



Board of Directors Regular Meeting
6.26.25
MINUTES

Location: 120 Bristlecone Dr., Fort Collins, CO 80524 or [Zoom](#)

Date: Thursday, June 26, 2025

Time: 5:30 PM

Board Members Present:	Also Present:
Erin Hottenstein, Board President	Elizabeth G. LeBuhn - Hoffman, Parker, Wilson & Carberry, P.C
Lee Thielen, Board Vice President	Nick Healey, Partner – Husch Blackwell ??
Julie Kunce Field, JD, Treasurer (virtual)	
Sarah Hathcock, Secretary	
John McKay, Liaison to PVHS/UCHealth North	

I. Call to Order

- a. Roll Call Board of Directors
With a quorum present, the meeting was called to order at 5:33 pm by Board President, Erin Hottenstein.
- b. Welcome Guests & Attendees
- c. Conflict of Interest Statement
No conflicts were reported.
- d. Approval of Agenda
Motion: To approve the June 26 meeting agenda, as presented.
Moved by Director McKay, seconded by Director Hathcock, Director Field abstains; motion passes.

II. PUBLIC COMMENT

- a. Averil Strand, District resident, acknowledged the new board members and the new phase of determining directions for services. She referenced the district's 2024-25 strategic plan, which identifies health equity as a priority with goals to improve access and inclusivity while becoming a model of responsiveness and trust for the healthcare community.

Strand highlighted that nurses who previously provided preventive health services and counseling are no longer offering these services. This elimination particularly impacts community members who relied on these services to identify health issues and access medical and mental health resources. The loss of these preventive services undermines the District's ability to serve vulnerable populations

who lack consistent healthcare access and risks failing to fulfill its strategic commitment to health equity and community responsiveness.

To address these concerns, Strand requested that the board hire a part-time medical director to improve the district's effectiveness in serving the community. (9:11-10:23)

- b. Andrea Holtz, a former 20-year health district employee, addressed the board to correct what she called an inaccurate narrative about her team and staff. She reported that numerous current and former employees have sought support from her over the past year, with some seeking therapy due to feeling psychologically unsafe at work and others describing toxic behavior from leadership.

Holtz clarified that she supports the district's need to modernize and does not disagree with the strategic plan. However, she vehemently disagrees with the poor change management and staff mistreatment during the transition. A critical turning point occurred in August 2024 when leadership asked her to withhold important information from her team about the UC Health transition. She refused to mislead her team, maintaining her ethical boundaries and began documenting all leadership interactions.

When her team sought clarity during the chaotic transition, they were accused of "triangulation" by leadership. After repeatedly receiving incorrect information and being "lied to and gaslit," her team requested UC Health leadership be present during meetings. She highlighted a particularly damaging comment from a board member who referred to the massive turnover as "cleaning out the basement," which left many staff feeling like "unnecessary junk being discarded."

Holtz concluded by requesting that the board sign the contract so her team can move forward with UC Health. (10:39-14:57)

- c. Whitney Clear, District resident, addressed the board to commend the collaborative work between Clear School District, the CAYAK team, the Health District, and Summit Stone in developing an improved referral process. She expressed appreciation for the partnership and highlighted the benefits of the new system, which includes a streamlined portal that allows school staff to make referrals more efficiently while providing care coordinators with more accurate information that can be processed quickly.

Clear emphasized her positive experience working with the CAYAK team over time and wanted to publicly thank everyone involved in creating this enhanced collaborative process that better serves students and families in need of mental health services. (15:08-16:12)

- d. Marybeth Rigali-Oiler, former child psychologist for the CAYAK program, addressed the board about serious leadership concerns. She helped build the program from its earliest stages but left because she could no longer ethically be associated with the organization after being referred to as "basement trash that needed to be taken out."

Oiler described a culture of gaslighting, deflection, and retaliation created by leadership. She reported that leaders without clinical credentials spread false claims about her and Dr. Udupa's productivity, which PSD leadership recognized as slander. Critical failures included psychiatric staffing decisions without proper oversight and a HIPAA breach that leadership blamed on frontline workers despite failing to provide appropriate training. Senior psychologists advised her to leave immediately, stating the Health District "does not understand HIPAA, mental health, or their legal responsibilities."

Despite productivity accusations, Oiler was never disciplined and has no documented concerns in her HR file. She characterized leadership accountability as inadequate, citing an executive's "flippant" response of "My bad" to serious concerns.

The CAYAK program is now severely compromised with no working clinicians, no manager, one overbooked psychologist, and an underqualified psychiatric provider working part-time via

telehealth. Referrals are down due to staff departures, not lack of need, though leadership claims this proves services weren't needed.

Oiler urged the board to see past the "spin," noting the exodus of respected clinicians, and called for independent reviews, clinical oversight enforcement, and restoration of ethical leadership. (16:20-20:08)

- e. Julie Abramoff, an 18.5-year Health District employee and District resident, addressed the board about leadership's treatment of previous staff and misinformation. She defended the Health District's 30-year history as a well-functioning, happy workplace with extremely low turnover, criticizing leadership's disparaging remarks about previous employees as "egregiously insulting" and "unprofessional."

Abramoff disputed claims that previous programs only tracked basic demographics, explaining that her program tracked comprehensive data including client assistance program use, insurance status, and follow-up assessments that informed program development.

She highlighted significant misinformation from leadership about job security. Despite being told her Heart Health screening program might be discontinued and that the District was moving away from direct services, leadership consistently told all staff that "no one is losing their job, and no direct services are going away." When she questioned this discrepancy, a director said they needed to "keep the water cooler talk down so that nobody would panic."

The contradictions became clear when the Heart Health program ended in December 2024, nurses lost their jobs, and Community Health nurse Maggie Mueller received a termination letter explicitly stating role elimination due to the shift "from a staffing model to a funding model." Abramoff characterized this as "gaslighting" and emphasized that misinformation was being spread by leadership, not staff.

Despite these concerns, Abramoff expressed gratitude for her years at the Health District and looked forward to working under new leadership to restore honesty, trust, and improve morale. (20:24-24:33)

- f. Christy Scott, District resident and Integrated Behavioral Health team employee, addressed the board regarding the Poudre Valley Hospital contract. She seconded Andrea Holtz's comments about the challenging past 10 months and emphasized that she and many others have never opposed the strategic plan or change itself, joining the organization because she believed in its vision.

Scott explained that the real challenge has been in the execution of changes, which were rolled out quickly without sufficient information or involvement from staff experts, causing unintended damage across the organization. Her team's questions and concerns about patient care impact were disregarded, and they were negatively characterized by former leadership as unable to embrace change, which she found "hurtful, inaccurate, and isolating."

Despite these challenges, Scott and her team respectfully asked the board to sign and adopt the Poudre Valley Hospital partnership contract, emphasizing that streamlining this partnership makes sense and has been considered for many years. She concluded that while the team has always wanted to embrace change to meet community health needs, how change is implemented matters deeply. (24:49-27:06)

- g. Shawnie Wilde, SummitStone Care Coordination Program Supervisor, commented about a behavioral health response team partnership between organizations, the Poudre School District, and the CAYAK team. Wilde, who has been involved in this partnership since January 2024, emphasized that while these three organizations have collaborated independently in the past, the current level of collaboration is unprecedented. She described how the partnership has fostered deeper

understanding of each organization's services and needs, with continuous communication and shared goals focused on developing the program to its highest potential as service providers.

The partnership's primary mission is to increase access to care for youth and families in the community, and Wilde noted that the need is clearly demonstrated by the approximately 60 referrals they received between March and May 2024. She emphasized that as service providers in community behavioral health, it is their responsibility and duty to continuously strive to exceed existing goals, expectations, and achievements. Wilde expressed pride in being part of this partnership that is accomplishing exactly that, and she thanked the individuals who have been dedicated to implementing and supporting the program. She concluded by noting that they are increasing visibility for behavioral health needs in their communities and answering the call to service, presenting this as a positive example of effective collaboration addressing youth mental health needs. (27:18-29:10)

- h. Jenny Mack, a former Health District employee, provided public comment about her three and a half years with the CAYAK team via an audio recording. She joined in 2021, drawn to the dynamic group of clinicians and the program's excellent reputation for providing timely mental health services to families. The CAYAK team received referrals from multiple sources throughout Wellington, Fort Collins, and Loveland, serving a critical role in early identification and intervention for children and adolescents regardless of income or insurance status.

Mack stated that the CAYAK team ran smoothly until executive director Liane Jollon's arrival. Under Jollon's leadership, Mack experienced a lack of care and communication from leadership, unilateral decisions made without clinician input, and a dismissive top-down approach that excluded staff from collaborative feedback opportunities. She noted never meeting Jollon during her tenure except for one brief introduction at a barbecue.

This lack of staff support and input caused programs to deteriorate and people to leave because they didn't feel valued. Mack emphasized that the program had previously saved lives through early mental health detection and intervention. She urged the board to focus on rebuilding the program's effectiveness. (30:28-35:30)

- i. Heather Trussel, a Licensed Professional Counselor, served as Behavioral Health Provider Lead for the CAYAK program from 2018 until resigning in May 2024. In a submitted letter, she expressed deep concern about the program's future and disputed the false narrative justifying significant staff turnover. Trussel refuted claims that staff left because they resisted change, avoided paperwork, or refused to see clients, calling this a false narrative created by leadership and repeated in board meetings.

She was particularly troubled by a board member's comment praising leadership for "cleaning out the basement," describing it as celebrating the exodus of highly qualified, mission-driven professionals who were pushed out or worn down. Trussel provided examples of staff contributions being rejected, including her own experience of being written up after raising concerns about offering brief therapy to all Medicaid clients without proper long-term referrals. When staff offered ideas like group therapy, ADHD screenings, and partnerships, they were rejected or not properly pursued.

Trussel emphasized that staff was fighting for quality, sustainable care that maintained program integrity, not resisting change. Since her resignation, several other qualified staff members have also left, and she worried there may not be enough experienced clinicians remaining to run the program effectively. She concluded by asking the board to look beyond what they've been told, ask harder questions, hold leadership accountable, and help rebuild a culture that values collaboration, respects clinical expertise, and puts community needs first. (36:54-38:42)

- j. Dr. Usha Udapa, a former Health District employee, practicing child psychiatrist, and 20-year Fort Collins resident, provided public comment in a letter acknowledging that some leadership policy updates are needed but criticizing their implementation as "gross mismanagement" that created a

toxic workplace culture. She attributed problems to inexperienced staff promoted to leadership after Robert Williams was abruptly let go and the rapid pace of filling key positions, leading to erosion of community trust.

Since leaving, Dr. Udupa has received calls from primary care providers and community members seeking urgent psychiatric assessment for children, expressing heartbreak at being unable to refer them for immediate treatment. She noted the Health District hired a part-time nurse practitioner with limited pediatric experience who sees patients twice monthly, sometimes remotely, with false representation of qualifications on the website. She emphasized that the Connections program was designed to decrease barriers and bridge care gaps for vulnerable families, which cannot be accomplished through traditional outpatient models.

Dr. Udupa recommended waiting to fill key positions like the Connections manager, ensuring clinical experience for the director of direct health services, and possibly hiring a Northern Colorado resident as Executive Director. She criticized the policy preventing board members from contacting employees, which limited perspectives to leadership's view, and urged board members to gather balanced input from community leaders, partners, and current and past employees. She concluded that taxpayers deserve a voice in identifying service gaps and that comprehensive, transparent information about partnerships addressing urgent psychiatric needs should be made available to the public. (38:55-40:23)

- k. Karen Spink, a former long-term employee and key leadership team member of the Health District provided public comment via a written letter expressing concern about misinformation overshadowing the organization's positive progress over the past two years. She acknowledged longstanding organizational challenges including outdated financial systems, antiquated technology, insufficient IT support, and limited human resources capacity that existed before the founding Executive Director retired and were inherited by subsequent leadership.

Spink praised work done under Liane Jollon's leadership, particularly the strategic planning process that addressed long-standing challenges to better position the organization to meet community needs. She expressed appreciation for Jollon's efforts in rebuilding partnerships, fostering collaboration, and adapting services, but were deeply concerned by evolving narratives and misunderstandings about the Health District, including her own words being misrepresented during the election period without proper context.

The commenter described Jollon's resignation as a significant loss, attributing it to lack of support for her leadership and the direction certain board candidates favored, particularly those who didn't support ongoing strategic initiatives. Spink criticized the timing and structure of a special session, noting the short notice and perception of behind-the-scenes coordination for officer selections that could have been addressed in a regular meeting, suggesting this approach undermined trust in transparent and ethical governance. (42:43 -47:43)

III. Presentations

- a. Mental Health and Substance Use Alliance of Larimer County (48:30- 1:01:20)

Hannah Groves, Community Impact Team (CIT) Manager, presented a PowerPoint presentation that provides a six-month progress update (October 2024 - April 2025) on the MHSU Alliance's Strategic Plan. Groves hi-lighted that the Alliance remains grounded in their vision that behavioral health is holistic, affirming, valued, and essential to whole-person health, guided by values including sustainable change, lived expertise, health equity, and open-mindedness. Key achievements include adopting a new steering committee through an application process, developing workgroups for locally tailored strategies, building communications infrastructure including exploring Constant Contact, and conducting ongoing community engagement through outreach and partnership development.

The Alliance focused on four priority workgroup areas: promoting behavioral health through nonclinical methods, data infrastructure, clinical systems and infrastructure, and coordination of care. The first workgroup was launched in July, with others following based on lessons learned. Alliance staff supported the initiative through logistics, communication, building collaboration skills with consultants, tracking funding priorities, relaunching the policy workgroup, and deepening partner relationships.

To assess progress, the Alliance used Civic Canopy's culture of collaboration model, surveying steering committee members. Results showed strong performance in inclusion and representation but identified areas for improvement including clearer, achievable goals with metrics, more productive dialogue and conflict resolution, and transitioning from process to action. The assessment confirmed expectations and aligned strengths and improvement areas.

Looking ahead, the Alliance plans to launch workgroups for specific strategies, add final strategic plan details including goals and metrics, and move into action phase. They're focusing on strengthening internal infrastructure, understanding funding structures, building dialogue capacity, and shifting from process to action. Hannah hopes the next update will demonstrate concrete progress and strategies, while encouraging continued community involvement through their interest form and email updates.

Director McKay asked who the Alliance is working with at Civic Canopy?

Groves stated they had been working with Emily. She also responded that they have learned a lot from working with them and they have a few more strategic sessions that will help to set them up for success.

Director McKay affirmed working with Civic Canopy and stated they helped him with community dialogue with the school to **prison pipeline** (?) and PSD. He understands that the team is setting the foundation, however, he is curious to know what is one action that they could consider moving into and where and how does the alliance garner membership?

Groves explained that specific strategies will emerge from the workgroups, but provided examples of what "promoting behavioral health through nonclinical methods" could include, such as expanding peer support, creating community murals with hired artists to explore what mental health looks like in the community, and expanding Spanish-speaking or culturally competent services outside clinical settings. She emphasized that health equity is a key alliance value and priority for many members.

Regarding membership, Groves confirmed they have representation from Thompson School District and are actively working on outreach to fill gaps in representation from faith communities, small businesses, and various other communities. Director McKay noted that for initiatives like community murals, collaboration with city municipalities would be important since these typically fall under municipal jurisdiction, suggesting the need for municipal partnerships to make such projects successful. (1:02:16-1:04:08)

Director Thielen inquired about the timeframe for implementing a common portal for care coordination. Groves: The specific design of the portal is still undetermined and will be developed by community-based work groups. The portal concept falls under a broader initiative to improve care coordination at the systems level, rather than individual/family level support. Care coordination is planned to launch this fall. While there's significant community interest in this coordination portal, the specific implementation details remain to be determined through the collaborative work group process.

Director Hathcock asked about how membership composition and how people learn about the alliance. Groves explained that outreach happens through multiple channels. The Health District provides referrals when they meet people interested in behavioral health, while Alliance staff actively discuss the organization in all professional spaces they attend. They're developing simpler outreach tools like QR codes for interest forms, and when referrals come in, staff reach out to offer onboarding sessions with strategic plan information and materials.

Groves further explained that the membership largely consists of organizations focused on mental health and substance use, noting it's often "the same people in all the same places" and that most people in the behavioral health space now know about the Alliance. Moving forward, they're particularly interested in involving "lived and living experts" and "boots on the ground people" beyond traditional organizational representatives, recognizing that people are "craving a way to just be informed" and get involved when they have capacity. The Alliance now has over 70 members total, and they're reaching a point where they need better organization and communications infrastructure to manage the growing membership.

Director Hottenstein expressed enthusiasm about the Alliance's revival, noting that it had previously "really faded" and only had a website remaining. She praised the development of the Strategic Plan and the current progress report, specifically acknowledging Hannah's energy and passion for the work. She thanked Hannah for her efforts in bringing new life to the organization.

IV. Consent Agenda

- a. May 22, 2025 - Regular Meeting Minutes
- b. June 3, 2025 - Special Board Meeting Minutes
- c. June 5, 2025 - Special Board Meeting Minutes
- d. May 2025 - Financial Statements
- e. Partnership/Funding Agreement – Salud Contract
- f. Partnership/Funding Agreement – Poudre Valley Hospital Contract
- g. Hedy & Hopp Website Contract

Motion: To approve the consent agenda as presented.

Director Thielen offered a motion to approve the June 26, 2025 Consent Agenda as amended (correcting the spelling of Director Field's name in the May 22, 2025 Regular Meeting Minutes), seconded by Director McKay; passed unanimously.

Director Thielen noted that she liked the way the public comments were transcribed.

Director McKay noted that he agrees with the partnerships.

Director Hathcock noted that public comments have been heard.

V. Reports and Discussions

Director Hottenstien explained the reasons for calling the June 5th Special meeting, emphasizing this wasn't about blame but understanding. At the May 22nd Regular meeting, the old board went into Executive Session and announced the Executive Director's resignation without sharing a transition plan or naming an Acting Director. The new board was sworn in at the meeting's end, so they weren't privy to the Executive Session information, creating shock about the resignation.

After a weekend of reflection, Hottenstein became concerned about supporting staff during this change and getting the new board informed about this major organizational event. Concerned about unclear board roles due to delayed elections, on May 26th, she requested in writing to add leadership transition planning and board elections to a special meeting before the June 26th Regular meeting. The request was repeated on May 30th and June 4th. Staff sent a proposed transition plan on June 3rd, but the items weren't added to that evening's agenda.

With the Executive Director's last day being June 7th, Hottenstein felt urgency for the board to meet and appoint an Acting Executive Director. Other board members shared this urgency, leading to the properly

noticed June 5th Special meeting where the board fulfilled their responsibility to choose an Acting Executive Director before June 7th.

Director Fields disagreed with Director Hottenstein's characterization of events, stating that the May meeting record and transcript from the early June meeting showed board members had all necessary information and had appropriately deferred the officer election decision. Fields argued that the leadership transition information was already clear and that the early June meeting only addressed officer elections as intended.

Director Fields stated that Director Hottenstein improperly alluding to Executive Session information that cannot be publicly discussed, stating that based on legal advice, it was appropriate to wait and defer action. Fields maintained her objection to the early June meeting for both stated reasons and confidential reasons related to Executive Session content.

Fields referenced the previous day's board orientation discussion about building trust through proper structures and processes. Fields expressed that Hottenstein's approach was contradictory - claiming not to call people out while effectively doing so. Fields characterized this as improper and unappreciated behavior. **(NOT SURE THIS SHOULD BE INCLUDED)**

Director Hathcock described her experience as a new board member during the transition period, calling it "a whirlwind" since being sworn in. She found postponing the officer election reasonable that evening after learning about the resignation, needing time to process. However, she wasn't initially aware of the Executive Director's final day (June 7th) and "panicked" when she learned this over the weekend, feeling a personal responsibility to discuss the transition plan before departure for transparency with the public. At that time, she was "very much in the dark" about details since the leadership team's proposed plan hadn't been sent yet. She questioned whether the board could pivot with new information, stating that waiting until end of June wasn't appropriate. She welcomed Erin's Monday email requesting a meeting for public discussion about the transition plan. When her follow-up email asking about meeting status received no response, she found the process "opaque and confusing," though clarified this wasn't finger-pointing but reflected her novice status.

She described a 10-day process compressed into 24 hours for staff, expressing regret about the stress created and sadness about the "rupture" among the five board members. Hathcock concluded hoping to rebuild trust and emphasized the need to look forward and build proper structures for the future.

Director Fields clarified that the agenda item was "interim leadership planning," not a review of past month's events, emphasizing the need to look forward and establish proper structures. She referenced the previous day's board orientation discussions about building trust internally and externally through correct structures.

Fields then mentioned an email she sent to Director Hathcock on May 29th responding to questions about meeting plans, noting it implicated Executive Session discussions. Without providing details, she quoted the email's final line: "we will have more details as soon as we legally can." Fields chose not to read the full email into the record, saying the point had been "belabored long enough," but requested it be included in the minutes, asking legal counsel whether it should be under seal. She suggested moving on to the actual agenda topic of interim leadership planning.

Director Hathcock apologized to Director Fields for potentially misrepresenting what she said in an email. She acknowledged that she didn't mean to misinform and then suggested they move on from the topic.

a. Interim Leadership Planning

The board addressed interim leadership planning, noting they had discussed hiring a search firm for the executive director position in yesterday's work session and wanted to revisit interim leadership arrangements.

Staff presented an organizational chart showing key functions: Executive (Vision, Strategic Planning, Governance), Administration under Courtney (People & Culture, HR, Finance, Facilities, IT, Compliance), Strategy & Impact (Health Equity, CIT, Analysis, Assessment, Policy, Partnerships, Data & Program Eval), Client Experience (Access to Care, Dental Clinic, Behavioral Health, Practice Innovation), Executive Projects (Board Support, Project Management, Internal Strategic Alignment), and Communications (Internal Communications, Media Relations, Graphic Design).

The board was reminded that Jess and Courtney share interim responsibilities, with Jess handling board connections, minutes, and scheduling, while Courtney serves as the primary board connection for other matters.

A board member clarified this was a report item requiring no formal decisions, though an action item would be placed on a future agenda for formal appointment. Board members unanimously expressed support for continuing with Courtney as acting executive director, praising the leadership team built over the past two years and noting this would be the seventh or eighth transition during one member's tenure. The board concluded by reaffirming their support for continuing with the current leadership plan, emphasizing that bringing in an external interim leader would add unnecessary stress when Courtney has demonstrated strong leadership and earned team trust.

b. Annual Investment Report

Courtney Green, Chief Administrative Officer, presented the following report.

Regulatory Framework: As a governmental entity, the health district is subject to strict investment regulations ensuring safety, liquidity, and public accountability. Investment options are limited to local government investment pools (LGIPs), certificates of deposits (CDs), and flexible savings accounts to generate returns without risk of losing funds.

2024 Performance Highlights: The portfolio had a strong year with significant growth. The portfolio increased by over \$3 million in 2024, representing 37% growth above 2023. Investment earnings totaled approximately \$625,000, an increase of about \$190,000 from 2023. The return on investment was 2.73% in 2024, up 0.27% from the previous year, primarily due to favorable CD interest rates.

Investment Strategy: The health district's strategy focuses on low risk with high liquidity, ensuring funds can be accessed quickly if needed while complying with strict regulations.

Current Portfolio Composition: As of end of 2024, 89% of funds are invested in the Colorado Local Government Liquid Asset Trust (LGIP), providing high liquidity for operational needs. Another 9% are in CDs with authorized banks, mostly with six-month terms, while the remaining 2% is in a flexible savings account. The average yield was strong at 5.22% given the low-risk nature of investment options.

Economic Outlook and Recommendations: Interest rates experienced in 2024 have been steadily declining into the new year. The Federal Reserve is expected to hold rates steady between 4.25% and 4.5% through summer, with decreases anticipated in the third quarter. To address forecasted declines, recommendations include moving excess LGIP funds into CDs with fixed rates for money not needed within 6-18 months, closing the savings account and moving those funds to the higher-return LGIP, adding monthly investment summaries to financial reporting, conducting quarterly reviews for rebalancing, and developing an updated investment policy.

Risk Assessment: While nationwide economic uncertainty may reduce returns, the organization is not at risk of losing funds, only potentially yielding lower returns. Responding accordingly can help maximize returns without compromising security.

Director Thielen asked for clarification about the difference between the average portfolio return of 5.22% and the 2.73% return on investment figure. Courtney explained that the 2.73% represents the overall change in the entire investment portfolio, while the 5.22% is the average return across all the different types of investments held by the district.

Director Fields thanked Courtney and the YPTC (Young Professionals of the Treasure Coast) team for their assistance in walking through the investment report and financial reports. She expressed appreciation for the extra time and care they provided over the past couple of weeks to help get her up to speed in her new role as treasurer.

c. Health Equity Strategic Plan Progress Report

Cassi Niedziela, Health Equity Strategist, presented updates structured around where they've been, where they are now, and where they're going with health equity work.

Where We've Been: Health Equity is one of three organizational priority areas, essential to fulfilling their mission since significant populations face barriers to care. Since the February board presentation, they finalized their organizational Health Equity definition incorporating external research and input from about 80% of staff. They launched Health Equity surveys for the board, leadership team, and all staff to assess current perceptions, with plans for annual surveys to measure progress. Survey results directly informed the forthcoming Health Equity strategic plan content.

Where We Are Now: The Health Equity Strategic Plan is being finalized and remains on track for the February timeline. The tentative table of contents was distributed to board members. The data-informed, mission-driven plan follows the organizational Strategic Plan direction and is structured around their Health Equity definition with specific goals and actions. It was developed with staff input, guided by best practices, and built on over a year of research and relationship building to foster trust and belonging.

Where We're Going: The final plan will be presented at the August board meeting and will be available in English and Spanish in print and digital formats. In September, they'll unveil the plan to Health District staff by walking through it with each program. They will develop process and outcome metrics with internal tracking and reporting tools to monitor implementation and provide regular board updates through meeting program updates.

Director McKay stated he appreciated the update and looks forward to seeing this in action.

d. Annual All Staff Connection Plan

Courtney Green, Chief Administrative Officer, presented a two-year intentional employee engagement plan from May 2025 through December 2026. She explained the late 2025 start is due to delays from implementing a new HR system. The plan builds on existing structures including board meetings, all staff meetings, and town halls.

The 2025 kickoff includes an employee engagement survey July 14-18, followed by a Town Hall in August to share results and the reinstatement of annual employee reviews that had previously "disappeared lately." For 2026, they'll establish a new cadence: stay interviews in January, engagement survey moved to April to drive yearly initiatives, employee reviews in July, and pulse survey in October.

Courtney emphasized quarterly intentional contact with six-month intervals between major touchpoints, and town halls following both engagement and pulse surveys. During discussion, she confirmed the engagement survey takes under 15 minutes and the pulse survey will target areas needing improvement. She clarified board meeting scheduling requires annual approval and highlighted a September 2025 culture development day with Angela Hayroth from Talent Centric Design. She also mentioned an all staff picnic planned for July 2025.

d. Strategic Planning and Budget Planning Timeline

Amber Blake, CEO/Principal – Amber Blake Consulting, explained that strategic plans provide foundation for board direction, achieve clarity and long-term goals, and align resources for impact around the central "why." Health District Bylaws require annual strategic plan approval and review. Last year's process began in March with policy audits and stakeholder interviews, culminated in the May retreat, and resulted in the District's first strategic plan adopted in July to inform strategic budgeting. Key wins from last year included alignment and consensus, shared language, clarity on the "why," and agreement on transformational change. The unique process featured staff participation on the second retreat day sharing "boots on the ground" perspectives, with collaboration continuing through strategic budgeting. Blake noted remarkable board coalescence throughout the process.

The four strategic priorities are: Great Governance (overarching priority ensuring impact), Organizational Excellence (internal focus supporting staff), Health Equity (developing District's definition), and Partnerships (cross-sector partnerships addressing community health). Blake also highlighted how partnerships and funding exemplified strategic plan impact, with legislative changes enabling the District to become a funder providing grants with flexibility.

Current objectives include refreshing the 2024-25 plan, incorporating new board members' voices, documenting accomplishments, updating strategies, and including new branding. Timeline: questionnaires due between 8th-22nd, interviews August 5-8, in-person retreat August 20th. A Special September Board meeting may be needed to adopt the updated plan before the October 16th budget presentation and December approval deadline.

Director Thielen asked how many staff were included in the 2024 strategic planning retreat. Blake responded that approximately seven or eight leadership team members in different functions participated, though they didn't have the exact number. Jessica clarified that while managers worked with staff to develop department plans and work plans presented at the retreat, this process incorporated input from multiple staff members even though they weren't physically present.

Director Hathcock asked if there will an opportunity for staff input this year? Blake asked if the board wanted the same format with staff perspectives for the August 20th retreat, questioning if the structure worked well last year. Director McKay confirmed it worked well. Jessica further clarified that executive leadership, key directors, and key managers participated, with involvement depending on program size and organizational structure.

Director McKay emphasized the importance of inclusive excellence and broader staff input when discussing strategic priorities, wanting to correlate directors' perspectives with staff input for a robust strategic plan refresh. Also, noting they are simply refining their practice since both board and staff already believe in the current plan.

The discussion concluded with considering adding a question about strategic priorities to the July engagement survey, with agreement that they could incorporate all-staff data points while maintaining team involvement in developing the annual plan. 2:09:28

f. Liaison to PVHS/UCHealth North Report

Director John McKay had no report.

g. Board Committee Updates

- Public Policy Committee Update – No update, session over.
- Executive Committee Update – Met with Courtney for a meet greet.

h. Executive Director Staff Report

Courtney Green, Acting Executive Director/Chief Administrative Officer, highlighted key points from the program updates in the board packet without reading through all of them. She first announced a new program update from compliance officer Katie Wheeler, implemented following Nick Healey's compliance presentation last month, noting it will eventually have more of a dashboard feel once additional pieces are in place. She then reported that the final two positions on the finance team have been hired, with an AR accountant starting May 19th and a budget analyst beginning June 10th, meaning the Finance team is now fully staffed. She shared that the first phase of implementing their new HIS (Human Resource Information System) was successfully completed, with payroll now running through UKG and fully operational.

Director McKay commented on the importance of understanding that the UKG project was big undertaking and congratulating the team.

Courtney outlined the next phases of their HIS system rollout including recruitment through an applicant tracking system and performance management. HR has contracted with a consultant to revise the employee handbook and HR policies, which Misty had discussed previously with the board.

She reported that data collection for the 2025 Colorado Health Access Survey closed early last week due to strong response rates, attributed by the Colorado Health Institute to new incentive structure and federal efforts spotlighting survey value. The Dental Clinic implemented Nex Health, a patient communication tool improving workflow efficiency and team coordination, while also working with their Dentrix software provider for comprehensive workflow analysis. Plans are underway to upgrade three additional operatories this year to enhance clinical environment and patient care.

The Communications team is auditing approximately 450 Health District website pages for website redesign to ensure smoother migration and more intuitive user experience.

Staff participated in their first annual internal day of service organized by CIT and outreach/education staff, reinforcing commitment to equity and community partnership through blood donation, park cleanups, and helping with the city's Juneteenth event. Courtney concluded noting significant board interaction over the past 30 days, including four board meetings with yesterday's board orientation, hoping it benefited both new and existing members.

Director Thielen expressed how happy she was to see some Financial staff hired. Also commented on the number of vacancies in CAYAK. Courtney stated this was a top priority.

i. Board of Directors Reports

- Director John McKay – Director McKay expressed appreciation for Hannah's team sharing their space at the Juneteenth event, demonstrating great camaraderie and partnership. He reported speaking with Jamal Skinner, who conducted a workshop and was incredibly impressed with how receptive, engaged, and serious the Health District staff were in their reflection and learning about Juneteenth. McKay celebrated this feedback and appreciated the work that went into creating the

event through both service and learning opportunities. He concluded by wishing everyone happy Pride and happy Juneteenth.

- Director Sarah Hathcock - Expressed appreciation for participating in the June 19th, Juneteenth day of service, describing it as an awesome opportunity to meet staff. She appreciated the staff's enthusiasm, energy, and the music that created great community building. She also thanked the board and leadership team for organizing yesterday's board orientation, noting that despite some timing challenges, it was meaningful for all five board members to share space together. She specifically thanked the leadership team and consultant, Yashica, and expressing gratitude to her fellow board members and excitement about working alongside them for the next two to four years.
- Director Lee Thielen – Reported positive activity around the Health District, with numerous partners reaching out to share their hopes for the District. She appreciated the board's receptiveness to input demonstrated during today's meeting, noting people want to engage with the District. She acknowledged substantial work lies ahead but felt they made a good start, mentioning participation in community activities and meetings with fellow board members while looking forward to future collaboration.
- Director Fields thanked staff for yesterday's orientation and apologized for missing the beginning due to a work event. She reflected on discussions about building trust and cohesion, emphasizing belief in following laws and procedures as critical to building trust.

She highlighted pent-up HR needs, referencing the 2022 climate survey that identified lack of formal performance reviews and clear personnel policies. Historically, there was no HR culture, leading people to inappropriately approach individual board members with complaints. Hiring an HR director added formality to procedures, and she expressed gratitude for the new HR system investment. She concluded expressing eagerness to see increased trust through consistent adherence to systems and processes.

- Director Erin Hottenstein – Thanked the leadership team for their hard work over the past month, particularly praising yesterday's board orientation as terrific. She specifically commended Yashica for doing a terrific job facilitating their time together and expressed gratitude for everyone's willingness to participate. Hottenstein also realized she wanted to formally thank Liane Jolan for her two years of dedication and hard work, noting Liane's significant contributions to modernizing systems and leading them through the strategic planning process, which was energizing and made her feel good as a board member. She concluded by noting that other activities had already been mentioned by colleagues.
- Courtney thanked facilities for their contributions for the Juneteenth day and Rachel with assisting with the AV needs during board meetings.

VII. Announcements

Director Thielen inquired about having a September Board meeting. Director McKay stated he would rather defer that to a future meeting as there is a reason for not having a September meeting.

- a. Health District Board of Director Orientation – July 29 10 am – 2 pm.
- b. August 28, 2025 – Regular Board Meeting

VIII. Adjourn

Motion to adjourn the meeting at 8:05 pm

Moved by John McKay, seconded by Julie Fields; passed unanimously.

DRAFT