



Board of Directors Regular Meeting AGENDA

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

Date: Thursday, June 26, 2025

Time: 5:30 PM

5:30 PM I. Call to Order

Erin Hottenstein

- a. Roll Call Board of Directors
- b. Welcome Guests & Attendees
- c. Conflict of Interest Statement
- d. Approval of Agenda

5:35 PM IV. Public Comment

Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided at the end of the agenda.

6:05 PM III. Presentations

- a. Mental Health and Substance Use Alliance of Larimer County
- Hannah Groves

6:20 PM V. 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

6:30 PM VII. Reports and Discussions

- | | |
|--|--------------------|
| a. Interim Leadership Planning | Erin Hottenstein |
| b. Annual Investment Report | Courtney Green |
| c. Health Equity Strategic Plan Progress Report | Cassi Niedziela |
| d. Annual All Staff Connection Plan | Courtney Green |
| e. Strategic Planning and Budget Planning Timeline | Amber Blake |
| f. Liaison to PVHS/UCHealth North Report | John McKay |
| g. Board Committee Updates | Board of Directors |
| • Public Policy Committee Update | |
| • Executive Committee Update | |
| h. Executive Director Staff Report | Courtney Green |
| i. Board of Directors Reports | Board of Directors |

7:45 PM IX. Announcements

Erin Hottenstein

- a. July TBD – Board of Directors Training
- b. August 28, 2025 - Regular Board Meeting

7:50 PM X. Adjourn

Erin Hottenstein

Mission

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

Vision

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

Strategy

The Health District will take a leadership role to:

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

Values

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

Guidelines For Public Comment

The Health District of Northern Larimer County Board welcomes and invites comments from the public. Public comments or input are taken only during the time on the agenda listed as 'Public Comment.' Public Comment is an opportunity for people to express your views and therefore the Board of Directors generally does not engage in back-and-forth discussion or respond to questions.

If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

Before you begin your comments please:

- Identify yourself. Please spell your name for the record and let us know if you reside in the District.
- Tell us whether you are addressing an agenda item, or another topic.
- Please know that you will have up to 5 minutes to present public comment. However, the time allotted for public comment may be limited, so the Chair may need to shorten the time limit as necessary to give each commenter a chance to speak.
- Please address your comments to the Board of Directors, rather than individuals.



Board of Directors Regular Meeting MINUTES

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

Date: Thursday, May 22, 2025

Time: 5:30 PM

Board Members Present:

Molly Gutilla, MS DrPH, Board President
Julie Kunce Field, JD, Board Vice President
Joseph Prows, MD MPH, Treasurer
Erin Hottenstein, Assistant Treasurer
John McKay, Secretary

Also Present:

Nicholas A. Hartman, Partner - Hoffman, Parker,
Wilson & Carberry, P.C
Nick Healey, Partner – Husch Blackwell

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, Molly Gutilla.
- b. Welcome Guests & Attendees
- c. Conflict of Interest Statement
No conflicts were reported.
- d. Approval of Agenda
Motion: To approve the May 22, 2025 meeting agenda, as presented.
Moved by Julie Kunce Field, seconded by Joseph Prows; motion passed unanimously.

II. Executive Session

Executive Session commenced at 5:36 p.m. to consider personnel matters, pursuant to C.R.S. § 24-6-402(4)(f) and not involving: any specific employees who have requested discussion of the matter in open session; any member of this body or any elected official; the appointment of any person to fill an office of this body or of an elected official; or personnel policies that do not require the discussion of matters personal to particular employees; and to hold a conference with the District's general counsel to receive legal advice on specific legal questions, pursuant to C.R.S. § 24-6-402(4)(b); all regarding the Executive Director.

The Regular Meeting resumed at 6:36 p.m.

The following statement was read by Director Gutilla on behalf of the Health District Board of Directors: The Board of Directors announces that the Executive Director will be departing after successfully strengthening the organization's foundation. Over the past two years, the Health District has modernized operations, improved infrastructure, and positioned itself for enhanced community impact. The board's thoughtful strategic plan will guide us through this transition with a continued commitment to operational excellence. The board looks forward to determining the best path forward while building on the strong foundation which in part, Liane has helped to build.

III. Presentations

a. Board Roles & Responsibilities, Duties of Care in Health Care Quality and Regulatory Compliance

Nick Healey, Partner with Husch Blackwell, presented on the “Fiduciary Duties of Special District Board Members” highlighting the following key points:

Fiduciary Duties Under Colorado Law

The presentation covered fundamental obligations for special district board members, who exercise a "public trust" and have fiduciary duties to act in the best interests of the community and Colorado citizens. Key duties include acting for public benefit, disclosure requirements, and avoiding conflicts of interest. Board members face personal liability for breaches of fiduciary duty, with potential consequences including civil penalties, damages, removal from office, and possible criminal prosecution.

Compliance Program Requirements

The presentation emphasized compliance with numerous federal and state laws, including fraud and abuse statutes, HIPAA, licensing regulations, and Colorado governmental entity laws. Non-compliance can result in severe penalties that may threaten the district's viability. Board members may be held personally liable for failing to ensure compliance. Essential compliance program elements include: written policies and procedures; compliance leadership; training and education for all personnel; communication channels; risk assessment and monitoring; enforcement standards; corrective action response.

Quality of Care Oversight

The board should establish a quality and patient safety committee with provider participation, implement quality dashboards for regular monitoring, and ensure annual review of quality improvement plans. Key quality metrics should be integrated into executive compensation, and the organization should maintain a culture of safety through continuous education, staff surveys, and patient involvement in identifying improvement opportunities.

Action Items for Board Consideration

- Establish formal quality and patient safety committee structure
- Develop comprehensive quality dashboard for board review
- Ensure compliance program includes all seven essential elements
- Review and update quality improvement and patient safety plans annually
- Consider integrating quality metrics into leadership compensation

Director Julie Kunce Field inquired about fiduciary and legal obligations as a health service provider and a public organization and shared that she learned about obligations on the health care front and asked what else might be incorporated into future educational opportunities for the board of directors.

Nick suggested that the Board learn more technical health care regulatory aspects of the services provided by the organization and how they influence relationships with community partners and payor sources.

b. Health District Brand

Marisa Dylan presented the updated brand guidelines and Health District logo, addressing deficiencies in the current materials that lacked completeness and consistency. The new guidelines were developed in partnership with healthcare marketing agency Hedy & Hopp.

The redesigned logo represents community unity and holistic care connections through a modern, accessible design approach. Three logo variations have been created to accommodate different applications and improved visual clarity.

Director John McKay asked if there was a rebranding plan with signage, decals and rollout and how it will be introduced with staff.

Dylan shared that the Communications team will oversee a phased rollout, prioritizing high-visibility projects first. Staff input is being collected to determine redesign priorities across various materials and platforms. Initial integration has commenced with internal communications materials and social media platforms with strict adherence to new usage guidelines.

Director John McKay asked if there will be an official unveiling with the community and shared that he is familiar with rebranding and saw an opportunity.

Dylan shared that it would take time but are moving quickly, prioritizing high priority items first and ensuring that roll out opportunities align with opportunities to frame the new brand in conjunction with messaging that benefits our audiences.

IV. Public Comment

- a. Cheri Nichols, district resident, commented on the Heart Health program and raised concerns about staff retention and organizational culture. She requested enhanced culture and accountability from board and leadership, implementation of clinical services for under-resourced populations, and that the organization not contract for services.

V. Consent Agenda

- a. April 24, 2025 - Regular Meeting Minutes
- b. April 2025 Financial Statements

Motion: To approve the consent agenda as presented.

Director Erin Hottenstein offered a motion to approve the April 24, 2025, Regular Meeting Minutes as amended (86,000 postcards vs. 8,600) and the April 2024 Financial Statements as presented, seconded by Director Joeseeph Prows; passed unanimously.

VI. Action Items

a. 2024 Annual Financial Audit

Alyson Slife, CPA – CliftonLarsonAllen (CLA), presented the December 31, 2024, financial audit results, reporting a clean, unmodified opinion indicating financial statements are materially correct.

The district's financial position improved significantly with net position increasing from \$17.5 million (2023) to \$21.3 million (2024), a favorable change of \$3.7 million. Fund balance reached \$11.3 million, with revenues increasing \$3.4 million year-over-year and expenses increasing by \$1.3 million.

The auditor identified two significant deficiencies during the audit.

1. Dental Practice Management Software (Dentrix): Issues with integration between Dentrix and revenue recording/accounts receivable processes required cleanup activities and adjustments during the audit process.

2. Accounts Payable Timing Issues: Expenses related to fiscal year 2024 but paid after December 31, 2024, were not properly accrued back to the correct fiscal year. This affected accuracy of financial reporting by not matching expenses to the appropriate accounting period

The CLP audit findings were presented alongside a comprehensive financial systems assessment conducted by YPTC, which identified approximately 19 items of varying criticality including:

- Disabled audit trails
- Self-approval capabilities allowing administrative users to approve their own financial transactions

- Inconsistent accounting methods

Current management emphasized that these issues were discovered through daily cleanup work rather than investigative efforts, representing problems that had accumulated over time due to historical and inadequate internal controls.

Julie Kunce Field asked if with the level of deficiencies were issues that CLA was made aware of and if the board should direct further investigation.

Slife, said they were made aware of issues and that management produced the report of items of concern and that there is always room for improvement with processes and controls. She shared that management should do a cost benefit analysis to decide the appropriate level of controls.

Director Joseph Prows asked if audit trails, and account access was a part of the audit process. Slife shared that their audit reviews if financial statements are materially correct and that different audits would be more specific.

Director Joeseeph Prows shared that in seven years of being Treasurer, it was the first year that the board was made aware of any audit issues and had received knowledge of the internal control management letters that had been shared with administration. He reported that the Board of Directors had only received the audit governance letters for previous audits.

Executive Director Jollon shared that staff had spoken with CLA a year ago to conduct a business improvement assessment to ensure adherence to best practices and documentation. At that time, information on practices and documentation were not available. An RFP was released to assess management responsibility to ensure public funds were safeguarded outside the audit scope. With staff changes, YPTC was brought on to perform financial functions. Their findings were documented and reported to the board as they were identified, rather than through the original assessment intended due to the shifting staff and operational needs.

Director Erin Hottenstein asked how important it would be to do a more comprehensive investigative assessment or audit. Director John McKay asked what we would glean differently than what has already been discovered with further assessment.

Director Kunce Field noted items of critical importance wherein former staff retained access to bank and investment accounts after leaving the organization, staff ability to approve invoices or checks and that she believed there was a duty to investigate further.

Jessica Holmes shared limitations to the audit completed and that items shared in the financial systems assessment were found in the clean-up process and having to dig in deep to validate accounts due to lack of documentation and continued unaddressed concerns brought up by CLA in previous audits that had gone historically unaddressed. They identified that multiple accounting methods were being used simultaneously, and the volume of accounts, vendors, and customers was significant and reduced with the implementation of NetSuite the - from nearly 12,000 customers to a total of 16. She reported that YPTC had not found evidence of misuse of funds but that with the volume of accounts, recommended exploring a more thorough assessment.

Director Julie Kunce Field inquired about critical items identified in the Financial Systems Audit, including former personnel who left the organization retaining access to financial accounts - allowing unauthorized individuals to access public funds and inquired who those individuals were.

Jessica Holmes shared that it is no longer occurring and that appropriate personnel are on the accounts. She also noted that HR procedures are in place to prevent the issue in the future.

Director Field asked when the individuals had been removed from the accounts. Executive Director Jollon explained that former employees were removed from the accounts in July 2024 during the transition from

internal staff to onboarding YPTC. This occurred after months of work with existing staff to update the accounts. She also noted that at the time, no current staff were authorized signers on organizational financial accounts, creating additional complications. Additionally, the organization lacked a complete inventory of all accounts, which further complicated the offboarding process. Jollon shared that it was surprising with an organization of this size and the assets under its responsibility - to learn that former staff, that had not been with the organization for months, had sole access to financial accounts.

Julie Kunce Field highlighted that inconsistent accounting methods were used simultaneously, creating confusion, and making accurate comparisons impossible and asked if the issue had been corrected.

Jessica Holmes confirmed the issue had been corrected, though the current accounting system requires manual processes. She added that any issues with current staff regarding expense handling procedures, stemming from how they were previously trained, have also been remedied.

Director Field then inquired about disabled audit trails, asking when and how this occurred. Holmes responded that she was not aware the audit trail feature could be disabled, noting that most accounting software does not typically offer this option. She explained they discovered the issue during the audit when attempting to pull an audit trail and found it had been turned off at some point in the past.

Julie Kunce Field also noted the self-approval capability reported that allowing users to approve their own financial entries. Holmes shared that the software system settings allowed staff who were set as “approvers” to approve their own journal entries checks, invoices, and bills - regardless of who posted the transaction. Director Prows asked if there was the capability to see if someone had approved checks to themselves and how far back a forensic audit could extend. Holmes responded that the scope would depend on the specific timeframe and audit parameters, and she believed there were no system limitations on how far back an investigation could go.

Erin Hottenstein acknowledged the inconsistent accounting methods being used simultaneously and expressed interest in staff assessing options for audit options.

Motion: To accept the 2024 Annual Financial Audit as presented.

Moved by Julie Kunce Field, seconded by Joseph Prows; passed unanimously.

Motion: To direct staff to distribute RFPS to contract for a forensic audit.

Moved by Julie Kunce Field, seconded by Joeseeph Prows; passed unanimously.

VII. Reports and Discussions

a. Juneteenth Day of Service

Hannah Groves, Community Impact Team (CIT) Manager, reported on details of the Health District’s Juneteenth commemoration plans which align with strategic priorities of partnerships, health equity, and organizational excellence.

On Thursday, June 19th, the district will host a morning all-staff presentation by historian Jamal Skinner From the Cultural Enrichment center on Juneteenth history, and common misconceptions of Juneteenth followed by afternoon service activities including a mobile blood drive and environmental cleanup. projects of the Bristlecone campus and nearby park areas.

She also highlighted community celebrations on Saturday, June 21st where the Health District will have an outreach booth at the community wellness fair. Board members and the public are invited to participate, with details available at www.focojuneteenth.com.

b. 2025 Board of Directors Election

Jessica Shannon, Quality Improvement Projects Manager, recognized the team effort and acknowledged the contributions of staff providing support for the May 6th Board election. The successful election was held across three polling places and saw record participation with 2,180 total voters, representing a 6% increase from the 2023 election. In-person voting more than doubled from 212 voters in 2023 to 470 voters in 2025, attributed to increased outreach efforts. She also noted that it was a year of learning with new staff documenting the election processes. Looking ahead, the district is conducting quality improvement reviews and developing a comprehensive election guide with standard operating procedures and documentation to support future elections. Additionally, she recommended the need for earlier planning and quality improvement measures with expenses that will need to be considered during the 2026 budget process.

Director Erin Hottenstein thanked the team for the increased efforts to increase participation.

c. Liaison to PVHS/UCHealth North Report

Director John McKay delivered the liaison report, beginning with recognition of Mental Health Awareness Month and Asian-American Pacific Islander Heritage Month, and encouraging under-represented Communities to engage with Health District services to enhance collaboration and representation in the services provided by the Health District.

From the UCHealth board meeting, he reported on their community health needs assessment identifying three priorities: access to care coordination and family medicine, food security, and behavioral health partnerships. UCHealth is opening a new behavioral health unit at Poudre Valley Hospital in September, UCHealth is focusing on chronic conditions like diabetes, with a focus on access to care. The organization continues expanding with 35,000 employees across 15 hospitals.

d. Board Committee Updates

- Public Policy Committee Update – No update, session over.
- Executive Committee Update – No report.

e. Executive Director Staff Report

Executive Director Liane Jollon highlighted a major achievement with the closed loop referral system developed in partnership with Poudre School District (PSD) and Summit Stone for school-age children seeking behavioral health services. She shared the program has been very well received and creates a pilot tracking tool to monitor referrals, follow-up processes, wait times, and program utilization. The project was led by team members Jessica Shannon and Katie Matus, who coordinated efforts across all three partner organizations. A recent presentation about the program was made to the PSD board and the Summit Stone board presentation is scheduled for the coming week.

The previously scheduled board orientation and training was postponed due to scheduling conflicts identified through a schedule poll. New dates have been provided via an email invitation. Board members were encouraged to complete the new scheduling poll with availability, attend the Special District Association Workshop on June 11th and to review orientation materials hyperlinked in the meeting agenda.

f. Board of Directors Reports

- Director Gutilla delivered her final report after seven years of board service, reflecting on the challenges and progress during her tenure. She highlighted governing through the pandemic and community crisis while managing significant leadership instability, including six executive directors in seven years. She emphasized that this turnover reflects deeper structural and cultural issues requiring disciplined governance and ethical standards.

Despite challenges, she noted meaningful progress including sustained operations, continued community programs, and creation of a new strategic plan through board-staff collaboration. Gutilla advocated for modern, evidence-informed practices and deeper commitment to health equity, emphasizing that community health is a justice issue requiring intentional focus on serving those most in need.

She acknowledged the complexity of improving community health while stressing board accountability for both identifying problems and building solutions. Gutilla encouraged the incoming board to pursue formal training and make a choice between maintaining the status quo or taking risks for greater impact. She noted that some historical practices have been ineffective and counter to health equity commitments.

Concluding her service, Gutilla reaffirmed her commitment to the mission of enhancing community health and expressed hope for a more honest, equitable, and focused district. She thanked those who acted with integrity and prioritized the mission.

Director Hottenstein expressed gratitude to Molly Gutilla and Joseph Prows for their service.

- Director Julie Kunce Field – No report.
- Director Joseph Prows – No report.
- Director John McKay – See Board Liaison report.
- Director Erin Hottenstein – Reported working to increase community awareness of the election.

VIII. New Business Action Items

a. Administer Board Members Oath of Office

Pursuant to §32-1-901, §24-12-101 et seq., C.R.S., and Colorado Constitution Article 12, Katie Wheeler, Compliance officer administered the oaths of office for Sarah Hathcock, Julie Kunce Field, and Lee Thielen.

b. Board Officer Elections

After discussion ensued, it was decided the board will wait until the regularly scheduled June meeting to elect officers.

c. 2025 Board of Directors Orientation/Strategic Planning/ Strategic Budgeting Timeline

This item was discussed in the Executive Director report.

IX. Announcements

- a. Health District Board of Director Orientation - TBD
- b. June 19, 2025 – Regular Board Meeting

X. Adjourn

Motion to adjourn the meeting at 8:58 pm.

Moved by John McKay, seconded by Erin Hottenstein, passed unanimously.



Board of Directors Special Meeting MINUTES

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

Date: Tuesday, June 3, 2025

Time: 3:00 PM

Board Members Present:

Julie Kunce Field, JD, Board Vice President
Erin Hottenstein, Assistant Treasurer
John McKay, Secretary
Sarah Hathcock
Lee Thielen

Also Present:

Nicholas A. Hartman, Partner - Hoffman, Parker,
Wilson & Carberry, P.C.

I. Call to Order

a. Roll Call Board of Directors

With a quorum present, the meeting was called to order at 3:03 p.m. by Vice President, Julie Kunce Field.

II. Executive Session

Vice President, Julie Kunce Field, called for an executive session to consider personnel matters, pursuant to C.R.S. § 24-6-402(4)(f) and not involving: any specific employees who have requested discussion of the matter in open session; any member of this body or any elected official; the appointment of any person to fill an office of this body or of an elected official; or personnel policies that do not require the discussion of matters personal to particular employees and, pursuant to C.R.S. 24-6-402(4)(e), to instruct negotiators and develop a strategy for negotiations related to the separation agreement between the District and the Executive Director.

Motion: To enter into executive session.

Moved by Erin Hottenstein, seconded by Julie Kunce Field; motion passed unanimously.

The Executive Session adjourned at 3:37 p.m.

The Special Meeting resumed at 3:37 p.m.

III. Special Meeting Action

Vice President, Julie Kunce Field read the following statement: "If any person who participated in the executive session believes that any substantial discussion of any matters not included in the motion to

go into executive session occurred during the executive session or that any improper action occurred during the executive session in violation of the open meetings law, please state your concerns now for the record”.

No objections were shared.

Motion: To approve the separation agreement with Liane Jollon as outlined in the packet.

Moved by Erin Hottenstein, seconded by Lee Thielen; motion passed unanimously.

Director Julie Kunce Filed read the following statement on behalf of the Health District Board of Directors: The Board of Directors announces that the Executive Director will be departing after successfully strengthening the organization's foundation over the past two years. The Health District has modernized operations, improved infrastructure, and positioned itself for enhanced community impact. The board's thoughtful strategic plan will guide us through this transition with a continued commitment to operational excellence. This board looks forward to determining the best path forward while building on the strong foundation which in part, Liane has helped to build.

III. Adjourn

Motion: To adjourn the meeting at 3:40 p.m.

Moved by Lee Thielen, seconded by Sarah Hathcock; passed unanimously.

**Board of Directors Special Meeting
MINUTES**

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

Date: Thursday, June 5, 2025

Time: 5:00 PM

Board Members Present:

Julie Kunce Field, JD, Acting President of the Board
Erin Hottenstein, Assistant Treasurer
John McKay, Secretary
Sarah Hathcock
Lee Thielen

Also Present:

Nicholas A. Hartman, Partner - Hoffman, Parker,
Wilson & Carberry, P.C.

I. Call to Order

a. Roll Call Board of Directors

With a quorum present, the meeting was called to order at 5:01 p.m. by Director, Julie Kunce Field.

b. Welcome Guests & Attendees

Vice President Julie Field acknowledged and thanked staff and Nick Hartman for their attendance and efforts in conducting the meeting on short notice while managing caregiving responsibilities. Jessica Shannon, Vice President of Executive Projects, expressed appreciation for Julie's acknowledgment and requested that the Board of Directors avoid making a practice of scheduling meetings with such short notice, as it hinders the public's and staff's ability to participate in Health District business.

c. Conflict of Interest Statement

None stated.

d. Approval of Agenda

Motion: To approve the June 5, 2025 meeting agenda.

Moved by Erin Hottenstein, seconded by Lee Thielen, objection by Julie Kunce Field; motion passed four to one.

Vice President Julie Field objected to the meeting and agenda for the following reasons: The two agenda items—Election of Officers and Interim Leadership—were tabled to the June 26th meeting on May 22nd. She stated that the information was announced publicly at that meeting, and the public has the right to expect the Board to follow established timelines. She also expressed that as a deliberative body, the Board needs to be clear and consistent in its direction and messaging to effectively serve as public representatives. It was also noted that both agenda items were specifically tabled to June 26th per the meeting transcript.

Vice President Field noted that the meeting was called with only 24 hours' notice and that while technically permitted under the law, it is not best practice and does not demonstrate serious and deliberative governance. She expressed that in addition to disrespecting public expectations and eroding

trust in the Board's abilities, the short notice negatively impacted staff's ability to participate. She stated that staff and counsel who were present were juggling parenting and work responsibilities to attend the meeting.

Vice President Field stated she attended in person because of her commitment to the Health District, having changed her professional obligations at a statewide conference and her personal opportunity to spend time with her visiting daughter. She emphasized her commitment to her Board role while noting that she was addressing items that could have waited until the regular June 26th meeting as promised to the public.

Vice President Field indicated she had not been privy to side conversations or serial communications among Board colleagues that may have led to demanding this meeting on such short notice. She expressed concern about a continuing undercurrent of miscommunication and misinformation, stating that the Board needs to be thoughtful, deliberative, and must follow its own direction by tabling the agenda items until June 26th.

Director Lee Thielen noted that she left a party she was hosting at her home to attend the meeting and expressed differences of opinion regarding the urgency of the agenda items. She shared concerns about naming an acting director before the current Executive Director's departure and felt this issue was ignored in the executive session agenda earlier in the week.

Director Julie Kunce Field confirmed that the June 2nd agenda was set to address the separation agreement with the Executive Director. She read the transcript from the May 22nd Board of Directors meeting, detailing that Director McKay proposed postponing the Election of Officers to better understand the roles and time commitments, and that Directors Hottenstein, Thielen and Hathcock had agreed to address agenda items in the regularly scheduled June meeting.

II. Public Comment

- a. Julie Kenney, Human Resources Manager - Expressed appreciation of leadership to modernize human resource and financial systems and the hope that the organization can center on common goals of good governance, and the Health District's mission.
- b. Hannah Groves, Community Impact Manager - Expressed appreciation for Liane Jollon - for her leadership and strategic direction noting the progress in strategy, operations, and operational practices to innovate, excel, and remain accountable to partners in the community. She also urged the board to continue transparency with the forensic financial audit and requested that the results be shared publicly due to deep concerns regarding the organization's lack of checks and balances before Liane's leadership and the need to continue to strengthen financial oversight.
- c. David Navas, Policy Analyst - Seconded Hannah's comments and seconded the objection to the agenda encouraging transparency to the taxpayers.
- d. Jill Wear, Health District Dental Services Manager - Thanked Liane Jollon for her leadership, noting meaningful progress over her tenure with greater impact and intention to putting the needs of community in the forefront. She urged that the organization to continue to serve the public with integrity, to be good stewards of taxpayer dollars, and ensure that services are accessible, equitable, and responsive to the people who rely on them.
- e. Alyson Williams, Vice President of Strategy and Impact – Expressed gratitude for Liane Jollon's leadership and fostering a culture of equity and excellence and the strong foundation established. She also expressed dedication to working with the board of directors and future leadership to further the work of the strategic plan.

- f. Cassie Niedziela, Health Equity Coordinator - Thanked Liane Jollon for her support in advancing health equity and equitable health care access, as well as her dedication to continuing the work under the strategic plan.
- g. Marisa Dylan, Vice President Communications - Thanked Liane Jollon for her leadership and work to modernize the organization to better serve staff and the organization.
- h. Katie Wheeler, Compliance Officer - Thanked Liane Jollon for her leadership and encouraged the Board to remain committed to the strategic plan to further standards of accountability and transparency. She noted several staff transitions in the Executive Director role and hoped the Board would reflect on factors that may have contributed to this turnover.
- i. Susan Kaiser, Research and Evaluation Manager - Thanked Liane Jollon and the Executive Leadership Team for their openness and curiosity. She noted the absence of historical documentation, such as clearly defined clinical quality guidelines, productivity standards, or evidence-based service models. She shared that historical reporting relied on simple counts of individuals served and a relatively small number of client anecdotes. She emphasized that these metrics are insufficient for evaluating the quality or effectiveness of care, especially for an organization planning to be impact-driven and seeking to understand whether it is making a difference in the lives of those served. She also noted her dedication to the strategic plan and leadership's commitment to learning and understanding root causes of issues. She also acknowledged leadership's inquiry, compassion, and commitment to improving operational efficiency and ensuring those with the highest needs receive quality care.
- j. Brenda Frasier, district resident – Noted concerns with agenda being noticed with only 24 hours' advance notice, which prevented her from attending to make comments at the meeting. She noted that the agenda items were tabled to June 26th meeting and expressed the disservice of the change to the community.

III. Action Items

a. Election of Officers

Vice President, Julie Kunce Field objected to the election of officers for the reasons stated above for the approval of agenda.

Director Julie Kunce Field nominated herself for Board President, citing her experience through multiple Executive Director transitions, her background as a judge appointed by Governor Ritter, eleven years as a public servant in high-profile situations, and her role as President of Crossroads Safehouse Board during a difficult leadership transition, and understanding of the magnitude of the position.

Director Lee Thielen nominated Director Erin Hottenstein, citing her longevity with the organization and her leadership capability and experience. Director Erin Hottenstein accepted the nomination and highlighted her journalism experience covering all levels of government, her commitment to transparency and ensuring the organization does what it is supposed to do, and her previous board presidency experience bringing divided groups together and ensuring individuals felt heard.

Given there were two candidates for the position of President, a vote was taken. Director Hottenstein received four votes, and Director Field received one vote.

Director Sarah Hathcock nominated Lee Thielen for Vice President. Director Lee Thielen accepted the nomination, citing 28 years in state government including 16 years with Colorado Department of Public Health and Environment, interim budget management for Governor Romer, and service on county public health and hospital boards.

Director John McKay nominated Director Julie Kunce Field as Treasurer citing her level of detail and legal sense as key qualifications in meeting the community's expectations of financial transparency and being

able to understand what's going to be necessary to guide us forward. Director Filed accepted the nomination.

Director Julie Kunce Field nominated Director John McKay as the Board Liaison to PVHS/UCHealth North. Director McKay accepted the nomination.

Director John McKay nominated Director Sarah Hathcock as Secretary. Director Hathcock accepted the nomination.

Motion: To approve the election of officers as follows:

- *President – Erin Hottenstein*
- *Vice President – Lee Thielen*
- *Treasurer – Julie Kunce Field*
- *Secretary – Sarah Hathcock*
- *Board Liaison to PVHS/UCHealth North – John McKay*

Moved by Erin Hottenstein, seconded by John McKay; Director Julie Kunce Field abstained; motion passes.

b. Interim Leadership Transition Plan

Director, Julie Kunce Field objected to the Interim Leadership Transition Plan agenda item for the reasons stated above for the approval of agenda.

The Health District Executive Leadership Team presented a proposal for shared responsibility to lead the Health District during the transitional period until a permanent Executive Director/CEO is appointed.

Erin Hottenstein read the proposal letter and corresponding emails which proposed the following interim structure:

- Chief Administrative Officer: Assumes day-to-day operational oversight and primary contact between board and leadership team, high-level strategic concerns, sensitive matters, executive communications, governance issues, and urgent matters.
- Vice President of Executive Projects: Board meeting logistics, materials preparation, administrative functions, calendar management, general inquiries and liaison for board training coordination, and internal communications.
- Vice President of Client Experience: Continues client-facing program oversight.
- Vice President of Strategy and Impact: Continues community engagement, data collection and analysis, and external health partnerships.
- Vice President of Communications: Continues external and internal communications and marketing operations.
- Director of Business Operations: Maintains fiscal responsibilities and budget management, and continues implementation of accounting software; also manages all personnel matters and organizational needs.

The team expressed commitment to providing regular updates to the board and maintaining transparency throughout the interim period.

Director Lee Thielen recommended appointing Director of Business Operations, Misty Manchester as interim leader, citing that she knew her, her credibility, tenure, rule-following, people skills, and understanding of District operations. Director Julie Kunce Field recommended determining Misty's interest in the role.

Director John McKay emphasized the importance of having a conversation that is board supported to ensure that the community understood how operations of the district would continue. He shared that the staff had proposed a structure they felt was important for now, and that he could support the proposal and meet later in June to have deeper conversations and discuss the process further.

Director Kunce Filed expressed agreement with the plan submitted by the Executive Leadership Team, stating they were capable, experienced, and cared deeply about the Health District. She expressed that operations could continue under the proposed plan at least until the June 26th meeting with the goal of supporting the strategic plan and to minimize staff impact with further transitions.

Director John McKay reiterated that a succession plan has already been established and emphasized the importance of coming together to ensure clarity and organizational support. He supported the leadership proposal, noting the meeting later in June would allow for deeper conversation.

Director Sarah Hathcock supported the structure proposed by the Executive Leadership Team and advocated for systematic staff input and better communication processes, including comprehensive feedback from all departments on how the leadership dynamic is playing out for the staff as a whole. She emphasized creating systems for the Board to receive staff input on what has worked well with the leadership team and what has not to guide decisions. She also expressed the urgency of having clarity in the transition plan for the community.

Jessica Shannon, VP of Executive Projects, provided context around the leadership's proposal and requested the Board consider months of intentional organizational development work in conjunction with transition decisions. She emphasized leadership had been strategically building this structure with professional consultant Angela Hayworth since December 2024. She asked the board to consider the precedent and impact on organizational cultural if board hand-picked staff and does not follow the structure and lanes of services currently in place.

Director Lee Theilen expressed no issue in waiting to the next board meeting to make decisions and wanted to reiterate that the decision of who was in charge was the board's decision to make – not the staff or Liane's. She proposed that the board continue discussions around acting, interim, and hiring of the new Executive Director.

Director Erin Hottenstein encouraged conversations at the Board of Directors Orientation for discussion and action at the next regularly scheduled Board of Directors meeting. She also recommended naming an acting interim Executive Director.

Director Field expressed agreement with the plan submitted by the Executive Leadership Team, stating they were capable and experienced, and operations could continue under the proposed plan until the June 26th, with the goal of supporting the strategic plan and minimizing staff impact from additional transitions.

John McKay agreed with the proposed interim leadership plan until the next board meeting and recommended scheduling meetings with Executive Leadership Team to get to know them and learn information to support informed decisions.

The Board of Directors agreed the approved interim leadership structure would remain in place and would be revisited at the June 26th Regular Board of Directors meeting.

Motion: To support the leadership team's interim transition plan as submitted to the board in a previous letter and as read into the record by President Hottenstein, with the clarification that Chief Administrative Officer Courtney Green shall serve as acting executive director until revisited.

Moved by Julie Kunce Field, seconded by John McKay; passed unanimously.

Courtney Green, Chief Administrative Officer requested clarification as the board liaison vs “Acting Executive Director”. The board confirmed that as Acting Executive Director, she would have full authority, including signature authority.

IV. Adjourn

Motion: To adjourn the meeting at 6:28 p.m.

Moved by Erin Hottenstein, second by John McKay; passed unanimously.

DRAFT



AGENDA DOCUMENTATION

Meeting Date: June 26, 2025

SUBJECT: May 2025 - Financial Statements

PRESENTER: None.

OUTCOME REQUESTED: ☐ Decision ☒ Consent ☐ Report

PURPOSE/ BACKGROUND

In order to monitor financial performance as a component of fulfilling the Board of Director's fiduciary responsibilities monthly financial statements are enclosed.

Attachment(s):

- Financial statements for May 2025.

FISCAL IMPACT

None

STAFF RECOMMENDATION

Accept the financial statements as presented.

Health District

OF NORTHERN LARIMER COUNTY

Financial Reporting Package

FOR THE FIVE MONTHS ENDED MAY 31, 2025

Jessica Holmes, YPTC

COMPLETED ON | JUNE 24, 2025

TABLE OF CONTENTS

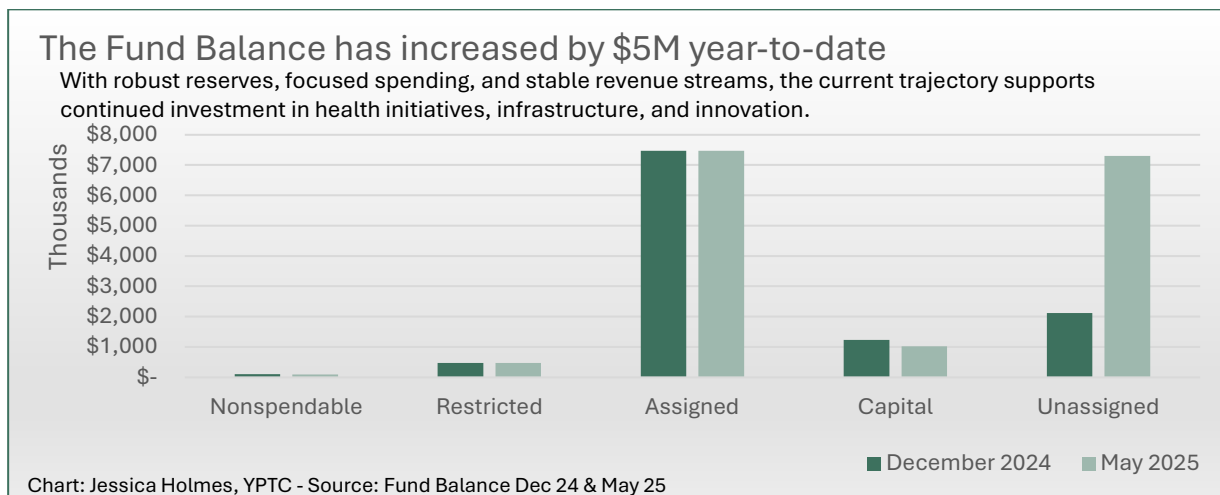
Management's Discussion & Analysis	1
Overview of Financial Performance	1
Governmental Fund Financial Statements	1
Government-Wide Financial Statements	3
Supplemental Information	4
Governmental Fund Financial Statements	5
Balance Sheets	5
Statements of Revenues, Expenditures, and Change in Fund Balance	6
Budget Comparison: Statement of Revenues, Expenditures, and Change in Fund Balance	7
Government-Wide Financial Statements	8
Statements of Net Position	8
Statements of Activities	9
Supplemental Information	10
Statement of Functional Expenses	10
Notes to the Financial Statements	11

MANAGEMENT'S DISCUSSION & ANALYSIS

OVERVIEW OF FINANCIAL PERFORMANCE

As of May 31, 2025, the Health District continues to demonstrate strong financial health and operational alignment with strategic priorities. The District reported a year-to-date increase in fund balance of \$4.96 million and a government-wide net position increase of \$4.60 million, driven by slightly higher-than-expected revenues and controlled expenditures.

Overall, the Health District is in a robust financial position through May 2025. Revenues are strong, expenditures are well-managed, and fund balance growth supports both current operations and future investments. The District is well-positioned to continue advancing its mission with financial confidence.



GOVERNMENTAL FUND FINANCIAL STATEMENTS

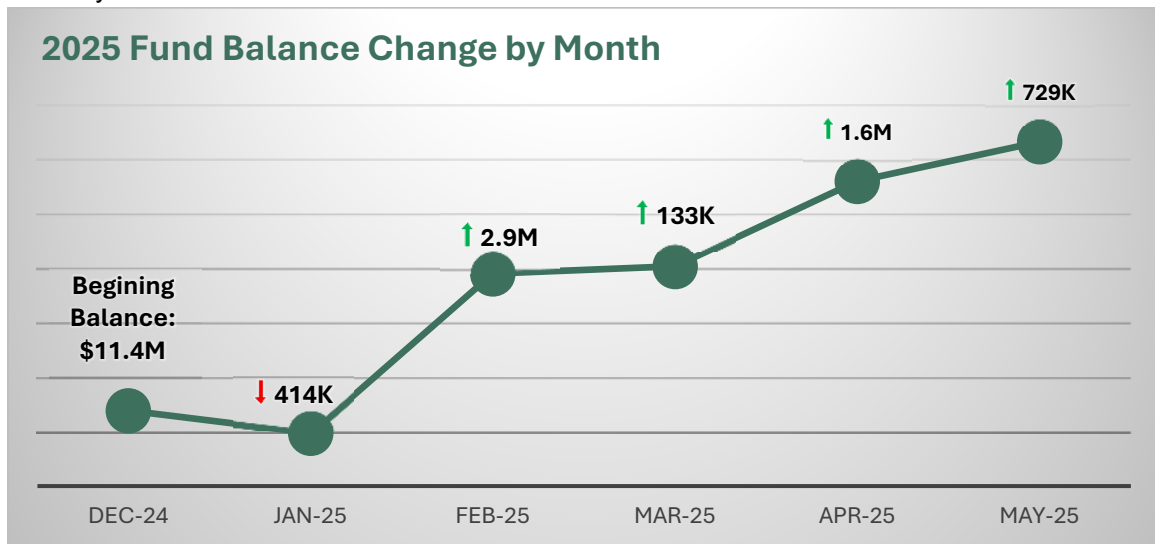
The Governmental Fund Financial Statements are prepared using the modified accrual method of accounting as required under GAAP and GASB for governmental fund entity types.

BALANCE SHEETS – GOVERNMENTAL FUND

- **Assets:** Total assets decreased by \$3.4M due to reductions in receivables and deferred inflows.
 - **Cash & Investments** increased by \$4.6M, reaching \$16.6M, reflecting strong cash flow from early-year property tax collections and prudent spending.
 - **Receivables** declined across all categories, most significantly in:
 - Property Taxes:** Down \$7M due to the cyclical nature of collections.
 - Leases Receivable:** Decreased by \$907K, due to the annual payment from PVHS.
- **Liabilities:** Total liabilities remained stable at \$806K, with only minor shifts in Accounts Payable (timing of vendor payments), and Unearned Revenue (grant fund recognition).
- **Deferred Inflows:** Total Deferred Inflows of Resources are down \$8.4M year to date.
 - Deferred Property Tax Resources** dropped \$7.7M, consistent with revenue recognition as taxes are collected.

Resources from previously unbilled Oral Health services were recognized in May 2025 as Medicaid has now been fully billed for services provided in 2024. Medicaid billing is current, billing now occurs on a daily basis.

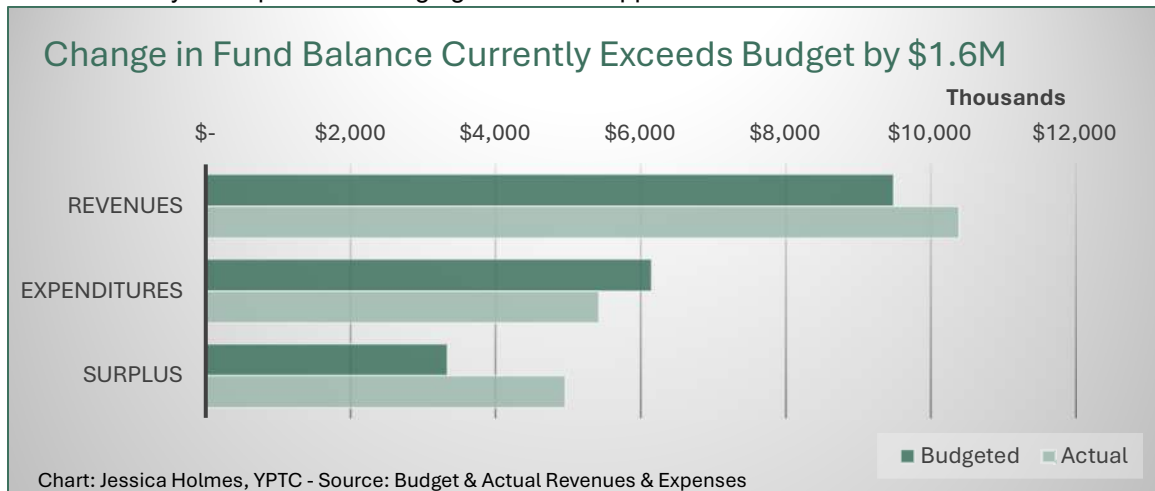
- **Fund Balance:** The fund balance saw a substantial increase of \$5M year-to-date, rising from \$11.4M to \$16.4M. Unassigned funds have increased by \$5.2M, enhancing the District's financial flexibility. The increase in nonspendable funds (prepaid expenses) and decrease in capital funds are indicative of ongoing operational investments.
- **Key Takeaway:** The Health District continues to demonstrate strong fiscal stewardship, with a growing fund balance and stable liabilities. The reduction in deferred inflows and receivables reflects the natural revenue cycle, while the increase in unassigned funds enhances financial flexibility for future initiatives.



STATEMENTS OF REVENUES, EXPENDITURES, & CHANGES IN FUND BALANCE

- **Revenues:** Total year-to-date revenues reached \$10.4M, with the following key drivers:
 - **Tax Revenues:** \$8M (77% of total), reflecting the seasonal property tax collection cycle.
 - **Service Revenues:** \$1.2M, with a notable spike in May due to the recognition of the 2024 Oral Health service revenue
 - **Lease Revenues:** \$753K, consistent with expectations and lease agreements.
 - **Grant Funds:** provided \$218K of funding to support programmatic operations.
 - **Other Revenues:** comprised mostly of investment interest, \$231k has been received for the year so far.
 - **Compared to Budget:** Revenues are ahead of budget by \$902K, while conservative budgeting for Lease Revenues and Investment Revenues plays a role, the most significant overperformance came from Service Revenues, particularly the recognition of the of previously unearned Oral Health revenue from 2024.
- **Expenditures:** Total expenditures through May were \$5.4M, with the largest categories being:
 - **Personnel Compensation:** \$3.6M (66% of total expenses), continuing to highlight the labor-intensive nature of health services.
 - **Contracted Services:** \$640K, inclusive of all consulting, legal, and audit services.
 - **Capital Expenditures:** \$214K, aligned with the drawdown in capital fund balance noted on the balance sheet.

- **Compared to Budget:** Expenses are below budget by \$725K, while most categorical variances are due to timing, Personnel Compensation is due to currently vacant positions. The notable overage within Supplies, Equipment, & Software is a result of capital purchases.
- **Change in Fund Balance:** The increase of \$5M in the District's fund balance reflects strong operating results and provides flexibility for mid-year adjustments or strategic investments.
- **Key Takeaway:** The Health District is in a robust financial position through the first five months of 2025. Revenues are strong, expenditures are controlled, and fund balance growth enhances the District's ability to respond to emerging needs and opportunities.



GOVERNMENT-WIDE FINANCIAL STATEMENTS

The Government-Wide Financial Statements are prepared using the full accrual basis of accounting to provide the organization's long-term financial view.

STATEMENTS OF NET POSITION

- Like the Balance Sheets discussed previously, the Statements of Net Position provide the details of the District's assets and liabilities.
- Key differences: this statement includes capital assets, long-term liabilities, and compensated absences, which are excluded from the Governmental Fund Financial Statements.

STATEMENTS OF ACTIVITIES

- Like the Statements of Revenues, Expenditures, and Changes in Fund Balance, the Statements of Activities provide details of the District's revenues and expenditures.
- Key differences: as this statement uses the accrual method rather than modified accrual, capital purchases are not fully expensed at the time of purchase. Instead, they are expensed over the life of the asset through depreciation and amortization.

SUPPLEMENTAL INFORMATION

STATEMENT OF FUNCTIONAL EXPENSES

- **Program Operations:** combining both client and community focused functions, total program operations have accounted for \$3.5M, or 65%, of the Health District's total expenditures year-to-date.
 - **Client Experience:** The client experience function includes the revenue and expense activities of Oral Health, Behavioral Health, and Access to Care services. This function accounts for 47% of the District's expenses.
 - **Strategy & Impact:** This category is representative of community-based functions, such as Integrated Care, Partnerships, Health Promotion, Community Impact, Health Equity, and Assessment & Evaluation. Community-based programs account for 18% of overall expenses.
 - **Note:** The impact deficits within Program Operations are typical for public health organizations, which rely on the tax funding recorded under General.
- **General & Administration:** inclusive of all general and administrative functions (including Board and Leased Properties), General & Administration accounts for 35%% of the District's expenses.
 - **Reminder:** In prior years, all administrative employees (and their compensation) were allocated across program operations. This practice was changed for 2025 to align with the best practices and provide a more accurate representation of expenses at the functional level.
- **Key Takeaways:**
 - **Program Investment:** Nearly two-thirds of expenditures are mission-driven, supporting direct services and community impact.
 - **Administrative Efficiency:** General and administrative costs are well-managed, enabling surplus generation and reinvestment capacity.
 - The Health District is effectively aligning financial resources with strategic priorities, maintaining a healthy balance between service delivery and administrative support.

NOTES TO THE FINANCIAL STATEMENTS

- Please review the Notes to the Financial Statements for required reconciliations between governmental fund financial statements and government-wide financial statements (GASB Statement No. 34).

This MD&A is based on unaudited financial statements prepared in accordance with GAAP and GASB standards. It is intended for internal management and board review purposes only.

Health District of Northern Larimer County

Balance Sheets

Governmental Fund Financial Statements

As of May 31, 2025

	December 2024	May 2025	YTD Change
ASSETS			
Cash & Investments	11,994,048	16,604,597	4,610,549
Receivables			
Property Taxes	10,775,197	3,770,366	(7,004,831)
Specific Ownership Taxes	61,277	57,562	(3,715)
Clients, Net of Allowance	394,549	333,339	(61,210)
Leases	59,299,350	58,391,843	(907,508)
Grants & Other	73,933	32,311	(41,622)
Prepaid Expenses	94,867	93,932	(935)
TOTAL ASSETS	82,693,221	79,283,949	(3,409,272)
LIABILITIES, DEFERRED INFLOWS, & FUND BALANCE			
LIABILITIES			
Accounts Payable	228,461	365,782	137,322
Accrued Liabilities			
Payroll Liabilities	354,387	313,554	(40,833)
Treasurer Fees	(30)	14,391	14,421
Property Tax Escrow	40,539	17,383	(23,156)
Tenant Deposits	16,373	12,309	(4,064)
Unearned Revenue	168,765	83,133	(85,633)
TOTAL LIABILITIES	808,494	806,552	(1,942)
DEFERRED INFLOWS			
Property Tax Resources	10,776,854	3,051,509	(7,725,345)
Lease Resources	59,299,314	59,074,242	(225,072)
Service Resources	418,494	-	(418,494)
TOTAL DEFERRED INFLOWS	70,494,662	62,125,751	(8,368,911)
FUND BALANCE			
Nonspendable Funds - Prepaid Expenses	94,867	93,932	(935)
Restricted Funds - TABOR Reserve	470,801	470,801	-
Assigned Funds	7,472,610	7,472,610	-
Capital Funds	1,232,874	1,018,440	(214,434)
Unassigned Funds	2,118,912	7,295,863	5,176,951
TOTAL FUND BALANCE	11,390,064	16,351,646	4,961,582
TOTAL LIABILITIES, DEFERRED INFLOWS, & FUND BALANCE	82,693,221	79,283,949	(3,409,272)

The financial statements presented herein are prepared using the **modified accrual** basis of accounting as required for governmental fund types under GAAP & GASB.

Unaudited - For Management Use Only

Health District of Northern Larimer County
Statements of Revenues, Expenditures, & Changes in Fund Balance
Governmental Fund Financial Statements
For the Five Months Ended May 31, 2025

	<u>Jan to Apr 2025</u>	<u>May 2025</u>	<u>YTD 2025</u>
REVENUES			
Tax Revenues	7,240,743	776,418	8,017,161
Service Revenues, Net	437,845	729,270	1,167,115
Lease Revenues	462,251	290,984	753,235
Grant Funds	186,346	31,599	217,945
Other Revenues	177,927	53,531	231,458
TOTAL REVENUES	8,505,113	1,881,801	10,386,914
EXPENDITURES			
Personnel Compensation	2,892,136	680,368	3,572,504
Professional Development	66,747	13,246	79,992
Contracted Services	488,786	151,430	640,216
Service Expenses	176,599	72,152	248,751
Supplies, Equipment, & Software	85,125	91,185	176,310
Occupancy Expenses	184,300	36,729	221,029
Other Operating Expenses	237,399	34,697	272,096
Capital Expenditures	141,558	72,876	214,434
TOTAL EXPENDITURES	4,272,648	1,152,684	5,425,332
EXCESS/(DEFICIENCY) OF REVENUES OVER EXPENDITURES	4,232,465	729,117	4,961,582
CHANGE IN FUND BALANCE	4,232,465	729,117	4,961,582
Beginning Fund Balance	11,390,064	15,622,529	11,390,064
ENDING FUND BALANCE	15,622,529	16,351,646	16,351,646

*The financial statements presented herein are prepared using the **modified accrual** basis of accounting as required for governmental fund types under GAAP & GASB.*

Unaudited - For Management Use Only

Health District of Northern Larimer County

Budget Comparison: Statement of Revenues, Expenditures, & Changes in Fund Balance

Governmental Fund Financial Statements

For the Five Months Ended May 31, 2025

	<u>YTD Budget</u>	<u>YTD Actual</u>	<u>\$ Difference</u>	<u>% Difference</u>	<u>2025 Budget</u>	<u>Budget \$ Remain</u>	<u>Budget % Remain</u>
REVENUES							
Tax Revenues	7,921,769	8,017,161	95,392	1.20%	11,361,432	3,344,271	29.44%
Service Revenues, Net	609,479	1,167,115	557,636	91.49%	1,462,750	295,635	20.21%
Lease Revenues	624,011	753,235	129,224	20.71%	1,304,044	550,809	42.24%
Grant Funds	182,728	217,945	35,217	19.27%	394,048	176,103	44.69%
Other Revenues	147,068	231,458	84,390	57.38%	352,964	121,506	34.42%
TOTAL REVENUES	9,485,056	10,386,914	901,858	9.51%	14,875,238	4,488,324	30.17%
EXPENDITURES							
Personnel Compensation	4,480,883	3,572,504	908,379	20.27%	10,435,115	6,862,611	65.76%
Professional Development	149,009	79,992	69,017	46.32%	345,893	265,901	76.87%
Contracted Services	614,947	640,216	(25,269)	-4.11%	1,444,600	804,384	55.68%
Service Expenses	237,762	248,751	(10,989)	-4.62%	1,340,129	1,091,378	81.44%
Supplies, Equipment, & Software	174,265	390,744	(216,479)	-124.22%	413,113	22,369	5.41%
Occupancy Expenses	201,040	221,029	(19,990)	-9.94%	469,461	248,432	52.92%
Other Operating Expenses	292,602	272,096	20,506	7.01%	496,902	224,806	45.24%
TOTAL EXPENDITURES	6,150,508	5,425,332	725,176	11.79%	14,945,213	9,519,881	63.70%
CHANGE IN FUND BALANCE	3,334,548	4,961,582	1,627,034	48.79%	(69,975)		
Beginning Fund Balance	11,390,064	11,390,064			11,390,064		
ENDING FUND BALANCE	14,724,612	16,351,646			11,320,089		

The financial statements presented herein are prepared using the **modified accrual** basis of accounting as required for governmental fund types under GAAP & GASB.

Unaudited - For Management Use Only

Health District of Northern Larimer County

Statements of Net Position

Government-Wide Financial Statements

As of May 31, 2025

	<u>December 2024</u>	<u>May 2025</u>	<u>YTD Change</u>
ASSETS			
CURRENT ASSETS			
Cash & Investments	11,994,048	16,604,597	4,610,549
Receivables			
Property Taxes	10,775,197	3,770,366	(7,004,831)
Specific Ownership Taxes	61,277	57,562	(3,715)
Clients, Net of Allowance	394,549	333,339	(61,210)
Grants & Other	73,933	32,311	(41,622)
Prepaid Expenses	94,867	93,932	(935)
TOTAL CURRENT ASSETS	23,393,871	20,892,107	(2,501,764)
NON-CURRENT ASSETS			
Leases Receivable	59,299,350	58,391,843	(907,508)
Capital Assets			
Capital Assets, Net	9,737,338	9,666,503	(70,835)
Right to Use Assets, Net	179,966	146,080	(33,886)
Software in Development	18,721	178,379	159,657
TOTAL NON-CURRENT ASSETS	69,235,375	68,382,804	(852,571)
TOTAL ASSETS	92,629,246	89,274,911	(3,354,335)
LIABILITIES AND NET POSITION			
LIABILITIES			
Accounts Payable	228,461	365,782	137,322
Accrued Liabilities			
Payroll Liabilities	354,387	313,554	(40,833)
Treasurer Fees	(30)	14,391	14,421
Property Tax Escrow	40,539	17,383	(23,156)
Tenant Deposits	16,373	12,309	(4,064)
Unearned Revenue	168,765	83,133	(85,633)
Right to Use Liability (SBITAs)	117,534	117,534	-
Compensated Absences	317,233	317,233	-
Deferred Inflows			
Property Tax Resources	10,776,854	3,051,509	(7,725,345)
Lease Resources	59,299,314	59,074,242	(225,072)
TOTAL LIABILITIES	71,319,429	63,367,070	(7,952,359)
NET POSITION			
Beginning Net Position	17,510,830	21,309,817	3,798,987
Change in Net Position	3,798,987	4,598,024	799,037
TOTAL NET POSITION	21,309,817	25,907,841	4,598,024
TOTAL LIABILITIES AND NET POSITION	92,629,246	89,274,911	(3,354,335)

*The financial statements presented herein are prepared using the **accrual** basis of accounting to provide a long-term financial view.*

Unaudited - For Management Use Only

Health District of Northern Larimer County

Statements of Activities

Government-Wide Financial Statements

For the Five Months Ended May 31, 2025

	Jan to Apr 2025	May 2025	YTD 2025
REVENUES			
Tax Revenues	7,240,743	776,418	8,017,161
Service Revenues, Net	437,845	310,775	748,620
Lease Revenues	462,251	290,984	753,235
Grant Funds	186,346	31,599	217,945
Other Revenues	177,927	53,531	231,458
TOTAL REVENUES	8,505,113	1,463,306	9,968,420
EXPENDITURES			
Personnel Compensation	2,892,136	680,368	3,572,504
Professional Development	66,747	13,246	79,992
Contracted Services	488,786	151,430	640,216
Service Expenses	176,599	72,152	248,751
Supplies, Equipment, & Software	85,125	91,185	176,310
Occupancy Expenses	184,300	36,729	221,029
Other Operating Expenses	237,399	34,697	272,096
Depreciation & Amortization	128,765	30,732	159,497
TOTAL EXPENDITURES	4,259,856	1,110,539	5,370,395
CHANGE IN NET POSITION	4,245,257	352,767	4,598,024
Beginning Net Position	21,309,817	25,555,074	21,309,817
ENDING NET POSITION	25,555,074	25,907,841	25,907,841

*The financial statements presented herein are prepared using the **accrual** basis of accounting to provide a long-term financial view.*

Unaudited - For Management Use Only

Health District of Northern Larimer County

Statement of Functional Expenses

Supplemental Financial Statement

For the Five Months Ended May 31, 2025

	Client Experience	Strategy & Impact	Total Program Operations	General & Administration	Health District
REVENUES					
Tax Revenues	-	-	-	8,017,161	8,017,161
Service Revenues, Net	1,130,035	37,080	1,167,115	-	1,167,115
Lease Revenues	-	-	-	753,235	753,235
Grant Funds	190,445	27,500	217,945	-	217,945
Other Revenues	3,391	-	3,391	228,067	231,458
TOTAL REVENUES	1,323,871	64,580	1,388,451	8,998,463	10,386,914
EXPENDITURES					
Personnel Compensation	1,616,045	682,111	2,298,156	1,274,348	3,572,504
Professional Development	42,886	15,932	58,818	21,174	79,992
Contracted Services	339,175	121,804	460,980	179,236	640,216
Service Expenses	212,998	10,442	223,440	25,311	248,751
Supplies, Equipment, & Software	220,306	67,776	288,082	102,661	390,744
Occupancy Expenses	101,658	54,681	156,340	64,690	221,029
Other Operating Expenses	26,255	5,429	31,683	240,413	272,096
TOTAL EXPENDITURES	2,559,324	958,175	3,517,499	1,907,834	5,425,332
IMPACT TO FUND BALANCE	(1,235,453)	(893,595)	(2,129,048)	7,090,630	4,961,582
					11,390,064
					16,351,646

The financial statement presented herein is prepared using the **modified accrual** basis of accounting as required for governmental fund types under GAAP & GASB.

Unaudited - For Management Use Only

Health District of Northern Larimer County

Notes to the Financial Statements

As of May 31, 2025

1 Governmental Fund Financial Statements

- As outlined in Governmental Accounting Standards Board (GASB) Statement No. 34, fund financial statements represent a fundamental element of the financial reporting framework for state and local governments. These statements are presented using the modified accrual basis of accounting, which emphasizes current financial resources.
- Statements Included: Balance Sheets; Statements of Revenues, Expenditures, & Changes in Fund Balance; Budget Comparison: Statement of Revenues, Expenditures, & Changes in Fund Balance.

2 Government-Wide Financial Statements

- GASB Statement No. 34 also mandates the presentation of government-wide financial statements, which offer a comprehensive, long-term perspective on a government's overall financial position. These statements are prepared using the full accrual basis of accounting, reflecting all economic resources and obligations.
- Statements Included: Statements of Net Position; Statements of Activities.

3 Reconciliation: Balance Sheets to Statements of Net Position

	<u>December 2024</u>	<u>May 2025</u>	<u>YTD Change</u>
Total Governmental Fund Balance	11,390,064	16,351,646	4,961,582
Amounts included in Statements of Net Position but excluded from Governmental Activities:			
Capital Assets, Net	9,936,025	9,990,961	54,937
Unavailable Revenues *	418,494	-	(418,494)
Long-Term Liabilities	(117,534)	(117,534)	-
Compensated Absences	(317,233)	(317,233)	-
Total Net Position	21,309,817	25,907,841	4,598,024

* Previously Unavailable Revenues for 2024 Unbilled Medicaid within the Oral Health Program were recognized on Governmental Fund Financial Statements in May of 2025. All 2024 Medicaid has been billed in full as of May 31st, 2025. Payments for these services are in the process of being received.

4 Reconciliation: Change in Fund Balance to Change in Net Position

	<u>Q1 2025</u>	<u>May 2025</u>	<u>YTD 2025</u>
Change in Fund Balance	4,232,465	729,117	4,961,582
Reconciling Items:			
Adjustments for Capital Outlay	141,558	72,876	214,434
Adjustments for Depreciation & Amortization	(128,765)	(30,732)	(159,497)
Adjustments for Long-Term Debt Transactions	-	-	-
Adjustments for Accruals	-	-	-
Change in Net Position	4,245,257	771,261	5,016,518

5 Governmental Fund Balance Classifications

	<u>December 2024</u>	<u>May 2025</u>	<u>YTD Change</u>
Nonspendable Funds (Prepaid Expenses)	94,867	93,932	(935)
Restricted Funds (TABOR)	470,801	470,801	-
Assigned Funds (Operating Reserve)	7,472,610	7,472,610	-
Capital Funds (Assigned to Capital Expenditures)	1,232,874	1,018,440	(214,434)
Unassigned Funds (Available for Appropriation)	2,118,912	7,295,863	5,176,951
Total Fund Balance	11,390,064	16,351,646	4,961,582

Unaudited - For Management Use Only



AGENDA DOCUMENTATION

Meeting Date: June 26, 2025

SUBJECT: Partnership/Funding Agreement – Salud Contract

PRESENTER: None

OUTCOME REQUESTED: ____ Decision ☒ Consent ____ Report

PURPOSE

Per 99-01: Contract and Expenditure Signature Policy, contracts and expenditures exceeding \$150,000 require specific approval of the Board of Directors, and the wording of the actual contract or other document will be submitted to the board members for their review prior to signature. The document will be signed by the Executive Director (or the staff designee), and the Board President.

BACKGROUND

During FY2025 strategic planning and budgeting process, the Health District board of directors approved funding to support a partnership agreement with Salud. The budget change represented a shift from a shared staffing model to a partnership funding model. The attached contract is the result of partner-stated needs and contract negotiations.

Partnership Purpose

- Build capacity for community health services across Northern Larimer County
- Support sustainable community health interventions
- Collaborate to identify and build innovative, evidence-based strategies

Salud's Duties

- Salud shall provide 1 FTE Clinical Pharmacist at the Salud Family Health, Inc. Fort Collins Clinic to which the Health District will contribute \$140,000 per year.
- Salud shall commit to the collaborative design of quality measurements during the course of the contract year that enable the assessment of program reach, effectiveness, and outcomes.

Attachment(s): Health District Partnership Agreement – Salud 2025

FISCAL IMPACT

None – The costs were accounted for in the 2025 budget.

STAFF RECOMMENDATION

Staff recommend the Board provide approval of the partnership agreement with Salud.

Agreement for Services

This Agreement for Funding (the "Agreement") is made and entered into this _____ day of _____, 2025 (the "Effective Date"), by and between the Health District of Northern Larimer County, a Colorado special district with an address of 120 Bristlecone Drive, Fort Collins, CO 80521 (the "District"), and Salud Family Health, Inc., an independent contractor with a principal place of business at 203 S. Rollie Ave., Fort Lupton, CO 80621 (Salud) (each a "Party" and collectively the "Parties").

Whereas, the District supports the accessibility of pharmacy services in Northern Larimer County; and

Whereas, (Salud) has held itself out to the District as having the requisite expertise and experience to perform certain pharmacy services in Northern Larimer County.

Now Therefore, for the consideration hereinafter set forth, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

I. Scope of Services

A. Salud shall furnish all labor and materials required for the complete and prompt execution and performance of all duties, obligations, and responsibilities which are described or reasonably implied from the Scope of Services set forth in **Exhibit A**, attached hereto and incorporated herein by this reference.

B. A change in the Scope of Services shall not be effective unless authorized as an amendment to this Agreement. If Salud proceeds without such written authorization, Salud shall be deemed to have waived any claim for additional compensation, including a claim based on the theory of unjust enrichment, quantum merit or implied contract. Except as expressly provided herein, no agent, employee, or representative of the District is authorized to modify any term of this Agreement, either directly or implied by a course of action.

II. Term and Termination

A. This Agreement shall commence on the Effective Date and shall continue until unless otherwise terminated as provided herein.

B. Either Party may terminate this Agreement upon 30 days advance written notice. The District shall pay Salud for all work previously authorized and completed prior to the date of termination.

C. The District may terminate this Agreement immediately if Salud has substantially or materially breached this Agreement.

D. The Parties intend that this Agreement comply with all applicable federal, state and local statutes, regulations and ordinances as of the Effective Date. If any federal or state legislative or regulatory authority adopts any law or regulation which: (1) renders the Agreement illegal or prohibited by applicable law or regulation; (2) threatens either Party's tax-exempt status; (3) establishes a material adverse change in the method or amount of reimbursement or payment for services under the Agreement; or (4) imposes requirements which require a material adverse change in the manner of either Party's operations under the Agreement; or (5) legal counsel for either Party gives a good faith opinion that the application of any law, regardless of when adopted, poses a substantial threat of any of the foregoing, then, upon the request of either Party, the Parties shall enter into good faith negotiations to amend or modify the Agreement as appropriate while preserving the original intent of the Agreement to the greatest extent possible. If, after 15 days of such good faith negotiations, the Parties are unable to agree as to how the Agreement will continue, then either Party may terminate the Agreement upon one day prior written notice. Notwithstanding the foregoing, if the change in law requires the immediate termination of the Agreement, the Agreement shall be so terminated.

III. Compensation

A. In consideration of the completion of the Scope of Services by Salud, the District shall pay Contractor \$140,000. Salud will submit quarterly invoices, which shall be paid by the District within 30 days of receipt.

B. The Parties agree that no term of this Agreement is conditioned upon any other form of arrangement between the District and Salud. The Parties agree that the consideration exchanged hereunder is fair market value for the services provided hereunder, and that the aggregate of the services contracted for hereunder shall not exceed that which is reasonable and necessary to accomplish the commercially reasonable and legitimate business purpose of the Agreement. This Agreement covers all services to be provided by Salud pursuant to the Agreement for the term of the Agreement and specifies all the services to be provided by Salud hereunder.

IV. Responsibility

A. The work performed by Salud shall be in accordance with generally Applicable ethics and professional standards in Salud's industry.

B. The District's review, approval or acceptance of, or payment for any services shall not be construed to operate as a waiver of any rights under this Agreement or of any cause of action arising out of the performance of this Agreement.

V. Independent Contractor

This Agreement does not establish an employment, partnership, or joint venture between the District and any of Salud's employees. Notwithstanding any other provision

of this Agreement, all personnel assigned by Salud to perform work under the terms of this Agreement shall be, and remain at all times, employees or agents of Salud for all purposes. Salud shall make no representation that it is a District employee for any purposes.

VII. Insurance

Salud agrees to procure and maintain, at its own cost, a policy or policies of insurance sufficient to insure against all liability, claims, demands, and other obligations assumed by Salud pursuant to this Agreement. Salud shall (i) provide and keep in force workers' compensation and unemployment compensation insurance in the amounts required by law, and (ii) be solely responsible for its acts and those of its employees and agents.

VII. Indemnification

Salud agrees to indemnify and hold harmless the District and its officers, insurers, volunteers, representative, agents, employees, heirs and assigns from and against all claims, liability, damages and losses related to this agreement and to the extent of the law.

VIII. Protected Health Information

The Parties acknowledge that each has certain responsibilities related to the use, disclosure or request of protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and, in light of these responsibilities, this Agreement shall not be construed to require the disclosure of protected health information. To the extent that the Scope of Services contemplates the exchange of certain data or information, Salud shall de-identify any protected health information in accordance with HIPAA.

IX. Miscellaneous

A. *Governing Law and Venue.* This Agreement shall be governed by the laws of the State of Colorado. In the event of conflict, state or the federal law shall supersede the terms of the Agreement. Any legal action concerning the provisions hereof shall be brought in Larimer County, Colorado.

B. *No Waiver.* Delays in enforcement or the waiver of any one or more defaults or breaches of this Agreement by the District shall not constitute a waiver of any of the other terms or obligation of this Agreement.

C. *Integration.* This Agreement constitutes the entire agreement between the Parties, superseding all prior oral or written communications.

D. *Third Parties.* There are no intended third-party beneficiaries to this Agreement.

E. *Notice.* Any notice under this Agreement shall be in writing and shall be deemed sufficient when directly presented or sent pre-paid, first-class U.S. Mail to the Party at the address set forth on the first page of this Agreement.

F. *Severability.* If any provision of this Agreement is found by a court of competent jurisdiction to be unlawful or unenforceable for any reason, the remaining provisions hereof shall remain in full force and effect.

G. *Modification.* This Agreement may only be modified upon written agreement of the Parties.

H. *Assignment.* Neither this Agreement nor any of the rights or obligations of the Parties shall be assigned by either Party without the written consent of the other.

I. *Governmental Immunity.* The District and its officers, attorneys and employees, are relying on, and do not waive or intend to waive by any provision of this Agreement, the monetary limitations or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. § 24-10-101, *et seq.*, as amended, or otherwise available to the District and its officers, attorneys or employees.

J. *Rights and Remedies.* The rights and remedies of the District under this Agreement are in addition to any other rights and remedies provided by law. The expiration of this Agreement shall in no way limit the District's legal or equitable remedies, or the period in which such remedies may be asserted, for work negligently or defectively performed.

K. *Subject to Annual Appropriation.* Consistent with Article X, § 20 of the Colorado Constitution, any financial obligation of the District not performed during the current fiscal year is subject to annual appropriation, shall extend only to monies currently appropriated, and shall not constitute a mandatory charge, requirement, debt or liability beyond the current fiscal year.

L. *Force Majeure.* No Party shall be in breach of this Agreement if such Party's failure to perform any of the duties under this Agreement is due to Force Majeure, which shall be defined as the inability to undertake or perform any of the duties under this Agreement due to acts of God, floods, storms, fires, sabotage, terrorist attack, strikes, riots, war, labor disputes, forces of nature, the authority and orders of government or pandemics.

In Witness Whereof, the Parties have executed this Agreement as of the Effective Date.

Health District of Northern Larimer County

By: _____
Courtney Green
Interim Executive Director

Date: _____

By: _____
Erin Hottenstein
Board President

Date: _____

Salud Family Health, Inc.

By: _____
John Santistevan
President and CEO

Date: _____

Exhibit A Scope of Services

Partnership Purpose

- Build capacity for community health services across Northern Larimer County
- Support sustainable community health interventions
- Collaborate to identify and build innovative, evidence-based strategies

Salud's Duties

- Salud shall provide 1 FTE Clinical Pharmacist at the Salud Family Health, Inc. Fort Collins Clinic to which the Health District will contribute \$140,000 per year.
- Salud shall commit to the collaborative design of quality measurements during the course of the contract year that enable the assessment of program reach, effectiveness, and outcomes.

Contractor's Deliverables

Deliverable	Cadence	Description
Confirmation of ongoing employment of each funded role pursuant to Salud's Duties	As needed	<ul style="list-style-type: none">• Written notification within 14 business days of a vacancy in the funded position.
Collaborative design of quality measurement strategies	Ongoing	<ul style="list-style-type: none">• Will utilize Salud's established quality control metrics and collaborative treatment management agreement for all clinical pharmacists.• Assessment of data-sharing capabilities.
Cooperative Agreement Management and Design Meetings	Bi-monthly or quarterly (as jointly determined)	District and Salud review of goals and progress, Identification of at least one leadership-level participant for Cooperative Agreement management and design meetings.

Health District Community Health Steering Committee Meetings	As jointly determined	<p>District and Community Partner meetings on community health goals and needs.</p> <ul style="list-style-type: none"> • Identification of one or two leadership-level participant(s) for Health District Community Health Steering Committee meetings. • Participation in Health District Community Health Steering Committee meetings on a cadence to be identified across Health District Cooperative Agreement participants.
Quarterly Invoicing & Reporting	Quarterly, by the 15 th of the month after the end of quarter (April 15, July 15, October 15, January 2026)	<p>Invoice is \$35,000 per quarter, and shall reflect:</p> <ul style="list-style-type: none"> • Status of supported position • Contractual deliverables met during that quarter (e.g., meetings attended) • Key successes and challenges • Final report and invoice will be delivered as the Annual Report
Annual Reporting	Annual, by the 15 th of the month after the end of year (January 15, 2026)	<p>Annual report with the final quarterly invoice shall reflect:</p> <ul style="list-style-type: none"> • The real costs of the position supported by the funding, itemized as feasible by salaries, benefits, clinical infrastructure, and administrative overhead • Number of de-duplicated clients served during the year • Number and types of services provided during the year • Key successes and challenges

		<ul style="list-style-type: none">• Bright spots or de-identified client success stories
--	--	--



AGENDA DOCUMENTATION

Meeting Date: June 26, 2025

SUBJECT: Partnership/Funding Agreement – Poudre Valley Hospital Contract

PRESENTER: None

OUTCOME REQUESTED: ____ Decision x Consent ____ Report

PURPOSE

Per 99-01: Contract and Expenditure Signature Policy, contracts and expenditures exceeding \$150,000 require specific approval of the Board of Directors, and the wording of the actual contract or other document will be submitted to the board members for their review prior to signature. The document will be signed by the Executive Director (or the staff designee), and the Board President.

BACKGROUND

During the FY2025 strategic planning and budgeting process, the Health District Board of Directors approved funding to support a partnership agreement with Poudre Valley Hospital. This budget change represents a shift in the Integrated Care program from a shared staffing model to a partnership funding model. The attached contract reflects partner-stated needs and contract negotiations.

Partnership Purpose

- Support capacity for community health services across Northern Larimer County
- Support sustainable community health interventions
- Collaborate to identify and build innovative, evidence-based strategies

PVHS Duties

- FMC shall select, employ or contract with, and manage all Behavioral Health Providers and Staff necessary, in FMC's sole judgment, to provide behavioral health care and treatment services to FMC patients as part of the Integrated Care Program.

Attachment(s): Health District Partnership Agreement – PVH 2025

FISCAL IMPACT

None – The costs were accounted for in the 2025 budget.

STAFF RECOMMENDATION

Staff recommend the Board provide approval of the partnership agreement with Poudre Valley Hospital.

INTEGRATED CARE PROGRAM FUNDING AGREEMENT

THIS INTEGRATED CARE PROGRAM FUNDING AGREEMENT (the "Agreement") is effective as of July 1, 2025 (the "Effective Date") by and between POUDRE VALLEY HEALTH CARE, INC. D/B/A POUDRE VALLEY HOSPITAL, a Colorado nonprofit corporation ("PVH") and the HEALTH DISTRICT OF NORTHERN LARIMER COUNTY, a Colorado special district and political subdivision ("Health District" or "District") (each a "Party" and collectively the "Parties").

RECITALS

A. PVH is an acute care hospital located at 1024 South Lemay Avenue in Fort Collins, Colorado. PVH is engaged in the delivery of a wide range of health care, medical education and related services through the use of its facilities, personnel and medical staff.

B. PVH operates a family medicine clinic known as the Family Medicine Center, located at 1025 Pennock Place, Fort Collins, CO 80524 ("FMC").

C. Health District and FMC previously partnered to establish and administer integrated behavioral health services at FMC, with the Health District providing the services of certain providers and staff to work with FMC in providing integrated behavioral health care services as needed for FMC patients (the "Integrated Care Program" or "Program"). Health District will no longer partner with FMC to provide the services of providers or staff for the Program. Health District shall provide funding to FMC to continue the Integrated Care Program.

D. The Parties desire to enter into this Agreement in order to provide a full statement of their respective responsibilities in connection with the Program funding.

ACCORDINGLY, the Parties agree to the following:

AGREEMENT

1. PROGRAM FUNDING.

1.1 Health District shall provide funding to FMC in the amount of \$187,060.50 per quarter ("Program Funding") for the Term of this Agreement to support FMC's operation of the Integrated Care Program at FMC.

1.2 FMC shall submit quarterly invoices to the District, which shall be paid by the District within 30 days of receipt.

1.3 The Parties expressly acknowledge that the funds provided for in this Agreement do not exceed that compensation that is reasonable and necessary for the legitimate business purposes of the arrangement and that such compensation provided for has resulted from arm's length negotiations between the Parties and has not been determined in a manner that takes into account the volume or value of referrals or business otherwise generated between the Parties.

2. SERVICES.

2.1 In exchange for the Health District's Program Funding, FMC shall continue to operate the Integrated Care Program at FMC, to include employing or contracting with all necessary behavioral health providers ("Behavioral Health Providers") and support and/or

administrative staff ("Staff") sufficient to provide behavioral health care and treatment services to FMC patients as part of the Integrated Care Program ("Services"). The Services are further described in **Exhibit A**, attached hereto and incorporated by reference. FMC shall be solely responsible for the compensation and benefits payable to the Behavioral Health Providers and Staff for providing Services for the Program.

2.2 FMC shall comply with all applicable standards as are in effect from time to time, including, but not limited to: (i) federal, state and local laws, rules, regulations, ordinances and judicial and administrative interpretations thereof applicable to the provision of Services; (ii) PVH policies and procedures (iii) the compliance program policies and guidelines of PVH; and (iv) the PVH Code of Conduct.

2.3 Following the Term of this Agreement and as further outlined in **Exhibit A**, FMC shall provide an annual report to the Health District, outlining specific elements of the Program's operation over the preceding 12 months, including changes in Program staffing, the Program's patient volumes, and performance of the Program based on quality metrics identified and mutually agreed to by the Parties. To the extent that any information or data summarized in the annual report relates to patients seen and/or treated at FMC, all such information will be fully de-identified in compliance with HIPAA de-identification standards. No individually identifiable information or protected health information will be included in the annual report to the Health District.

2.4 FMC shall be responsible for billing and collections for all Services provided through the Program, and all fees collected by FMC for Services provided hereunder shall be the sole property of FMC.

3. AGREEMENT TO HOLD HARMLESS.

3.1 Health District agrees to hold FMC harmless from any liability, loss, damage, claims, expense or liability resulting from Health District's performance under this Agreement.

3.2 FMC agrees to indemnify hold the Health District harmless from any liability, loss, damage, claims, expense or liability resulting from FMC's performance under this Agreement.

4. TERM AND TERMINATION.

4.1 The term of this Agreement shall commence on the Effective Date and continue for a period of eighteen (18) months (the "Term"). Thereafter, this Agreement may be renewed for 1-year periods upon mutual agreement of the Parties.

4.2 The Parties agree to negotiate a potential increase in Program Funding with any renewal. In addition, prior to any renewal under Section 4.1, FMC and Health District agree to review the Services in conjunction with the Program Funding to ensure that the District's Program Funding remains fair and reasonable. All adjustments in Program Funding will be incorporated into a signed, written amendment executed in conjunction with the renewal of this Agreement.

The Health District intends to continue providing Program Funding to FMC in support of the Integrated Care Program beyond the initial Term, and with that support, FMC intends to continue operating the Integrated Program beyond the initial Term; however, the Parties acknowledge and agree that future renewals of the Agreement are subject to annual appropriation of monies to the Health District, as referenced in Section 17. Notwithstanding the foregoing, if at any time the Health District becomes aware of any potential change in Program Funding for this

Agreement, the Health District shall notify FMC in writing within 5 business days.

4.3 This Agreement may not be terminated without cause during the initial Term. In the event the Agreement is renewed by the Parties thereafter, either Party may terminate the agreement without cause upon sixty (60) days' prior written notice to the other Party.

4.4 This Agreement may be terminated by either Party for cause upon failure of the other Party to perform any material duty required under the terms of this Agreement, if such failure is not corrected by the defaulting Party within 30 days after receipt of written notice of such default.

4.5 If the District terminates the Agreement prior to the end of the Term, FMC shall be entitled to collect any remaining balance of the funds allocated to the Program under Section 1. If FMC terminates the Agreement prior to the end of the Term, FMC shall be entitled to payment of Program Funding through the date of termination, calculated on a prorated basis.

4.6 This Agreement may not be assigned, delegated or transferred by either party without the written consent of the other.

4.7 This Agreement may not be modified, except by written agreement executed by both Parties.

5. EXCLUDED PROVIDER. The Parties hereby represent and warrant that they are not and at no time have been excluded from participation in any federally funded health care program, including Medicare and Medicaid. The Parties hereby agree to immediately notify the other of any threatened, proposed or actual exclusion from any federally funded health care program, including Medicare and Medicaid.

6. INSURANCE. FMC agrees to procure and maintain, at its own cost, a policy or policies of insurance sufficient to insure against all liability, claims, demands, and other obligations assumed by FMC pursuant to this Agreement. At a minimum, FMC shall procure and maintain worker's compensation coverage as required by law and general and professional liability coverage with limits of \$1,000,000 per occurrence and \$3,000,000 per aggregate. FMC shall provide a certificate to Health District reflecting such coverage. The coverage afforded under the policies shall not be cancelled, terminated, or materially changed without at least thirty (30) days prior written notice to the District.

7. INDEPENDENT CONTRACTOR. The relationship between FMC and Health District pursuant to this Agreement shall be that of independent contractors, and neither Party shall be considered an employee of the other for any purpose, including pension, health or similar benefits that FMC may make available to its employees from time to time. FMC shall not withhold, or in any way be responsible for, the payment of any federal, state, or local income taxes, F.I.C.A. taxes, unemployment compensation or workers' compensation contributions, Social Security, or any other payments on behalf of Health District, and all such withholdings or obligations shall be the sole responsibility of Health District.

8. CONFIDENTIALITY; OWNERSHIP OF RECORDS.

8.1 Ownership of Records. All medical and administrative records relating to the

Services provided will remain the sole property of FMC (collectively, "FMC Medical Records") and FMC will store, preserve, and maintain such records, at FMC's cost and expense. FMC may provide copies of such FMC Medical Records to Health District and other third Parties for bona fide purposes and as otherwise provided by law. Following the termination or expiration of this Agreement, FMC will retain ownership and possession of the FMC Medical Records. FMC shall grant Health District reasonable access to records and files as may be necessary upon request from a patient pursuant to a valid consent or as otherwise permitted under applicable federal and state law.

8.2 Confidentiality of Patient Records. All patient records, medical information and/or other information that relates to or identifies patients derived from or obtained during the course of the performance of the Services under this Agreement will be treated as confidential so as to comply with all applicable state and federal laws and regulations regarding confidentiality of patient records. As a Covered Entity under the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, including without limitation the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164 (collectively, "HIPAA"), FMC is prohibited from using, releasing, disclosing, or publishing individually identifiable health information (referred to as "Protected Health Information" or "PHI") to any party other than as required or permitted under applicable state and Federal laws. This Agreement is not intended to provide Health District with access to PHI maintained by FMC, and Health District does not require such access to perform its obligations under this Agreement. In the event that Health District incidentally accesses PHI associated with FMC's Services under this Agreement, Health District shall immediately notify FMC and return or destroy the PHI. Health District shall not use or disclose the incidentally accessed PHI for any purpose and agrees to keep all such information confidential.

8.3 Other Confidential Information. During the course of the performance of Services, Health District may have access to or become acquainted with confidential information relating to FMC's business, including but not limited to, patient lists, fee schedules, the techniques used by FMC in operating FMC or other trade secrets or proprietary information of FMC, including financial information, practice guidelines and care path, policies and procedures ("Confidential Information"). Health District acknowledges and understands the importance of keeping such Confidential Information, including the terms of this Agreement, confidential. Health District agrees to never use Confidential Information, except as is necessary to perform Services under this Agreement, or to disclose such Confidential Information to any third party except as may be required by applicable law, including the Colorado Open Records Act, C.R.S. § 24-72-200.1, *et seq.* In the event disclosure is required, Health District will immediately notify FMC.

8.4 No Rights or Privileges. Health District will not, by virtue of this Agreement, obtain any rights or privileges to Confidential Information of FMC, all of which belong to FMC, and are valuable, special and unique assets of FMC's business. Upon termination of this Agreement, for any reason, Health District will promptly deliver to FMC, all Confidential Information of FMC, including any copies thereof, in Health District's possession and control, in compliance with applicable law.

8.5 Ownership of Work Product. All materials developed by FMC, its providers, and staff resulting from the performance of services under this Agreement are wholly owned by FMC, including without limitation, any practice guidelines, care paths, policies and procedures, protocols and other decision-making tools.

8.6 Injunctive Relief. FMC will be entitled to injunctive relief, other than specific

performance, to enforce Health District's compliance with the requirements set forth in this Section 8, it being understood and agreed that FMC will not have an adequate remedy at law if such obligations are not complied with fully.

8.7 Survival. This Section 8 will survive termination or expiration of this Agreement.

9. **NOTICE.** All notices and other communications that either Party may desire or may be required to deliver to the other Party may be delivered in person or by depositing the same in the United States mail, postage prepaid, certified mail, addressed or delivered as follows:

If to FMC: Poudre Valley Hospital
Attn: Chief Executive Officer
1024 South Lemay Avenue
Fort Collins, CO 80524

Copy to: Family Medicine Center
Attn: Director
1025 Pennock Place, Ste. 114
Fort Collins, CO 80524

Poudre Valley Hospital
Attn: Legal Department
2315 East Harmony Road, Ste. 200
Fort Collins, CO 80528

If to Health District: Health District of Northern Larimer
County
Attn: Medical Director
120 Bristlecone Drive
Fort Collins, CO 80524

Copy to: Health District of Northern Larimer
County Attn: Executive Director
120 Bristlecone Drive
Fort Collins, CO 80524

Either party may change the address to which notices are to be delivered by giving notice as herein provided. Any notice shall be deemed to have been given if hand delivered as of the date delivered, or if mailed as provided herein, on the third day after mailing.

10. **NO INFLUENCE ON REFERRALS.** This Agreement does not create any obligation or requirement that FMC refer patients to Health District or that Health District refer patients to FMC or to any hospital or health care facility affiliated with FMC.

11. **GOVERNING LAW AND VENUE.** This Agreement shall be governed by and construed under the laws of the State of Colorado, and venue for any legal action arising out of this Agreement shall be in Larimer County, Colorado.

12. **MODIFICATION AND WAIVER.** This Agreement can be amended only with a written agreement executed by both Parties. No breach of any provision hereof can be waived unless in writing. Waiver of any one breach of any provision hereof shall not be deemed a waiver of any other breach of the same or any other provision hereof.

13. **SEVERABILITY.** If any one or more of the terms, provisions, promises, covenants or conditions of this Agreement or the application thereof to any person or circumstance shall be

adjudged to any extent invalid, unenforceable, void or voidable for any reason whatsoever, by a court of competent jurisdiction, or shall be determined by the ruling or interpretations of a Governmental agency or new legislation, to cause either Party to perform an act which threatens its governmental provider or tax status, then such terms shall be deemed stricken from this Agreement, and each and all of the remaining terms, provisions, promises, covenants and conditions of this Agreement or their application to other persons or circumstances shall not be affected thereby and shall be valid and enforceable to the fullest extent permitted by law. Notwithstanding the aforesaid, should the severance have the effect of materially altering the meaning of this Agreement, this Agreement shall be void.

14. THIRD PARTIES. There are no intended third-party beneficiaries to this Agreement.

15. ASSIGNMENT. Neither this Agreement nor any of the rights or obligations of the Parties shall be assigned by either Party without the written consent of the other.

16. RIGHTS AND REMEDIES. The rights and remedies of the Parties under this Agreement are in addition to any other rights and remedies provided by law. The expiration of this Agreement shall in no way limit either Party's legal or equitable remedies, or the period in which such remedies may be asserted, for work negligently or defectively performed.

17. GOVERNMENT REPORTING. Nothing in this Agreement shall preclude the lawful reporting of any alleged misconduct, including fraud, abuse or waste; the giving of truthful testimony under oath; or the making of truthful statements related to any alleged misconduct to any government agency authorized to receive such information.

18. ENTIRE AGREEMENT. This Agreement embodies the entire agreement and understanding between the Parties with respect to the subject matter of this Agreement and supersedes all prior and contemporaneous oral and written agreements with respect hereto, including the Independent Contractor Agreement entered into by PVH and Health District on August 14, 2024.

19. GOVERNMENTAL IMMUNITY. The Health District and its officers, attorneys and employees, are relying on, and do not waive or intend to waive by any provision of this Agreement, the monetary limitations or any other rights, immunities or protections provided by the Colorado Governmental Immunity Act, C.R.S. § 24-10-101, et seq., as amended, or otherwise available to the Health District and its officers, attorneys or employees.

20. CONTINGENCY; NO DEBT. Consistent with Article X, § 20 of the Colorado Constitution, any financial obligation of the District not performed during the current fiscal year is subject to annual appropriation, shall extend only to monies currently appropriated, and shall not constitute a mandatory charge, requirement, debt or liability beyond the current fiscal year.

21. FORCE MAJEURE. No Party shall be in breach of this Agreement if such Party's failure to perform any of the duties under this Agreement is due to Force Majeure, which shall be defined as the inability to undertake or perform any of the duties under this Agreement due to acts of God, floods, storms, fires, sabotage, terrorist attack, strikes, riots, war, labor disputes, forces of nature, the authority and orders of government or pandemics.

22. CHANGES IN LAW. The Parties intend that this Agreement comply with all applicable federal, state, and local statutes, regulations and ordinances as of the Effective Date. If any federal or state legislative or regulatory authority adopts any law or regulation which: (1) renders

the Agreement illegal or prohibited by applicable law or regulation; (2) threatens either Party's tax-exempt status; (3) establishes a material adverse change in the method or amount of reimbursement or payment for services under the Agreement; or (4) imposes requirements which require a material adverse change in the manner of either Party's operations under the Agreement; or (5) legal counsel for either Party gives a good faith opinion that the application of any law, regardless of when adopted, poses a substantial threat of any of the foregoing, then, upon the request of either Party, the Parties shall enter into good faith negotiations to amend or modify the Agreement as appropriate while preserving the original intent of the Agreement to the greatest extent possible. If, after 15 days of such good faith negotiations, the Parties are unable to agree as to how the Agreement will continue, then either Party may terminate the Agreement upon one day prior written notice. Notwithstanding the foregoing, if the change in law requires the immediate termination of the Agreement, the Agreement shall be so terminated.

IN WITNESS WHEREOF, the Parties have executed this Agreement effective as of the date stated above.

**POUDRE VALLEY HEALTH CARE, INC.
D/B/A POUDRE VALLEY HOSPITAL**

By: _____
Kevin Unger
President and Chief Executive Officer

Date: _____

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

By: _____
Courtney Green
Interim Executive Director

Date: _____

By: _____
Erin Hottenstein
Board President

Date: _____

EXHIBIT A

DESCRIPTION OF SERVICES

FMC shall select, employ or contract with, and manage all Behavioral Health Providers and Staff necessary, in FMC's sole judgment, to provide behavioral health care and treatment services to FMC patients as part of the Integrated Care Program.

Behavioral Health Providers and Staff will work to diagnose, treat or prevent behavioral health and substance use disorders of FMC patients through therapy, pain management, consultation/education, psychosocial assessments, and support for medications for opioid use disorder (MOUD) in cooperation with clinical and community partners. In addition, Behavioral Health Providers and Staff will offer professional consultation and training in behavioral health care to FMC providers and staff to promote the integration of behavioral health treatment into the primary care setting at FMC.

Recruitment/Staffing

FMC's Integrated Care Program has historically included the following providers/staff as provided by the Health District:

- 3.3 FTE behavioral health providers;
- 1.0 FTE care coordinator;
- 0.8 FTE patient access specialist senior;
- 0.2 FTE associate director of behavioral health; and
- Contracted psychiatry services.

FMC will prepare job postings for positions necessary to the Integrated Care Program, and the following current employees of the Health District will be given priority in applying and interviewing for those positions:

Andrea Holt
Jennifer Johns
Kari Lingl
Kristen Scott
Dana Kelin
Abby Hepburn

Productivity standards for Behavioral Health Providers and Staff shall be established utilizing system behavioral health benchmarking. FMC shall have discretion to adjust the staffing numbers, licensure types, and/or ratio of FTE in order to support ongoing Program needs.

Reporting/Quality Metrics

On or before August 15, 2026, FMC shall provide an annual report to the Health District, outlining the operation and performance of the Integrated Care Program over the Term of the Agreement, including the following:

- Status of behavioral health staffing supported by Health District's Program Funding, including break down of salary/benefits costs and administrative costs;

- Volume of patients receiving care through the Integrated Program;
- Evaluation of Program based on specific quality metrics as agreed to by FMC and the District;
- Number of de-duplicated patients seen and/or treated through the Program during the Term;
- Number and types of services provided through the Program during the Term;
- Key successes, challenges, and lessons learned;
- Bright spots or de-identified patient success stories.

To the extent that any information or data summarized in the annual report relates to patients seen and/or treated at FMC, all such information will be fully de-identified in compliance with HIPAA de-identification standards. No individually identifiable information or protected health information will be included in the annual report to the Health District.



AGENDA DOCUMENTATION

Meeting Date: June 26, 2025

SUBJECT: Hedy & Hopp Website Contract

PRESENTER: Molly Gutilla

OUTCOME REQUESTED: ☐ Decision ☒ Consent ☐ Report

PURPOSE

Per 99-01: 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 staff designee), and the Board President. "General approval" means the board has considered the general concept of the project in a board meeting and has voted to approve the expenditure.

BACKGROUND

Following prior board approval of the new website initiative, a formal RFP process was conducted and Hedy & Hopp has been selected to develop, design and host an updated Health District site.

Hedy & Hopp was chosen based on criteria including experience, cost and alignment with the project goals, including replacing a platform that is no longer supported, ADA and WCAG compliance and overall updated content for our audiences.

Attachment(s):

None – The costs were accounted for in the 2025 budget.

STAFF RECOMMENDATION

Staff recommend the Board provide general approval of the Hedy & Hopp Website Contract.



AGENDA DOCUMENTATION

Meeting Date: June 26, 2025

SUBJECT: Annual Investment Report

PRESENTER: Courtney Green

OUTCOME REQUESTED: ☐ Decision ☐ Consent ☒ Report

PURPOSE

In order to monitor financial performance as a component of fulfilling the Board of Director's fiduciary responsibilities, staff will provide an overview of the Health District of Northern Larimer County's annual investment strategies, performance, outlook and considerations.

BACKGROUND

Governmental entities that are funded by tax dollars, such as the Health District, are subject to strict investment regulations to ensure safety, liquidity, and public accountability. An investment strategy focused on low risk and high liquidity is essential for regulatory adherence. To comply with regulations, the Health District's funds are held in the following permissible investment options: Local Government Investment Pools (LGIP), Certificates of Deposit (CDs) at qualified banks, and a flexible savings account.

Attachment(s): Health District Annual Investment Report – FY2024

FISCAL IMPACT

N/A – Details provided in report.

STAFF RECOMMENDATION

None

Health District

OF NORTHERN LARIMER COUNTY

ANNUAL INVESTMENT REPORT

FOR THE YEAR ENDED DECEMBER 31, 2024

INVESTMENT HIGHLIGHTS

The Health District's investment portfolio experienced a notable increase of approximately \$3.16M in 2024, representing a 37% year-over-year growth from 2023. This growth was primarily driven by a substantial increase in the Local Government Investment Pool (LGIP) balance.

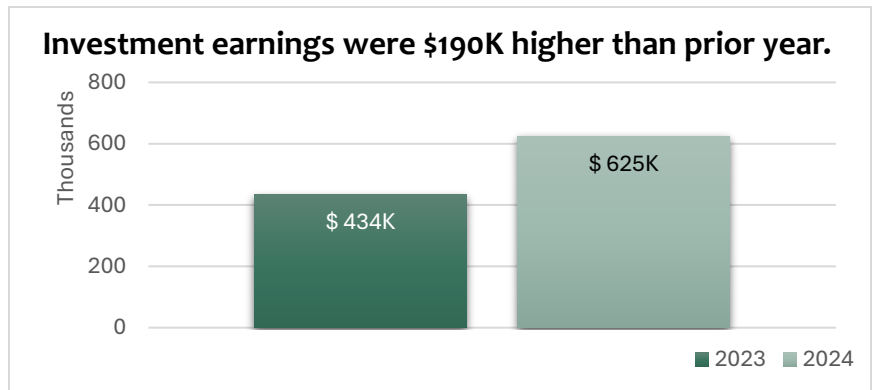
	2023 Year End	2024 Year End	\$ Change	% Change
LGIP	7,206,057	10,321,130	3,115,073	43%
CDs	1,032,378	1,068,089	35,711	3%
Savings	245,600	251,695	6,095	2%
Total Portfolio	\$ 8,484,035	\$ 11,640,914	\$ 3,156,879	37%

The majority of the portfolio increase (80%) was attributable to net contributions, particularly from Larimer County tax collections, which are deposited into the LGIP account. These funds are subsequently drawn down to support the Health District's operational needs.

	Start of 2024	Net Contributions	Earnings	2024 Year End
LGIP	7,206,057	2,559,220	555,853	10,321,130
CDs	1,032,378	0	35,711	1,068,089
Savings	245,600	0	6,095	251,695
Totals	\$ 8,484,035	\$ 2,559,220	\$ 597,659	\$ 11,640,914
*Other Earnings			26,876	
2024 Earnings			\$ 624,535	

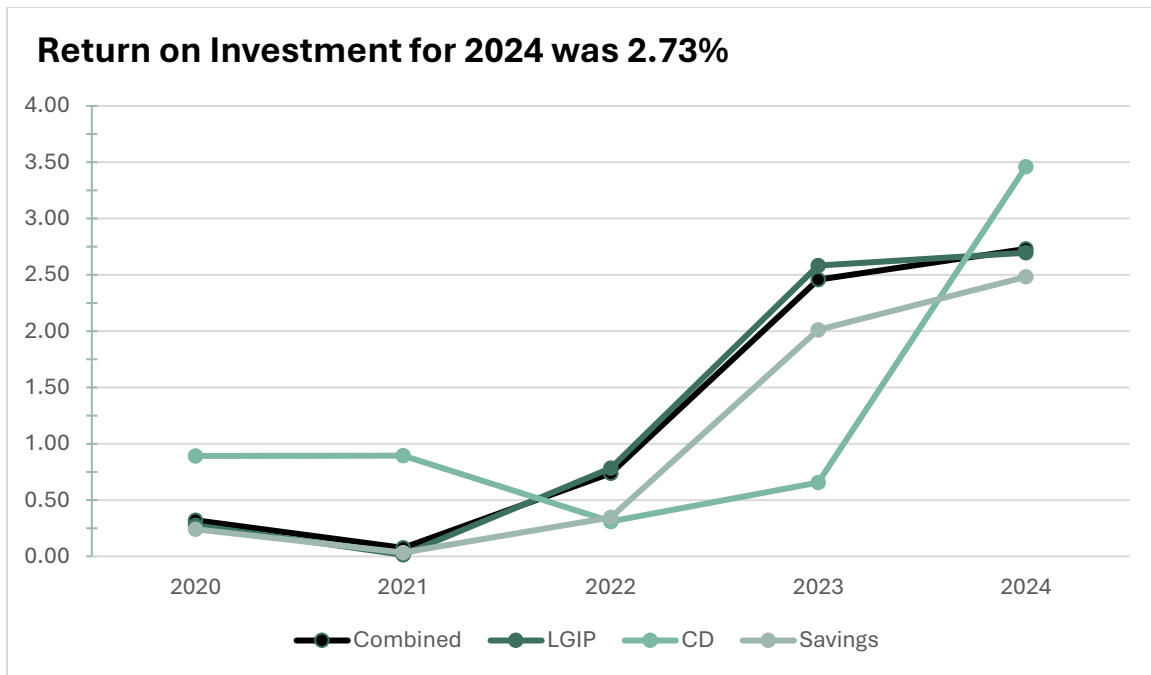
Investment earnings of \$625K represent the other 20% of the increase in the District's portfolio. These earnings are comprised of LGIP returns, Certificate of Deposit interest, flexible savings account interest, and bank account interest, as detailed below.

Investment Earnings	
LGIP Interest	555,853
CD Interest	35,711
Savings Interest	6,095
Direct Pay CD Interest	13,626
Bank Account Interest	13,250
2024 Earnings	\$ 624,535



INVESTMENT PERFORMANCE

In 2024, the Health District demonstrated a notable improvement in investment efficiency, with Return on Investment (ROI) increasing across all investment types. Certificates of Deposit (CDs) had the highest performance for the year, driven by favorable interest rate conditions. Overall, ROI increased by 0.27% from the previous year. The historical performance of the Health District's investments is highlighted in the graph below.



The 2024 performance results underscore the Health District's commitment to fiscal stewardship and investment discipline. The results not only exceeded prior years but also positioned the portfolio for continued resilience.

INVESTMENT STRATEGIES

Governmental entities that are funded by tax dollars, such as the Health District, are subject to strict investment regulations to ensure safety, liquidity, and public accountability. An investment strategy focused on low risk and high liquidity is essential for regulatory adherence. To comply with regulations, the Health District's funds are held in the following permissible investment options: Local Government Investment Pools (LGIP), Certificates of Deposit (CDs) at qualified banks, and a flexible savings account.

Nearly 89% of the Health District's funds are invested in the Colorado Local Government Liquid Asset Trust, a LGIP that invests government entities' funds strictly within the investment parameters set by state law. An additional 9% of the District's funds are invested in Certificates of Deposit (collateralized bank

deposits) with banks that are authorized to accept public funds. The remaining 2% of funds are held in a Flexible Savings Account.

All accounts are covered by FDIC insurance up to \$250K, balances exceeding FDIC limits are collateralized with pledged securities.

Investment Portfolio as of December 31, 2024

Type	Investment	Balance	% of Portfolio	Rate
LGIP	COLOTRUST - Plus+	10,319,581	88.65%	5.2868%
	COLOTRUST- Prime	1,549	0.01%	5.0689%
		10,321,130	88.66%	
CDs	Adams Bank & Trust	257,907	2.22%	5.6302%
	Advantage Bank	123,171	1.06%	4.9281%
	Advantage Bank	150,067	1.29%	4.8390%
	Points West Community Bank	122,973	1.06%	4.9570%
	Points West Community Bank	163,940	1.41%	4.9570%
	Mountain Valley Bank	250,031	2.15%	5.4498%
		1,068,089	9.18%	
Other	FNBO - Flexible Savings Account	251,695	2.16%	2.4819%
Total Investments		\$11,640,914	Average	5.2195%

The Health District's 2024 investment portfolio reflects a well-balanced, compliant, and high-performing strategy. The average portfolio yield of 5.22% is strong, especially given the low-risk nature of the investments within. Additionally, this strategy meets the dual goals of generating meaningful returns and preserving public funds, while maintaining full alignment with Colorado's statutory requirements for governmental entities.

OUTLOOK & CONSIDERATIONS

Outlook: The Federal Reserve & Its Impact on the Health District

The Federal Reserve (Fed) influences interest rates primarily through monetary policy tools, most notably open market operations. These operations involve the buying and selling of U.S. government securities:

- When the Fed buys securities, it injects liquidity into the banking system, increasing the money supply and lowering interest rates.
- When the Fed sells securities, it reduces liquidity, decreasing the money supply and raising interest rates.
- These actions are used to manage economic conditions:
 - To cool inflation, the Fed raises rates to make borrowing more expensive and reduce spending.
 - To stimulate the economy during a slowdown or recession, the Fed lowers rates to encourage borrowing and investment.

While lower interest rates benefit borrowers, they also result in lower yields on government-permissible investment options, which directly impact public sector investment returns. The Health District has seen rates steadily decline over the past several months. LGIP yields have dropped from 5.29% in 2024 to 4.37% in May 2025, a 17% decline. CD rates are declining as well, but they still exceed LGIP yields in many cases.

Considerations: The Federal Reserve Forecast & Investment Strategy

Based on current economic reports, the Federal Reserve is expected to hold interest rates steady at their current range of 4.25% to 4.50% through the summer months. However, a majority of economists and analysts anticipate rate cuts in Q3 of 2025, most likely in September, as the Fed monitors and responds to recent tariff policies and global trade uncertainty.

With the rate declines we have already seen, and the potential for further cuts in the coming months, the following investment strategy adjustments should be considered:

- LGIP Investments – consider adjusting exposure in response to declining rates.
 - Maintain balances that are sufficient for operational liquidity and reallocate excess funds into higher-yielding instruments, such as CDs.
- CD Investments – lock in rates before further declines.
 - If possible, take action to invest excess funds into regulation compliant CDs with fixed rates while they remain ahead of LGIP yields.
 - Use a laddered CD approach to balance yield and liquidity (invest across multiple maturities of 6, 9, 12, and 18 month terms based on operational needs).
- Savings Account – reevaluate usage.
 - The Flexible Savings Account was originally established as a liquid option to gain returns, while also having cash available for operations. However, the LGIP accounts have been fulfilling that purpose.
 - With a yield of 2.48%, well below LGIP and CD rates, these funds are being underutilized. It would be beneficial to move these funds to a different investment option.
- Future Reporting & Monitoring
 - While a comprehensive report is not necessary on a monthly basis, investments and rate trends should be monitored and summarized monthly. Additionally, the Health District should consider rebalancing investments quarterly.

While nationwide economic uncertainty has the potential to result in lower investment returns, due to a portfolio focused on low risk and high liquidity, the Health District's funds are not at risk. However, responding accordingly to the current changes can assist in safeguarding the expected yields.



AGENDA DOCUMENTATION

Meeting Date: June 26, 2025

SUBJECT: Health Equity Strategic Plan Progress Report

PRESENTER: Cassi Niedziela

OUTCOME REQUESTED: ☐ Decision ☐ Consent ☒ Report

PURPOSE

Staff will provide a progress report on the development of the organizational Health Equity Strategic Plan. The presentation will cover work completed to date, current review processes, and preview what Board members can expect when the completed plan is presented at the Board's regular meeting in August.

BACKGROUND

Per Objective 3.1 within the Health Equity strategic priority area of the organizational strategic plan, staff are developing an organizational Health Equity Strategic Plan to transform systems, practices, and policies.

Attachment(s): none

FISCAL IMPACT

None

STAFF RECOMMENDATION

None



AGENDA DOCUMENTATION

Meeting Date: June 26, 2025

SUBJECT: Annual All Staff Connection Plan

PRESENTER: Courtney Green

OUTCOME REQUESTED: ☐ Decision ☐ Consent ☒ Report

PURPOSE

In alignment with the Health District 2024-2025 Strategic Plan, Objective 3.1: Enhance transparent and effective internal and external communication and Strategy 1.4.4: Identify metrics for assessing professional and leadership development to strengthen a strategic HR lifecycle and to ensure the organization is connecting with staff to gather consistent input and offer regular feedback, the following schedule for engagement/pulse surveys, annual employee performance reviews, and stay interviews has been designed for 2025 and 2026. The 2025 schedule is modified to accommodate the implementation of UKG and related training. The 2026 schedule outlines a regular cadence for 2026 and beyond.

BACKGROUND

Intentional all staff connections are important for a variety of reasons. Engagement surveys and employee performance evaluations are both essential tools for effective organizational management. Engagement surveys seek to understand how employees feel about their work, leadership, and the organization. They are important tools to help boost retention, improve morale and culture, guide organizational decisions, and promote transparency and trust. Likewise, performance evaluations and stay interviews assess and improve individual performance and align it with organizational goals. They are vital to employee growth and retention as they clarify expectations, support development, align individual and organizational goals, enhance accountability, and provide a basis for decisions.

These tools work well together, as engagement surveys focus on the employee experience, while performance evaluations focus on employee output. Together, they provide a full picture of workplace health and will help the Health District retain talent, improve productivity, and create a healthier workplace.

Attachment(s): All Staff Connection Plan

FISCAL IMPACT

None

STAFF RECOMMENDATION

None



Annual All Staff Connections

2025

May		June		July		Aug		Sept		Oct	
Board Meeting		All Staff Meeting		EE Engagement Survey		Board Meeting		All Staff Meeting		Board Meeting	
Town Hall		Day of Service				Town Hall					
		Board Meeting				Annual EE Review					
Nov		Dec									
Board Meeting		Board Meeting									
Town hall		All Staff Celebration									

2026 (Becomes Annual Cadence)

Jan		Feb		March		Apr		May		June	
Board Meeting		Board Meeting		All Staff Meeting		Board Meeting		Board Meeting		All Staff Meeting	
Stay Interview		Town Hall		Board Meeting		EE Engagement Survey		Town Hall		Day of Service	
July		Aug		Sept		Oct		Nov		Dec	
Annual EE Review		Board Meeting		All Staff Meeting		Board Meeting		Board Meeting		Board Meeting	
		Town Hall				Pulse Survey		Town Hall		All Staff Celebration	



AGENDA DOCUMENTATION

Meeting Date: June 26, 2025

SUBJECT: Strategic Planning and Budget Planning Timeline

PRESENTER: Amber Blake

OUTCOME REQUESTED: ☐ Decision ☐ Consent ☒ Report

PURPOSE

In reference to Health District of Northern Larimer County Board of Directors Bylaws (Article IV, Section 1.C) outlines: *"Functions of the Board of Directors shall include, but not be limited to, the following: ... To approve a strategic plan based on the mission, vision, strategy, and values; and to review and evaluate the plan annually."*

BACKGROUND

In preparation for the Board of Directors organizational strategic planning retreat, Health District leadership are facilitating the alignment of board orientation and training, strategic planning, and budgeting timelines throughout 2025.

Health District leadership will facilitate ongoing visibility into timelines and processes.

The expected final output is a 2026 budget that reflect the Board's strategic vision.

Attachment(s): None

FISCAL IMPACT

None

STAFF RECOMMENDATION

None



AGENDA DOCUMENTATION

Meeting Date: June 26, 2025

SUBJECT: Executive Director Report

PRESENTER: Courtney Green

OUTCOME REQUESTED: ____ Decision ____ Consent __X__ Report

PURPOSE

This report provides the Health District Board of Directors with comprehensive insight into strategic plan progress, challenges and enabling factors to support the board of directors in fulfilling their fiduciary and governance responsibilities.

Attachment(s):

- June 2025 Program Updates

Staff Summary

Family Dental Clinic

- The Dental Clinic is proud to reflect on recent accomplishments and share exciting developments at the clinic. On the operational side, the Clinic has implemented *NexHealth*, the new patient communication tool, which has already resulted in improved workflow efficiency and stronger team coordination. In parallel, the team is working with a representative from the current dental software provider to conduct a comprehensive workflow analysis to further streamline processes.
- Plans are underway to upgrade three operatories, which will enhance the clinical environment and support continued excellence in patient care.
- In line with the ongoing organizational commitment to health equity, the team continues to focus on staff education and inclusive care practices. The Clinic team is actively collaborating with the Health Equity Strategist to ensure services are equitable and responsive to the diverse needs of the patient population.
- After nine years of dedicated service, the clinic bid a fond farewell to our lead dentist who accepted an exciting opportunity to become a part-owner of a practice in Maine. While the team will miss his leadership, they are thrilled to welcome a new lead dentist who brings exceptional credentials and a deep alignment with the mission of the Health District, who will join the organization on August 11.



Organizational Excellence | Objective 2.1: Audit and update processes and workflows among programs, services, and enabling functions.
(Status: Work in Progress)



Health Equity | 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. (Status: Work in Progress)



Health Equity | Objective 3.1: Improve outreach to clients and Health District residents through providing diverse, effective, and inclusive outreach avenues. (Status: Work in Progress)

- The Family Dental Clinic has the following vacancies:
 - 1 (1.0) FTE Dental Hygienist (currently posted)
 - 1 PRN FTE Dental Hygienist (currently posted)
 - 1 (1.0) FTE Front Office Associate (to be posted)
 - 1 (1.0) FTE Dental Assistant (to be posted)

Health Care Access (Larimer Health Connect & Prescription Assistance)

Larimer Health Connect (LHC)

- The Larimer Health Connect (LHC) team remains dedicated to assisting individuals and families with health coverage needs, including Medicare, life change events, Medicaid and CHP+ renewals, case troubleshooting and advocacy.
- The team is proactively reaching out to customers with outstanding verifications for Connect for Health Colorado, offering support to help them submit the necessary information and avoid losing coverage or financial assistance.
- The team continues to collaborate with the Outreach and Education team at community events, presentations, providing program information and assisting with on-site enrollment when appropriate.
- LHC is currently preparing the Quarter 3 and 4 reports for Connect for Health Colorado, which will complete our reporting for the current fiscal year. The team is excited to share that, following the submission of our grant extension task, we have been awarded continuation of our current grant for the upcoming fiscal year. Requested revisions have been completed and the team looks forward to building its efforts and continuing to serve the community.
- The LHC team has started to partner with the Northern Colorado Health Network (NCHN) to help identify gaps in the community where LHC can offer support. NCHN has already started referring people to LHC for help with insurance coverage and prescription assistance. Another meeting is also planned with Poudre Libraries to explore how we can support their patrons during open enrollment, including the possibility of hosting enrollment events at their locations.



Organizational Excellence | Strategy 2.1.3: Monitor and evaluate workflow and process changes. **(Status: Work in Progress)**



Organizational Excellence | Strategy 3.1.1: Evaluate existing outreach efforts and effectiveness to identify needs and opportunities. **(Status: Work in Progress)**



Organizational Excellence | Strategy 3.2.1: Assess existing support efforts for community partnerships and partner engagement to identify needs and opportunities. **(Status: Work in Progress)**



Health Equity | Strategy 3.1.4: Update processes, policies, and procedures to promote inclusive and equitable access. **(Status: Work in Progress)**



Partnerships | Strategy 1.1.1: Enhance critical partnerships with new and existing partners. **(Status: Work in Progress)**

Prescription Assistance (PA)

- The Prescription Assistance (PA) program continues to help people experiencing gaps in coverage as well as people with undocumented status. Program policies and procedures are being evaluated and updated.
- The PA team is actively exploring opportunities to expand partnerships with local pharmacies to enhance patient access and offer more choices in pharmacy services for the individuals we serve. This work also involves updating the MOU agreement to share with pharmacies interested in partnering with us to better support our customers.



Organizational Excellence | Objective 2.1: Audit and update processes and workflows among programs, services, and enabling functions. **(Status: Work in Progress)**



Health Equity | Strategy 3.1.4: Update processes, policies, and procedures to promote inclusive and equitable access. **(Status: Work in Progress)**



Partnerships | Strategy 1.1.1: Enhance critical partnerships with new and existing partners. **(Status: Work In Progress)**

- The Health Care Access team has the following vacancies:
 - 1 (1.0) FTE Health Coverage Specialist

Mental Health Connections (Connections – Adult & CAYAC)

- Mental Health Connections (MHC) continues to search to fill open vacancies across the Adult and CAYAC teams. Leadership has engaged in contracting with a sourcing and placement agency to elevate efforts to fill current open positions.
- The MHC team has immediate availability for a Behavioral Health Senior Manager position to oversee the MHC program. The position description for this position was shared with program staff before posting to ensure competencies and leadership qualities that are critical to the team were included.
- The program is working closely with Communications on strategies to conduct outreach and provide education to local referring agencies about current service offerings across both the CAYAC and Adult team, along with emphasis on immediate availability for youth psychiatric services.
- Work is now underway on the Comprehensive Analysis of Clinical Practices, Legal Practices, and Risk Management Services, as approved by the Board at its May 22, 2025 meeting. In partnership with Open Minds, this project will examine current and historical behavioral health practices within Mental Health Connections to identify potential areas of operational and legal risk and provide recommendations for alignment with industry best practices.



Organizational Excellence | Strategy 2.1.2: Develop operational plans to enhance efficiency. **(Status: Work in Progress)**



Organizational Excellence | Strategy 2.5.3: Assess compliance risks within and across Health District services and operations.



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



Partnerships | Objective 2.3: Cultivate partnerships with organizations that represent and support the interests of priority populations and health-related social needs. **(Status: Work in Progress)**

- Mental Health Connections has the following vacancies:
 - 1 (1.0) FTE CAYAC Behavioral Health Provider (sourcing)
 - 1 (1.0) FTE CAYAC Testing Psychologist (currently posted & sourcing)
 - 1 (1.0) FTE CAYAC Care Coordination Specialist (not yet posted)
 - 1 (1.0) FTE Adult Behavioral Health Provider (sourcing)
 - 1 (0.5) FTE Adult Care Coordination Specialist (not yet posted)
 - 1 (1.0) FTE Program Manager (search in progress)
 - 1 (1.0) FTE Operations Supervisor (not yet posted)

Integrated Care Team

- The Integrated Care (IC) Program continues to work with UCHealth and Health District administration to support a thoughtful transition for the Integrated Care staff. The team is looking forward to the partnership agreement being finalized so they can move forward with their careers at UCHealth.
- The IC Program Manager's last day with the Health District was June 11, 2025. She has transitioned into the Associate Director of Behavioral Health position at Family Medicine Center. The team is being supported by members of the Health Services Department while the transition to UCHealth is finalized.
- The IC Team, as well as UCHealth behavioral health providers, will start billing for clinic-based services in July 2025. Additionally, all BHP's will have productivity requirements (30 patient encounters per week per 1.0 FTE) in July 2025.



Partnerships | Strategy 1.1.1: Enhance critical partnerships with new and existing partners. **(Status: Work in Progress)**



Partnerships | Strategy 1.2.1: Identify patient personas that are common between the Health District and other community partners to better understand shared-service needs. **(Status: Work in Progress)**

- The Integrated Care Team has no current vacancies.

Staff Summary

- Communications is currently performing a content audit of approximately 450 web pages in preparation for our redesigned website. The goal is to cut the number of pages significantly, so as to: 1. Improve UX and make navigation more intuitive and needs-directed for clients and patients and 2. Remove outdated or inaccessible information and erroneous links. Over time, content will be updated with the goal of increasing engagement.
- Rebranding work continues via an audit of internal and external locations across mediums that with outdated branding. Staff members are also submitting existing documents that need to be restyled and rewritten.
- Communications is continuing work with Hedy & Hopp on paid media assets in digital and print to leverage new branding.
- Communications is collaborating with TerraBoost to place branded kiosks with sanitized wipes by the carts in the six King Soopers and Safeway stores closest to the Health District. Each store averages 117,000 monthly impressions. An QR code is included for easy access to information about our services. Kiosks should be in place by July.
- Communications will soon be initiating pay-per-click advertising campaigns via Google Ads and Meta platforms. These search-based advertisements (e.g. “affordable dental care near me”) will be launched to connect people directly to Health District services.
- Communications is experimenting with a new internal communications digest that is more focused and easier to navigate. This digital digest is in a temporary format until we establish a permanent intranet page with the website redesign.



Great Governance | Strategy 3.3.1: Update communications and brand standards



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



Organizational Excellence | Objective 3.1.3: Develop a comprehensive communications strategy to be executed in 2025

Staff Summary

RESEARCH & EVALUATION

Internal Program Evaluation

- **Internal Data Enhancement Workgroup:** We are reassessing the timing and approach for staff training on standardized demographic data collection protocols to align with evolving organizational priorities and concurrent change implementations. This will help ensure a successful launch of the data collection pilot with staff and patients.
- **Mapping New Data Flows:** We are supporting the Dental Clinic in implementing a new patient communication platform, with a primary focus on mapping data flows between the platform, the clinic's Electronic Health Record, and our internal database. Understanding these flows is critical to assessing whether newly standardized patient demographic data can be collected electronically through the platform's patient forms feature—and translated into a format suitable for reporting and analysis. Additionally, we are exploring how the platform may generate actionable data on the effectiveness of email and text reminders in reducing no-show and cancellation rates, as well as increasing utilization of same-day appointments.
- **Open Minds Project:** We are in the process of identifying Mental Health Connections charts for random selection as part of our work with Open Minds. This project will review current and historical behavioral health practices to help identify potential operational and legal risks and offer recommendations to better align our practices with industry standards and best practices.



Organizational Excellence | Strategy 4.1.1: Examine and assess existing organizational and community data-collection practices and methodologies. **(Status: Work in Progress)**



Organizational Excellence | Strategy 4.1.2: Develop strategies, policies, and procedures to enhance data collection. **(Status: Work in Progress)**



Health Equity | Strategy 2.2.1: Ensure equity metrics are embedded into data systems and establish benchmarks. **(Status: Work in Progress)**

Community Health Survey

- The Colorado Health Access Survey (CHAS), conducted by our partners at the Colorado Health Institute (CHI), is still underway, with data collection very close to completion. As of June 16th, the northern region of Larimer County has met its sample and the southern is about 10 responses away from completion. We will get a preliminary dataset from CHI in early Fall 2025, with a final dataset in late 2025/early 2026. We continue to explore analysis strategies to ensure we are well-positioned to derive meaningful, actionable insights into the health and needs of our community when the data is released later this year.



Organizational Excellence | Strategy 4.1.1: Examine and assess existing organizational and community data-collection practices and methodologies. **(Status: Work in Progress)**

Community Engagement

- The Regional Assessment Collaborative Health Assessment Workgroup—co-facilitated by the Health District’s Research and Evaluation Manager—continues to meet regularly to design shared data collection methods and research questions aimed at better understanding the needs of key priority populations in Larimer and Weld counties. Recently, we presented key literature findings highlighting opportunities to enhance and standardize the collection of demographic and Social Determinants of Health (SDOH) data. These efforts will guide the development of future equity-focused community health assessment initiatives across the region.



Organizational Excellence | Strategy 4.1.1: Examine and assess existing organizational and community data-collection practices and methodologies. **(Status: Work in Progress)**



Health Equity | Strategy 2.2.1: Ensure equity metrics are embedded into data systems and establish benchmarks. **(Status: Work in Progress)**

Staffing Update

- Job descriptions are being revised to align with strategic priorities focused on strengthening data collection and quality, in preparation for filling open Research and Evaluation vacancies.

COMMUNITY IMPACT TEAM (CIT)

The CIT and Outreach & Education teams are finalizing their joint workplan for 2025–2026. This internal roadmap will guide key activities across both teams over the next two years, in alignment with the organizational strategic plan.

Behavioral Health Focus

- A Six-Month Progress Report on the MHSU Alliance Strategic Plan is being finalized and will be published in early June. This report will provide a comprehensive update on the MHSU Alliance’s progress since the Strategic Plan's release in October 2024. Highlights of progress in the last six months are adopting and onboarding a new Steering Committee; progressing towards community-led strategy development; developing communications infrastructure; and ongoing outreach, recruitment and partnership to bolster the MHSU Alliance.
- The MHSU Alliance Steering Committee Retreat occurred on June 10. The retreat worked to strengthen relationships among members and promote leadership and shared ownership of the Alliance’s direction.

- The first MHSU Alliance Workgroup, *Promoting Behavioral Health through Nonclinical Methods*, is preparing for launch. A kick-off and implementation meeting will be scheduled in the coming weeks to begin coordinated work.
- A consultant, The Civic Canopy, has been engaged to support backbone operations for the MHSU Alliance. This includes advancing shared measurement, deepening cross-sector collaboration, and further developing the MHSU Alliance's Strategic Plan, with full completion targeted by the end of 2025.



Organizational Excellence | Strategy 3.2.1: Assess existing support efforts for community partnerships and partner engagement to identify needs and opportunities. **(Status: Work in Progress)**



Partnerships | Strategy 2.2.2: Improve collaboration between Health District and health care delivery systems to advance health equity. **(Status: Work in Progress)**

- Staff partnered to successfully implement the Sequential Intercept Mapping (SIM) workshop on April 29–30. The final report is in development to outline priorities for improving intersections between behavioral health and criminal justice systems. Staff are helping support next steps to ensure action items and priorities from the workshop are implemented in the community.



Partnerships | Strategy 2.2.2: Improve collaboration between Health District and health care delivery systems to advance health equity. **(Status: Work in Progress)**

- The Changing Minds campaign received renewed funding from the North Colorado Health Alliance, through their grant from the Regional Opioid Abatement Council, to support expanded implementation through 2025–2026. Staff are currently working on website updates and refreshed materials for the social media relaunch.



Partnerships | Objective 1.2: Work in collaboration with community partners to enhance shared knowledge and service access for priority populations. **(Status: Work in Progress)**

Health-Related Social Needs Focus

- Staff continue to strengthen relationships with the transportation and housing sectors to better understand the landscape and current priorities within our community.
- The Health and History project—focused on understanding how Fort Collins' historical context impacts current health outcomes and health-related social needs—is currently in its exploratory phase. Internal share-outs and feedback are in progress to help define the next steps for this initiative.



Partnerships | Objective 2.3: Cultivate partnerships with organizations that represent and support the interests of priority populations and health-related social needs. **(Status: Work in Progress)**

Outreach & Education

- Staff continue to contribute to the planning of the City of Fort Collins' Annual Juneteenth Celebration. Additionally, an internal Day of Service has been organized by CIT and Outreach & Education staff, reinforcing the organization's commitment to equity and community partnership. Health District staff will be able to donate blood, participate in cleaning up the local parks, natural areas, and Bristlecone Campus, or help at the City of Fort Collins Juneteenth event.
- In partnership with Mental Health Connections (MHC), staff co-hosted a successful Therapists' Network and Training (TNT) event in May. The event supported provider networking, continuing education, and featured local peer support organizations. More than 50 local behavioral health providers attended the event, and feedback was positive. Staff will work with MHC to continue to hold these events and co-develop future topics and agendas.
- Supported and attended multiple outreach events, with many focusing on reaching underserved and/or under-resourced groups. Key events in May include Poudre School District's Early Childhood's Health and Mental Health Services Advisory Committee meeting and the Office on Aging Fair. The Outreach Team reached over 578 people in May through events, meetings, and presentations.
- Collaborating with Larimer Health Connect to increase outreach, referrals, and enrollment to support the Connect for Health Colorado Grant deliverables.
- Collaborating with MHC to share and provide additional outreach to educate community partners about newly hired staff, services/offerings, and service availability, particularly for CAYAC services.



Organizational Excellence | Objective 3.1: Improve outreach to clients and Health District residents through providing diverse, effective, and inclusive outreach avenues. **(Status: Work in Progress)**



Health Equity | Objective 3.2: Enhance the visibility of Health District programs and services as a welcome resource for people with underrepresented identities. **(Status: Work in Progress)**

Staffing Update

- Team is fully staffed.

HEALTH EQUITY

Health Equity Strategic Plan

- The 2025 Health Equity Strategic Plan draft is complete and under final review by the leadership and management team as well as the Health Equity Action Team (HEAT). The plan will then be designed, translated, and printed. A high-level overview of the plan will be

presented in the June Board meeting, and the final plan will be shared in the August Board meeting.



Health Equity | Objective 1.1: Enhance organizational capacity to advance health equity. **(Status: Work in Progress)**



Health Equity | Objective 3.1: Develop an organizational Health Equity Strategic Plan to transform systems, practices, and policies. **(Status: Work in Progress)**

Other Cross-Functional Collaboration

- The Health Equity Action Team (HEAT) convened in early June to discuss progress on the team's work to identify root causes of internal health equity communication barriers. The team will continue to identify root causes of barriers and begin to identify potential actionable solutions. After the June HEAT meeting, team members reported appreciation for the opportunity for cross-program collaboration, the group's willingness to learn and share ideas, and having a space for honest and authentic conversations.



Health Equity | Goal 2: Cultivate an environment in which diverse thought and experience is welcomed, and staff knowledge of and commitment to equity is invested in. **(Status: Work in Progress)**

POLICY

- In May, the Colorado General Assembly officially adjourned on May 7, marking the end of the 2025 legislative session with over 700 bills introduced and more than 400 that passed both chambers. Following adjournment, staff from the Health District's public policy program attended a series of wrap-up briefings hosted by key partner organizations. These events provided valuable summaries of the session's most impactful health-related legislation and flagged critical implementation timelines and rulemaking processes that the District should monitor—particularly in behavioral health, substance use response, and Medicaid.
- With the legislative work concluded, staff began drafting a final report summarizing the Health District's public policy efforts during the session, including bill tracking, advocacy actions, and outcomes. In parallel, staff are preparing for the possibility of a special legislative session in response to developments at the federal level, particularly the outcome of the federal budget bill, which could have major implications for Medicaid funding. Staff continue to engage with state partner coalitions to track advocacy opportunities and regulatory changes at the federal level that could impact local health policy or funding.



Great Governance | Strategy 3.2.1: Assess local, state, and federal policies impacting the health of Health District residents and organizational operations. **(Status: Work in Progress)**

Staff Summary

- Two key positions were posted and hired on Finance team: The AR Accountant began employment on May 19th and the Budget Analyst on June 10th.
- YPTC continues to provide support in standardizing and documenting operations, the implementation of NetSuite, and financial control oversight.
- YPTC Controller/CFO, is continuing efforts in the following additional areas:
 - Assessing processes
 - Creation of financial reports
 - Internal control processes
 - Creation of policies and procedures



Organizational Excellence | Strategy 2.1.1: Assess operational functions of enabling services and programs.



Organizational Excellence | Strategy 2.1.2: Develop operational plans to enhance efficiency.

- The completed 2024 Audit was presented and accepted by the Board at the May 22nd Board meeting.



Organizational Excellence | Strategy 2.1.2: Develop operational plans to enhance efficiency.



Organizational Excellence | Strategy 2.1.1: Assess operational functions of enabling services and programs.

- The initial phases of the cloud-based Oracle NetSuite Financial Accounting System have begun. Finance is finishing work on system design and have begun creating data uploads into the system. Finance has also begun work on the NetSuite planning and budgeting platform implementation.



Organizational Excellence | Strategy 2.2.2: Update financial system, including technologies, policies, processes, and an Internal Controls Examination.

Staff Summary

- HR onboarded a Dental Front Office Supervisor, Accounts Receivable Accountant, Budget Analyst, and a PRN Dental Hygienist. Offers have been extended and accepted for the Lead Dentist and Health Services Coordinator positions.
- As of mid-June, six open positions were posted.



Organizational Excellence | Strategy 1.3.1: Assess and enhance the existing HR lifecycle

- The first phase of the implementation of the new HRIS system was successfully rolled out with payroll being run out of UKG. HR is working on the second phase which includes recruitment and performance management.



Organizational Excellence | Strategy 2.3.1: Deploy a modernized IT infrastructure that enables seamless access to information and resources



Organizational Excellence | Strategy 1.4.3: Develop the infrastructure and processes to track and monitor the training and development provided

- Training opportunities for staff have been assessed and dates will be determined at a later date. (Examples: Customer service, CPR, AED, etc.)



Organizational Excellence | Strategy 1.4.1: Assess and identify training and professional development needs based on input and feedback from staff



Organizational Excellence | Strategy 1.4.2: Provide high-quality, year-round staff development and leadership training across all levels of the organization

- Collaborative work continues with the Health Equity Strategist. An HR team member is part of the Health Equity Action Team (HEAT).



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



Organizational Excellence | Strategy 1.3: Be an employer of choice in Larimer County by integrating an “excellence and equity lens into all employment process and the HR lifecycle. Assess and enhance the existing HR lifecycle.

- HR has contracted with an HR Consultant to revise our current handbook and HR Policies.



Organizational Excellence | Strategy 2.2.2: Update financial system, including technologies, policies, processes, and an Internal Controls Examination.

Staff Summary

Facilities

- The team achieved a 96% completion rate, completing 25 of 26 work orders submitted, through MaintainX in the past 30 days.



Organizational Excellence | Strategy 2.3.4: Leverage analytic technology to support enhanced data-driven decision-making and operations.

- Facilities continues to support facility planning and office transitions to fulfill the strategic plan goal of developing a centralized client campus.
- Facilities produced the request for bids to replacement of three dental operatories.
- Facilities is currently in lease negotiations with Sanbell at 425 W. Mulberry. They occupy roughly a third of the building.



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

Information Technology (IT)

- Facilities continues to work with ICC for IT support needs.
 - A total of 143 IT work orders were received from staff in the past 30 days.
- Facilities ordered new servers as it was reported at the November board meeting in the IT Assessment Report, that the existing servers were at the end of their useful life.
- Work continues to upgrade the dental office software, Dentrix. The version being used was six versions behind and was posing operational challenges.
- ICC identified 40 older District computers that need replacement before the Windows 11 migration. These computers cannot support Windows 11, so a phased replacement plan will be established by the October 20, 2025 deadline.



Organizational Excellence | Strategy 2.3 Strengthen IT management and infrastructure to enable the delivery of high-quality services and support the continuity of operations.



Organizational Excellence | Strategy 2.2:1 Deploy a modernized IT infrastructure that enables seamless access to information and resources.



Organizational Excellence | Strategy 2.3.4: Leverage analytic technology to support enhanced data-driven decision-making and operations.

Staff Summary

Compliance Program Strategic Plan

- Development of the 2025 Compliance Program Strategic Plan is underway. Staff and legal counsel are being consulted and the plan is being developed in alignment with Nick Healy's compliance presentation at the May 2025 regular board meeting.



Organizational Excellence | Objective 2.1: Audit and update processes and workflows among programs, services, and enabling functions. **(Status: Work in Progress)**



Great Governance | Objective 2.1: Implement best practices to support fiscal sustainability and asset management. **(Status: Work in Progress)**

Governance Committee Update

- A special committee of the board convened in Fall of 2024 to assess board policies. This project was put on hold for the execution of the 2025 Board Member election. Compliance Officer will resume this project with the board Summer 2025.



Organizational Excellence | Strategy 2.5.2: Review, evaluate, and adjust policies and procedures for internal controls. **(Status: Work in Progress)**



Organizational Excellence | Strategy 2.5.3: Assess compliance risks within and across Health District services and operations **(Status: Work in Progress)**



Great Governance | 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. **(Status: Work in Progress)**

Compliance Updates

- Compliance officer will continue to give monthly updates to the board on the status and implementation of the Compliance Program.



Organizational Excellence | Objective 2.1: Audit and update processes and workflows among programs, services, and enabling functions. **(Status: Work in Progress)**

Elections Update

- Planning for the May 2025 election began in Fall of 2024. This included 2 consultants, a Designated Election Official and a drafter of the Standard Operating Procedure (SOP), several staff members, vendors, and election judges. Planning for the 2027 election will begin this year during budgeting for election needs beginning in 2026.



Organizational Excellence | Strategy 2.1.1: Evaluate existing programs, systems, and processes, and update them for quality improvement, fiscal sustainability, and transparency, as needed. **(Status: Work in Progress)**