evaluation

How *effective* has the Board's part been in this variable?

1 Very ineffective
2 Somewhat ineffective
3 Somewhat effective
4 Very effective

		1 VI	2 SI	3 SE	4 VE
MISSION					
A.	Health District has a clear mission.				
B.	Health District is adhering to its mission.				
C.	Health District is effectively communicating its mission to others.				
VISION					
A.	Board has a clear vision for the future of the Health District.				
B.	Board is effectively directing staff towards that vision.				
GOVERNANCE					
A.	Board has a clearly defined governance model.				
B.	Board adheres to its governance models.				
FINANCIAL MANAGEMENT					
A.	Board has an understanding of the financial activity of the HD (bonds and budget)				
B.	Board maintains appropriate oversight into its fiduciary responsibilities.				
CEO EVALUATION					
A.	Board has clearly articulated evaluation criteria for the CEO evaluation				
B.	Board provides feedback in a regular and productive fashion with the CEO.				
COMMUNITY LEADERSHIP					
A.	Board assumes responsibility for communication with other community leaders regarding HEALTH DISTRICT activities and goals.				
B.	Board actively promotes vision and mission of the Health District in the community.				
C.	Board maintains level of expertise (through continuing education) to provide knowledgeable leadership to the community.				
POLICY					
A.	Board has implemented appropriate policies to support governance of the Health District.				
B.	Board regularly reviews existing policies for adherence to and appropriateness of the mission and vision of the Health District.				
CEO/COMMUNICATION/RELATIONSHIP					
A.	Board provides clear and direct communication to CEO.				
B.	Board supports CEO in her management/decision responsibilities.				
C.	CEO/Board relationship is collegial.				
D.	Board exerts no individual authority (only collective).				

GOALS: Board's effectiveness in achieving its goals	1 VI	2 SI	3 SE	4 VE
Goal #1: District Goals and Strategic Plan				
Monitor progress on Strategic Plan 20__				
Review and approve the Strategic Plan for 20__, which is the year of the 3-yr plan cycle				
Goal #2: Annual Evaluations/Reviews				
Board Self-Evaluation				
Executive Director Evaluation				
Annual Audit				
Regularly review the financial performance of the Health District (monthly)				
Review the need for funding, and set mill levy				
Receive report from PVHS on the tracked hospital system indicators				
Goal #3: Education and Planning				
Develop enhanced knowledge through participation in board education activities (readings, conferences, presentations); develop list of topics				
Assure ongoing board role in planning and policy-level problem solving				
Assure orientation of new board member(s)				
Set legislative agenda, if any, and plan for implementation in next legislative session.				
Goal #4: Other:				
Continue to develop relationship with PVHS Board, including holding a joint board meeting; continue oversight of lease agreements				
Participate in building community relations, through participation in special events and in at least 20 individual meetings with community leaders				

PART III
QUALITATIVE

How would you rate your experience as a member of this Board? Has it been meaningful, rewarding, etc?

What suggestions do you have to facilitate the Health District Board being more effective?

Do you think we are on the right track? Why? Why not?

How could meetings be more productive?

What training would be beneficial to enhance Board performance?

Do we need more or less meeting time?

What has been/is your greatest frustration as a Board member for the Health District?

How would you rate the Chair's effectiveness? How could he/she be more effective?

NAME:

BOARD EDUCATION/CORE COMPETENCIES	Needs Training	Adequately Trained	Trainer for others
The role of the broader determinants of health in improving a community's health status			
The role of prevention in reducing the incidence of sickness, injury, and death			
The methodology used by the Health District to assess and prioritize needs and opportunities			
The Health District Mission, Values, Bylaws and Strategic Plan, including the program services offered by or planned to be offered by the Health District			
The statutory requirements which apply to the Health District, especially in regards to open records, open meetings, executive session, and the elections process			
Evaluating value added, cost-effectiveness and/or return on investment as they apply to the Health District's activities.			
The Board's policies regarding governance, meetings, decision making, and executive limitations; and the philosophy of the Carver model of board governance including the difference between the roles of board and staff			
The basic principles and practices of managed care, capitation, and health care financing including Medicare and Medicaid			
The history of the Health District, including the role of the Health District in understanding and overseeing the lease with PVHC, why the hospital was privatized, and the different roles of the PVHC vs. Health District boards			
The basics of Health District finances and fiduciary responsibility including budgeting, financial statements, setting mill levies, TABOR implications, risk management, and the role and logistics of the Health District's bond financing.			
The Health District's relationship to the community and its leaders			

Health District
OF NORTHERN LARIMER COUNTY

99-01 Pol: Contract and Expenditure Signature Policy

Approved July 23, 1996
Amended June 25, 2024

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

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

1. **Contracts and Expenditures Under $10,000**

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

2. **Contracts and Expenditures Under $25,000**

   When a contract, expenditure or other document implements a program or budget that has been included in the budget authorized by the Board of Directors, and is in an amount less than $25,000, a Deputy Director is authorized to sign the agreement.

3. **Contracts and Expenditures Under $50,000**

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

Adopted, on the 23rd day of July, 1996
Ratified, on the 11th day of February, 1999
Ratified, on the 24th day of February, 2004
Amended, on the 23rd day of October, 2012
Amended on the 23rd day of August, 2016
Amended, on the 28th day of September, 2021
Amended, on the 25th day of June, 2024

4. **Contracts and Expenditures $50,000 to $150,000**

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

5. **Contracts and Expenditures Exceeding $150,000**

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

AMENDED, on the 25th day of June, 2024.

Molly J. Gutilla, President

Attest:

DocuSigned by:
3721208F9AE74C6...
John P. McKay, Secretary

Adopted, on the 23rd day of July, 1996
Ratified, on the 11th day of February, 1999
Ratified, on the 24th day of February, 2004
Amended, on the 23rd day of October, 2012
Amended on the 23rd day of August, 2016
Amended, on the 28th day of September, 2021
Amended, on the 25th day of June, 2024

Health District
OF NORTHERN LARIMER COUNTY

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

Adopted September 25, 1996

I. **Description of the Liaison from the Health District to PVHS[1].** The Board of Directors of the Health District will elect a representative from the elected members of the Health District Board to serve as an ex officio voting member of the Poudre Valley Health System (PVHS) Board, and as a Liaison between the Health District and PVHS. The designee will normally have been a member of the Health District Board for at least two years prior to serving in this capacity. The term of the Liaison will normally be for two years but can be extended.

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

II. General Role of the Liaison

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

III. Liaison Responsibilities

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

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

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

IV. Working Relationships

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

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

ADOPTED on the 25th day of September, A.D., 1996
AMENDED on the 23rd day of February, A.D., 1999
RATIFIED on the 24th day of June, A.D., 2003
AMENDED on the 15th day of February, A.D., 2006
AMENDED on the 22nd day of April, A.D., 2014
AMENDED on the 28th day of March, A.D., 2023

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

Attested by:

DocuSigned by:
D8E7E32D0C204EF...
Molly J. Gutilla, MS, DrPH, President

DocuSigned by:
Julie Kunce Field
910B9CCE265F41D...
Julie Kunce Field, JD, Vice President

DocuSigned by:
Ann Yanagi
7D3B8F7837464AE...
Ann Yanagi, MD, Secretary

DocuSigned by:
Joseph Prows
35DE8BE7DEE344A...
Joseph Prows, MD, Treasurer

DocuSigned by:
Celeste Holder Kling
ABCF4BE3BEEC448...
Celeste Holder Kling, JD, Liaison to PVHS Board

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

Health District
OF NORTHERN LARIMER COUNTY

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

Adopted December 14, 1999
Amended January 25, 2022

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

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

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

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

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

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

Priority 3: Other health or Health District operations issues.

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

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

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

POLICY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The President may request that one of the following occurs:

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

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

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

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

Grassroots Lobbying

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

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

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

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

The Board may direct staff as follows:

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

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

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

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

Action on Ballot or Candidates

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

Monitoring and Reporting Time and Finances Spent on Legislative Issues

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

Adopted, this 14th day of December, A.D., 1999
Amended, this 22nd day of August, A.D., 2000
Amended, this 22nd day of January, A.D., 2001
Amended, this 30th day of September, A.D., 2003
Amended, this 15th day of February, A.D., 2006
Amended, this 13th day of December, A.D., 2013
Amended, this 22nd day of January, A.D., 2019
Amended, this DD day of Month, A.D., 2022

Attested by:

DocuSigned by:
Michael D. Liggett
93EDCA58B2F5432...
Michael D. Liggett, Esq. President

DocuSigned by:
D8E7E32D0C204EF...
Molly Gutilla, MS, DrPH, Vice President

DocuSigned by:
ABCF4BE3BEEC448...
Celeste Kling, JD, Liaison to PVHS Board

DocuSigned by:
Joseph Prows
35DE8BF7DEE344A...
Joseph Prows, MD, Treasurer

DocuSigned by:
Johanna Ulloa Giron
33964C39EFF0459...
Johanna Ulloa Giron, PsyM, MSW, Secretary

Health District
OF NORTHERN LARIMER COUNTY

2010-01: FINANCIAL ACCOUNTS SIGNATURE POLICY

[Amended November 14, 2022]

Presented for Approval: June 25, 2024

Purpose of Policy
In order to maintain internal control on the financial accounts for the Health District of Northern Larimer County while still allowing for a reasonable flow of business, the following designations and restrictions on signatures shall apply:

1) Designated officials for expenditures (excluding funds transfers):

- Executive Director
- Finance Director
- Board President
- Board Secretary
- Board Treasurer

Generally the signatures of the Finance Director and/or Executive Director will be used.

2) Fund Transfers ONLY to Health District Accounts

The following individuals are authorized to contact banks and investment firms to transfer funds, but only between Health District accounts. There is no limit on the amount of funds that can be transferred between Health District accounts. Expenditures from those accounts are limited by the policies above. Funds transfer report forms will be kept and filed with bank statements

- Finance Director
- Executive Director
- Board Treasurer
- Board Secretary

3) Automated Clearing House (ACH) transactions

The following individuals are authorized to initiate Automated Clearing House (ACH) transactions through the First National Bank Cash Management System for:

- Vendor payments for goods and services (excluding employee benefit premiums and insurance premiums). Individual vendor invoices for payment must include authorized signature(s) in accordance with Policy 99-01: Contract and Expenditure Signature Policy. No dollar amount limit).

- Payments of employee benefit premiums and insurance premiums (No dollar amount limit).
    - Executive Director
    - Finance Director

4) Wire Transfers

Most fund transfers will take place only between District accounts. In rare occasions, a wire transfer may be necessary from the District checking account. Should such a wire transfer be necessary, the following procedure will apply:

a) Individuals authorized to initiate wire transfers include:
    - Finance Director
    - Executive Director
    - Board Secretary
    - Board Treasurer

b) Wire transfer authorization must be performed in person at the bank by **two** of the individuals listed above, which must include one staff member and one board member.

c) Wire transfer report forms will be kept and filed with bank statements.

ADOPTED, this 25th day of June, 2024.

Molly J. Gutilla, President

Attest:

DocuSigned by:
3721208F9AE74C6...

John P. McKay, Secretary

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY
REMOTE MEETING POLICY

I. Purpose.

The purpose of this Policy is to specify the circumstances under which meetings of the Board of Directors may be held without the physical presence of the members, District staff or the public at a designated meeting location (a "Remote Meeting").

II. Procedure.

A. General. Remote Meetings are appropriate only in emergency situations when meeting in-person is not practical or prudent due to a health pandemic or other emergency.

B. Conditions. Remote Meetings may be held if all of the following conditions are met:

1. The State of Colorado or the District or both have declared a state of emergency.

2. The members can hear one another and can hear or read all discussion and testimony in a manner designed to provide maximum notice and participation.

3. The public has the opportunity to participate to the greatest extent possible.

4. Hearings on quasi-judicial matters shall only be held with the prior written consent of the applicant, in which the applicant waives any legal challenge to the hearing being conducted at a Remote Meeting.

5. All votes shall be conducted by roll call. Each member may vote on all matters at a Remote Meeting in the same manner as other meetings.

6. Minutes of the meeting shall be taken in the same manner as other meetings.

C. Determination. The decision to hold a Remote Meeting shall be made by the Executive Director or the Chair of the Board, and arrangements shall be made, to the extent possible, to ensure full and timely notice is given to the public. Notice shall set forth the time of the meeting as well as the fact it will be a Remote Meeting.

IV. Applicability.

Upon implementation, this Policy will apply to regular and special meetings, including study sessions, of the Board of Directors.

V. Reasonable Accommodation.

The District shall provide reasonable accommodations and shall waive or modify provisions of this Policy as necessary to provide disabled individuals full and equal access to Remote Meetings.

Health District
OF NORTHERN LARIMER COUNTY

Health District of Northern Larimer County
Resolution No. 2024-12

A Resolution of the Board of Directors of the Health District of Northern Larimer County Formally Establishing and Appointing Board Members to the Board Public Policy Committee

Whereas, the Board of Directors of the Health District of Northern Larimer County wishes to establish a Board Public Policy Committee in furtherance of Board Policy 99-7; and

Whereas, the Board wishes to appoint two Board members to the Board Public Policy Committee.

Now Therefore be it Resolved by the Board of Directors of the Health District of Northern Larimer County that:

Section 1. The Board Public Policy Committee is hereby established in furtherance of Board Policy 99-7.

Section 2. On behalf of the District, the following Board members are hereby appointed to the Board Public Policy Committee for the 2025 legislation session:

a. Molly Gutilla; and

b. Erin Hottenstein.

Adopted this 10th day of December, 2024.

Molly Gutilla, President

Attest:

John McKay, Secretary

Health District
OF NORTHERN LARIMER COUNTY

Health District of Northern Larimer County
Resolution No. 2024-11

A Resolution of the Board of Directors of the Health District of Northern Larimer County Approving a Fund Balance Policy

Whereas, the Board of Directors of the Health District of Northern Larimer County wishes to approve a fund balance policy to maintain fiscal stability of the District.

Now Therefore be it Resolved by the Board of Directors of the Health District of Northern Larimer County that:

Section 1. The Fund Balance Policy is hereby adopted and approved in the form attached hereto.

Adopted this 10th day of December, 2024.

Molly Gutilla, President

Attest:

John McKay, Secretary

Health District

OF NORTHERN LARIMER COUNTY

Fund Balance Policy

FUND BALANCE POLICY

PURPOSE

The purpose of this Fund Balance Policy is to maintain the fiscal stability of the Health District of Northern Larimer County (Health District) by establishing guidelines for the classification of the Health District's General Fund in accordance with Governmental Accounting Standards Board (GASB) Statement No. 54: "Fund Balance Reporting and Governmental Fund Type Definitions." As well as maintaining adequate reserve balances to ensure uninterrupted operations, safeguarding the health services provided to our community, and solidifying financial resilience for the organization.

DEFINITIONS

The General Fund balance is a measurement of available financial resources and is the difference between the Health District's total assets and total liabilities. GASB Statement No. 54 distinguishes fund (reserve) balance classification based on the constraints that control the purpose for which specified amounts can be expended. Beginning with the most restrictive constraints, reserve balance amounts will be reported in the following categories:

1. Nonspendable Fund Balance – amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually required to be maintained intact. *(Health District does not currently have a balance in this classification.)*
2. Restricted Reserve – funds that are restricted to specific purposes that are (a) externally imposed by creditors, grantors, contributors, laws or regulations or (b) imposed by law through constitutional provisions or enabling legislation. *(Colorado's constitutional amendment: The Taxpayer's Bill of Rights-TABOR)*
3. Committed Fund Balance – amounts that can only be used for specific purposes imposed by formal action of the Health District's Board of Directors (Board) or amounts restricted by contractual obligations. Funds can only be used for other purposes if the same formal action is taken by the Board.
4. Assigned Fund Balance – amounts that are constrained by the intent to be used for specific purposes but are not restricted or committed. Intent should be expressed by (a) the Board, or (b) another governing body (i.e. budget or finance committee).
    a. Assigned Reserves in the Health District's Appropriation of Governmental Fund Balance on the budget consist of two categories in an effort to keep the amounts separate and applied to their intended purposes.
    b. Those classifications are: Assigned Reserves and Capital Reserves.
5. Unassigned Fund Balance – residual classification for the remainder of the General Fund. Funds that have not been restricted, committed, or assigned.

POLICY STATEMENT

The Health District will classify the General Fund into the following reserve categories annually as part of the Budget process: Nonspendable Funds (if applicable), Restricted Funds, Committed Funds, Assigned Funds, Capital Funds, and Unassigned Funds.

RESTRICTED FUNDS

The Taxpayer's Bill of Rights (TABOR) Amendment in Colorado requires state and local governments to reserve 3% of their fiscal year spending and restrict its use to expenditures resulting from declared emergencies, such as natural disasters or public health pandemics. The Health District has restricted funds in accordance with this law.

COMMITTED FUNDS

The Health District did not commit funds for the upcoming calendar year. The decision to utilize Committed Funds will be reevaluated during future year budget proceedings.

ASSIGNED FUNDS

The Health District shall maintain an Assigned Funds balance of four to six months of annual operating expenditures to:

1. Provide sufficient cash flow for daily financial needs.
2. Mitigate current and future risks to financial stability.
3. Ensure the continued delivery of essential health services.
4. Maintain financial flexibility during unexpected events or revenue shortfalls.

ASSIGNED FUNDS CALCULATION

The Assigned Funds balance shall be calculated annually during the budget adoption process for the upcoming calendar year. The calculation method to be used is as follows:

1. Total budgeted operating expenditures for the upcoming year, divided by twelve months of the year, multiplied by four to six months.
    a. (Total Budgeted Expenditures / 12) x 4 to 6 = Assigned Funds
2. The target range for the Assigned Funds is four to six months worth of operating expenditures, this includes:
    a. Personnel Compensation (salaries, wages, benefits, taxes, development)
    b. Contracted Services
    c. Insurance
    d. Program Operations
    e. Supplies and Equipment
    f. Occupancy (facilities, utilities, repair, maintenance)
    g. Other Operating Expenses (all other recurring operational costs)

MAINTAINING THE ASSIGNED FUNDS BALANCE

The target range for the Assigned Funds will be a minimum of four months of operating expenditures and a maximum of six months of operating expenditures.

1. If the Assigned Funds balance falls below the minimum four-month threshold, the Health District shall:
    a. Develop a restoration plan.
    b. Implement the restoration plan to replenish the fund balance.
    c. Potentially reduce non-essential expenditures.
    d. Explore additional revenue sources.
2. If the Assigned Funds balance exceeds the maximum six-month threshold, the Health District may:
    a. Transfer excess funds to the Capital Funds to fund capital improvement projects.
    b. Invest in one-time infrastructure or equipment needs.
    c. Temporarily reduce certain revenue sources.
    d. Create Committed Funds or Assigned Funds for specific purposes.
    e. Provide funds to community organizations that provide health services to District residents withing the Health District's boundaries.

ANNUAL REVIEW AND ADJUSTMENT OF ASSIGNED FUNDS

During the budget adoption process, the Health District's Board of Directors shall:

1. Review the current Assigned Funds balance.
2. Evaluate the projected operating expenditures for the upcoming year.
3. Adjust the Assigned Funds balance as necessary based on the calculation method provided in the Assigned Funds Calculation section above.
4. Ensure compliance with the four to six month target range and take aforementioned actions highlighted in the Maintaining the Assigned Funds Balance section should the fund balance not meet the required target range.

CAPITAL FUNDS

To ensure availability of funds for significant infrastructure investments identified, prioritized, and estimated within the Health District's Capital Improvement Plan (completed annually as part of the budget process), the Capital Funds balance will be funded based on projections of capital needs for the upcoming years.

The Capital Improvement Plan will be evaluated annually to ensure relevancy, accuracy, and adaptation to organizational needs, community needs, and best practices.

UNASSIGNED FUNDS

Funds remaining in the General Fund after all restrictions, commitments, and assignments have been accounted for will be classified to Unassigned Funds. These funds have no contingent or intended uses and can be spent as needed, reclassified to another fund, or considered to be an excess of the Assigned Funds balance and used as described in Assigned Funds: Maintaining the Assigned Funds Balance #2.

FUND BALANCE REPORTING AND DOCUMENTATION

The Health District's annual budget package shall include the following information:

1. Current balance of the General Fund overall as well as the balances of the Nonspendable Funds (if applicable), Restricted Funds, Committed Funds, Assigned Funds, Capital Funds, and Unassigned Funds.
2. Calculation methodology for the funds in those classifications.
3. Justification for the funds in those classifications.

In addition to the annual budget documentation, the Health District will also include detailed information regarding the fund balances through:

1. Comprehensive Annual Financial Report (CAFR)
2. Regular financial reports to the Board of Directors.

ORDER OF EXPENDITURE OF FUNDS

When multiple categories of fund balances are available for an expenditure, the Health District will expend from the most restricted fund category first before proceeding to the next category with available funds for that expenditure.

For example, in the event of a natural disaster, expenses incurred would be funded first by the Restricted Fund (as allowed by TABOR), then by the Assigned Fund.

EXCEPTIONS AND EMERGENCY PROVISIONS

In extraordinary circumstances such as, but not limited to: natural disasters, significant public health emergencies, unexpected major infrastructure failures, the Health District's Board of Directors may temporarily deviate from this policy to protect public health and safety, ensure continuity of essential services, and address immediate critical needs resulting from the extraordinary circumstance.

Any such deviation from this policy shall be:

1. Documented with clear rationale.
2. Presented to and formally approved by the Board of Directors.
3. Accompanied by a plan to restore the fund balances.

POLICY REVIEW AND COMPLIANCE

This Fund Balance Policy shall be reviewed at least every three years by the Health District's financial management and the Board of Directors to ensure continued relevance, alignment with best practices, and compliance with current financial regulations.

This policy shall be implemented in compliance with:

1. Governmental Accounting Standards Board (GASB) codification.
2. Generally Accepted Accounting Principles (GAAP) codification.
3. State and local financial regulations.

Health District
OF NORTHERN LARIMER COUNTY

Health District of Northern Larimer County
Resolution No. 2024-13

A Resolution of the Board of Directors of the Health District of Northern Larimer County Formally Establishing and Appointing Board Members to the Board Governance Committee

Whereas, the Board of Directors of the Health District of Northern Larimer County wishes to establish a Board Governance Committee in furtherance of the District's Strategic Plan; and

Whereas, the Board wishes to appoint two Board members to the Board Governance Committee.

Now Therefore be it Resolved by the Board of Directors of the Health District of Northern Larimer County that:

Section 1. The Board Governance Committee is hereby established.

Section 2. On behalf of the District, the following Board members are hereby appointed to the Board Governance Committee:

a. **Julie Kunce Field**; and

b. **Erin Hottenstein**.

Adopted this 10th day of December, 2024.

Molly Gutilla, President

Attest:

John McKay, Secretary

Health District
OF NORTHERN LARIMER COUNTY

Health District of Northern Larimer County
Resolution No. 24-07

A Resolution of the Board of Directors of the Health District of Northern Larimer County Adopting a Compensation Policy for Directors

Whereas, pursuant to C.R.S. § 32-1-902(3)(a)(II), each of the Board of Directors serving a term after January 1, 2018, may receive, as compensation for the Director's service, the sum of $100 per meeting attended, up to $2,400 per year; and

Whereas, the Board of Directors wishes to adopt a policy for payment of this compensation, consistent with C.R.S. § 32-1-902(3)(a)(II).

Now Therefore be it Resolved by the Health District of Northern Larimer County that:

Section 1. Directors serving on the Board shall be compensated $100 per public meeting attended, including any regular Board meeting, special Board meeting or Board work session, not to exceed $2,400 per year.

Adopted this 23rd day of April, 2024.

Molly Gutilla, President

Attest:

John McKay, Secretary

Health District
OF NORTHERN LARIMER COUNTY

Health District of Northern Larimer County
Resolution No. 24-08

A Resolution of the Board of Directors of the Health District of Northern Larimer County Approving Signatories for All Financial Accounts

Whereas, the Board of Directors of the Health District of Northern Larimer County wishes to approve signatories for all financial accounts and transactions of the District.

Now Therefore be it Resolved by the Board of Directors of the Health District of Northern Larimer County that:

Section 1. On behalf of the District, the following individuals may execute checks, fund transfers and automated clearing house transactions, and may purchase, renew or close Certificates of Deposit:

a. Executive Director;

b. Interim Executive Director;

c. Finance Director;

d. Interim Finance Director;

e. Board President; and

f. Board Treasurer.

Section 2. Two approvals shall be required for all actions identified in Section 1, by the individuals identified in Section 1, but only one authorized signature shall be required on any documents.

Adopted this 23rd day of April, 2024.

Molly Gutilla, President

Attest:

John McKay, Secretary

Health District
OF NORTHERN LARIMER COUNTY

Resolution 2025-01

RESOLUTION TO ESTABLISH MEETING DAYS AND TIMES FOR BOARD OF DIRECTORS MEETING

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

That the Health District of Northern Larimer County Board of Directors regular meetings for 2025 shall normally be held on the following days and times:

- January 23, 2025
- February 27, 2025
- March 12, 2025 – Joint Board Meeting with Poudre Valley Hospital Board of Directors
- April 24, 2025
- May 22, 2025
- June 26, 2025
- August 28, 2025
- October 23, 2025
- November 20, 2025
- December 11, 2025

ADOPTED, this 23rd day of January, A.D., 2025.

Attest:

Molly Gutilla, President

Julie Kunce Field, Vice President

Joseph Prows, Treasurer

John McKay, Secretary

Erin Hottenstein, Assistant Treasurer

Health District
OF NORTHERN LARIMER COUNTY

Resolution 2025-02

RESOLUTION DESIGNATING THE OFFICAL POSTING LOCATION FOR 2025

Whereas, pursuant to the Colorado Open Meetings Law, and specifically C.R.S. § 32-1-1903(1)-(2) and § 24-6-402(c), at its first regular meeting of each year, the Board of Directors must designate the official location for the posting of legal notices for that year;

Whereas, in 2019, the Colorado Legislature amended C.R.S. § 24-6-402 to encourage local governments to transition from posting physical notices of public meetings in physical locations to posting notices electronically on a website;

Whereas, the District maintains an official website; and

Whereas, the Board wishes to adopt the District's website as the official posting location for public meetings.

Now Therefore be it Resolved by the Health District of Northern Larimer County, Colorado that:

Section 1. The District's website, https://www.healthdistrict.org/, is hereby adopted as the official posting location for all meeting notices pursuant to C.R.S. § 24-6-402. All notices of meetings of the Board of Directors and any other District committees or boards subject to the Colorado Open Meetings Law shall be posted on the District's website.

Section 2. District staff is hereby directed to provide the official website address to the State Department of Local Affairs for inclusion in the Department's inventory.

Section 3. In the event online notice is not possible due to emergency circumstances, the alternative posting place is the bulletin board at the District's offices at 120 Bristlecone Drive, Fort Collins, CO 80524.

Adopted this 23rd day of January, 2024.

Molly Gutilla, President

Attest:

John McKay, Secretary

Health District
OF NORTHERN LARIMER COUNTY

Compensation Policy

The Health District of Northern Larimer County's compensation system aims to assist in recruiting, retaining, and rewarding employees while ensuring pay equity in compliance with the Equal Pay for Equal Work Act (EPEWA). It establishes competitive salary grades based on the labor markets from which the Health District recruits talent. These grades reflect the value of each position as determined by a job review, which considers the duties and level of responsibility associated with each role.

Objectives of the system are as follows:

1. To ensure a pay philosophy that is reflective of the values and goals of the Health District.
2. To ensure Health District resources are used effectively and efficiently.
3. To provide a rational basis for making pay decisions, eliminating arbitrary salary assignments, and ensure internal fairness and compliance with EPEWA.
4. To maintain salary ranges that are competitive with labor markets from which employees are recruited.
5. To establish job titles and descriptions that are consistently used throughout the Health District.
6. To clarify relationships among positions to avoid overlaps and gaps in responsibilities.
7. To clarify the knowledge, skills, and abilities (KSAs) required to competently perform the position and aid in the development of career paths.
8. To assist supervisors in evaluating and rewarding employee job performance.

Human Resources (HR) is responsible for the administration and maintenance of the compensation system. These responsibilities include assignment of proposed new jobs to salary grades, reassignment of existing jobs to salary grades, preparation and maintenance of job descriptions, review, and approval of pay adjustments and maintenance and updating of pay structures.