Board of Directors Regular Meeting
AGENDA

Location: 120 Bristlecone Dr., Fort Collins, CO 80524 or Zoom

Date: Wednesday, November 19, 2025

Time: 6:00 PM

6:00 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

6:05 PM **II. Public Comment**

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

6:10 PM **III. Public Hearing**

a. 2026 Proposed Draft Budget
b. Public Hearing Comment

6:30 PM **IV. Presentations**

a. Open Minds Presentation Sharon Hicks/Michael Allen

7:00 PM **V. Consent Agenda** Erin Hottenstein

a. Approval of Meeting minutes from 10.22.2025 Regular Meeting
b. Approval of Meeting minutes from 10.22.2025 Budget Study Session

7:05 PM	**VI. Reports and Discussions**	
	a. HR1Updates	Alyson Williams/Dana Turner
	b. Board of Directors Meeting Schedule 2026	Board
	c. Board of Director Reports	Board
	d. Liaison to PVHS/UCHealth North Report	John McKay
	e. ED/CEO Sub-Committee Search Updates	Courtney Green
	f. Executive Committee Update	Erin Hottenstein
	g. Executive Director Staff Report	Courtney Green
7:30 PM	**VII. Adjourn**	Erin Hottenstein

AGENDA DOCUMENTATION

Meeting Date: November 19, 2025

SUBJECT: Public Hearing of Proposed Draft Budget

PRESENTER: Courtney Green

OUTCOME REQUESTED: _____**Decision** _____**Consent** __**X**___**Report**

PURPOSE/ BACKGROUND

Health District of Northern Larimer County Board of Directors Bylaws (Article IV, Section 1.e) require the Board of Directors to adopt an annual budget.

"Functions of the Boards of Directors shall include, but not be limited to, the following: … To fulfill fiduciary responsibilities by adopting the budget and monitoring financial performance."

Budget timelines and processes include:

- Public Hearing
- Adoption of Annual Budget

Attachment(s):

2026 Health District Proposed Budget

FISCAL IMPACT

Fiscal impact if adopted in December.

STAFF RECOMMENDATION

N/A

Health District

2026
Proposed Budget

Proposed to the Board of Directors on October 15, 2025
Revised for Budget Hearing on November 19, 2025

Prepared by: Jessica Holmes

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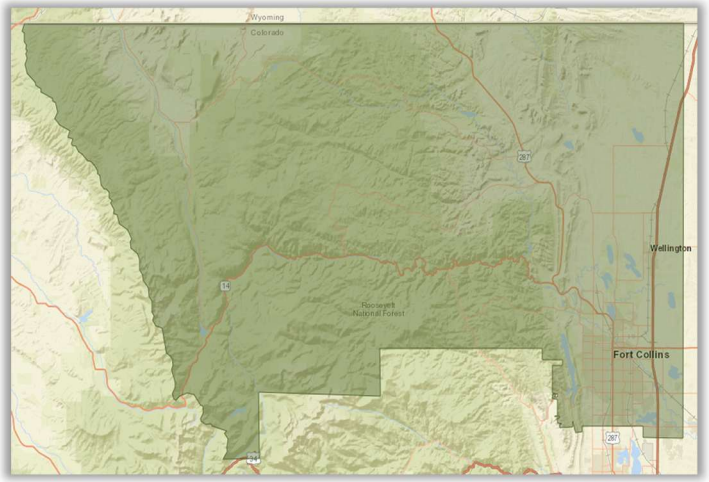
Introduction

The Health District of Northern Larimer County is a special tax district created by voters in 1960 to address community health needs. Its boundaries encompass the northern two-thirds of Larimer County, including Fort Collins, Laporte, Timnath, Wellington, Livermore and Red Feather Lakes. Primarily funded by local property tax dollars, the Health District is governed by a publicly elected, five-member Board of Directors.



Originally known as the Poudre Valley Hospital District, the organization transitioned in 1994 to create a locally controlled, private nonprofit entity to manage hospital operations in response to evolving health care needs. Since then, changes in state law and community priorities have shaped the District into what it is today—the Health District of Northern Larimer County.

During the 2026 budget year, the Health District will continue to adapt to the changing needs of our community by providing the following client-facing services:

- Oral Health Services, including primary dental care and screenings.
- Behavioral Health Services for children, youth, and adults.
- Access to Care assistance, including health insurance enrollment, plan management, policy literacy, and integrated care coordination.

We will further respond to district needs through delivery of community-facing services, such as:

- Strategic Partnership funding to expand the reach of our mission beyond the services we directly provide.
- Community Engagement through outreach and education, addressing health-related social needs, and supporting the Mental Health and Substance Use (MHSU) Alliance.
- Data collection and analysis to accurately assess community needs and transform those insights into informed actions and initiatives.

While change is inevitable, our mission remains constant: **to enhance the health of our community**. The 2026 Proposed Budget builds on the Health District's legacy, ensuring a more equitable and meaningful impact on community health.

In compliance with the Local Government Budget Law of Colorado, the 2026 Proposed Budget was submitted to the Board of Directors on October 15, 2025 and reviewed by the Board during the study session on October 22, 2025. The Board will invite public comment during a budget hearing on November 19, 2025, and adopt the 2026 Budget on December 10, 2025.

The Health District of Northern Larimer County's financial statements, records, and 2026 Proposed Budget are prepared using the modified accrual basis of accounting.

Executive Summary

Presented within is the 2026 Proposed Budget for the Health District of Northern Larimer County. This budget has been thoughtfully prepared by our dedicated staff to align with the four pillars of the Health District's Strategic Plan: Great Governance, Organizational Excellence, Health Equity, and Partnerships.

Projected revenues for 2026 are $15.63 million, while proposed expenditures are $17.46 million, resulting in a net decrease of $1.83 million to the District's fund balance.

2026 Fund Balance Summary		
Estimated Beginning		$13,641,883
Projected Revenues	+	$15,629,995
Proposed Expenditures	-	$17,458,009
Proposed Contingency	-	$500,000
Ending Fund Balance		$11,313,869

While the deficit may appear concerning at first glance, it is important to note that the District began 2025 with a fund balance of $11.39 million, and projections indicate an increase of $2.25 million during 2025. This growth positions the District with an estimated beginning fund balance of $13.64 million for 2026. Therefore, even with the proposed decrease, the District will maintain a strong ending balance of $11.31 million at the close of 2026.

The Health District remains in excellent financial health. This proposed deficit budget is not a sign of financial decline, but rather a deliberate and strategic investment to strengthen programs, services, and partnerships that advance community health and well-being.

Fiscal Alignment with Strategic Goals

Throughout the development of the 2026 Proposed Budget, administrative and programmatic leadership worked closely with finance to ensure that the Health District's budget is supportive of the organization's mission, strategic plan, and commitment to our valued staff. This collaborative process resulted in allocating funds to several current and emerging priorities, examples of which are highlighted below.

Great Governance

- Board of Director training to support successfull governance.
- Forensic Audit to ensure financial integrity and accountability.
- Leadership training and development for management personnel.
- Compliance training for staff.
- Increased Compliancy Group software functionality.
- Launch of Accreditation Readiness workgroup to identify areas of improvement and comply with professional standards.
- Tools to assess the needs of our community to maintain care that is reflective of the district we serve.

Organizational Excellence

- Professional Development allotments for all staff to invest in our greatest asset.
- Necessary equipment and software upgrades to promote productivity and excellence.
- Continued internal communication transparency efforts.
- Increased external marketing to invest in the District's growth and visibility.
- Data analysis software to support improved decision making.
- Innovation & Quality team to launch, evaluate, and sustain client service focused projects.

Health Equity

- Staff Training aimed at cultivating and equitable environment and experience.
- Expanded client assistance initiatives, including funds for patient transportation to address barriers to care.
- Assessments and certification programs for bilingual staff to provide interpretation services.
- Expanded communication efforts to raise education and awareness across our district.

Partnerships

- Continued partnerships with FMC/UCHealth, SummitStone, and Salud.
- $400K for a newly cultivated partnership with Poudre School District.
- Assistance and incentives for community involvement.
- Expanded efforts in areas of community outreach, communication, and collaboration.

The efforts of our staff are central to the Health District's ability to carry out its mission, which is why the proposed budget reflects our unwavering commitment to our workforce by incorporating several enhancements directly informed by employee feedback. Key investments include a 4% cost-of-living adjustment to salaries and wages, universal professional development allotments for all staff, and increased per-FTE allocations for training and development to meet current standards. Additionally, funds have been designated for equipment and software upgrades to support success, expanded employee recognition programs, and continued efforts to gather staff input through surveys, reviews, and feedback initiatives. These measures underscore that our workforce is not only valued, but essential to the organization and the community we serve.

Revenue Overview

The Health District's revenue streams remain stable and consistent in the 2026 Proposed Budget, with projected revenues totaling $15.63 million.

Tax Revenues

Property and Specific Ownership Tax revenues for 2026 are projected at $12.20 million, representing 78% of total revenue for the year. Detailed calculations are provided on the Supplemental Information page.

Service Revenues

The Health District continues to offer low-cost Oral Health and Behavioral Health services within the district, while all other patient and community services remain free of charge. Service revenues, net of adjustments, are projected at $991K, accounting for 6% of total revenue.

Lease Revenues

Lease income is derived from a long-standing agreement with Poudre Valley Hospital and tenant leases for the Mulberry Property. Lease revenues for 2026 are projected at $1.66 million, contributing 11% of total revenue.

Contributions

The District anticipates receiving funds from the Colorado Health Benefit Exchange, the Colorado Behavioral Health Association, and the Northern Colorado Health Alliance in 2026. These contributions are anticipated to provide $346K, representing 2% of overall resources.

Investment Earnings

Investment income is generated from Local Government Investment Pool accounts, Certificates of Deposit, and bank account interest. Based on current economic forecasts and projected investment balances, investment earnings for 2026 are estimated at $438K, comprising 3% of total revenue.

Expenditure Overview

Throughout the development of the proposed budget, our team prioritized strategic alignment of the Health District's operating expenses. To strengthen our organization and the community we serve, proposed expenditures for 2026 total $17.46 million.

Personnel Compensation

Personnel Compensation—comprising salaries, wages, benefits, and taxes—is proposed at $10.86 million, representing 62% of total expenditures. As noted in the Supplemental Information page, this figure includes positions not yet filled, which accounts for the increase compared to 2025 projected expenses.

Professional Development

In response to staff feedback and organizational goals, the 2026 Proposed Budget reflects an increased investment in employee development. Proposed expenses for this category total $538K, or 3% of overall expenditures.

Contracted Services

The Health District plans to engage consulting expertise primarily for legal and audit services, IT support, temporary staffing, and program operation development. Proposed expenses for Contracted Services are $1.60 million, contributing 9% of total expenditures.

Service Expenses

Service Expenses—covering medical, assistance, and community-related items—are projected at $825K, representing 5% of total expenditures. While medical expenses align with services to be provided, additional initiatives have been incorporated into assistance and community programs.

Partnership Funding

The Health District proposes continued funding for partnerships with FMC/UCHealth, Salud, and SummitStone, while expanding support to include a new partnership with Poudre School District to help offset legislative funding cuts. Partnership funding for 2026 totals $1.54 million, or 9% of overall expenditures.

Supplies, Equipment, & Software

Management assessed staff needs for equipment and software during the budget process. Due to identified requirements and inflationary price increases, proposed expenses for this category are $571K, accounting for 3% of total expenditures.

Occupancy & Other Expenses

The 2026 Proposed Budget allocates $547K for Occupancy Expenses and $517K for Other Operating Expenses. These costs are largely driven by uncontrollable factors such as utilities, repairs and maintenance, insurance, and treasurer fees. Combined, these categories represent 6% of total expenditures, with increases tied to inflation and projected rates.

Capital Expenditures

Capital investments for 2026 include funding for two Oral Health operatories, statistical analysis and practice management software, branding updates, and physical infrastructure improvements. Proposed capital expenses total $461K, representing 3% of overall expenditures.

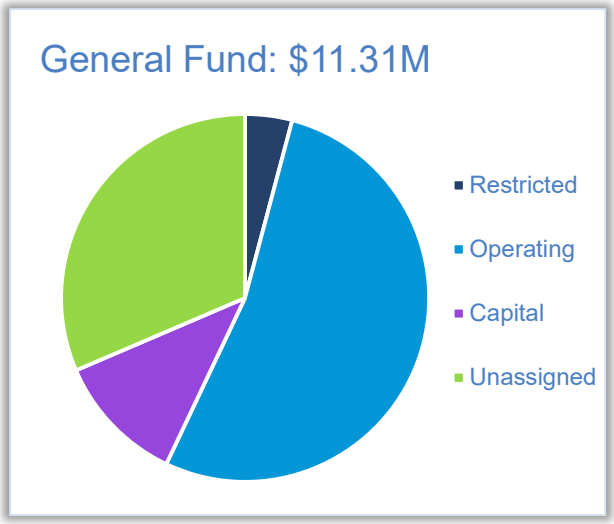
Fund Balance & Contingency Planning

Despite the anticipated decrease in the Health District's Fund Balance resulting from adoption of the 2026 Proposed Budget, the District's General Fund remains well positioned to continue advancing community health initiatives. Retained funds from prior years provide a strong foundation, with an estimated beginning balance of $13.64 million for 2026. After adding projected revenues of $15.63 million and deducting proposed expenditures of $17.46 million along with a $500,000 contingency, the Governmental Fund Balance is projected to close at $11.31 million at year-end.

The proposed budget recommends appropriating this balance as follows:

Restricted Funds

Restricted Funds – $469K, representing the 3% reserve required under TABOR.



Assigned Funds

- Operating Reserve – $5.99 million: Equivalent to four months of proposed total expenditures, ensuring operational stability.
- Capital Reserve – $1.30 million: Designated for future capital investments based on identified upcoming needs.

Unassigned Funds

Unassigned Funds of $3.56 million reflect excess resources not yet allocated to specific purposes, providing flexibility for future priorities.

This recommended allocation aligns with best practices and ensures the District maintains the capacity to respond to unexpected needs while safeguarding financial stability.

Results of the Budget Study Session

On October 22nd, 2025, the Board of Directors reviewed the first draft of the 2026 Proposed Budget with Health District leadership. During this Budget Study Session, the Board provided essential feedback and posed valuable questions to the District's leadership team. A memo was released to the Board on October 31st, 2025, to formally address their open questions.

In addition to the memo, the following changes were made to the 2026 Proposed Budget (which are reflected throughout this package):

Revenue Changes

- Service Revenues, Net – Grant Reimbursement: Recent information released by the state regarding funding cuts to the Senior Dental Program prompted a decrease to this revenue from $120K to $100K. The Health District will not stop providing service to patients currently covered by this grant, we will look to other sources, such as Client Assistance, to continue providing Oral Health services to our community's low-income seniors.
- Service Revenues, Net – Other Adjustments: Communications between Finance and our Behavioral Health program led to an increase of adjustments to our proposed CAYAC and Adult Connection services. This resulted in a decrease of $35K to this revenue source to ensure that we continue providing affordable Behavioral Health services to our patients.

- Contributions – Grants & Partnerships: There was a slight increase of $7K to properly account for indirect grant revenue related to the Senior Dental Program.

Expenditure Changes

- Personnel Compensation: A question related to where benefit premium increases are being absorbed (employer or employee) prompted a deeper dive into our benefit cost assumptions. It was discovered that we were able to adjust our assumptions to a lower amount and still ensure that employees will not feel the effect of premium increases. The net result of these adjustments was an expense decrease of $21K.
- Contracted Services – Consultants: Expenses for consultants in Strategy & Impact (Policy) and Client Experience (Health Info Source) were increased by a total of $13K to ensure enough funds are available to enlist external help to assist the District in responding to legislative changes.
- Other Operating Expenses: The finalization of General & Liability insurance policies, adjustments to employee expense proposals, and additional funds for Board elections led to a proposed expense increase of $35K. However, recalculation of Property Tax expenses for the Mulberry property resulted in a reduction to expenses of $33K. Overall, the net change in this category is only $2K.

After all adjustments were made to the original proposed budget, Revenues were decreased by a total of $48K and Expenditures were decreased by a total of $8K resulting in a net change of ($40K) from the original proposed budget.

Governance Review & Action

To continue advancing the objectives outlined in the 2026 Proposed Budget, the remaining actions are requested from the Board of Directors:

- November 19th, 2025: Conduct a public hearing on the 2026 Proposed Budget to provide an opportunity for community input.
- December 10th, 2025: Officially adopt the 2026 Budget through the following resolutions:
    - Resolution to Adopt the 2026 Budget
    - Resolution to Set Mill Levies
    - Resolution to Appropriate Funds

Questions and feedback are welcomed and encouraged as we work collaboratively to ensure the continued success of the Health District of Northern Larimer County and its commitment to serving the community.

Health District of Northern Larimer County

2026 Proposed Budget

Revenues		
Tax Revenues		12,197,310
Service Revenues, Net		991,468
Lease Revenues		1,657,525
Contributions		345,988
Investment Earnings		437,705
Other Operating Revenues		-
Total Revenues	**$**	**15,629,995**
Expenditures		
Personnel Compensation		10,857,931
Professional Development		538,243
Contracted Services		1,598,720
Service Expenses		825,301
Partnership Funding		1,542,241
Supplies, Equipment, & Software		571,188
Occupancy Expenses		546,690
Other Operating Expenses		516,695
Capital Expenditures		461,000
Total Expenditures	**$**	**17,458,009**
Change in Fund Balance	**$**	**(1,828,014)**

Appropriation of Governmental Fund Balance

Beginning Governmental Fund Balance		13,641,883
Total Revenues		15,629,995
Total Available Resources	**$**	**29,271,878**
Expenditures		16,997,009
Capital Expenditures		461,000
Contingency		500,000
Total Expenditures	**$**	**17,958,009**
Ending Governmental Fund Balance	**$**	**11,313,869**
Appropriation of Fund Balance:		
Non-Spendable (Prepaid)		-
Restricted Funds		468,900
Committed Funds		-
Assigned Funds		
Operating Reserve		5,986,003
Capital Reserves		1,300,000
Unassigned Funds		3,558,966
Total General Fund	**$**	**11,313,869**

Health District of Northern Larimer County

Three Year Comparative Budget

	2024		2025		2026
	Budget	Actual	Budget	Projection	Proposed
Revenues					
Tax Revenues	12,367,095	12,353,249	11,361,432	11,390,658	12,197,310
Service Revenues, Net	1,169,972	762,292	1,462,750	1,570,187	991,468
Lease Revenues	1,531,998	1,546,333	1,304,044	1,565,293	1,657,525
Contributions	895,620	580,751	414,048	515,666	345,988
Investment Earnings	415,000	624,535	332,964	607,499	437,705
Other Operating Revenues	24,600	26,542	-	8,147	-
Total Revenues	**$ 16,404,285**	**$ 15,893,701**	**$ 14,875,238**	**$ 15,657,449**	**$ 15,629,995**
Expenditures					
Personnel Compensation	11,165,855	9,347,856	10,435,117	8,334,849	10,857,931
Professional Development	481,654	241,316	345,893	252,322	538,243
Contracted Services	2,561,573	854,075	1,444,600	1,589,358	1,598,720
Service Expenses	702,644	567,508	570,129	618,134	825,301
Partnership Funding	-	-	770,000	700,000	1,542,241
Supplies, Equipment, & Software	542,597	216,083	413,113	363,848	571,188
Occupancy Expenses	811,751	524,425	469,461	505,554	546,690
Other Operating Expenses	549,412	431,074	496,902	483,496	516,695
Capital Expenditures	-	343,079	-	558,069	461,000
Total Expenditures	**$ 16,815,486**	**$ 12,525,415**	**$ 14,945,215**	**$ 13,405,630**	**$ 17,458,009**
Change in Fund Balance	**$ (411,201)**	**$ 3,368,286**	**$ (69,977)**	**$ 2,251,819**	**$ (1,828,014)**

Appropriation of Governmental Fund Balance

	2024		2025		2026
	Budget	Actual	Budget	Projection	Proposed
Beginning Governmental Fund Balance	8,747,550	8,021,778	9,240,047	11,390,064	13,641,883
Total Revenues	16,404,285	15,893,701	14,875,238	15,657,449	15,629,995
Total Available Resources	**$ 25,151,835**	**$ 23,915,479**	**$ 24,115,285**	**$ 27,047,513**	**$ 29,271,878**
Expenditures	16,315,495	12,182,337	14,945,215	12,847,560	16,997,009
Capital Expenditures	526,040	343,079	-	558,069	461,000
Contingency	500,000	-	-	-	500,000
Total Expenditures	**$ 17,341,535**	**$ 12,525,415**	**$ 14,945,215**	**$ 13,405,630**	**$ 17,958,009**
Ending Governmental Fund Balance	**$ 7,810,300**	**$ 11,390,064**	**$ 9,170,070**	**$ 13,641,883**	**$ 11,313,869**
Appropriation of Fund Balance:					
Non-Spendable (Prepaid)	-	94,867	-	95,000	-
Restricted Funds	960,706	470,801	448,356	469,723	468,900
Committed Funds	3,000,000	-	-	-	-
Assigned Funds					
Operating Reserve	1,031,897	69,977	7,472,610	7,472,610	5,986,003
Capital Reserve	2,021,000	-	1,232,874	674,805	1,300,000
Unassigned Funds	796,697	10,754,419	16,230	4,929,745	3,558,966
Total General Fund	**$ 7,810,300**	**$ 11,390,064**	**$ 9,170,070**	**$ 13,641,883**	**$ 11,313,869**

Health District of Northern Larimer County

Detailed Three Year Comparative Budget

Revenues	2024 Actual	2025 Budget	2025 Projection	2026 Proposed
Tax Revenues	12,353,249	11,361,432	11,390,658	12,197,310
Property Taxes	11,645,284	10,761,432	10,679,432	11,489,310
Specific Ownership Taxes	707,964	600,000	711,226	708,000
Service Revenues, Net	762,292	1,462,750	1,570,187	991,468
Self Pay	269,540	417,109	365,336	363,968
Grant Reimbursement	-	-	39,600	100,000
Insurance Reimbursement	752,378	1,575,189	1,645,993	950,000
Contractual Adjustments	(255,735)	(525,398)	(473,228)	(380,000)
Other Adjustments	(3,892)	(4,150)	(7,515)	(42,500)
Lease Revenues	1,546,333	1,304,044	1,565,293	1,657,525
Capital Lease	134,755	137,100	175,888	219,761
Capital Lease - Interest	1,171,242	1,166,944	1,166,944	1,162,841
Tenant Lease	140,884	-	124,784	127,371
Tenant Lease - Interest	3,109	-	632	142
Tenant Lease - Fees	96,342	-	97,045	147,410
Contributions	580,751	414,048	515,666	345,988
Grants & Partnerships	575,493	394,048	512,051	296,081
Donations	5,258	20,000	3,615	49,907
In-Kind Donations	-	-	-	-
Investment Earnings	624,535	332,964	607,499	437,705
Investment Yield	624,535	332,964	595,716	405,232
Interest Earned	-	-	11,783	32,473
Other Operating Revenues	26,542	-	8,147	-
Miscellaneous Income	26,542	-	8,147	-
Total Revenues	**$ 15,893,701**	**$ 14,875,238**	**$ 15,657,449**	**$ 15,629,995**

Expenditures	2024 Actual	2025 Budget	2025 Projection	2026 Proposed
Personnel Compensation	9,347,856	10,435,115	8,334,849	10,857,931
Salaries & Wages	7,509,814	8,181,345	6,601,539	8,460,789
Social Security Tax	449,329	507,242	394,584	504,813
Medicare Tax	110,171	118,630	93,435	122,536
SUTA	(1,028)	16,363	12,676	6,011
Retirement Contributions	367,248	408,466	344,149	422,189
Employee Health Insurance	826,709	1,076,741	796,441	1,211,280
Employee Dental Insurance	33,259	46,967	29,265	58,800
Employee Other Insurance	56,249	61,765	48,142	52,920
Workers Compensation Insurance	(3,895)	17,598	14,618	18,592
Professional Development	241,316	345,893	252,322	538,243
Staff Training	32,201	100,708	39,799	127,298
HD Training	-	-	1,000	30,000
Meetings	48,359	58,523	56,955	32,575
HD Meetings	-	-	-	8,500
Conferences	105,593	132,970	81,700	99,918
Travel	9,035	7,963	15,670	165,643
Professional Reimbursement	33,641	30,982	27,417	45,735
Professional Growth Materials	12,487	14,747	29,781	28,575
Contracted Services	854,075	1,444,600	1,589,358	1,598,720
Legal Services	105,996	-	217,343	200,400
Audit Services	30,993	-	33,365	236,000
Temporary Help	17,309	12,500	1,140	154,500
Consultants	699,777	1,432,100	1,337,510	1,007,820

Expenditures (Continued)	2024 Actual	2025 Budget	2025 Projection	2026 Proposed
Service Expenses	567,508	570,129	618,134	825,301
Medical Supplies	132,500	153,300	152,782	170,042
Medical Equipment	1,734	10,893	10,518	11,440
Infection Control	4,677	7,921	2,291	-
Lab & X-Ray	163,039	150,000	159,715	180,000
Prescription & Medication	17,667	35,795	5,557	30,000
Client Assistance & Incentives	8,831	18,000	10,742	75,971
Community Assistance & Incentives	813	7,500	2,547	15,000
Specialty Care	25,788	35,000	11,556	35,000
Community Education	21,262	143,630	36,238	57,000
Community Outreach	-	-	-	30,500
Community Newsletter	65,561	-	-	-
Community Advertising	47,131	-	101,192	139,000
Community Meetings	-	-	2,000	30,050
Client Debt Forgivness	78,505	8,090	122,996	51,298
Partnership Expenses	-	770,000	700,000	1,542,241
Partnership Funding	-	770,000	700,000	1,542,241
Supplies, Equipment, & Software	216,083	413,113	363,848	571,188
Supplies	24,556	21,000	18,766	31,075
Equipment	69,187	83,082	53,497	135,147
Software	117,248	301,218	281,615	358,251
Subscriptions	-	-	-	31,640
Postage & Printing	5,092	7,813	9,970	15,075
Occupancy Expenses	524,425	469,461	505,554	546,690
Rent & Lease Payments	76,323	9,413	37,118	24,000
Utilities	71,280	89,364	86,119	94,776
Telephone & Internet	65,771	73,103	65,430	83,953
Repairs & Maintenance - Building	185,759	182,362	181,213	190,274
Repairs & Maintenance - Equipment	35,305	-	56,967	62,664
Repairs & Maintenance - Vehicle	2,092	-	3,053	3,358
Custodial Services	87,896	115,219	75,654	79,462
Security Services	-	-	-	8,204
Other Operating Expenses	431,074	496,902	483,496	516,695
Insurance - General & Liability	65,957	92,235	65,540	73,114
Insurance - Public Officials	106	-	1,500	1,500
Insurance - Malpractice	11,702	10,743	-	20,874
Employee Onboarding	-	-	-	5,000
Recruitment	35,934	41,591	35,901	40,000
Other Employee Expenses	-	-	-	24,500
Employee Recognition	13,801	35,175	13,049	24,150
Volunteer Recognition	2,000	2,000	672	4,000
Public Relations	88	-	4,132	4,589
Election Expenses	-	26,250	75,990	10,000
Investment Expenses	9,681	20,000	15,614	-
Bank & Merchant Fees	-	-	-	16,395
Treasurer Fees	232,943	232,909	213,627	229,786
Property Taxes	48,122	35,999	41,720	43,095
HD Dues & Fees	8,241	-	15,752	19,692
Miscellaneous Expenses	2,500	-	-	-
Capital Expenditures	343,079	-	558,069	461,000
CapEx - Buildings & Improvements	73,895	-	58,050	240,000
CapEx - Leasehold Improvements	-	-	48,883	-
CapEx - Equipment - General	72,341	-	78,568	-
CapEx - Equipment - Medical	16,365	-	65,736	120,000
CapEx - Software	180,478	-	306,833	101,000
Total Expenditures	**$ 12,525,415**	**$ 14,945,213**	**$ 13,405,630**	**$ 17,458,009**
Change in Fund Balance	**$ 3,368,286**	**$ (69,975)**	**$ 2,251,819**	**$ (1,828,014)**

Health District of Northern Larimer County

2026 Proposed Budget by Function

	Program Operations			General & Administration	Total Operating	Non-Operating	2026 Budget (Proposed)	2025 Budget	2025 to 2026		
Revenues	Strategy & Impact	Client Experience	Total			Leased Property			$ Change	%	Note
Tax Revenues	-	-	-	12,197,310	12,197,310	-	12,197,310	11,361,432	835,878	7%	1
Service Revenues, Net	-	991,468	991,468	-	991,468	-	991,468	1,462,750	(471,282)	-32%	2
Lease Revenues	-	-	-	1,382,602	1,382,602	274,923	1,657,525	1,304,044	353,481	27%	3
Contributions	28,130	317,859	345,988	-	345,988	-	345,988	414,048	(68,060)	-16%	4
Investment Earnings	-	-	-	437,705	437,705	-	437,705	332,964	104,741	31%	5
Other Operating Revenues	-	-	-	-	-	-	-	-	-	0%	
Total Revenues	**$ 28,130**	**$ 1,309,326**	**$ 1,337,456**	**$ 14,017,617**	**$ 15,355,073**	**$ 274,923**	**$ 15,629,995**	**$ 14,875,238**	**$ 754,757**	**5%**	
Expenditures											
Personnel Compensation	1,592,233	6,107,375	7,699,608	3,158,323	10,857,931	-	10,857,931	10,435,117	(422,814)	-4%	6
Professional Development	90,640	241,898	332,538	205,705	538,243	-	538,243	345,893	(192,350)	-56%	7
Contracted Services	317,498	949,905	1,267,403	301,317	1,568,720	30,000	1,598,720	1,444,600	(154,120)	-11%	8
Service Expenses	78,550	566,251	644,801	180,500	825,301	-	825,301	570,129	(255,172)	-45%	9
Partnership Expenses	1,542,241	-	1,542,241	-	1,542,241	-	1,542,241	770,000	(772,241)	-100%	10
Supplies, Equipment, & Software	108,403	286,401	394,804	176,384	571,188	-	571,188	413,113	(158,075)	-38%	11
Occupancy Expenses	59,906	249,049	308,955	100,582	409,536	137,154	546,690	469,461	(77,229)	-16%	12
Other Operating Expenses	17,960	77,141	95,101	354,275	449,376	67,318	516,695	496,902	(19,793)	-4%	
Capital Expenditures	93,400	192,240	285,640	30,360	316,000	145,000	461,000	-	(461,000)	100%	13
Total Expenditures	**$ 3,900,832**	**$ 8,670,259**	**$ 12,571,091**	**$ 4,507,446**	**$ 17,078,537**	**$ 379,473**	**$ 17,458,009**	**$ 14,945,215**	**$ (2,512,794)**	**-17%**	
Change in Fund Balance	**$ (3,872,702)**	**$ (7,360,933)**	**$ (11,233,635)**	**$ 9,510,171**	**$ (1,723,464)**	**$ (104,550)**	**$ (1,828,014)**	**$ (69,977)**	**$ (1,758,037)**	**22%**	

Footnotes

1	Tax Revenues	a. Assessed valuation of taxable property increased by $330M resulting in higher property tax revenue. b. Specific Ownership Tax revenue calculations were adjusted to reflect actual trends.
2	Service Revenues, Net	a. Oral Health - Service Revenue for 2025 included the unbilled Medicaid from 2024. The 2026 Proposed Budget reflects a flat forecast for only the true 2025 revenue value. b. Behavioral Health - The 2025 budget included $503k of Service Revenue based on the intent to bill Medicaid for Services rendered. As that billing has not yet begun, minimal service revenue is included in the 2026 Proposed Budget.
3	Lease Revenues	a. Capital Lease - Revenue for the capital lease is based on the lease contract with Poudre Valley Hospital. b. Tenant Leases - Due to undetermined plans during the 2025 budget season, the 2025 budget did not include tenant lease revenue. The 2026 proposal includes this revenue.
4	Contributions	Inclusive of Grants, Partnerships, and Donations, the 2026 proposal includes funds from confirmed grants and previously deferred donations. No unconfirmed amounts have been included.
5	Investment Earnings	a. Investment Yield from Local Government Investment Pool accounts is presented with a moderately conservative method based on Cash Flow projections and federal rate projections. b. Interest Earned from Certificates of Deposits had been budgeted based on current CDs and their respective interest rates.
6	Personnel Compensation	Personnel Compensation is reflective of position changes, COLA increase, and benefit cost increases (employer). For further details see Supplemental Information.
7	Professional Development	In response to staff surveys, Professional Development has been adjusted in three key areas: a. First, Professional Development allotments are now available to all staff based on career grade to ensure standardization, consistency, and universal access. b. Second, per FTE allotments for Professional Development areas have been increased reflective of industry standards. c. Third, additional training opportunities have been identified and budgeted for in each program to further invest in the knowledge and qualifications of our staff.
8	Contracted Services	While contracted services have increased from prior year budget, the focus of these services has been shifted to align with our strategic plan and improvements to the quality of our programs.
9	Service Expenses	a. Expenses for direct patient care remains consistent from prior year with slight increases for inflation and anticipated needs in response to federal and state changes. b. In contrast, expenses for patient and community assistance have nearly doubled with over $120k proposed in an effort to assist our community through the impacts of political policy changes. c. Correlating with our assistance increases, expenses related to community outreach and education have been increased by 97% to ensure our ability to raise awareness of the services we provide, current health needs, and governmental changes that will impact health care.
10	Partnership Expenses	In addition to increased funding over current year to our partnerships with FMC/UCHealth, SummitStone, and Salud, the 2026 Proposed Budget includes funding for Poudre School District to increase our impact to overall district health beyond the services we provide directly.
11	Supplies, Equipment, & Software	Expenses have increased in order to provide our staff with necessary equipment upgrades that will increase efficiency and productivity.
12	Occupancy Expenses	The increase in occupancy expenses (such as utilities and repairs & maintenance) is primarily due to inflation.
13	Capital Expenditures	a. Historically, capital expenditures were only budgeted "below the line," however, to comply with modified accrual accounting capital outlay should be included in expenditures. b. In additional to general Infrastructure expenditures, the 2026 proposal includes capital outlay for two Oral Health operatories, programmatic software, and brand related updates.

Health District of Northern Larimer County

2026 Proposed Budget: Supplemental Information

Tax Revenues

	2026	2025	$ Change	% Change
Property Tax Gross Assessment	5,639,502,088	5,260,196,978	379,305,110	7%
Less: TIF Area Increment	345,131,851	296,208,835	48,923,016	17%
Property Tax Net Assessment	5,294,370,237	4,963,988,143	330,382,094	7%
Levy (mills)	2.167	2.167	-	0%
Property Tax Revenue	**11,472,900**	**10,756,962**	**715,938**	**7%**
Add: Specific Ownership Tax Rev.	708,000	600,000	108,000	18%
Add: Exmpt PPT Reimbursement	16,410	-	16,410	100%
Less: County Collection Fees	229,786	232,909	(3,123)	-1%
Total Tax Revenues, Net	**$ 11,967,524**	**$ 11,124,053**	**$ 843,471**	**8%**

Note: Property Tax Revenue is subject to change slightly when final Certifications of Valuation are provided by the Larimer County Assessor on December 10th.

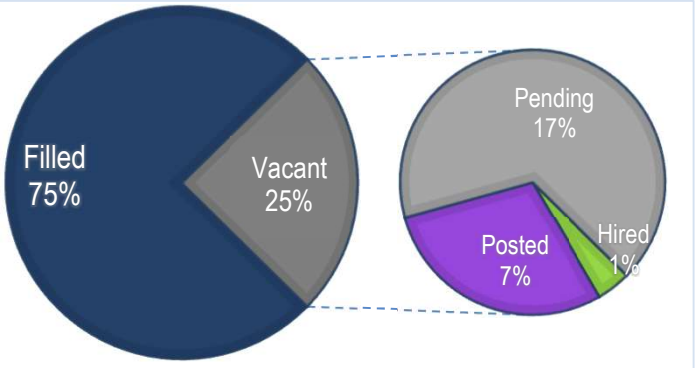
Full Time Employee Counts

	2024	2025				2026
	Actual	Budget	Actual/Total	Filled	Vacant	Proposed
Administration	**31.175**	**27.350**	**22.850**	**18.000**	**4.850**	**23.500**
Program Operations (Subtotal)	**75.390**	**70.500**	**70.175**	**51.725**	**18.450**	**69.400**
Strategy & Impact (Subtotal)	**19.540**	**18.000**	**15.150**	**11.125**	**4.025**	**13.500**
Policy	3.000	0.500	1.108	0.438	0.671	0.500
Data & Analytics	3.000	5.175	5.608	2.438	3.171	4.500
Community Assessment	3.000	0.500	0.608	0.438	0.171	0.500
Health Equity	1.000	1.000	1.608	1.438	0.171	1.500
Partnerships	-	0.500	0.610	1.438	(0.828)	1.500
Community Engagement	-	5.500	5.608	4.938	0.671	5.000
Transitioned Positions	9.540	4.825	-	-	-	-
Client Experience (Subtotal)	**55.850**	**52.500**	**55.025**	**40.600**	**14.425**	**55.900**
Innovation & Quality	-	-	2.250	3.250	(1.000)	3.375
Access to Care	8.166	6.530	6.250	5.250	1.000	6.375
Oral Health	27.418	27.240	26.950	23.200	3.750	27.075
Behavioral Health	20.266	18.730	19.575	8.900	10.675	19.075
Health District Total FTE	**106.565**	**97.850**	**93.025**	**69.725**	**23.300**	**92.900**

Staff Position Status

Total Staff Positions	**97**
Filled Positions	73
Vacant Positions	24
Hired, Awaiting Start Date	1
Interview Phase	0
Posted	7
Pending	16

Note: Staff Positions will not match FTE as some positions are part time.



Final Report for the Health District

Prepared By:

November 2025

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Executive Summary

The Health District is a special district offering behavioral health services for children, adolescents, and adults in Northern Larimer County. The Health District created a formal process to seek proposals from qualified consultants to conduct a comprehensive and inclusive clinical and legal analysis (historical and current) of documentation systems and compliance processes. The scope of this analysis was to examine historical and current practices to identify areas of potential risk and provide recommendations for system improvements.

This assessment focused on behavioral health services provided by the Health District. The team from *OPEN MINDS* comprised four senior clinicians with experience in managing or leading clinical programs. Bios of the principals are included in Appendix 1.

Health District behavioral health services include assessment, care coordination, brief intervention therapy, psychological testing, medication management, and psychiatric consultation. As a public entity with a commitment to excellence, the Health District seeks to ensure their clinical governance systems meet professional standards, while maintaining a unique service delivery model.

The *OPEN MINDS* team relied on three information sources to reach its recommendations:

1. Onsite review of over 200 charts from current and past client encounters
2. Review of available Health District policies and discussion with Health District staff regarding procedures
3. Interviews with internal and external stakeholders

The primary recommendations from these activities include:

1. Chart Reviews: Create all new charts within the newer EHR system and discontinue the use of the existing system. This will allow improvement in signature capture and structured data capture that will be needed for evaluation and outcomes measurement.
2. Policy and Process Review: Add new policies that outline clinical services documentation standards and clinical supervision standards.
3. Data Collection: It is recommended that the Health District undertake efforts to establish data collection systems that will enable examination of demand, access, and utilization data to complement stakeholder insights into the creation of new, or expansion of existing behavioral health services, with objective evidence and a more comprehensive understanding of community needs.

Detailed Recommendations

In this section we list all of the recommendations that arose from the various sources of the assessment including discussions with Health District leadership.

Service Delivery Recommendations

1. Continue the assessment and referral services currently provided by Connections (Adults) and CAYAC (Child, Adolescent, and Young Adult Connections).
2. Consider adding standardized assessment and outcome measurement such as the PHQ-9 or GAD-7.
3. Create a policy which outlines documentation standards to be followed for all interactions with service recipients. Base those standards on best practices from national and Colorado rules. Appendix 3 includes an example of that type of detail.
4. Create a written process for front end triage to assure standardized data collection, use of standardized tools, and to assure that people are referred to the most appropriate level of care.
5. Establish guidance to ensure that staff with advanced credentials can apply their specialized skills in ways that maximize their impact, while staff without advanced credentials focus on delivering supportive and/or non-billable services to maximize cost-effective care.
6. Set a benchmark for the amount of time spent in service to clients. Nationally, the benchmark is that service staff should spend 65% of their work in client-based interactions both face-to-face and indirectly.

Organizational Recommendations

1. Undertake efforts to systematically evaluate demand, access, and utilization data to enable the Health District to demonstrate the need for creation of new, or expansion of existing services.
2. Create a Clinical Quality Committee to draft the clinical documentation policy, to create a policy that outlines expectations for clinical supervision, and regularly complete audits of charts to assure quality.
3. Standardize documentation and data collection processes to assure validity and reliability in all data collected.
4. Transfer all documentation of services into the most recently implemented EHR and discontinue documentation into the prior system.

Risks Reviewed

Clinical risk

The reviewers found one area in which there may be clinical risk. Clinical supervision documentation was lacking or nonexistent. It is best practice for all persons who are providing

direct clinical services, whether billable or not, to have access to senior or peer clinicians for the purpose of case review, case consultation, or second opinion. While clinical supervision is available for Health District direct care staff, clear and consistent documentation about that supervision needs to be in place.

Legal Risk

There are two areas of possible legal risk. The first is related to lack of co-signatures of the Health District staff on various consent documents. While the consent to share information was present in all charts reviewed, it was not always co-signed by the Health District staff member. The second is that the documentation of the mandatory HIPAA requirements was not cosigned by the Health District staff member.

Financial Risk

There were no findings in this area since this section was limited to the liability of payer audits.

Operational Risk

The operational risk was found to be minimal and is primarily related to documentation of communication and documentation of the service provided. The service consent forms need to describe the use of the data collected and need to be co-signed by staff. The notes related to the service need to state the specific place of service (e.g., in person session, telephone contact, etc.)

System Overview

Strengths

The services provided by the Health District address a common gap in care by offering quick access to information, referrals, assessment, and linkage to crisis intervention. The services meet a need that is worsened by longer waiting lists and by higher fees of other providers in the area. It is important to note that there is no waiting list for behavioral health services at the Health District.

Documentation review of descriptive notes indicates both compassion for clients and commitment by staff to follow up/continuity of care. In addition to the commitment to the mission of the Health District, the review of notes and team interviews demonstrate that staff have strong belief in the value of the services provided by the organization.

Vulnerabilities

Documentation standards for direct client services are not consistently implemented within the various programs. In reviewing over 200 charts, the *OPEN MINDS* team found significant variation between clinical notes. For example, the team found records in which the content of the note would indicate an interaction that was clinical in nature, however the note was lacking key quality components such as credentials of staff, dates and time of sessions, counter signatures on release forms, etc.

Clinical Service Quality

We recommend that documentation for all client contacts and services be transitioned to the EHR. This system will require some build-out and design, but implementation should result in better quality assurance, including more reliable documentation and more dependable data collection. We recommend the following items be considered in the context of the discussion of productivity:

1. Establish a Clinical Quality Committee that includes in its charter the review of samples of clinical records, recommendations for training and education, and documentation of clinical supervision standards and expectations.
2. We recommend a front-end standardized clinical screening tool that can provide assurance in the data collected. The data collection is critical to the analysis of the future planning for the Health District.
3. We recommend the development of scope of work for the staff to ensure that wherever possible, higher credentialed staff are focused on direct care work, while staff with lower credentials being responsible for indirect care delivery.

We understand that measurement of productivity in behavioral health is difficult since it includes both direct service and indirect service. For that reason, we recommend that productivity standards are established in conjunction with a review of the indirect service processes and documentation requirements.

Operational Analysis

Policy and procedure

Available policies were in compliance with expected content and, generally, were comprehensive. We recommend creation of a Clinical Quality Committee that is responsible for creation of clinical policies including clinical documentation. If the Health District provides services that are reportable to a third-party payer, the policy will need to be amended to include those requirements.

Clinical documentation standards are well documented both state-wide and nationally. These include, but are not limited to:

- Documentation of consent to participate in the service (e.g., consenting to Telehealth)
- The individual's response to the service and/or demonstrated benefit from the service provided
- Assessments, which may include treatment history, results of screening and/or diagnostic tools, Mental Status Exam (MSE), and clinical impressions
- Relevance to the treatment/service plan, once implemented
- Plan(s) for follow-up, including coordination of care, referrals, and recommendations
- Results from diagnostic evaluation or assessment of a member which would then inform a treatment/service plan

See Appendix 5 for a list of policies reviewed and policies to be created.

HIPAA/National Tech Standards

The Health District infrastructure and commitment to data privacy and security is well implemented and documented. All the standard requirements are met, and the system is in line with these requirements. The only finding we noted was that the HIPAA consents in the client charts are not co-signed as a matter of procedure. We recommend that these consents are signed by a staff member at the time of signature by the client. As with all signature standards, these should also be dated and include the staff member's credentials or title.

Findings from Chart Reviews

The team reviewed over 200 records of clients who have received any of the following services from the Health District team: Brief Therapy, Enhanced Care Coordination, Psychiatric Services, Psychological Testing. The sample was derived from a full sample of 970 cases from the past 3 years. The list was made up of chart IDs that had been de-identified using a method designed to ensure confidentiality and a representative random sample. The instrument that was used for review is included in Appendix 3. The information included in the data set from which the random sample was selected was:

- The securely assigned ID
- An indication of which services the person had received (Brief Therapy, Enhanced Care Coordination, Non-Billable Care Coordination/Resource Navigation, Psychiatric Services, and Psychological Testing Services)
- A flag/indication of whether the client was a child or adult
- The count of all services received by the client. Many of the clients had more than one service.

The random sample was determined by pulling records first from sorting the clients who had more than one service. After that sample was created, the rest of the sample was created using a randomized methodology that selected charts from the rest of the list. The final list was made up of 204 deidentified chart numbers which were sent back to the contact person at the Health District. That person then used those chart IDs to map back to the identified chart IDs so that the sample for review could be obtained.

Clinical Quality Findings from Chart Review

1. The team noted that for child services, an assessment by a professional who can prescribe medication was present in many cases. There were cases in which the notes reviewed did not contain documentation of acuity or symptomatology that would indicate an assessment for medication.
2. There was one case in which suicidal ideation was noted in a contact without a follow-up contact to document that the person was further evaluated. There were many notes present in that case about further contact, so there is no concern that the suicidality was missed. However, there should be a note that explicitly covers the follow-up when any suicide risk is mentioned.

Chart Review Process

Wherever possible, the charts were assigned based on the clinical expertise of the *OPEN MINDS* reviewer with all of the charts that had documentation in the EHR system being assigned to the one specific reviewer. This accomplished two things. First, each reviewer became quickly acclimated to the format of the files and therefore could find information more efficiently;

secondly each reviewer was able to determine the documentation standards for the specific service group that they were reviewing.

Other Findings

The highlights from the reviews are as follows:

1. Approximately 8% of the charts scored 100% based on the review instrument that was used. Generally, the team would have expected that 90% or more of the charts would meet those standards. It is important to note that most of the items on the instrument were administrative and not clinical in nature. The largest error noted was the lack of associated co-signature on the HIPAA release.
2. The review team noted the compassion demonstrated through the Health District staff's documentation. The Health District staff were thorough in their follow-up and follow-through with many actions documented in the chart that were pertinent to the closure of the referral or follow-up loop.
3. Almost none of the charts that were reviewed met the documentation expected in a standard chart. It is important to note that the records reviewed from the EHR were markedly higher in overall compliance with the review instrument. For all charts reviewed, the most frequent deficiencies noted were:
    a. Lack of treatment plans with measurable objectives
    b. Missing signatures of staff which include name and credentials of the staff
    c. Notes that failed to include the service delivered, the start and stop time of the service, and the people involved in the service, if more than one.

Contextually, clinical note best practices are based on two principles. First, the chart must tell the story of a person's journey through the intervention. Second, the clinical note must be based on national coding standards for diagnosing and for specific procedures that were provided.

Findings from Interviews

Methodology

The team decided that one person would complete all the interviews of the internal staff while another team member would complete all the interviews for the external participants. We understand that there are disadvantages of data collection via interviews especially in that the smaller sample size may lead to biased findings. However, the team decided that even in the absence of supporting quantitative data the interview findings provide valuable insight into participants' experiences and perspectives. We caution the readers of this report that additional information is needed to assure that any of these findings are actionable.

Staff Interviews

The full list of interview questions and findings are included in Appendix 4. This summary presents the highlights. The goal of the interviews was to capture perspectives on organizational changes, leadership communication, high turnover, and shifting service models. Along with a promise to assure that the reporting of the interviews was kept completely anonymous, standard questions were asked during each interview.

Interviewees discussed direct services, administrative transparency, community impact, management, and morale. Overall, the interviews reinforced that there is a strong belief in the Health District's mission to fill community health gaps, especially for children, persons who needed immediate response, and people who are uninsured or underinsured. Staff expressed appreciation for the Health District's mission, valuable services and for the opportunity to provide these services for stakeholders. One interviewee noted that if these services would have been available when they were a child, their early life may have been improved.

External Stakeholder Interviews

Stakeholder interviews highlighted that the Health District's Connections and CAYAC behavioral health programs remain valued as a critical safety net, especially as it pertains to open access, no waiting lists, and responsiveness, for underinsured and uninsured residents. Partners emphasized the dedication of frontline staff and strong collaborations with schools.

Looking forward, stakeholders see the need to rebuild clinical capacity, evaluate future direction, and consider of whether billable services, or other services offerings should be expanded. There are also recommendations for continued data-informed outcomes and performance measurement.

From these interviews, the priorities noted include a focus on community trust, improving care coordination, and building on the District's resources to assure community access to suicide prevention information/resources, youth mental health services, and services for underserved populations. The other recommendation was to focus on assessing and working with others on community-based initiatives. External stakeholders expressed that it would be beneficial to

develop metrics for monitoring the activities of the staff, productivity around clinical and other services would be helpful for determining if additional resources are needed.
They felt that the Health District has the capacity to evolve into an incubator of innovation—using strong resources to fund or contract new evidence-based programs, and to support underserved groups (immigrants, LGBTQ+, uninsured).

Recommendations

1. Assess to determine whether the expansion of certain services, including those that are billable to a third party, is indicated. This evaluation includes consideration of the mission to ensure that that Health District resources are used to support uninsured or underinsured individuals.
2. Continue to provide the services of care coordination and referral that are currently in place.
3. Implement clinical documentation standards for all client contacts.
4. Create a standardized procedure for intake contacts that includes use of standardized assessment tools such as the PHQ-9 or GAD-7, tracking of referral outcomes, and suicide/other harm risk and follow-up of same.
5. Create a clinical documentation policy that outlines how to use the EHR platform and requires the following information in each clinical record:
    a. Name of client
    b. DOB of client
    c. Signed and co-signed consents to treat
    d. Signed and co-signed consents for data exchange
    e. Clinical assessment of why the services are needed and the expected outcome once the services are complete.
    f. Type of service delivered
    g. Start and end time for each service
    h. Specific problems addressed during the service, and tied back to the treatment plan items.
    i. Creation of a treatment plan that outlines the reasons for care and the expected outcomes of care.
    j. Signature of the provider, including dates, qualifications, degree, title of staff, etc.
6. Develop an action/communication/public relations strategy to familiarize the community with the services offered by the Health District.
7. Develop an action/communication plan to reinforce with staff that the Board of Directors and leadership value the services that they provide, using both quantitative data and qualitative stories to illustrate the impact of the services.
8. Implement guidance based on national standards for service-focused effort for clinical staff. Nationally the target for clinical staff is that 65% of work time should be services to clients.

Proposed Roadmap

Before the End of 2025

Form a Clinical Quality Committee. This committee will begin the work to create a:

- Clinical supervision policy
- Documentation standards policy
- An outcomes data collection policy and data use policy

While the committee should be convened in 2025, the policies noted above will likely not be completed until first quarter 2026.

During 2026

- In conjunction with recommendations from the Clinical Quality Committee:
    - Implement staff signatures and dates on admission and consent forms
    - Deploy a communication plan for development and implementation of productivity standards
- Evaluate the need to expand service offerings including, but not limited to, expansion of billable services.
- Confirm and refine the existing data collection processes for clinical note standards, quality programming, outcomes measurement, and payer compliance.
- Develop models to use gathered data to support evaluation of mission and services.
- Fully test the technology solutions to allow interoperability with external reporting systems as needed.
- Data collection setup is completed to assure access to outcomes reports and recommendations on service delivery models.
- Migrate all service documentation to the EHR

Appendix 1-Bios

Michael Allen, MSW, MBA

Michael Allen brings over 30 years of experience in the non-profit behavioral healthcare industry to the *OPEN MINDS* team. He currently serves as an Executive Vice President in our consulting practice, where he provides executive oversight and leadership to Provider and Payer client engagements for *OPEN MINDS*.

Mr. Allen was most recently the **Chief Executive Officer of SummitStone Health Partners**, the largest non-profit behavioral health service provider in Larimer County, CO. In this role Mr. Allen was responsible for the planning, deployment, communication and accomplishment of SummitStone Health Partners' overarching corporate strategy. He managed a budget of $80 million and was responsible for more than 750 full-time employees serving more than 12,000 clients annually.

Prior to SummitStone Health Partners, Mr. Allen served as the **Vice President of Managed Care & Operations at AspenPointe (now Diversus Health).** At AspenPointe he developed and managed a system of accountability for monitoring and evaluating provider performance in seven Colorado counties. He was also responsible for the quality management oversight of all business lines, as well as managing a substance abuse treatment contract with the Colorado Division of Behavioral Health and a child welfare services agreement with El Paso County Department of Human Services.

Previously, Mr. Allen was the **Director of Clinical Operations for Connect Care**, (rebranded as AspenPointe in 2010). In this position Mr. Allen provided supervision to clinical staff, as well as developed clinical guidelines and services. He was also the project director for the 4th Judicial District Family Reunification Grant and oversaw care coordination and voucher management functions for a Colorado Access to Recovery Grant.

Before Connect Care, Mr. Allen was the **Director of Child Welfare Services for Signal Behavioral Health Network**, a non-profit that has been managing and expanding substance use prevention, treatment and recovery services in Colorado for over 25 years. Mr. Allen managed a network of Substance Use Disorder treatment providers, programs and services across 35 Colorado counties.

Mr. Allen earned a Bachelor of Arts in Design/Psychology from Brigham Young University, a Masters in Social Work from Case Western Reserve University and a Masters in Business Administration from Colorado State University. He is a Licensed Clinical Social Worker and a Certified Addictions Specialist in Colorado.

Kim Bond, LMFT

Kim Bond brings over thirty years of experience providing behavioral health treatment in the public and community settings to the OPEN MINDS team. She currently serves as the Executive Vice President of Business Development and Marketing. In this role Ms. Bond focuses on growing the OPEN MINDS client portfolio across all eleven verticals of OPEN MINDS business. Prior to joining OPEN MINDS, Ms. Bond served concurrently as a Program Coordinator III and Clinical Manager of Adult Services and a Program Coordinator II and Clinical Manager of Recovery Services for the Ozark Guidance Center. In these roles Ms. Bond was responsible for the administrative and clinical oversight of the adult outpatient and adult intensive mental health services on the Springdale Campus and the adult recovery/ co-occurring services including domestic violence and anger management treatment as well as treatment services for Drug Court.

Prior to joining the Ozark Guidance Center Ms. Bond served as the Executive Vice President of Center Point, Inc. In this role Ms. Bond was responsible for the clinical and administrative supervision of all Marin County community-based programs and the women and children residential program in Sacramento, California. In addition, Bond also managed the budget, interacted with funding agencies and built positive relationships with all stakeholders. Bond was also in charge of proposal and grant writing, staff management and training. Ms. Bond also ensured that all of the facilities' licenses and certifications were renewed and she prepared and submitted monthly, quarterly, semi-annual and annual reports to various funders.

Previously, Ms. Bond served as the President and CEO of Mental Health Systems, Inc. During her tenure, Mental Health Systems (MHS) grew to be one of the largest providers of behavioral health services in California. In this role, Bond was responsible for the strategic, clinical, financial and administrative health of the agency, including direct supervision of Senior Executive Staff. In addition Bond ensured contract compliance of the agency's one-hundred and twenty-five different contracts across federal and state agencies and eight counties.

Stuart Buttlaire, Ph.D., MBA

Stuart Buttlaire brings over 35 years of clinical, management, and leadership experience to OPEN MINDS as an Advisory Board Member. Dr. Buttlaire has experience in both the public and private sectors of healthcare providing leadership and direction in healthcare delivery. In addition to his work with OPEN MINDS, Dr. Buttlaire is the Regional Director of Behavioral Health and Addiction Medicine for Kaiser Permanente. In this role Dr. Buttlaire, designs and oversees a broad continuum of services and programs for both inpatient, ambulatory, and emergency settings for mental health and addiction medicine. Dr. Buttlaire is also the Regional Director of Inpatient Psychiatry and Continuing Care at Kaiser Permanente and the lead Mental Health Representative within Kaiser Permanente's State Program Initiatives including Medicaid and Medicare.

Additionally, Dr. Buttlaire is a regional leader in the development of Best Practices at Kaiser Permanente. Dr. Buttlaire has developed and led major program redesigns including Integrated Urgent Services for adults and youths with mental health and substance use disorders, Kaiser Permanente Post-Acute Center (SNF) Behavioral Health Program, mental health and emergency room consultation and suicide prevention, multi-family groups for adults and teens in treatment of severe psychiatric conditions, and intensive outpatient treatment programs for adults and youths. Recently, Dr. Buttlaire implemented a mobile application for eating-disordered patients that won Kaiser's Innovation Award.

Additionally, Dr. Buttlaire often provides expertise and consultation on state and federal legislation and its impact on behavioral health within Kaiser Permanente, the State of California, and nationally. Dr. Buttlaire is currently the Board President of the Institute for Behavioral Health Improvement. He is also an active member of multiple boards including the American Hospital Association Regional Policy Board for Western Section, the Board of Directors of NAMI California, and the California Hospital Association's Advisory Board of Behavioral Health.

Dr. Buttlaire graduated from the University of California, Irvine's Paul Merage School of Business with a Master of Business Administration with a concentration in Health Care Management, Finance, and Marketing. Dr. Buttlaire also graduated from the California Institute of Integral Studies with a Ph.D. in Counseling Psychology. Additionally, Dr. Buttlaire holds a Master of Arts in Counseling Psychology from California State University,

Sharon Hicks, MSW, MBA

Sharon Hicks, MBA, MSW, has more than 35 years of experience in the health and human service field. She has extensive expertise and a wide range of experience in health plan management, clinical operations management, and technology. A recognized thought leader among her peers, Ms. Hicks is a regular keynote speaker at industry conferences and association meetings, as well as an author of hundreds of articles and resources for professionals in both clinical and executive roles.

Prior to joining OPEN MINDS, Ms. Hicks spent two decades in several executive positions within the University of Pittsburgh Medical Center (UPMC) system. She served as the Chief Operating Officer for Community Care Behavioral Health, UPMC's managed behavioral health organization responsible for $800 million in annual revenue. At Community Care, Ms. Hicks was responsible for all aspects of the organization's operations, including fiscal, information systems, the claims processing department, and the design of clinical systems. She also managed the day-to-day operations of human resources, facilities, purchasing, and security.

Ms. Hicks also served in a variety of tech leadership roles for UPMC. In 2002, she was appointed as the Vice President of Technology Strategy for the UPMC Insurance Services Division before becoming the Chief Executive Officer of Askesis Development Group, a leading provider of electronic health record software for behavioral health and social service organizations. In this role, Ms. Hicks was responsible for the growth and profitability of the company and the direction of software development. In addition, Ms. Hicks was the President of U Squared Interactive, a UPMC-owned organization with the exclusive United States rights to Beating The Blues – the renowned computerized cognitive behavioral therapy solution for treating anxiety and depression.

Ms. Hicks started her impressive career as a psychiatric social worker and an Assistant Director of Social Work. Prior to her promotions, Ms. Hicks served as a Clinical Administrator for both Ambulatory Services and Emergency and Intake Services at the UPMC Western Psychiatric Institute and Clinic. In this role, Ms. Hicks managed the behavioral health division, the budgets for all departments, and implemented new software replacing paper billing for clinical services. Ms. Hicks received both her Masters of Business Administration and Masters of Social Work degrees from the University of Pittsburgh in Pittsburgh, Pennsylvania. Before pursuing her graduate education, Ms. Hicks received her Bachelor's Degree in Psychology from Point Park College, Pittsburgh, PA.

Appendix 2-Chart Review Instrument

Item Number	Description	P=Present; A=Absent; N/A=Not Applicable for that Chart	Comments
1	Consent to treat is signed and dated?		
2	Emergency contact is captured?		
3	All entries are signed and dated?		
4	The credentials of the person writing the note is included?		
5	Signed HIPAA/Notice of Privacy?		
6	Releases of information are signed?		
7	Present complaint/reason for the service (or request for service) is documented?		
8	Plan of care is present?		
9	Notes document what happened in the contact?		
10	Notes document the plan of care for the service?		
11	Notes document coordination for follow-up care?/Recommendations?		
12	Notes would satisfy an insurance payer to be part of a billed service?		
13	Initial assessment is present and complete (if applicable)?		
14	Diagnosis (if applicable) is present and appropriate?		
15	Coordination with other providers is documented (if applicable)?		

Appendix 3- Examples of Documentation Standards

Engaging clinical staff in the documentation process is a significant challenge but is a critical component of provision of care. When clinical staff understand the direct correlation between comprehensive documentation and clinical outcomes, they are more likely to prioritize accurate recordkeeping.

Effective documentation is a cornerstone of clinical practices, ensuring that patient care is accurately recorded and communicated. There are three components of charting clinical service best practices: clarity, completeness, consistency. In terms of administrative best practices, notes should be written and signed within 48 hours of service delivery being complete.
Clarity involves using straightforward language that is easily understood by various stakeholders, including healthcare providers, and clients. Ambiguities can lead to misinterpretations or confusion. Clinicians should write clearly and with the definitions of the services descriptions in mind.

Completeness is another vital component of effective documentation. A comprehensive record should include all relevant client information, diagnoses, treatment plans, and any changes in the client's condition over time.

Consistency in documentation practices is crucial for maintaining the integrity of health information. Documentation should follow established standards and guidelines across all providers within a healthcare facility. Variability in documentation styles can lead to confusion and discrepancies. Therefore, many organizations are using a standard noting structure such as SOAP or DAP notes.

SOAP notes are a specific format for writing progress notes as a behavioral health clinician. The primary sections are: Subjective, Objective, Assessment, Plan.
DAP notes are a specific format for writing progress notes as a behavioral health clinician. They contain three primary sections, represented by its acronym: Data, Assessment, Plan.
Regardless of which format is selected by the Health District, it is our strong recommendation that one of these models is selected and embedded into the EHR notes templates.

Appendix 4-Interview Questions

Questions for the Interviews for Health District
NOTE for Interviewers: Make sure that we clarify that when we reference the Health District, we are focused only on behavioral health services, Connections, & CAYAC
Introduction: Thank you for agreeing to meet with me. I work with a consulting company that specializes in behavioral health and human services which has been contracted the Health District to complete a review of current practices and policies. We will use the information that we find during these interviews as part of a consolidated report that we will create, however, we will not identify any specific person or any comment made by a specific person in that report. We will keep all comments de-identified.

For all Interviews:

1. Describe the mission of the Health District?
2. What is your current understanding of the Health District services?
3. Describe what value the Health District offers?
4. How does the Health District help to address health disparities?
5. How does the Health District help address the gaps in care for the population served?
6. What should leadership at the Health District do to further support the mission?
7. How do you think the Health District is perceived by the community and other stakeholders?
8. How do you see the Health District's role and services evolving in the next 5–10 years (e.g., billing insurance, expanding services, offering more services, etc.)?
9. If resources weren't a limiting factor, what one innovative service or initiative would you prioritize to significantly boost the Health District's community impact?
10. Is there anything that I have not asked that you want to discuss or mention?

For Interviews with Clinical and Internal Staff-Add the following:

1. Can you identify any specific practices from other organizations that you believe the Health District could effectively adopt to enhance service quality or staff retention?
2. What program models or treatment models have been implemented, and what is your opinion about what should be retained, what should be eliminated?
3. Are there services that are no longer being offered that you think should be come back?
4. In your experience, has leadership kept you apprised about the changes made, including EHR implementation, new productivity and billing expectations, etc.? Do you understand why the changes were implemented and necessary?
5. How did you experience the most recent change management processes? What advice would you give Health District leadership regarding managing future changes?
6. What models of care do you use most?
7. What is your treatment philosophy? How does this align (or not) with the treatment philosophy of the Health District?

Appendix 5 – Policies Reviewed and Recommended

Policies Reviewed	Notes
1-24 Patients Under the Influence, Disruptive Behavior	
1-43 Remote Access Policy	
1-44 Payment for Non-insurance, Third Party Payers	
1-49 Legal Testimony	
1-50 Credit Card Security	
1-55 Document Retention Policy	
3-20 Sexual Intimacy With Clients	
4-12 Ethics in Patient Care	
4-16 Management of Patient Information	
4-17.4 Destruction of Confidential Documents and Data	
4-17.5 Health Information Documentation	
4-17.6 Release of Privacy Info and Case Records	
4-2 Client Rights and Responsibilities	
4-3 Case Record Confidentiality	
4-4 Informed Consent for Services	
4-6 Client Income Eligibility Guidelines	
4-7 Patient Grievance Process	
Policies to Be Developed	**Notes**
Documentation Standards Policy	If the Health District provides services that are reportable to a third-party, the policy will need to be amended to include those requirements.
Clinical Supervision Policy	
Chart Audit Policy to Assure Quality	
Outcomes Data Collection Policy	
Data Use Policy	

AGENDA DOCUMENTATION

Meeting Date: November 19, 2025

SUBJECT: Approval of October 22,2025 Regular Meeting Draft Minutes and the Budget Study Session Draft Minutes

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PRESENTER: Erin Hottenstein

OUTCOME REQUESTED: __X__ Decision ___Consent ____Report

PURPOSE/ BACKGROUND

To approve October 22, 2025, Regular meeting draft minutes and the Budget Study Session Draft Minutes.

Attachment(s): Draft Meeting minutes.

FISCAL IMPACT: N/A

STAFF RECOMMENDATION: Approve draft minutes.

Board of Directors Meeting
DRAFT 10.22.2025
MINUTES

Location:	120 Bristlecone Dr., Fort Collins, CO 80524 or Zoom
Date:	Wednesday, October 22, 2025
Time:	6:00 PM

Board Members Present:	**Also Present:**
Erin Hottenstein, Board President	Ellie Lebuhn- Hoffman, Parker, Wilson & Carberry, P.C
Lee Thielen, Board Vice President	Courtney Green Acting Interim Executive Director
Julie Kunce Field, Treasurer	Jessica Holmes-YPTC
Sarah Hathcock, Secretary	Jacque Ferrero- Executive Assistant/Clerk to Board
John McKay, Liaison to PVHS/UCHealth North	Rachel Larson-Interim Digital Media Specialist
	Alyson Williams- VP of Strategy & Impact
	Mike Lynch - Director of Infrastructure Operations
	Misty Manchester - Director of People and Business Operations
	Dana Turner- VP of Client Experience

I. Call to Order

a. Roll Call Board of Directors
With a quorum present, the meeting was called to order at 6:01pm by Board President, Erin Hottenstein.

b. Welcome Guests & Attendees

c. Conflict of Interest Statement
No conflicts were reported.

d. Approval of Agenda
Motion: To approve the October 22,2025 meeting agenda, as presented.
Moved by Director Field, seconded by Director Hathcock, motion passes.

II. PUBLIC COMMENT

No public comment.

III. Presentations

No presentations.

IV. Consent Agenda

a. August 28th- Regular Meeting Minutes
b. September 24th –Special Meeting Minutes
c. Job Requirements for ED/CEO position
Motion: to approve the consent agenda as presented.
moved by Director Hathcock; seconded by Director Thielen; passed unanimously.

V. Action Items

Approval of Strategic Plan

Board and staff collaborated with a facilitator on 2024 plan refresh. Language was refined to be clearer and more powerful. Board members praised the improved language and impressive list of accomplishments, noting an abridged version was created for easier distribution.

Motion to approve the Strategic Plan; moved by: Director Hathcock
Second, by Director Field; passed unanimously.

Resolution 2025-13 to approve Charter for Ad Hoc Advisory Committee

Required under statutes for proper compliance. Outlines process steps for committee work.

Motion to approve Charter for Ad Hoc Advisory Committee; Moved By: Director Hathcock
Second, by Director Field; passed unanimously.

Q3 2025 Financials

Jessica Holmes presented Q3 financials showing the Health District in a strong financial position. Revenues exceeded budget by $721,000 year-to-date, primarily from lease and investment income. The fund balance increased by $4.8 million, and cash and investments rose to over $5 million to $17.2 million. Personnel costs were 22% below budget, while supplies and equipment expenses were over budget due to capital purchases being accounted for differently during the NetSuite software transition. Overall expenses were 12% under budget.

Motion to approve the Q3 2025 Financial Report
Moved by Director Field, seconded by Director Hathcock; passed unanimously.

VI. Reports and Discussions

HR1 Updates

Dana Turner provided an HR One update. Colorado passed a bill reducing marketplace premium increases from 28% to 16%.
The Governor's August 28th Order cut Medicaid reimbursements, most providers face 1.6% cuts, dentists will see 15.5%, and behavioral health providers face cuts plus reinstated prior authorizations, effective October 1st.
The federal shutdown makes integrating advanced premium tax credits into 2026 plans nearly impossible with the November 1st open enrollment. SNAP changes include work requirements, citizenship restrictions (removing refugees/humanitarian immigrants), elimination of SNAP-Ed, reduced federal match (50% to 25% by October 2026), and $125 million state costs for error rates.
Population impacts: 80,000 on Medicaid, 14,000 facing work requirements, 28,000 needing six-month redeterminations, 3,500+ losing coverage. Emergency services will likely see more uninsured patients.
Health District actions: closer county collaboration, marketing campaign (billboards, radio, digital, social media) urging coverage review, Omni Salud outreach, November legislative forum, and emphasis on modernizing operations.
Next update during open enrollment.

Board of Directors Reports

Director Hottenstein: Attended Legislative town hall and fliers were handed out regarding Open Enrollment; She presented for the Eye Openers Kiwanis, attended the La Familia Fiesta and fundraiser, also attended The workplace Symposium and the Workforce Development Board to help get the word out for Open Enrollment. They also gave a resource handout for housing.
Director Hathcock: Attended Community Resource Fair who provides services for uninsured. She helped manage the Medical table and was there with the Health District Outreach Team
Director McKay: Attended Caring for Our Community on October 10th with UC Health. Also, attended Adapting Through Change hosted by the Bohemian Foundation. Followed up with Laura Valdez regarding implications of what they learned and how the Health District can help.
Director Field: Met with members of the Leadership Team, along with Senator Kipp and State Representative Boesenecker. Also met with the Mayor about how the city can support us in this time of crisis.
Director Thielen: Moderated two candidate forums for the League of Women Voters as well as attending a climate change rally in Amsterdam

Ad Hoc Advisory Committee

Committee updates included Green's report that 47 applicants have applied for the ED/CEO position as of the previous Friday, with CPS HR Consulting beginning targeted outreach to Colorado special districts and governmental agencies. The recruitment will remain open for two more weeks before candidates are reviewed for experience, relevance, and ability to move the organization forward. The board discussed the process for including community members in the hiring process, with legal counsel Ellie explaining options for either informal participation or formal addition to the advisory committee via resolution. The board decided that individual invitations to participate could be extended informally for subcommittee work, while organizational partners like UC Health and Summit Stone could be brought in formally; later in the process when candidate numbers are smaller and more intensive interviews occur. The board determined these organizational invitations should come from the subcommittee rather than staff.

Executive Director Staff Report

Green reported that a culture journey kickoff session was held with staff on September 25th, with consultant Angela Heyworth facilitating development of four cultural themes. Staff are voting on representative words for each theme, with results expected by week's end. The forensic audit began October 15th but is not expected to be completed by year end. Meetings with FMC Health established funding partnership criteria with a report expected in January, and discussions with Tom Gonzalez identified potential 2027 collaboration opportunities.

VII. Adjourn

Motion to adjourn the meeting at 7:03 pm
Moved by Director McKay, seconded by Director Hathcock; passed unanimously.

Budget Study Session
DRAFT 10.22.2025
MINUTES

Location:	120 Bristlecone Dr., Fort Collins, CO 80524 or Zoom
Date:	Wednesday, October 22, 2025
Time:	7:30 PM

Board Members Present:	**Also Present:**
Erin Hottenstein, Board President	Ellie Lebuhn- Hoffman, Parker, Wilson & Carberry, P.C
Lee Thielen, Board Vice President	Courtney Green Acting Interim Executive Director
Julie Kunce Field, Treasurer	Jessica Holmes-YPTC
Sarah Hathcock, Secretary	Misty Manchester-Director of People and Business Operations
John McKay, Liaison to PVHS/UCHealth North	Jacque Ferrero- Executive Assistant/Clerk to Board
	Rachel Larson-Interim Digital Media Specialist
	Katie Wheeler-Compliance Officer
	Mike Lynch- Director of Infrastructure Operations
	Dana Turner- VP of Client Experience
	Alyson Williams-VP of Strategy & Impact

I. Call to Order

a. Roll Call Board of Directors
With a quorum present, the meeting was called to order at 7:18pm by Board President, Erin Hottenstein.

b. Welcome Guests & Attendees

c. Conflict of Interest Statement
No conflicts were reported.

II. Budget Study Session

Budget Study Session Summary

The Health District of Northern Larimer County Board of Directors held a budget study session on October 22, 2025, to review the proposed 2026 budget aligned with four strategic pillars: great governance, operational excellence, equity, and partnerships.

Budget Overview: The proposed budget projects $15.7 million in revenues against $17.5 million in expenditures, creating a $1.8 million deficit. Staff explained this is manageable given substantial reserves of

$13.6 million at the start of 2026, with projected reserves of $11.3 million remaining at year-end. The budget includes a $500,000 contingency for potential overages.

Revenue Sources: Tax dollars comprise the majority at $11 million, with additional revenue from services ($1.05 million), lease income ($1.7 million), grants and contributions ($340,000), and conservative investment income estimates ($440,000).

Major Expenditures: Personnel compensation represents the largest expense, with 92 budgeted positions and a proposed 4% cost-of-living adjustment. The organization experienced a 10% healthcare cost increase, which it largely absorbed. Contracted services total $1.6 million, including legal, audit, consulting, and program evaluation services. Service delivery expenses increased by $200,000 to support expanded community advertising, client transportation assistance, and increased client support.

Strategic Investments: The budget supports board and leadership training, professional development, software and equipment upgrades, enhanced marketing, data analysis capabilities, health equity training, bilingual staff certification, and community engagement initiatives.

Partnership Funding Discussion: Significant discussion centered on a proposed $400,000+ investment in Poudre School District behavioral health services after PSD lost third-party grant funding. The program serves 24 schools and sites with documented impacts on nearly 1,200 students. Board members raised important questions about sustainability, transparent selection processes, equity alignment, and ensuring resources reach vulnerable Title I schools. A new partnership strategist starting in November will establish metrics and application processes for partnership funding. Board members emphasized the need for systematic approaches allowing community organizations to apply transparently and the importance of maintaining partnership commitments realistically.

Capital Expenditures: Approximately $461,000 allocated for dental operatory upgrades, software optimization, building signage updates, HVAC replacement, facility repairs, and Mulberry property improvements including HVAC replacement, exterior painting, and parking lot resurfacing.

Mulberry Property Concerns: The board treasurer questioned the continued viability of maintaining the Mulberry property, noting $130,000-$140,000 in capital expenses against $127,000 in lease revenue. With all health district programs relocated, she questioned whether functioning as a landlord represents the best use of public funds. The board agreed to conduct a comprehensive analysis in 2026.

III. Public Comment:

Meredith Graham suggested the district leverage its contributions to attract matching funds from other sources, maximizing community impact while sharing financial responsibility rather than providing full funding alone.

Next Steps: Budget hearing at the November 19th board meeting, with final adoption scheduled for December 10th, 2025.

IV. Adjourn

Motion to adjourn the meeting at 8:20 pm

Moved by Director Thielen, seconded by Director McKay; passed unanimously.

AGENDA DOCUMENTATION

Meeting Date: November 19, 2025

SUBJECT: H.R. 1 Updates

PRESENTER: Alyson Williams and Dana Turner

OUTCOME REQUESTED: ____ Decision ____Consent __x__Report

PURPOSE

With the passage of H.R. 1- One Big Beautiful Bill Act (OBBA) there are significant systemic changes that will be implemented over the coming years that will have a substantial impact on our community. This report will include updates on responding to impacts on the community and develop possible tactics to reduce harm in a collaborative and intentional manner. This report will highlight impacts from the proposed state budget for state fiscal year 2026-2027.

Attachment(s): none

FISCAL IMPACT

None

STAFF RECOMMENDATION

N/A

AGENDA DOCUMENTATION

Meeting Date: November 19, 2025

SUBJECT: 2026 Board of Directors Meeting Schedule

PRESENTER: Erin Hottenstein

OUTCOME REQUESTED: ____**Decision** _____**Consent** __**X**__**Report**

PURPOSE/ BACKGROUND

The Health District's business is conducted in meetings of the Board of Directors. Best practices include the Board designate the time and place for all Board meetings and designate where it posts its required 24-hour notice at the first regular meeting of each calendar year. (C.R.S.§32-1-903 and C.R.S.§24-6-402).

Health District of Northern Larimer County Bylaws (Article IV, Section 8.) require:

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

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

The Executive Committee proposes the following 2026 Meeting schedule to open a discussion regarding next years' time and dates with the intent to adopt a formal resolution at the first regular meeting of the year. Fourth Wednesdays at 6pm, with March adjusted for PVH Joint Board Meeting and Nov/Dec adjusted for holidays and Budget Adoption:

2026 Proposed BOD Meeting Schedule:

- Wednesday, January 21,2026 at 6pm-Regular Meeting
- Wednesday, February 18,2026 at 6pm-Regular Meeting
- Wednesday, March 18, 2026 at 6pm-Joint meeting with PVH, date TBD*
- Wednesday, April 22, 2026 at 6pm-Regular Meeting
- Wednesday, May 20,2026 at 6pm-Regular Meeting
- Wednesday, June 17,2026 at 6pm-Regular Meeting
- Wednesday, July 22,2026 at 6pm-Regular Meeting
- Wednesday, August 19,2026 at 6pm-Regular Meeting
- Wednesday, September 23,2026 at 6pm-Regular Meeting
- Wednesday, October21,2026 at 6pm-Regular Meeting
- Wednesday, November 18, 2026 at 6pm-Regular Meeting and Budget Hearing
- Wednesday, December 16,2026 at 6pm-Regular Meeting and Budget Approval

STAFF RECOMMENDATION

Discuss proposed 2026 Board of Directors Meeting Schedule

AGENDA DOCUMENTATION

Meeting Date: November 19,2025

SUBJECT: Executive Director Report

PRESENTER: Courtney Green

OUTCOME REQUESTED: ____ **Decision** ____**Consent** __X__ **Report**

Please find the Executive Director Staff Report attached with current program updates.

- **MEETINGS**
  The Executive Director met with the following community partners and attended the following meetings/events since the October 22, 2025, board meeting:
  - Jody Michael – Jody Michael Associates
  - Larimer County Commissioners Special Meeting on HR 1 Impacts
  - Lesley Brooks-SHP funding Agreement
  - Amber Blake – ABC Consulting
  - Carissa Dikeou – COPIC Insurance
  - Stacie Johns/Casey Cash-The Iris Center
  - Christina Burr – YPTC
  - Sharon Hicks/Michael Allen – Open Minds
  - Dr. Prdeep Dhar/Diana Kessel-Salud Family Health
  - Chris Sheafor-City of Fort Collins, URA
  - Angela Heyroth – Talent Centric Design

- **Other Updates**

1. Culture Themes
  - A staff survey was used to identify 4 key words that will be used to represent the themes of our organizational culture: Supportive, Impactful, Accountable, and Inclusive
  - A team will be created to identify ways to integrate these cultural themes into the fabric of the Health District.

2. Candidate Open Houses
  - Open houses were held for the final two candidates for the Senior Partnership Strategist position.

3. Management Academy
  - I presented a leadership training on Effective Decision Making. Strategies.
  - A survey was sent to Management Academy participants to determine topics, format, and frequency of continued leadership training in 2026.

4. Virtual Benefits Fair/Open Enrollment
  - Human Resources presented a benefits fair for staff to learn about benefit changes in 2026 in order to be informed for benefit Open Enrollment (Oct. 21-Nov 4).

Attachment(s): October 2025 Program Updates

Leadership report summary

Reporting department: Dental
Date: October 31, 2025

What's new/key updates

- The Family Dental Clinic successfully completed a critical upgrade to our Dentrix Electronic Health Record system. This upgrade provides enhanced scheduling efficiency, improved staff utilization, and expanded reporting capabilities, supporting better overall clinic operations and patient services. This upgrade will also enable the Dental team to implement learnings from recent workflow trainings to address financial audit recommendations and ensure accurate accounts receivable reporting.
- We are implementing a new approach to strengthen patient-provider relationships by increasing follow-up communication from providers after treatment and when appointments are missed. This effort aims to better understand patient needs and barriers to improve engagement and continuity of care.

Strategic relevance

- These updates support goals related to Organizational Excellence in terms of efforts to update systems (Dentrix EHR update), internal processes (workflow trainings), and service standards (increased outreach efforts to engage patients in care) to enable impactful services.

Issues/risks/challenges

- Our clinic is currently facing challenges in recruiting a qualified dental assistant and hygienist, as the local talent pool remains limited and competition among practices for skilled professionals is high. This shortage is impacting our ability to maintain optimal patient scheduling.

Key metrics/trends

- The Family Dental Clinic team completed 765 service appointments in October 2025.

Leadership Report Summary

Reporting department: Larimer Health Connect
Date: 10/31/2025

What's new/key updates

- LHC recently provided in-person, pre-open enrollment Health Insurance Literacy Classes for Spanish and English attendees. Both classes saw higher attendance and engagement than in previous years, attracting a diverse group of customers and partners to each session. Attendees had many questions and were highly engaged.
- We officially engaged Jet Marketing to manage all LHC marketing throughout this year's Open Enrollment Period. The campaign includes radio and digital ads, social media, billboard advertisements, outreach collateral and community kits, and other promotional activities. Key messaging focuses on driving awareness and urgency around reviewing plans before they auto-renew, expected cost increases, and encouraging community members to check in with our certified health coverage guides for free help with options.
- The Team completed Compassion Fatigue training to prepare for a challenging Open Enrollment Period, as rising premiums and reduced financial assistance will potentially force individuals to make difficult choices between basic necessities, such as food and health insurance coverage.
- Open Enrollment is underway, and our team is prepared to address any challenges that may arise.

Strategic relevance

- These updates directly support goals related to partnerships, health equity, and organizational excellence by enhancing new and existing partnerships and promoting equitable access (through Health Insurance Literacy Classes for clients and partners).

Issues/risks/challenges

- We continue to monitor the government shutdown and the possibility of the extension of the Enhanced Premium Tax Credits. In the event that ePTC's are extended, we will re-engage customers with the guidance of Connect for Health Colorado to ensure members are enrolled in a plan that best meets their needs and budget.

Key metrics/trends

- The Larimer Health Connect staff completed 196 appointments in October 2025.

Leadership report summary

Reporting department: Mental Health Connections
Date: October 31, 2025

What's new/key updates

- The adult team welcomed a new experienced Care Coordination Specialist to the Mental Health Connections team. With the addition of this new team member, the Care Coordination Specialists have continued to proactively engage in cross-training to level-load work volume, and ensure continuity of operations, shared knowledge, and ongoing efforts to increase cross-functionality.
- Work with OPEN MINDS consultants to finalize the Comprehensive Analysis of Clinical Practices, Legal Practices and Risk Management report and presentation was completed, and initial recommendations were considered in 2026 work planning efforts.
- The Sr. Manager completed the first 30 days of their detailed onboarding plan, which intentionally reserved time to observe, learn, and get to know the team as a whole, and as individuals. The manager proactively engaged in initial efforts to build team cohesiveness, ask thoughtful questions, and brainstorm creative and sustainable staffing solutions.

Strategic relevance

- These efforts support goals related to Great Governance, as the findings from the Comprehensive Analysis of Clinical Practices, Legal Practices, and Risk Management will help ensure that policies and processes promoting operational excellence and positive health outcomes are reflected in the 2026 Behavioral Health workplans. The staffing updates provided also support Organizational Excellence goals through team-building and cross-training efforts that will strengthen the delivery of impactful behavioral health services.

Issues/risks/challenges

- No significant issues to report

Key metrics/trends

- The Mental Health Connections staff completed 101 appointments in October 2025 (44 adult appointments, and 57 child appointments).

Leadership report summary

Reporting department: Health Equity
Date: October 31, 2025

What's new/key updates

- The health equity strategic plan is being rolled out with staff through team presentations, FAQs, and weekly *In the Loop* (intranet) content, emphasizing how each team's work connects to health equity priorities.
- The Health Equity Action Team (HEAT) Pilot Summary Report is complete and was reviewed by participants and their supervisors. Recommendations will guide updates to the group's structure and purpose, with a relaunch planned for early 2026.
- Development of the implementation strategy for the health equity strategic plan is underway, prioritizing foundational elements and high-impact, low-effort actions for 2026. Program workplans, in development for 2026, are being aligned with the plan to ensure organization-wide focus on health equity. A clear implementation plan is essential to sustain momentum and translate strategic goals into measurable action. Plans are being developed on how to demonstrate progress on the plan to provide transparency to staff, leadership and the Board of Directors.

Strategic relevance

- These updates most directly support the goals related to health equity regarding cultivating an environment that welcomes diverse thought and modeling inclusive excellence. Additionally, it supports organizational excellence through transparent and engaging internal communications.

Issues/risks/challenges

- No significant issues to report

Key metrics/trends

- No metrics to report this month but in the future this section will contain visualizations on health equity strategic plan implementation progress.

Leadership report summary

Reporting department: Data and Analytics
Date: October 31, 2025

What's new/key updates

- The Colorado Health Access Survey (CHAS), which is administered by the Colorado Health Institute will be publicly released on November 19, 2025. Staff are working with internal teams and external partners to learn about initial needs and priorities for data analysis.
- Due to an inadequate sample size in Red Feather Lakes, we are coordinating with community advocates to conduct a convenience sample survey to learn more about health care access in the area.
- We are excited to welcome a new Data and Analytics Manager to the team to ensure the availability of high-quality, reliable information that supports evidence-based decision-making, improves service delivery, enhances operational excellence, and provides insight into client and community outcomes.

Strategic relevance

- These updates most directly support organizational goals related to health equity (centering community voices), partnerships (build and strengthen partnerships) and organizational excellence (use improved data collection and analysis).

Issues/risks/challenges

- No significant issues to report

Key metrics/trends

- No metrics to report this month but in the future this section will include key metrics related to data governance and quality.

Leadership report summary

Reporting department: Community Engagement
Date: October 31, 2025

What's new/key updates

- The Changing Minds campaign has successfully relaunched and is gaining increased attention and engagement from the community. Highlights include features at the Teen Self Care Fair and the Rethinking Addiction and Recovery Event (RARE).
- We have launched a sticker art competition for Changing Minds engagement and marketing; winning designs will be turned into sticker sheets to engage a new audience in campaign messaging.
- The Mental Health and Substance Use Alliance hosted a successful All-Member Event at the Rethinking Addiction and Recovery Event (RARE). We encouraged participation and shared about the Alliance with over 200 people to support broader local engagement and awareness.

Strategic relevance

- These updates support the organizational goals for partnerships to expand community engagement, improve collaboration, focus on transparent and engaging external communications.

Issues/risks/challenges

- Many community partners and individuals are sharing uncertainty and challenges related to current changes at the federal level. The impact on our community is yet to be seen, but the changes are beginning and there is a desire to discuss risks and how we can work together to identify solutions at a community level, especially through the Alliance.

Key metrics/trends

- Within the last month, the Community Engagement program attended 12 events and interacted with 474 community members through tabling, events, and other interactions. In the future, Health District outreach engagement will be presented in a visual format each month.
- In October, the Changing Minds campaign reached more than 150 youth and parents at the Teen Self-Care Fair, was shared with over 200 individuals and organizations through email outreach, and conducted 10+ interactive interviews to use in future web and social content while screening the campaign video to an audience of about 200 at the Rethinking Addiction

and Recovery Event. In the future, Changing Minds social, web and outreach engagement will be visualized in this section each month.

Leadership report summary

Reporting department: Funding Partnerships
Date: October 31, 2025

What's new/key updates

- We have met with leadership from SummitStone, Family Medicine Center and Salud to begin to co-develop reporting metrics related to program. We intend to begin to share partnership metrics developed with these partners in the new year.
- We are excited to welcome the new Senior Partnership Strategist to the team to develop, implement and manage funding partnership strategies that advance the organization's mission through collaborative initiatives in the community.

Strategic relevance

- These updates most directly support the goals related to partnerships, mainly building and strengthening partnerships to maximize impact on community health.

Issues/risks/challenges

- No significant issues to report

Key metrics/trends

- No metrics to report this month but in the future this section will include key metrics co-developed with funded partners.

Leadership report summary

Reporting department: Compliance
Date: November 12, 2025

What's new/key updates

- The Compliance Workplan has been implemented and is being tracked for the end of 2025 and the 2026 year.
- Compliance has met with all programs regarding the use of Compliancy Group's training, policies, and incident portals and will continue to visit programs over 2026 for other relevant compliance updates.
- Work continues on BOD policies as well as internal procedures for the Health District.

Strategic relevance

- These updates most directly support goals related to Great Governance shaping Health District's policy to promote operational excellence. Additionally, it supports Organizational Excellence
- Note how report/updates align with organizational goals

Issues/risks/challenges

- No significant issues to report

Key metrics/trends

- No metrics to report this month.

Leadership report summary

Reporting department: Communications
Date: October 31, 2025

What's new/key updates

- A newly hired managing editor, graphic designer and digital media specialist are through orientation and working to continue improving two-way, engaging internal communications
- We're now able to gather and organize years of documents to ensure they reflect our new brand and style.
- We've begun building the foundation for analysis through data programs like Matomo and Google Analytics to make the best data-informed decisions about content and audiences.
- With increased capacity, we've begun working with teams to understand upcoming needs, events and messaging opportunities, which will be reflected in a robust editorial calendar. This will help us not only provide the staff and community with well-timed information, it will also allow us to allocate proposed budgeted funds with greater precision.

Strategic relevance

- The above updates most directly support organizational excellence (transparent and engaging internal communications; strengthen infrastructure; external communications strategy to promote visibility and transparency of programs and services; use improved data collection analysis for decision making)

Issues/risks/challenges

- No significant issues to report

Key metrics/trends

- Given the newness of the nearly fully staffed communications team, it's slightly premature to share reliable trends or data.

Leadership report summary

Reporting department: Infrastructure Operations
Date: 11/12/25

What's new/key updates

- Completed the construction schedule for new dental operatory's A, B & C.
    - Schedule is 11/21 – 12/9.
- Completed mold mitigation project at 425 w. Mulberry.
- Successfully setup offices and computers for 6 new staff members.
- Installed 4 new Virtual Servers. Our old servers were at the end of their useful life.

Strategic relevance

- Organizational Excellence.

Issues/risks/challenges

- No significant issues to report.

Key metrics/trends

- Completed 47/49 Facility Workorders in past 30 days. 96% completion rate.
- 199 new Information Technology Workorder Tickets were created in past 30 days.

Leadership report summary

Reporting department: Finance Department
Date: November 12, 2025

What's new/key updates

- Implemented twice a week "Finance Office Hour" meetings to serve as an open forum for employees across all departments and programs to meet and discuss finance-related topics and questions.
- "Bill Capture" functionality was added and implemented in our NetSuite ERP to allow digital copies of vendor bills to be uploaded and stored in the software. This feature utilizes AI technology to read bill information and populate it into NetSuite to be reviewed before posting. Use of this technology will increase accounts payable efficiency, lower instances of human error, and allow for easier sharing of information as bill copies will no longer be in paper format.
- Training for NetSuite end users began on Monday, November 11th and will conclude on Thursday, November 13th.

Strategic relevance

- Both updates noted above align with the strategic priority of Organizational Excellence.
    - Finance Office Hour meetings provide a vital medium for internal communication around all financial components of our operations.
    - The Bill Capture feature promotes productivity and information transparency. Additionally, increased accuracy in expenditure coding will lead to stronger financial analysis for improved decision making.

Issues/risks/challenges

- No significant issues to report.

Key metrics/trends

- None for this update.

Leadership report summary

Reporting department: Human Resources
Date: November 12, 2025

What's new/key updates

- Work with the HR consultant on Policies, Procedures and updating the handbook is being finalized.
- HR completed 2026 Benefit Open Enrollment
- HR team attended the Northern Colorado Human Resources Association luncheon: "Covering what's going on in the Employment Market."
- The annual Turkey 2025 Drive supporting the Food Bank of Larimer County was kicked off and will run through November 14 with delivery to the Murphy Center the week of November 17th.

Strategic relevance

- All HR priorities are in alignment with Organizational Excellence and link directly to Health Equity.

Issues/risks/challenges

- Issues with the UGK recruiting module (working with support)

Key metrics/trends

- HR onboarded the Managing Editor, Graphic Designer, Digital Media Specialist, Data and Analytics Manager and Senior Partnerships Strategist and two employees were offboarded.
- The position of Controller/Finance Officer is filled and will be onboard at the end of November.
- As of November 12th, seven (7) positions are posted, and one (1) position is in the interview phase.