



**Board of Directors
Regular Meeting Agenda**

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

Date: Wednesday, February 18, 2026

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

6:15 PM III. Presentations

- a. Presentation from La Cocina
- b. Open Enrollment Presentation from LHC

Janina Farinas
Rosie Duran

6:30 PM IV. Consent Agenda Erin Hottenstein

- a. Approval of Meeting minutes from 1.21.2026 Regular meeting
- b. Board Public Policy Advocacy Items

6:40 PM V. Action Items Erin Hottenstein

- a. Executive Director/CEO Contract
 - i. Resolution 2026-02 Approval of Executive Director/CEO Contract

6:45 PM VI. Reports and Discussions

- a. December 2025 Un-Audited Financials
- b. HR 1 Update
- c. CHAS Survey Results
- d. Board of Director Reports
- e. Liaison to PVHS/UCHealth Report
- f. Executive Director Staff Report

Jessica Holmes
Dana Turner/Alyson Williams
Alyson Williams
Board
John McKay
Courtney Green

7:15 PM VII. Adjourn

Erin Hottenstein



AGENDA DOCUMENTATION

Meeting Date: February 18, 2026

SUBJECT: Approval of draft minutes from January 21, 2026 meeting

PRESENTER: Erin Hottenstein

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

To approve the draft minutes from January 21, 2026 meeting.

Attachment(s): Draft Minutes

FISCAL IMPACT: N/A

STAFF RECOMMENDATION: Approve Minutes



**Board of Directors Meeting and Executive Session
DRAFT 1.21.2026
MINUTES**

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

Date: Wednesday, January 21, 2026

Time: 6:00 PM

Board Members Present:	Also Present:
Erin Hottenstein, Board President	Elizabeth Lebuhn- Hoffman, Parker, Wilson & Carberry, P.C
Lee Thielen, Board Vice President	Courtney Green Acting Interim Executive Director
Julie Kunce Field, Treasurer	Dana Turner- VP of Client Experience
Sarah Hathcock, Secretary	Jacque Ferrero- Executive Assistant/Clerk to Board
John McKay, Liaison to PVHS/UCHealth	Alyson Williams- VP of Strategy & Impact
	Jonathan Hamilton-Digital Media Specialist
	Julie Kenney-HR Manager
	Misty Manchester- Director of People and Business Operations
	Mike Lynch-Director of Infrastructure Operations
	Marisa Dylan- VP of Communications
	Corrine Thomas-Larimer County Resident (virtual)

I. Call to Order

- a. Roll Call Board of Directors
With a quorum present, the meeting was called to order at 6:01 PM by Board President, Erin Hottenstein.
- b. Welcome Guests & Attendees
- c. Conflict of Interest Statement
No conflicts were reported.
- d. Approval of Agenda
Motion: To approve January 21, 2026, meeting agenda, as presented.
Moved by Director Thielen, seconded by Director McKay, motion passes.

II. PUBLIC COMMENT

No comments at this time.

III. Presentations

Presenter: Mike Lynch, Director of Infrastructure Operations

Mike Lynch presented on Facilities, beginning with building issues and improvements including technology and HVAC upgrades, a family room addition at 120 Longs Peak Conference room, operatories at dental, and awnings. Lynch confirmed the awnings will change color to navy to match the new branding, as noted by Director McKay.

Lynch then provided an overview of the 425 W. Mulberry building, discussing occupancy and partnerships with tenants. Director McKay asked how long the space had been vacant, and Lynch confirmed it was since July 2025. Director Thielen requested more detail about the Iris Center, and Lynch gave an overview of details. Green explained the partnership and what the organization was looking for. When Director Thielen asked about the services provided, Green explained how things work in that organization. Director Hottenstein asked what population they serve, and Green suggested having Iris Center do a presentation for the Board of Directors. Director Hathcock asked whether they serve adults and children, and Green confirmed that they serve both, including teens. Director Hathcock then asked about the lease term and whether it varies per tenant, and Lynch explained how this works.

Lynch reviewed the 2001S. Shields building, noting that not much capital improvement is planned for that location in 2026.

During the Q&A session, Director Field questioned why the organization is acting as landlords, stating this is not the best use. Director Field asked why they need this space and suggested putting it on the market, questioning why they're holding the whole building as a landlord. Director Field wanted this situation on the Board's radar. Director Thielen responded that they need to be cautious about elimination of assets and should build for growth. Director Field mentioned previous discussions about bringing the campus together with adjacency to the Bristlecone campus. Green replied that they are running out of space.

Director Hottenstein asked if there are plans for the area in Mulberry, and Green confirmed there are no current plans. Director Hathcock asked whether their Behavioral Health would use that space or if Bristlecone would be too tight, and Green responded that they can move people around. Director McKay noted they are holding taxpayer dollars in this space and asked how they should consider growth and what strategy to use. Director Hottenstein said this makes her think about strategic planning related to this issue and that it might be part of the analysis.

Director Field emphasized wanting to make sure they are supporting Health Equity and also wants more information and a timeline from the URA, noting that it might make more sense to have things adjacent. Director Thielen asked whether they should keep the S. Shields building, and Director Hathcock noted that the available space is valuable. Lynch added that the 425 W. Mulberry building is not ADA compliant and needs an elevator. Director Thielen concluded that this is complex but helpful and suggested discussing all of the hospital's assets at another time.

IV. Consent Agenda

- a. December 10, 2025, Draft Regular Meeting Minutes

Motion: to approve the consent agenda as presented.

Moved by Director Thielen; seconded by Director Field; passed unanimously.

V. Action Items

- a. Adoption of the 2026 Board of Directors Meeting Schedule
 - I. Resolution 2026-01 Adoption of the 2026 Board of Directors Meeting Schedule removing September and July 2026

*Motion: to approve the Resolution 2026-01 Adoption of the 2026 Board of Directors Meeting Schedule
Moved by Director Thielen; seconded by Director Field; passed unanimously.*

b. Legislative Session Policy Issue Decision

*Motion: to approve the Legislative Session Policy Issue Decision
Moved by Director Thielen; seconded by Director Hathcock; passed unanimously.*

VI. Reports and Discussions

Presenters: Alyson Williams and Dana Turner

HR1 Update

Alyson Williams and Dana Turner reported on HR1's strategic implications for Colorado's fiscal and health landscape. Colorado faces an estimated \$850 million budget shortfall for fiscal year 2026-2027, driven by Medicaid cost growth and TABOR spending limits. Medicaid is now the state's largest general fund expenditure, and HR1 compounds these pressures by shifting federal responsibilities to states and altering funding formulas, affecting Medicaid, public benefits like food assistance, and health and human service delivery.

The regular legislative session has begun with Joint Budget Committee hearings underway. Departments are presenting budget requests and reduction options, with debates described as quite lively and frustrations evident. While the JBC addresses immediate budget balancing, HR1 introduces systemic changes requiring forward-looking planning. Future reports will continue addressing public policy while emphasizing local and operational work.

Two key initiatives were highlighted: awaiting confirmation for the Larimer County DHS-led community coalition initiative for coordinated public benefits planning, and a February Mental Health and Substance Use Alliance meeting with regional partners to explore federal landscape changes including HR1 and identify potential gaps and risks for the behavioral health system.

Regarding Larimer Health Connect, the team was pleased many people chose to enroll despite limited subsidies. This year only the Colorado Health Insurance Affordability Enterprise contributed subsidies of \$80 monthly base plus \$30 for additional household members (about \$170 for a family of four). While initial numbers suggest fewer people than expected did not participate in enrollment, the impact of choosing healthcare over other basic needs remains to be seen. Connect for Health Colorado expects enrollment numbers late this week or early next week. The board requested Dana Turner send these numbers immediately upon release rather than waiting until February, and Turner agreed.

Audit SOW:

Presenter: Courtney Green

Green provided an update on behalf of Jessica, who was unable to attend. Clifton Larson Allen will complete the 2025 year-end audit, with Allison Slife as lead auditor and Jessica Holmes as the health district lead.

The scope of work includes a financial audit examining bank statements for accuracy and compliance, a review of internal controls and practices, compliance testing to ensure adherence to laws and regulations, and reporting through audit reports and management letters detailing findings and recommendations. The deliverables will include full audit reports, management letters, and a board presentation.

Fieldwork has already started with document gathering, expected to be completed by the end of April.

A board presentation will follow in May, with the final audit due to the state by July 30th.

Green clarified the difference between the general annual audit and the ongoing forensic audit. The general audit provides reasonable assurance by examining samples of items and internal controls, not a 100% guarantee of accuracy. Jessica found incongruencies while reviewing past finances, which led to the forensic audit they hope to finish soon. Green indicated they're hoping for a forensic audit report at the February board meeting.

When asked by the Board of Directors if the finance department is fully staffed, Green confirmed yes. There were no other comments or questions, and Green expressed being glad they're on track.

Board of Directors Reports

Director Hottenstein: Met with the DDA and meetings for the ED/CEO search

Director Hathcock: Met with Director Thielen and is excited to see the Ed/CEO candidates

Director McKay: No Update at this time.

Director Field: No Update. Commended LHC for all of their hard work

Director Thielen: Attended a Special Meeting and met with Director Hottenstein

ED/CEO Sub-Committee Search Updates

Courtney Green provided an update on the ED/CEO search. Last week they conducted second round interviews for the three finalists, which included board interviews, interviews with the executive leadership team, staff meet and greets, public presentations, a public reception, and facility tours for all candidates. Following these activities, a survey was open to both the public and staff, with results already shared with the board. Twenty-six people responded to the survey. No further questions were raised.

Executive Committee Update

The executive committee worked with Green and Ferrero to develop an orientation pathway for the new executive director to set them up for success. Consultant Yashica Lind provided a suggested pathway, which Director Thielen and Director Hottenstein refined with Green and Ferrero. They invited board feedback on the document.

Director Thielen clarified this is a general working guide, not an exact mandate, meant to help avoid forgetting important things and recognize the board's role in the transition. It doesn't need to be perfect.

Board members responded positively, appreciating the pre-arrival alignment section and the sensible timing structure (day one/week one, 30-day, 60-day, and 90-day periods). They noted it should remain flexible and adjustable.

Board Members suggested the hired person should have input into the plan. Discussion noted that the board expects the incoming ED to have their own entry plan for the first 30, 60, and 90 days, and emphasized that introducing key board members should happen immediately since the board is a key partner and the boss. Discussion clarified that "entry plan" means how the ED will enter the community, listen to stakeholders, and into the culture—focusing on learning and gaining insights during the first 90 days before moving into decision-making rather than immediately implementing vision (which the board sets).

Typos were noted for correction. The board thanked the committee for the good draft.

Executive Director Staff Report

Green reported she didn't have much to add beyond what was in the packet but wanted to highlight the 2026 work plans included from every program. These work plans are driving the work behind the organization's mission, with significant thought and intent put into them. The document is a high-level overview showing overarching departmental goals, how they tie to strategic pillars, and timelines for completion. This provides a snapshot of their work for 2026.

There was discussion on how teams are using the work plans and whether they're breaking them down into tangible steps. Green confirmed each work plan has folds and tactics underneath with specific timelines for each piece.

VII. Executive Session

An Executive Session pursuant to C.R.S. § 24-6-402(4)(e)(I) for the purpose of determining positions relative to matters that may be subject to negotiations, developing strategy for negotiations, and instructing negotiators, regarding the Executive Director hiring process.

Motion to move into Executive Session, Moved by Director Thielen, Seconded by Director Hathcock; passed unanimously. Also present were Elizabeth Lebuhn, Courtney Green, David Niemeyer and Gloria Timmons. The Executive Session began at: 7:19pm and concluded at 8:40pm.

VIII. Adjourn

Motion to adjourn the meeting at 8:40pm

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



AGENDA DOCUMENTATION

Meeting Date: February 18, 2026

SUBJECT: Board Public Policy Committee Advocacy Items

PRESENTER: Erin Hottenstein

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

The Board Public Policy Committee met on January 30, 2026. The Committee agreed to sign on to two advocacy items developed by the Child & Youth Mental Health Coalition. The Coalition is facilitated by Children’s Hospital Colorado and the Health District participates.

Attachment(s): Legislator desk drop and budget letter.

FISCAL IMPACT: N/A

STAFF RECOMMENDATION: Ratify position to support advocating for youth mental health investments to prevent short-term cost-cutting measures that could lead to long-term harm and increased state and societal costs.



Friday, February 6, 2026

Representative Emily Sirota, Chair
Joint Budget Committee
200 E. Colfax Avenue
Denver, CO 80203

RE: Protecting child and youth mental health in the state budget

Dear Chair Sirota and Members of the Joint Budget Committee:

Thank you for your continued leadership and public service, particularly amid a time when the state is managing significant budget challenges. On behalf of the Children, Youth and Families Mental Health Coalition, which collectively represents statewide family advocacy groups, mental health professionals, hospitals, schools and other child health advocacy organizations, we respectfully request the Committee to protect child and youth mental health funding and exercise great caution when considering any budget cuts that impact access to programs and services that support child and youth mental health and well-being.

Research from Mental Health America suggests that Colorado youth continue to experience some of the highest rates of severe depression, suicidal ideation, and trauma in the nation. Overall, Colorado ranks 31st nationally in youth mental health. **Our continued and consistent state attention is needed to expand access to all points on the continuum of care from prevention to treatment.** Collaboration across healthcare, education, local governments and community-based mental health is key to addressing the evolving youth mental health crisis.

The mental health needs of children and youth in Colorado are well known, and we are grateful that the legislature has prioritized significant resources over the past several years to improve provider reimbursement, expand access to care by working to address provider shortages, support children with complex mental health needs, and fund mental health prevention, early intervention programs, and integrated mental health services in primary care. Across the Behavioral Health Administration, the Colorado Department of Health Care Policy and Financing, the Colorado Department of Early Childhood, and the Colorado Department of Human Services, we are grateful for the commitment of state agencies over the past few years to build a stronger and more cohesive mental health system for children and their families.

We recognize the very difficult task before you to close funding gaps in the state budget, and we ask that

you do all that you can to maintain accessible, sustained, and effective services for child and youth mental health.

- Thoughtfully consider any utilization management controls that could disproportionately harm at-risk people, particularly children, and we urge caution when creating administrative barriers to medically necessary care. We thank you for rejecting Medicaid’s R6.09 proposal to require prior authorizations for outpatient psychotherapy.
- Oppose any cuts to services for patients with high-acuity mental health needs.
- Avoid provider rate cuts that will hinder integrated, collaborative primary care models.
- Oppose reductions that would devastate medical education funding, hindering training programs that support pediatric psychiatrists, where persistent and severe workforce shortages exist in Colorado.

Any cost-containment measures should carefully weigh short-term savings against long-term impacts on children’s health and well-being, with considerations about the loss of substantial federal matching funds, which help Colorado sustain high-value services for children at a fraction of the full cost. Without maintaining current funding, we are gravely concerned that the state may see a significant rebound of youth in crisis and delays in timely treatment leading to costlier and more acute care needs in future years. Thank you for your time and your commitment to the well-being of Colorado children and youth.

Sincerely,

American Academy of Pediatrics – Colorado Chapter
Antelope Recovery
Blue Rising Colorado
Children’s Hospital Colorado
Colorado Association of Child and Family Agencies
Colorado Psychiatric Society
Colorado Child & Adolescent Psychiatric Society
Denver Health
Federation of Families for Children’s Mental Health – Colorado Chapter
Health District of Larimer County
Kempe Foundation
The Consortium
Youth Healthcare Alliance

It's In Your Hands: Preserve Colorado's investments in child and youth mental health



Colorado is facing a child and youth mental health crisis, which has long-term ripple effects on our education, public safety, corrections and economic systems. More than one in seven young Coloradans reported poor mental health in 2025.

Despite some progress in establishing a comprehensive system of care for youth, Colorado continues to struggle with inadequate funding or a cohesive child-centered system. **Any cuts to state funding will negatively impact the goals of facilitating early, coordinated mental healthcare access for children that reduces costly outcomes later in life.**

What you can do in 2026:

1

Reduce barriers to mental health care: Ensure children and youth who rely on Medicaid can get mental health services when they need it, without unnecessary delays or barriers.

2

Enable greater access to care: Schools and pediatric offices are primary access points for kids to receive mental health support, we recommend protecting programs delivered to youth in schools and in primary care.

3

Protect state medical education investments to train the next generation of child and adolescent psychiatrists and pediatricians in Colorado.

4

Reject budget proposals that could limit crisis services and supports for children with mental health needs who are stuck in emergency rooms and county human service offices due to lack of community treatment options.

Partner with the Children, Youth and Families Mental Health Coalition to protect sustainable investments in child and youth mental health and create a better future for every child in Colorado.

Our kids and their future mental health and well-being matter.

Colorado Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN



Contacts: Erica Pike, Erica.Pike@ChildrensColorado.org, Iris Hentze ihentze@aponte-busam.com

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Antelope
RECOVERY





AGENDA DOCUMENTATION

Meeting Date: February 18, 2026

SUBJECT: Approval of Executive Director/CEO Contract

PRESENTER: Erin Hottenstein

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

Approval of the Executive Director/CEO Contract as presented.

Attachment(s): Executive Director/CEO Contract and Resolution 2026-02

FISCAL IMPACT: N/A

STAFF RECOMMENDATION: Approve Executive Director/CEO Contract and resolution

EMPLOYMENT AGREEMENT

THIS EMPLOYMENT AGREEMENT (the "AGREEMENT") is made and entered into this 2nd day of February, 2026 (the "Effective Date"), by and between the Health District of Northern Larimer County (the "District") and Brian Ferrans, an individual ("Employee") (each a "Party" and collectively the "Parties").

WHEREAS, the Board of Directors of the District (the "Board") desires to employ Employee as the Executive Director of the District;

WHEREAS, Employee has represented having the requisite expertise and experience to perform the work required for the position;

WHEREAS, the Board desires to provide certain benefits, establish certain conditions of employment and set working conditions for the Employee; and

WHEREAS, Employee desires to accept employment as the Executive Director of the District.

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. Employment. Pursuant to the terms of this Agreement, the District agrees to employ Employee as Executive Director and Employee accepts such employment, with the employment commencing on March 23, 2026, or earlier if both parties agree.

2. Duties.

a. *General.* As Executive Director, Employee will have overall responsibility for the operation of the District and for implementation of policies set by the Board, providing leadership in all aspects of the District's functioning. The specific duties are enumerated in the Executive Director job description, the current version of which is attached hereto and incorporated herein as Exhibit A, though it is subject to amendment at any time by the Board.

b. *Other Employment.* Employee agrees to remain in the exclusive employ of the District and neither to accept nor to become employed by any other employer until separation. The term "employed" shall not be construed to include occasional teaching, writing, or consulting performed on the Employee's time off, as approved by the Board.

3. Term. This Agreement shall commence on the Effective Date and shall continue for an indefinite term; provided that nothing in this Agreement shall prevent, limit or otherwise interfere with the right of the Board to terminate the services of Employee at any time, and nothing in this Agreement shall prevent, limit, or otherwise interfere with the right of Employee to resign at any time from employment with the District. Employee is and shall remain an "at will" employee at all times. Nothing contained in this Agreement shall be deemed or construed as creating any property or other right to a continuation of Employee's employment.

4. **Compensation.** The annual salary to be paid to Employee for service as Executive Director for the term of this Agreement shall be \$227,929. This is a full-time, FLSA-exempt position. Regardless of the Performance Reviews discussed in Section 8, Employee will be entitled to any compensation increase that is commensurate with any otherwise approved general salary increase for District staff (such as a comprehensive performance increase or a cost of living increase for all staff).

5. **Paid Time Off.** Employee shall receive flexible paid time off ("PTO") in accordance with the policies detailed in the District's employee handbook, as amended.. Use of PTO by Employee shall not interfere with the performance of Employee's duties and responsibilities.

6. **Other Benefits.** Employee shall receive such other benefits as are provided to other full-time permanent employees of the District as set out in the District's employee handbook, which may be amended from time to time, and subject to the terms, conditions, and limitations of each benefit program, which may be modified from time to time. In addition, at the District's reasonable expense, Employee shall have access to and use of an executive coach of Employee's choice.

7. **Severance.**

a. ***Amount and Payment.*** If Employee is terminated without cause, he shall receive an amount equivalent to 6 months of him then-current annual salary (the "Severance Payment"). The Severance Payment shall be paid once as a lump sum amount, subject to all required withholding. The Severance Payment shall not be considered an extension of employment.

b. ***Termination for Cause.*** If the District terminates Employee's employment for cause, Employee shall not be entitled to the Severance Payment. For purposes of this Agreement, "for cause" means any of the following: (i) if Employee is convicted of any criminal act involving personal gain to Employee; (ii) if Employee is convicted of a felony or any crime of moral turpitude; and (iii) if Employee fails to perform any material term of this Agreement or the job description, or fails to meet the performance goals, and such failure continues for 30 days after written notice from the District specifying the failure. Termination of Employee's employment by the District for any reason other than for cause shall be deemed termination without cause and shall entitle Employee to receive the Severance Payment.

c. ***Resignation.*** If Employee resigns from his position, he shall not be entitled to the Severance Payment.

8. **Performance Reviews.** The Parties shall define, in writing, goals and performance objectives that they determine necessary for satisfactory performance of Employee's duties. The Board shall conduct a performance evaluation with the Employee upon Employee completing 6 months' of employment and after 1 year of employment from the Effective Date. If this Agreement is extended, performance evaluations shall be conducted annually hereafter. The purpose of the evaluations shall be to establish goals for the next 12 months; to review the performance of the Employee based on the previously agreed performance objectives; and as one basis to inform the compensation of the Employee for the succeeding year.

9. Miscellaneous.

a. *Governing Law and Venue.* This Agreement shall be governed by the laws of the State of Colorado, and any legal action concerning the provisions hereof shall be brought in Larimer County, Colorado.

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

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

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

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

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

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

h. *Assignment.* Neither this Agreement nor any of the rights or obligations of the Parties shall be assigned by either Party without the written consent of the other; provided that Employee's heirs shall be entitled to enforce this Agreement should Employee become legally incapacitated or deceased, as applicable and provided by law.

i. *Governmental Immunity.* The District and its officers, attorneys and employees are relying on, and do not waive or intend to waive by any provision of this Agreement, the monetary limitations or any other rights, immunities or protections provided by the Colorado Governmental Immunity Act, C.R.S. § 24-10-101, *et seq.*, as amended (the "Act"), or otherwise available to the District and its officers, attorneys or employees. In addition, while engaged in the performance of services under this Agreement and within the scope of his authority, Employee shall be entitled to assert immunity under the Act.

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

ERE
IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date.

**HEALTH DISTRICT OF NORTHERN
LARIMER COUNTY**

By: Erin Hottenst
Board President

EMPLOYEE

B. Ferrans
Brian Ferrans

Exhibit A
Job Description

POSITION TITLE Executive Director/CEO

CAREER LEVEL/GRADE E4

POSITION OVERVIEW

The Executive Director is the most senior leader of the organization, who is fully accountable to stakeholders for results of the organization as a whole. Responsible for ensuring strategic priorities and objectives are effectively cascaded down through senior management and shares a compelling vision and strategic direction that inspires others to action, setting high standards and leading others through change. This position assures that the Health District of Northern Larimer County is fulfilling its mission to improve the health status of the community by managing the organization in order to implement the priorities and policies set by the Board of Directors, monitoring the achievement of goals. Leads a dynamic local public organization providing a unique mix of health and health care services; and assists the organization and community in understanding and addressing key barriers to health and adjusting to the ever-changing challenges and opportunities that impact health and health care. Helps to move the organization and community towards improved health equity in a variety of ways, including but not limited to focusing on greater diversity and inclusion and reducing racism. Works with the Board to keep policies relevant, realistic, and updated. Provides positive, effective leadership to the Board, staff, and community.

SUPERVISION AND FISCAL RESPONSIBILITIES

- Provide leadership and direction to multiple teams through lower-level leadership and management.
- Develop long-term talent plans to executive organization strategies.
- Has multiple senior levels reporting to this role.

EXAMPLES OF DUTIES

- Work directly with the Board of Directors, assisting them in their role as policymakers, developing policy, priorities, and measurements of success, serving as professional advisor to the Board assisting with its mission to preserve and improve the health status of the community, and keeps the Board informed of the organization's issues, programs, research, and progress.
- Create overall organizational growth strategies internally and influence the external marketplace, and inspire the organization's overall vision, mission, and strategic goals.
- Responsible for the operation of the organization and the implementation of policies set by the Board and provide leadership in all aspects of agency management.

- Establish national, state, and local linkages to information resources to inform decisions on the best practices for assessing and impacting the health status of the community.
- Lead the organization in assessing the community's current health status and work with the Board as they prioritize barriers to health.
- Recommend effective strategies for reducing prioritized barriers, and work with the Board to carry out the Strategic Plan to include refinement as needed.
- Develop community awareness of and support for health status improvement by creating positive working relationships with relevant organizations and the community and employ community development strategies to involve the community in reducing barriers to health.
- Develop and implement specific procedures, programs, or projects to fulfill the goals and criteria created by the Board in policy and planning, assuring that community health intervention projects will be measured for value to the community.
- Responsible for meeting the goals and objectives set by the Board and report the level of success in accomplishing specific goals and objectives.
- Responsible for the recruiting, hiring, supervision, evaluation, and termination of staff.
- Develop and manage organizational budgets, audits, and other financial management activities, and present to the Board of Directors, ensuring compliance with government regulations and standards.
- Develop and maintain positive, professional, and productive relationships with consumers, the public, other agencies, co-workers, and supervisors.

QUALIFICATIONS

- Master's degree or greater in Business or related field with 7 years of experience.
- 5 years of experience in a leadership role.
- Bachelor's Degree in related field with 11 years of experience.
- Equivalent combination of education and experience level.

KNOWLEDGE, SKILLS, & ABILITIES

- Knowledge of personnel management policies and procedures.
- Knowledge of budget, financial, and audit management.
- Excellent verbal and written communication skills.
- Excellent computer skills with the ability to learn new software.

- **Strong critical thinking, problem-solving and excellent organizational skills.**
- **Strong attention to detail with a high level of accuracy.**
- **Ability to balance multiple demands, work both cooperatively within a team and independently.**
- **Ability to effectively interact, work, and develop meaningful relationships with people of diverse backgrounds, including cultural, beliefs, customs, socioeconomic status, abilities, genders, and gender identities.**
- **Ability to maintain professional, positive, productive relationships.**
- **Ability to manage and analyze budgets.**
- **Ability to effectively lead a team.**

WORK ENVIRONMENT

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

- **Must have close visual acuity to perform activities such as preparing and analyzing data and figures, viewing a computer monitor, extensive reading.**
- **Must be able to sit or stand for prolonged periods.**
- **Must have eye-hand coordination and manual dexterity sufficient to operate a computer keyboard, telephone, photocopier, and other office equipment.**
- **Must have the ability to move from place to place on the job.**
- **Must have the ability to communicate information and ideas verbally so others will understand.**
- **Requires reliable transportation; valid driver's license and auto insurance if reliable transportation is by personal automobile.**

INFECTION PREVENTION

During flu season, flu shots are strongly recommended for this position.

EQUAL OPPORTUNITY EMPLOYER

The Health District is committed to creating a diverse environment and is proud to be an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, ethnic or national origin, ancestry, age, sex,

pregnancy, disability, genetic information, veteran status, gender, marital status, sexual orientation, gender identity or expression, religion (creed), political beliefs, or any other characteristic protected by federal, state, or local laws.

We believe that diverse backgrounds and perspectives strengthen our organization, so we consider a combination of experiences to meet minimum qualifications. Experience may include related knowledge, skills, abilities, education, work, and lived/living experience. If you are interested in applying, we encourage you to think broadly about your background and skill set for the role.

GENERAL BENEFITS DESCRIPTION

For qualifying employees, the Health District offers a robust benefits package to include paid time off, medical, and dental insurance, life, and disability insurance, and a 401(a) with an employer match. Vision insurance and an additional pre-tax retirement plan is offered. A complete list of benefits can be found on the Health District website.



Resolution 2026-02

RESOLUTION TO APPROVE THE EXECUTIVE DIRECTOR/CEO CONTRACT

Health District of Northern Larimer County

A Resolution of the Board of Directors of the Health District of Northern Larimer County Approving an Employment Agreement for the Position of Executive Director of the Health District of Northern Larimer County

Whereas, the Colorado Open Meeting Law, C.R.S. § 24-6-402, *et seq.* ("OML") and the Colorado Open Records Act, C.R.S. § 24-72-200.1, *et seq.* ("CORA"), set forth legal requirements for hiring the Health District's next Executive Director; and

Whereas, the Health District seeks to hire an Executive Director pursuant to OML and CORA.

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

Section 1. The Executive Director Employment Agreement is adopted and approved in the form attached hereto.

Adopted this 18th day of February, 2026.

Erin Hottenstein, President

Attest:

Sarah Hathcock, Secretary



AGENDA DOCUMENTATION

Meeting Date: February 18, 2026

SUBJECT: 2025 Financial Reporting Package - Unaudited

PRESENTER: Jessica Holmes

OUTCOME REQUESTED: ___ Decision ___ Consent ___ X Report

PURPOSE/ BACKGROUND

Quarterly review of the Health District’s Financial Reporting Package.

This report and all financial statements within are prepared using the modified accrual basis of accounting as required for governmental fund types under GAAP & GASB. These statements are unaudited and intended for management use only.

Report Contents Include:

- Financial Discussion & Analysis
- Balance Sheets – Governmental Fund
- Statement of Revenues, Expenditures, & Changes in Fund Balance – Fiscal Year 2025 by Quarter
- Statements of Revenues, Expenditures, & Changes in Fund Balance – Budget to Actual Comparison
- Functional Revenues & Expenditures – Supplemental Financial Statement
- Notes to the Financial Statements

This report and all financial statements within are prepared using the modified accrual basis of accounting as required for governmental fund types under GAAP & GASB. These statements are unaudited and intended for management use only.

Attachment(s):

Financial Reporting Package – For the Year Ended December 31st, 2025

FISCAL IMPACT

Total Revenues for 2025: \$15.63 million
Total Expenditures for 2025: \$13.37 million
Change in Fund Balance: \$2.26 million
Ending Fund Balance for 2025: \$13.65 million

STAFF RECOMMENDATION

N/A



Financial Reporting Package

For the Year Ended December 31st, 2025

Prepared by: Jessica Holmes, Controller/Finance Officer

February 12th, 2026

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Financial Discussion & Analysis

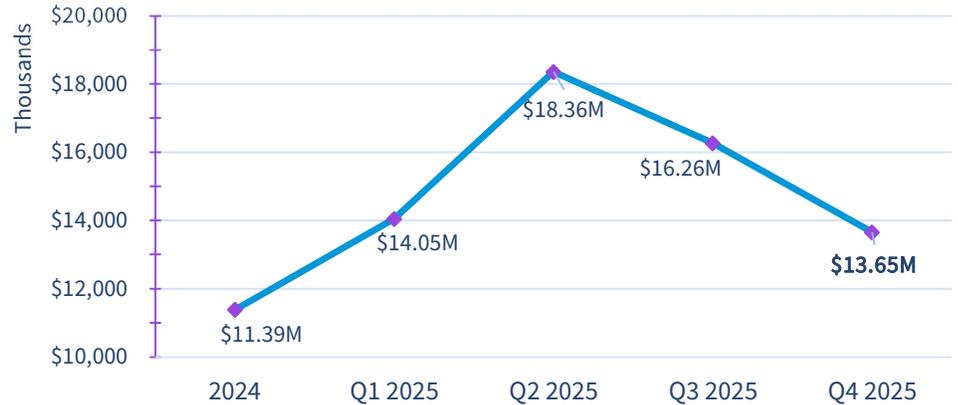
Executive Summary

The Health District ended the year 2025 in a strong financial position. Revenues and Expenditures both outperformed budget expectations, resulting in a net increase to the Fund Balance of \$2.26M.

The chart to the right shows the Change in Fund Balance by quarter, and below you will find the key financial highlights.

2025 Fund Balance Change by Quarter

At the end of the 2025 year, the total Governmental Fund Balance is \$13.65M, an increase of \$2.26M from the beginning balance of \$11.39M.



Balance Sheet

- **Cash & Investments:** Increased by \$2.41M from prior year.
- **Receivables:** Accounts Receivable clean up led to lower balances.
- **Liabilities:** Accounts Payable increase due to payment timing.
- **Deferred Inflows:** 2026 Property Tax resources have been recorded.
- **Leases:** Large change due to shift to modified accrual.

Revenues

- **2025 Total:** \$15.63M
- \$758K above budget.
- Recognition of 2024 Unbilled Medicaid for Oral Health services made up for budget miss on Behavioral Health Service Revenue.
- Lease Revenues & Investment Earnings were ahead due to conservative budgeting for 2025.

Expenditures

- **2025 Total:** \$13.37M
- \$1.58M under budget.
- **Personnel Costs:** \$7.98M, 24% below budget.
- Contracted Services were over budget by 24% due to vacancies earlier in the year.
- Capital Outlay was reserved for in 2025, but not included in the budget. This has been corrected for 2026.

Expense Ratio

- **Program Operation Costs:** \$9.69M
73% of total.
- **General & Admin Costs:** \$3.55M
27% of total.

Overall Financial Position

The Health District remains in a strong financial position.

The fund balance increased by \$2.26M, ending 2025 at \$13.65M.

The Health District outperformed the 2025 Budget by \$2.33M, however, 2025 Projections in the 2026 Budget were off by 0.5%. This shows understanding of financial impact of operations, improved communication across departments, and ensures the District is well positioned to execute the strategic goals of the 2026 Budget.

Revenue Analysis

In 2025, the Health District generated total revenues of \$15.63 million, surpassing budget expectations by \$758,000 (5%) across all major categories. The primary drivers of this positive variance were Lease Revenues and Investment Earnings, both of which were conservatively budgeted and performed above projections.

Service Revenues also exceeded budget overall; however, Behavioral Health services fell short by \$480,000, recording less than \$24,000 in revenue. This shortfall was primarily due to the inability to bill Medicaid for services as originally anticipated during the 2025 budget development process.

A review of quarterly results confirms that, as projected in the Annual Investment Report, investment earnings declined in line with market trends throughout the year. Additionally, anticipated reductions in grant funding were factored into the 2026 budget planning process. These considerations explain the adjustments reflected between 2025 actual results and the 2026 adopted budget.

Revenues	2025			2026	Change from 2025 Actuals
	Budget	Actual	Variance	Budget	
Tax Revenues	11,361,432	11,438,271	76,839	12,186,295	748,024
Service Revenues, Net	1,462,750	1,533,366	70,616	991,468	(541,898)
Lease Revenues	1,304,044	1,576,184	272,140	1,657,525	81,341
Contributions	414,048	461,177	47,129	345,988	(115,189)
Investment Earnings	332,964	622,688	289,724	437,705	(184,983)
Other Revenues	-	1,934	1,934	-	(1,934)
Total Revenues	\$ 14,875,238	\$ 15,633,620	\$ 758,382	\$ 15,618,980	\$ (14,640)

Expense Analysis

Total Expenditures were \$13.37 million, coming in \$1.58 million (10.5%) below budget. Savings were primarily driven by underspending in Personnel Compensation, Professional Development, and Partnership Funding, partially offset by higher costs in Contracted Services, Other Operating Expenses, and unbudgeted Capital Outlay.

Underspending on Personnel Compensation was due to staff vacancies throughout the year, which reduced salary and benefit costs compared to budget. To maintain service delivery during staffing shortages, the Health District relied on consultants to fill critical gaps, resulting in costs exceeding the original budget. Position vacancies began filling at the end of 2025 and continue currently.

Below is a summary of these variances, as well as a comparison to the approved budget for 2026.

Expenditures	2025			2026	Change from 2025 Actuals
	Budget	Actual	Variance	Budget	
Personnel Compensation	10,435,115	7,981,182	2,453,933	10,857,931	2,876,749
Professional Development	345,893	223,903	121,990	538,243	314,340
Contracted Services	1,444,600	1,797,413	(352,813)	1,598,720	(198,693)
Service Expenses	570,129	533,931	36,198	825,301	291,370
Partnership Funding	770,000	624,618	145,382	1,542,241	917,623
Supplies, Equipment, & Software	413,113	428,496	(15,383)	571,188	142,692
Occupancy Expenses	469,461	493,710	(24,249)	546,690	52,980
Other Operating Expenses	496,902	634,750	(137,848)	516,474	(118,276)
Capital Outlay	-	651,637	(651,637)	461,000	(190,637)
Total Expenditures	\$ 14,945,213	\$ 13,369,642	\$ 1,575,571	\$ 17,457,788	\$ 4,088,146

Health District of Northern Larimer County

Balance Sheets

Governmental Fund

As of December 31, 2025

	December 2024	December 2025	Variance	%
Assets				
Cash & Investments	11,994,048	14,401,523	2,407,475	20%
Receivables				
Property Taxes	10,775,197	11,473,579	698,382	6%
Specific Ownership Taxes	61,277	58,538	(2,739)	-4%
Patients	473,525	52,927	(420,598)	-89%
Leases	59,299,350	996,942	(58,302,408)	-98%
Grants & Other	73,933	54,722	(19,211)	-26%
Uncollectable Allowance	(78,976)	(11,641)	67,335	-85%
Prepaid Expenses	94,867	186,975	92,108	97%
Total Assets	\$ 82,693,221	\$ 27,213,565	(55,479,656)	-67%
Liabilities, Deferred Inflows, & Fund Balance				
Liabilities				
Accounts Payable	228,629	584,595	355,966	156%
Accrued Liabilities				
Property Tax Escrow	40,539	38,664	(1,875)	-5%
Accrued Expenses	37,628	67,970	30,342	81%
Security Deposits Held	14,389	19,157	4,769	33%
Payroll Liabilities	318,545	298,373	(20,173)	-6%
Unearned Contributions	168,765	59,531	(109,234)	-65%
Total Liabilities	808,495	1,068,290	259,795	194%
Deferred Inflows				
Property Tax Resources	10,776,854	11,478,295	701,441	7%
Lease Resources	59,299,314	996,942	(58,302,372)	-98%
Service Resources	418,494	15,996	(402,499)	-96%
Total Deferred Inflows	70,494,662	12,491,232	(58,003,430)	-82%
Fund Balance				
Nonspendable Funds	94,867	186,975	92,108	97%
Restricted Funds	470,801	468,569	(2,232)	0%
Assigned Funds - Operating	7,472,610	5,985,930	(1,486,680)	-20%
Assigned Funds - Capital	1,232,874	1,300,000	67,126	5%
Unassigned Funds	2,118,911	5,712,568	3,593,657	170%
Total Fund Balance	11,390,064	13,654,042	2,263,978	20%
Total Liabilities, Deferred Inflows, & Fund Balance	\$ 82,693,221	\$ 27,213,565	(55,479,656)	-67%

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Health District of Northern Larimer County

Statements of Revenues, Expenditures, & Changes in Fund Balance

Fiscal Year 2025 by Quarter & Total

For the Year Ended December 31, 2025

	Q1 2025	Q2 2025	Q3 2025	Q4 2025	FY 2025
Revenues					
Tax Revenues	4,913,163	5,889,214	402,308	233,587	11,438,271
Service Revenues, Net	328,517	840,091	117,492	247,265	1,533,366 ¹
Lease Revenues	345,953	527,280	349,337	353,613	1,576,184
Contributions	169,390	123,786	85,152	82,849	461,177
Investment Earnings	117,357	164,047	182,697	158,587	622,688 ²
Other Operating Revenues	3,060	2,653	363	(4,142)	1,934
Total Revenues	\$ 5,877,440	\$ 7,547,072	\$ 1,137,350	\$ 1,071,759	\$ 15,633,620
Expenditures					
Personnel Compensation	2,173,256	2,068,238	1,895,213	1,844,475	7,981,182 ³
Professional Development	55,394	38,317	66,878	63,314	223,903
Contracted Services	370,355	389,116	369,923	668,020	1,797,413 ⁴
Service Expenses	137,151	214,271	107,094	75,414	533,931
Partnership Funding	-	-	312,309	312,309	624,618
Supplies, Equipment, & Software	70,910	75,990	142,561	139,035	428,496
Occupancy Expenses	153,129	97,263	125,472	117,846	493,710
Other Operating Expenses	137,627	230,677	54,867	211,579	634,750
Capital Outlay	118,409	128,782	156,553	247,893	651,637 ⁵
Total Expenditures	\$ 3,216,231	\$ 3,242,654	\$ 3,230,871	\$ 3,679,886	\$ 13,369,642
Excess/(Deficiency) of Revenues Over Expenditures	\$ 2,661,209	\$ 4,304,418	\$ (2,093,522)	\$ (2,608,127)	\$ 2,263,978
Change in Fund Balance	2,661,209	4,304,418	(2,093,522)	(2,608,127)	2,263,978
Beginning Fund Balance	11,390,064	14,051,272	18,355,690	16,262,169	11,390,064
Ending Fund Balance	\$ 14,051,272	\$ 18,355,690	\$ 16,262,169	\$ 13,654,042	\$ 13,654,042

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Health District of Northern Larimer County

Statements of Revenues, Expenditures, & Changes in Fund Balance

Budget to Actual Comparison
For the Year Ended December 31, 2025

	2025 Budget	2025 Actual	Variance	%
Revenues				
Tax Revenues	11,361,432	11,438,271	76,839	1%
Service Revenues, Net	1,462,750	1,533,366	70,616	5%
Lease Revenues	1,304,044	1,576,184	272,140	21%
Contributions	414,048	461,177	47,129	11%
Investment Earnings	332,964	622,688	289,724	87%
Other Operating Revenues	-	1,934	1,934	100%
Total Revenues	\$ 14,875,238	\$ 15,633,620	758,382	5%
Expenditures				
Personnel Compensation	10,435,115	7,981,182	2,453,933	24%
Professional Development	345,893	223,903	121,990	35%
Contracted Services	1,444,600	1,797,413	(352,813)	-24%
Service Expenses	570,129	533,931	36,198	6%
Partnership Funding	770,000	624,618	145,382	19%
Supplies, Equipment, & Software	413,113	428,496	(15,383)	-4%
Occupancy Expenses	469,461	493,710	(24,249)	-5%
Other Operating Expenses	496,902	634,750	(137,848)	-28%
Capital Outlay	-	651,637	(651,637)	-100%
Total Expenditures	\$ 14,945,213	\$ 13,369,642	1,575,571	11%
Excess/(Deficiency) of Revenues Over Expenditures	\$ (69,975)	\$ 2,263,978	2,333,953	
Change in Fund Balance	(69,975)	2,263,978		
Beginning Fund Balance	11,390,064	11,390,064		
Ending Fund Balance	\$ 11,320,089	\$ 13,654,042		

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Health District of Northern Larimer County

Functional Revenues & Expenditures

Supplemental Financial Statement

For the Year Ended December 31, 2025

	Program Operations			General & Administration	Total Operating	Non-Operating	Health District
	Client Experience	Strategy & Impact	Total				
Revenues							
Tax Revenues	-	-	-	11,438,271	11,438,271	-	11,438,271
Service Revenues, Net	1,533,366	-	1,533,366	-	1,533,366	-	1,533,366
Lease Revenues	-	-	-	1,342,832	1,342,832	233,352	1,576,184
Contributions	364,843	96,334	461,177	-	461,177	-	461,177
Investment Earnings	-	-	-	622,688	622,688	-	622,688
Other Operating Revenues	-	-	-	1,934	1,934	-	1,934
Total Revenues	\$ 1,898,209	\$ 96,334	\$ 1,994,543	\$ 13,405,725	\$ 15,400,268	\$ 233,352	\$ 15,633,620
Expenditures							
Personnel Compensation	4,458,603	1,416,465	5,875,067	2,106,115	7,981,182	-	7,981,182
Professional Development	100,071	55,001	155,072	68,832	223,903	-	223,903
Contracted Services	963,912	351,576	1,315,489	477,809	1,793,297	4,116	1,797,413
Service Expenses	432,257	38,186	470,443	63,488	533,931	-	533,931
Partnership Funding	-	624,618	624,618	-	624,618	-	624,618
Supplies, Equipment, & Software	227,475	81,710	309,184	119,312	428,496	-	428,496
Occupancy Expenses	240,424	94,544	334,968	115,526	450,495	43,215	493,710
Other Operating Expenses	95,016	17,684	112,700	483,386	596,086	38,664	634,750
Capital Outlay	436,396	76,298	512,694	118,686	631,380	20,257	651,637
Total Expenditures	\$ 6,954,154	\$ 2,756,082	\$ 9,710,236	\$ 3,553,153	\$ 13,263,389	\$ 106,252	\$ 13,369,642
Impact to Fund Balance	\$ (5,055,946)	\$ (2,659,747)	\$ (7,715,693)	\$ 9,852,572	\$ 2,136,879	\$ 127,099	\$ 2,263,978
% of Total Expenditures	52%	21%	73%	27%	99%	1%	

Health District of Northern Larimer County

Notes to the Financial Statements

For the Year Ended December 31, 2025

Balance Sheets

1 Property Taxes - Receivables & Deferred Inflows

At year end, the 2026 Property Taxes, certified in the Health District's Mill Levy, was recorded as a Receivable and a Deferred Inflow.

2 Patients - Receivables

Throughout the year, Oral Health, Innovation & Quality, and Finance worked together and received formal training from a Dentrix software expert to resolve historical errors. Additionally, all 2025 services as well as unbilled Medicaid from 2024 have been billed. Resulting in a more accurate

3 Leases - Receivables & Deferred Inflows

As part of the switch to the modified accrual basis of accounting, the future balance for the lease with Poudre Valley Hospital was adjusted out of Receivables and Deferred Inflows of Resources. The contract still stands, this was only an accounting change.

4 Uncollectable Allowance - Receivables

In direct correlation with lower Receivable balances, the Allowance for Uncollectable accounts has been reduced accordingly.

5 Prepaid Expenses

The Health District uses the Consumption Method for Prepaid Items. This means that, while the items have already been paid for, we will record the expense as the benefit is received.

6 Accounts Payable

The variance in Accounts Payable when compared to prior year is only due to the timing of bills received versus when expenses are recognized. The Health District is current with all vendor payments.

7 Unearned Contributions

This balance reflects grant, partnership, and donor funds that have been received but have not yet met the requirements to recognize the funds as income. The balance of this account will continue to decrease as requirements are met.

8 Service Resources - Deferred Inflows

At the end of 2024, the Health District's unbilled Oral Health services (Medicaid) were recorded here. As this is not an issue at the end of 2025 the large variance is expected. This balance is now only representative of future due payment plans and Senior Dental Program services that have not been invoiced yet due to timing.

9 Fund Balance

	Beginning	Ending	Change	
Nonspendable Funds	94,867	186,975	92,108	Prepaid Expenses
Restricted Funds	470,801	468,569	(2,232)	TABOR Restriction
Assigned Funds - Operating	7,472,610	5,985,930	(1,486,680)	Four Month Operating Reserve, Per 2026 Budget Resolution
Assigned Funds - Capital	1,232,874	1,300,000	67,126	Capital Outlay Reserve, Per 2026 Budget Resolution
Unassigned Funds	2,118,911	5,712,568	3,593,657	
	11,390,064	13,654,042	2,263,978	

Statements of Revenues, Expenditures, & Changes in Fund Balance - Fiscal Year 2025 by Quarter

1 Service Revenues, Net

Service Revenues spiked in the second quarter of 2025 due to recognition of the previously deferred 2024 Medicaid services that were billed in full by May 31st, 2025.

The recognition of these funds in the Oral Health program compensated for the budgeting miss on service revenues in the Behavioral Health program. This budgeting logic has been corrected in the 2026 Budget.

2 Investment Earnings

As projected in the June 2025 Investment Report, Investment Earnings did decline in the fourth quarter of 2025. Investment Earnings for 2026 were budgeted accordingly.

3 Personnel Compensation

Turnover at the end of the second quarter of 2025 led to lower expenditures in the third and fourth quarter of the year. However, as vacancies were being filled at the end of 2025 (and continue in 2026) Personnel Compensation is expected to increase in future reports.

4 Contracted Services

Delayed receipt of invoices and activities in the fourth quarter of 2025 led to a spike in contracted services.

5 Capital Outlay

Capital expenditures were reserved for on the 2025 budget, however they were not included in the budgeted expenditures for the year. This has been budgeted correctly in 2026.

Statements of Revenues, Expenditures, & Changes in Fund Balance - Budget to Actual Comparison

1 Lease Revenues

These revenues were budgeted very conservatively in 2025, they are accounted for appropriately in the 2026 Budget.

2 Partnership Funding

Contracts with the District's 2025 partners (FMC/UCHealth, Salud, and SummitStone) were signed in 2025. FMC/UCHealth and SummitStone were funded in full. Salud opted not to bill the Health District in 2025 due to the agreed upon position remaining vacant.

3 Other Operating Expenses

These expenditures were over budget due to expenses related to the selection and recruitment for the CEO/Executive Director.



AGENDA DOCUMENTATION

Meeting Date: February 18, 2026

SUBJECT: HR1 Update

PRESENTER: Dana Turner and Alyson Williams

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

As H.R. 1- One Big Beautiful Bill Act (OBBA) is beginning to be implemented, there are significant systemic changes forthcoming that will have a substantial impact on our community. This report is centered on discussing the response to impacts on the community and possible tactics to reduce harm in a collaborative and intentional manner.

Attachment(s): None

FISCAL IMPACT: N/A

STAFF RECOMMENDATION: None



AGENDA DOCUMENTATION

Meeting Date: February 18, 2026

SUBJECT: CHAS Survey Results

PRESENTER: Alyson Williams

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

As we receive data from the 2025 Colorado Health Access Survey (CHAS), staff are planning a three-track (Board, staff and community) process for engagement to connect data with strategic decisions, program planning, and community needs. This report focuses on:

1. high-level findings from the 2025 CHAS for Health District
2. areas of priority for the Board
3. next steps for engagement

Attachment(s): None.

FISCAL IMPACT: N/A

STAFF RECOMMENDATION: None

AGENDA DOCUMENTATION

Meeting Date: February 18, 2026

SUBJECT: Executive Director Report

PRESENTER: Courtney Green

OUTCOME REQUESTED: Decision Consent 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 December 10, 2025, board meeting:

- Finalist Facility Tours
- Finalist Presentations
- Finalist Staff and Community Meet and Greets
- Finalist Interviews
- Janina Farinas – La Cocina
- Kirk Bane – ICC
- Dave Niemeyer and Gloria Timmons – CPS
- Angela Heyroth – Talent Centric Design
- Katie Pachan Jacobson – Frontline Public Affairs

• **Other Updates**

1. Stay Interviews

- Stay Interviews were completed with staff in January. This allowed managers and staff to have in-depth conversation about why they continue to work at the Health District, and what they need in the future to create a positive work environment.

2. Submitted 2026 Budget to DOLA

- Budget Submission deadline was January 31st.

3. Attended SDA 2025 Annual Meeting

- Participated in the 2025 annual meeting for the Special District Association where they introduced a new hire in the policy division, updated the group on policy/budget issues, and had a year-in-review for 2025.

Attachment(s): *January 2026 Program Updates*

Leadership report summary

Reporting department: Community Engagement
Reporting month: January 2026

What's new/key updates

- The Mental Health and Substance Use Alliance has published its one-year progress report in a new and refreshed format. Highlights and achievements include a community-wide goal and population-level indicators of success and Alliance member updates.
- The Changing Minds campaign will be highlighted at the upcoming Colorado State University Men's Basketball game on February 24. This initiative will include distributing campaign-branded headbands to students and collaborating with former player and current graduate assistant Joe Palmer. The Community Impact Team is partnering with CSU student organizations to enhance engagement and awareness of the game and event.
- The Health and History Project pilot has officially launched with staff presenting to key community partners to gather feedback and refine the approach. This project aims to educate and foster dialogue about how the history of Fort Collins—particularly in the Northside neighborhood—has influenced health outcomes today. The feedback collected during this phase will guide future implementation and community engagement strategies.
- Outreach and Education staff are preparing for key initiatives in collaboration with internal and external partners. This includes launching the quarterly Therapists' Networking and Training (TNT) series on March 25 in collaboration with Mental Health Connections. The team is also partnering with Poudre Libraries and Larimer Health Connect to offer Health Insurance Literacy classes to the community this spring.
- The Outreach and Education team participated in the first-ever FRESH START Resource Fair at the Larimer County Jail, connecting justice-involved individuals with resources and Health District services to support successful reentry.

Strategic relevance

- **Health Equity:** New and innovative outreach efforts continue to elevate the visibility of behavioral health resources and Health District services within the broader community and specific populations. The Health & History project provides historical context and an equity lens to the topic of health-related social needs.
- **Partnerships:** The continued momentum of the MHSU Alliance and Changing Minds reinforces the Health District's role as a committed, visible partner in community well-being. Collaboration with internal programs and external agencies for TNT and Health Insurance Literacy strengthens community engagement.

Issues/risks/challenges

- No significant issues to report.

Key metrics/trends



Leadership report summary

Reporting department: Data & Analytics
Reporting month: January 2026

What's new/key updates

- Each month the program completes data collection, reporting and interpretation support. In January key efforts included:
 - Burden and need justification for the Senior Dental Program grant application.
 - Quantified need for periodontal maintenance appointments for time-sensitive Dental program planning.
- We are beginning discovery to understand the process and resources needed for finding a replacement for our internally built and maintained client database that serves our unique needs and serves both clients and staff. In the meantime, we are implementing HL-7 messaging between our central client management database and the Dental electronic health record (EHR), with the goal of immediately alleviating data entry burden, understanding the capabilities of the dental EHR for interoperability, and improving data quality across systems.
- We are continuing work on the Red Feather Lakes (RFL) Area Healthcare Access Survey (one-time convenience sample survey). This includes initiating an ethics review by an Institutional Review Board (IRB) and finalizing the survey protocol with input from RFL community partners.
- We received the raw data for Larimer County from the 2025 Colorado Health Access Survey (CHAS). We are planning for internal and external stakeholder input to help inform analysis and public reporting of these data.
- We plan to host the Colorado Health Institute (CHI) for a presentation and discussion of the CHAS data, open to local partners, tentatively scheduled for March 23.

Strategic relevance

- **Organizational Excellence:** All updates relate to improving and expanding available data for decision-making.
- **Partnerships:** Our tailored health care access survey project with the RFL community is expanding community engagement. Our current and planned work with CHAS data is improving collaboration with partners to advance health equity.

Issues/risks/challenges

- Identified and resolved outdated staff user access to our central client management system.

Key metrics/trends

- No metrics to report this month. Defining and developing metrics for this new program is part of the 2026 work plan. Anticipated areas of focus will be data quality indicators and/or data use trends.

Leadership report summary

Reporting department: Health Equity
Reporting month: January 2026

What's new/key updates

- Our second annual health equity surveys are underway, with the goal of measuring progress and guiding action. All-staff and management surveys will be conducted annually and the Board survey will occur every other year.
 - *All-Staff Survey* – Gauges staff knowledge, experience, and interest in health equity.
 - *Management Team Survey* – Assesses the management team's perspectives on current efforts using a refined version of the IHI's Health Equity Assessment Tool.
- Development is underway for an equity-centered interview question bank (strategy 2.4.3 of strengthen organizational capacity within the health equity strategic plan). The bank includes program-specific sections and scenario-based questions designed to assess candidates' practical judgment on equity issues.
- We're launching two new communication channels, monthly team check-ins and health equity office hours, to support teams. These structures create clear pathways for cross-team collaboration and ensure alignment as we move from planning to action, which is critical for maintaining momentum and accountability.

Strategic relevance

- **Health Equity:** Annual surveys and the interview question bank invest in staff knowledge and commitment to equity. New communication structures cultivate an environment that welcomes diverse thought and experience.
- **Organizational Excellence:** Monthly team check-ins and office Hours support transparent and engaging internal communications, so everyone feels seen, heard, and respected. Survey data strengthens our use of data collection and analysis for decision-making.

Issues/risks/challenges

- No significant issues to report.

Key metrics/trends

- 12 staff members from 10 teams joined the 2026 Health Equity Action Team.
- In future reports, this section will contain visualizations on health equity strategic plan implementation progress.

Leadership report summary

Reporting department: Strategic Funding Partnerships
Reporting month: January 2026

What's new/key updates

- The internal process for reviewing existing partnerships across the agency has wrapped up and the data is currently being reviewed. The results will inform the long-term development of a partnership portfolio, reflecting the Health District's commitment to mission-driven stewardship of taxpayer funds.
- All introductory meetings with current funded partners (Salud, SummitStone, and UCHealth Family Medicine Center) have been conducted. Next steps will include updated reporting requirements and timing expectations to be shared with partners in February.
- We are collaborating internally with the Communications team to begin building internal and external talking points and key messaging documents around partnership strategies. These will be tested internally both with board and leadership prior to widespread dissemination.

Strategic relevance

- **Organizational Excellence:** Instituting processes for this new programmatic area build the infrastructure for this area to ensure clarity, transparency, and sustainability.

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 and high-level results from the internal partnership assessment.

Leadership report summary

Reporting department: Dental
Reporting month: January 2026

What's new/key updates

- Hired a new PRN dental hygienist to support clinic operations and patient access.
- Long-term employee was promoted to Dental Assistant Supervisor, overseeing a team of five dental assistants.
- A Hygienist successfully completed a tobacco cessation course, joining our Lead Dentist in becoming certified and expanding preventive care services.
- Lead Dentist implemented treatment plan conferences and presentations in which providers present cases to the dental team bolstering ongoing education and quality improvement efforts.
- Lead Dentist coordinated specialized training with a local periodontist to enhance provider expertise in periodontal maintenance.
- Dental leadership toured Front Range Community College's Hygiene Program to explore student externships, job shadowing, and employment partnerships with the Health District.
- Dental staff attended the Rocky Mountain Dental Conference to further enhance clinical skills and professional development.
- Several Dental Clinic Staff have joined the Health District's new Clinical Quality Committee. The Committee will be responsible for developing policies, procedures, and guidance in key areas to support the delivery of high-quality oral health care, including clinical supervision, documentation standards, and chart audit processes.

Strategic relevance

- **Great Governance:** Reflect community needs in the Health District's work.
- **Organizational Excellence:** Strengthen infrastructure in all areas, including programs, services, finance, human resources, information technology, communications, and facilities.
- **Partnerships:** Build and strengthen partnerships to maximize impact on community health.

Issues/risks/challenges

- No significant issues to report

Key metrics/trends



For this and future reports, we will include two months of key metric data. Data for the month prior to the meeting will be flagged as preliminary, to allow for quality review and updating when necessary. Data for two months prior will be flagged as Updated and/or Confirmed compared to the previous Board meeting report.

Dental Program	Dec 2025 Previously Reported	Dec 2025 Unchanged	Jan 2026 Preliminary Data
Number of Appointments	521	521	466
Number of Unique Individuals Served	376	376	339
Community Screenings	None to report	None to report	None to report
Data Source: Health District Dentrix EHR, Appointment & Procedure Tables Includes: Dentist and hygienist appointments combined Excludes: Eligibility appointments and eligibility-only clients (no resulting dentistry appointment) Limitations: These data reflect a point-in-time snapshot of a complex, evolving electronic health record. As patient records mature and undergo routine quality review, information may be revised and future summary reports may change. <i>Note: The same individual may be counted as a unique client served in multiple Health District programs.</i>			

Leadership report summary

Reporting department: Mental Health Connections
Reporting month: January 2026

What's new/key updates

- The new Care Coordinator onboarded February 2nd, supporting both youth and adult clients and the contracted Psychiatric Nurse Practitioner.
- Compliant clinical supervision guidelines and procedures are being developed. These procedures will be reviewed by the newly formed Clinical Quality Committee, supported by the Quality and Innovation team, and chaired by the Behavioral Health Program Manager. Inaugural committee members are comprised of clinical and administrative staff from across all Client Experience programs. The Committee will be responsible for developing guidelines and procedures in key areas, including clinical supervision, documentation standards, and chart audit processes. Initial work will focus on the development of core clinical policies and procedures informed by the Comprehensive Analysis of Clinical Practices, Legal Practices and Risk Management Services conducted by OPEN MINDS last year, including specific policy and procedure recommendations that were presented to the Board at the November 2025 meeting.
- Connections staff worked closely with the Finance team to resolve some unexpected patient account issues, at the same time, working collaboratively to improve our EHR's financial functionality and create updated financial management processes.

Strategic relevance

- **Organizational Excellence:** Support transparent and engaging internal communications so everyone in the organization feels seen, heard, and respected.
- **Partnerships:** Build and strengthen partnerships to maximize impact on community health.

Issues/risks/challenges

- No significant issues to report

Key metrics/trends

For this and future reports, we will include two months of key metric data. Data for the month prior to the meeting will be flagged as preliminary, to allow for quality review and updating when necessary.



Data for two months prior will be flagged as Updated and/or Confirmed compared to the previous Board meeting report.

Mental Health Connections	Dec 2025 Previously Reported	Dec 2025 Updated	Jan 2026 Preliminary Data
Number of Appointments	85	87	59
Appointment Detail	37 Adult 48 CAYAC (Youth)	39 Adult 48 CAYAC (Youth)	20 Adult 39 CAYAC (Youth)
Number of Unique Individuals Served	43	43	28
Data Source: Health District ICANotes EHR, Appointment Table Includes: Attended appointments (therapy, testing, psychiatric services) Excludes: Care coordination encounters; All other therapy, testing, psychiatric appointment status (cancelled, no-show, or otherwise not attended) Limitations: These data reflect a point-in-time snapshot of a complex, evolving electronic health record. As patient records mature and undergo routine quality review, information may be revised and future summary reports may change. <i>Note: The same individual may be counted as a unique client served in multiple Health District programs.</i>			

Leadership report summary

Reporting department: Larimer Health Connect
Reporting month: January 2026

What's new/key updates

- The Jet Marketing campaign concluded at the end of open enrollment and focused on driving awareness and urgency around state and federal changes impacting premiums and financial assistance. The campaign encouraged customers to proactively review their plans before auto renewal and to seek assistance from our health coverage guides to avoid unexpected costs. Overall, the campaign was successful in promoting early action and awareness.
- Overall enrollments were down by 2% for the state, according to Connect for Health Colorado. They will be actively monitoring effectuations, cancellations and terminations due to non-payment in the coming months. Their annual Open Enrollment report that includes county-specific enrollment information will be available in the spring.

Strategic relevance

- **Partnerships:** Expand community engagement. Focus on transparent and engaging external communications to build and strengthen relationships.
- **Health Equity:** Center community voices and remove barriers to meet individual needs, helping all community members achieve their best health.

Issues/risks/challenges

- No new significant issues to report at this time.

Key metrics/trends

For this and future reports, we will include two months of key metric data. Data for the month prior to the meeting will be flagged as preliminary, to allow for quality review and updating when necessary. Data for two months prior will be flagged as Updated and/or Confirmed compared to the previous Board meeting report.



Larimer Health Connect	Dec 2025 Previously Reported	Dec 2025 Unchanged	Jan 2026 Preliminary Data
Number of Appointments	310	310	227
Number of Unique Individuals Served	Not previously reported.	Developing this metric for reporting in 2026. Multiple household members may be served during one appointment.	
Data Source: Health District Database Includes: In-person scheduled, In-person walk-in, Phone/virtual appointments for insurance navigation Excludes: Follow-up phone calls and emails (general communication encounters), Prescription assistance appointments Limitations: These data reflect a point-in-time snapshot of a complex, evolving client management system. As client records mature and undergo routine quality review, information may be revised and future summary reports may change. Note: The same individual may be counted as a unique client served in multiple Health District programs.			

Leadership report summary

Reporting department: Human Resources
Date: January 2026

What’s new/key updates

- HR is working on capturing key themes and to identify common trends from the Stay Interviews to pinpoint areas for improvement and spot key engagement drivers.
- A newly revised Employee Handbook was reviewed by Legal Counsel; HR is working on incorporating suggestions from our attorneys.
- HR continues to work with Communications providing input on design of the intranet so staff can easily find resources such as benefits, policies, forms, and wellbeing information.
- HR explored and selected a new vendor for background check services.
- Preliminary training in ClickUp (project management software) began with roll-out for entire HR team slotted for end of Q1.
- HR is partnering with managers/VPs to cultivate and support a positive work environment which meets business needs.
- HR continues to supports managers with employee relations as matters arise.

Strategic relevance

- **Organizational Excellence:** Strengthen infrastructure in all areas, including programs, services, finance, human resources, information technology, communications and facilities.

Issues/risks/challenges

- UKG recruiting module remains a challenge. HR is working with a representative from UKG on reimplementaion.

Key metrics/trends

Job Searches	Onboarding/Pending	Offboarding
Four (4) open positions	Two positions (2)	One (1)
	<ol style="list-style-type: none"> 1. Dental Hygienist (PRN) 2. Care Coordination Specialist 	Behavioral Health Provider

Leadership report summary

Reporting department: Marketing and Communications
Reporting month: January 2026

What's new/key updates

- Marketing and Communications (Marcom) has completed art for the “carrying more” campaign, which will be used for billboards, bus shelters, interior bus signage, benches, and print and digital ads (see example visual following program update). We’ve used exaggerated images to show common barriers to accessing health care. The problem-first ideology for the campaign was used because it drives emotion, which is more effective for recall; shortens the time it takes people to understand; meets people earlier in their decision journey; and most importantly, it acknowledges people’s lived experience without judgement: “They understand what I’m dealing with, and they’ve worked with people like me.”) Ads will begin appearing in Fort Collins on Feb. 16, with a concentration around the Bristlecone campus.
- Marcom is partially through the process of updating and rebranding spaces in 120 and 202 Bristlecone. This includes new branded signage on doors, paint revisions with branded colors and new branded signage at check-in desks. In the next 1 – 2 months, upcoming work includes an interpretive timeline in the 120 Board/conference room, large hanging brand “ribbon” sculptures in the entryways of 120 and 202, interior front desk logos and stairwell graphics, “woven into the community” artwork that will be placed throughout 120 and 202, and external signage.
- Marcom has launched our intranet, “The Loop,” a more robust follow-up to the previous internal newsletter. It includes transparent news, accolades, resource links, community news and interactivity. (Example visual following program update)
- We’re leading the C.I.A., or “Culture in Action” team, which has team members from different parts of the organization. Our goal is to make sure our staff-informed culture is seen and felt in tangible ways each day.
- Marcom has determined the look of main and internal pages for our new website, and we’re moving on to copy/text. Our focus is on clear journeys different types of clients can take.

Strategic relevance

- **Organizational Excellence and Health Equity:** Reflecting community needs in Health District marketing, advertising and web content
- **Great Governance and Health Equity:** Strengthening external communications strategy to promote visibility
- **Organizational excellence:** Focusing on transparent and engaging external communications to build relationships



EMPLOYEE RESOURCES



NEWS AND ANNOUNCEMENTS



Brian Ferrans named new executive director of the Health District
The Health District Board of Directors is pleased to announce the unanimous...
4 days ago

Notice anything different??
Welcome to the new Loop! The Loop is your place to...
4 days ago

Changing Minds Project Headband
Changing Minds will be packing the stands with green...
5 days ago

Celebrating local Black history
February is Black History Month, and there's incredible...
5 days ago

SPOTLIGHTS AND SHOUTOUTS

Mylinh Han
One of my patients has been struggling to get his Medicare insurance coverage in place. Mylinh was able to get him going in the right direction. He was so much calmer after speaking with Mylinh. She eliminated a lot of confusion for him, and he is much happier now that he has the coverage he needs. Thanks, Mylinh!
—Kris Hemby

Jill Wear
Shout out to Jill Wear who mentioned that she loved the budget office hour meetings because she knew she could join to discuss any questions she had, giving me the idea to make office hours a permanent fixture.
—Jessica Holmes

Shelley Marie and Changing Minds
I just got y'all's package in the mail – thank you so much! This money came to me right when I needed it, honestly. I deeply appreciate Changing Minds and the message you are sharing. So excited I got to be a part of it and create a sticker! Also, I love the blue beanie!
—Changing Minds sticker contest winner

Know someone who deserves a shoutout? This is your space to share the love.
[Email your kudos to bholand@healthdistrict.org](mailto:Email.your.kudos.to.bholand@healthdistrict.org)

COMMUNITY CORNER

COMMUNITY CORNER
Movie Night: Mississippi Masala
Tuesday, Feb. 10
CSU's Black/African American Cultural Center (BAAACC) and the Asian Pacific American Cultural Center (APACC) invite all community members to a special screening of Mississippi Masala. Directed by Mira Nair, Mississippi Masala tells the story of Mina, a young woman from an Indian-Ugandan family displaced by political upheaval, and Demetrius, a Black entrepreneur in the American South. This event is part of CSU's Black History Month programming.
5:30-8 p.m.
CSU Behavioral Sciences Building, Room 131
[Learn more](#)

COMMUNITY CORNER
Fundraiser: Sex Trivia Night
Tuesday, Feb. 10
The Northern Colorado Health Network's annual fundraiser, Sex Trivia Night, is a laughter-filled evening of cheeky fun to educate and raise awareness about their services, including sexual and reproductive health care.
NCHN is a local partner whose mission is to equitably meet the evolving needs of people affected by HIV and other health conditions through prevention, care and advocacy. Health District employees can get \$5 off the \$15 admission with code \$5dolarsOFF.
Doors open at 7 p.m. Trivia starts at 7:30 p.m. Odell Brewing Company
[Purchase tickets](#)

COMMUNITY CORNER
Winter Bike-to-Work Day
Friday, Feb. 13
Fort Collins celebrates bicycling year-round, and Bike-to-Work Day is our biggest community ride. Swap your car for a bike, grab breakfast on the way and connect with others who like to bike. Whether you ride every day or once a year, it's an easy, fun way to be part of the city's active transportation culture.
Support station hours: 7-9:30 a.m. and 3:30-5:30 p.m.
The Health District's station will be in Oak Street Plaza during the morning time slot.
Hope to see you there!
[Learn more](#)

COMMUNITY CORNER
Healing circle for behavioral health providers
Wednesday, Feb. 25
The Nourish event series from the Larimer County Behavioral Health Department offers opportunities for behavioral health providers to connect and nurture their own well-being. Healing Circles, facilitated by Tammy Brennan, LCSW, are a place to share, reflect and build resilience while connecting with one another. Space is limited, so reserve your seat now.
4-5 p.m.
Acute Care facility, Longview campus
[Sign up here](#)

HEALTH EQUITY SPOTLIGHT

Last Call: Health Equity Survey Closes Wednesday!
Just 5-10 minutes stand between you and helping shape our health equity priorities (plus a shot at a \$25 gift card to a local business 🍷).
Survey closes end of day Wednesday, February 11.
[Complete the Survey Now](#)



EMPLOYEE TRANSITIONS

Lora Mayfield
Lora has joined the Mental Health Connections team as a care coordination specialist. She's a Colorado native who grew up in Fort Collins. In her downtime, she enjoys crafting with her daughters and grandson. She has three fur babies – two chihuahuas named Dynah and Mo (Dynamo) and a cat named Hairy. In the summer, she loves to kayak, especially at Horsetooth Reservoir.



THE EXCHANGE

Welcome to The Exchange, a new spot to connect and get to know each other better. Each week we'll post a question, and everyone who responds in the comments below will have a chance to win a \$25 gift card to a locally owned business. This week's featured local business is Downtown Ace Hardware on College Ave. in Old Town. Here's a fun question to get us started.

If you could hop on a plane right now and go anywhere in the world, where would you go?

See all

+ Add event

- FEB 11 Happy Birthday Alyssa Grubal
Wed, Feb 11, All day
- FEB 13 Happy Birthday Mike Lynch!
Fri, Feb 13, All day
- FEB 16 Presidents' Day (Paid Holiday)
Mon, Feb 16, All day
- FEB 16 Happy Birthday Heather Gerhart!
Mon, Feb 16, All day

Previous Next

Weather closures

Here's a refresher on our current weather-related closure process:

- Leadership will make delay or closure decisions by 6 a.m., with supervisors notifying staff by 6:30 a.m.
- Like last year, we'll follow Poudre School District closure guidelines when school is in session.

Keep warm and stay safe!

Leadership report summary

Reporting department: Infrastructure Operations
Date: January 2026

What's new/key updates

- Successfully renegotiated Information Technology contract with ICC.
 - Began interviews for new IT tech support role. 200+ Applicants.
 - Completed air quality tests at our Bristlecone campus.
 - Completed stay interview with staff.
 - Completed quarterly fire drills at Bristlecone campus.
 - Extended tenant leases at 425 W. Mulberry
-

Strategic relevance

- **Organizational Excellence:** Strengthen infrastructure in all areas, including programs, services, finance, human resources, information technology, communications and facilities.
 - **Great Governance:** Ensure the integrity of the Health District's financial position and provide fiscal stewardship and accountability.
 - **Health Equity:** Model inclusive excellence for health care partners and collaborators.
-

Issues/risks/challenges

- No significant issues to report.
-

Key metrics/trends

- Completed 51 / 52 Facility Workorders in past 30 days. 98% completion rate.
- 165 new Information Technology Workorder Tickets were created in past 30 days.

Leadership report summary

Reporting department: Compliance
Reporting month: January 2026

What's new/key updates

- Work continues on BOD policies as well as internal procedures for the Health District.
- Risk assessment via Compliancy Group has began this month and the next step is to follow up on action items that need attention.
- Record retention research in progress to determine retention/destruction of documents currently in storage.
- New version of employee handbook completed with HR and going through attorney review.
- Internal Compliance Committee to be identified February 2026.

Strategic relevance

- **Great Governance:** Support Health District Board of Directors to successfully carry out duties of governance and transparency. Shape the Health District policy to promote positive health outcomes and operational excellence.
 - **Organizational Excellence:** Strengthen infrastructure in all areas, including programs, services, finance, human resources, information technology, communications and facilities.
-

Issues/risks/challenges

- No significant issues to report

Key metrics/trends

- Compliancy Group Incident Reporting: 1 incident reported for the month of January
- Compliancy Group Employee Training score of 99/100

Leadership Report Summary

Reporting Department: Finance Department
Date: January 2026

What's New/Key Updates

- NetSuite Planning & Budgeting (NSPB) software went live at the end of December 2025, and the post go live support phase ended on February 12, 2026. Budget data for 2024, 2025, and 2026 have been imported into the software. Training on NSPB is scheduled for the 2nd quarter of 2026 (based on the Finance Department Workplan).
- Year-end Financial close is now complete, however, adjustments will be made to comply with accounting standards if additional expenditures are received for 2025. The Financial Reporting Package contained within this packet should be considered draft until the financial audit is complete.
- The Forensic Audit is nearing conclusion, with an estimated completion date in March 2026.
- The annual Financial Audit is underway. Requests have been received from CLA and submission is in progress.

Strategic Relevance

- The updates noted above align with the strategic priorities of **Great Governance** and **Organizational Excellence**.
 - NetSuite Planning & Budgeting software supports Organizational Excellence by strengthening infrastructure and facilitating improved data analysis
 - Accurate financial statements, especially at year end, are vital to Great Governance. This information supports the Board of Directors in successfully carrying out their fiduciary duties.
 - The Forensic Audit promotes Great Governance by ensuring the integrity of the Health District's financial position through accountability. It also promotes Organizational Excellence by identifying areas for improvements to processes and procedures.
 - Our annual Financial Audit strengthens Great Governance by also ensuring the integrity of the District's financial position.

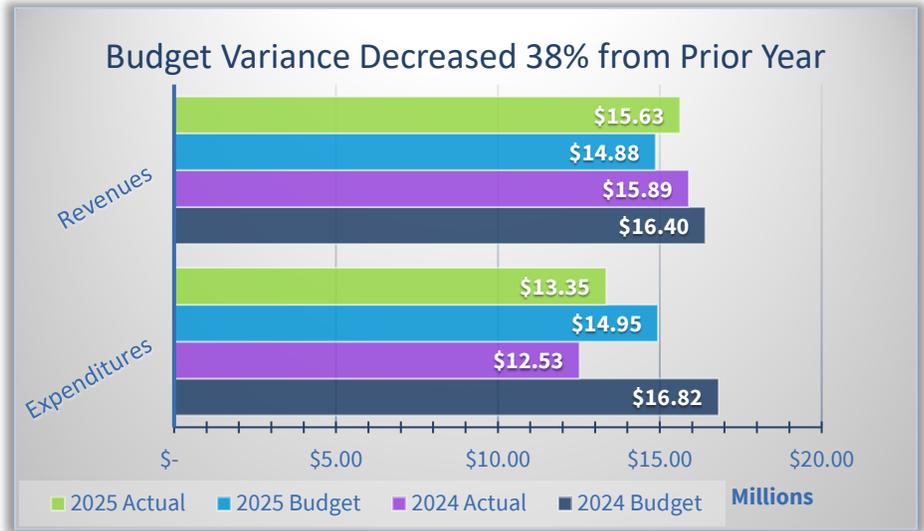
Issues/Risks/Challenges

- Overdue bill, invoice, and expense submissions for 2025 delayed year-end close. Ongoing process improvements are aimed at correcting this issue to promote a more efficient financial close process.

Key Metrics/Trends

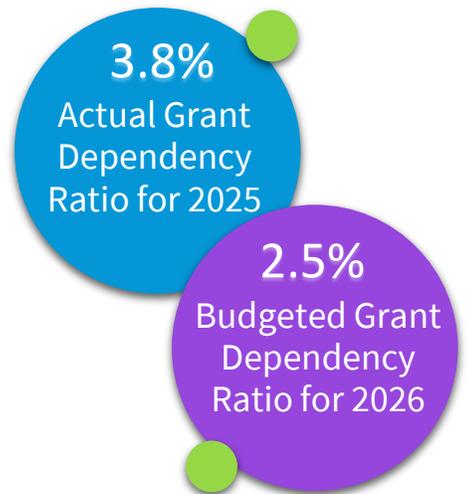
Budget Variance Analysis

- In 2024, revenues were below budget by -3% and expenses were below budget by 26%, resulting in a Change in Fund Balance that exceeded budget by \$3.78M.
- In 2025, revenues were ahead of budget by 5% and expenses were below budget by 11%, resulting in a Change in Fund Balance that exceeded budget by \$2.33M.
- While underspending was still an issue in 2025, the budget variance improved by over 38%.



Grant Dependency Ratio

- With federal and state funding cuts causing concern, it is important to note that less than 4% of the Health District’s 2025 revenues were from grant contributions. The 2026 Budget anticipates less than 3% of its revenue to be funded by grant dollars.
- The District’s lack of dependency on grants, coupled with the balance of our unassigned funds puts us in a unique position to strategically provide more services and assistance to our community when other health organizations are forced to take a step back.



Months of Cash on Hand – Assigned Reserve & Unassigned Funds

- The 2026 Fund Balance Appropriation assigned a four-month reserve of our budgeted monthly expenditures, in the amount of \$5.99M.
- As of December 31st, 2025, the Health District had an Unassigned Fund Balance of \$5.71M.
- Our monthly operating expenditure budget for 2026 is \$1.45M.
- Combining the assigned reserve with our unassigned funds gives us 8 months of cash on hand.