



## Board of Directors Regular Meeting & Executive Session Agenda

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

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Date: Wednesday, January 21, 2026

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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** Mike Lynch

- a. Presentation from Facilities

**6:30 PM IV. Consent Agenda** Erin Hottenstein

- a. Approval of Meeting minutes from 12.10.25 Regular meeting

**6:40 PM V. Action Items** Erin Hottenstein

- a. Adoption of the 2026 Board of Directors Meeting Schedule
  - I. Resolution 2026-01 Adoption of the 2026 Board of Directors Meeting Schedule
- b. Legislative Session Policy Issue Decision

**6:45 PM VI. Reports and Discussions**

- a. HR 1 Update
- b. Outline of Audit SOW
- c. Board of Director Reports
- d. Liaison to PVHS/UCHealth Report
- e. ED/CEO Search
- f. Executive Committee Update
  - i. Orientation Pathway
- g. Executive Director Staff Report

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

**7:00 PM VII. Executive Session**

Erin Hottenstein

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.

**7:15 PM VIII. Adjourn**

Erin Hottenstein



**AGENDA DOCUMENTATION**

*Meeting Date: January 21, 2026*

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**SUBJECT:** Approval of draft minutes from December 10, 2025, meeting.

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**PRESENTER:** Erin Hottenstein

**OUTCOME REQUESTED:**  Decision  Consent  Report

**PURPOSE/ BACKGROUND**

To approve the draft minutes from December 10, 2025, meeting.

***Attachment(s): Draft Minutes***

**FISCAL IMPACT:** N/A

**STAFF RECOMMENDATION:** Approve Minutes



## Board of Directors Meeting DRAFT 12.10.2025 MINUTES

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

Date: Wednesday, December 10, 2025

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 (Virtual)	Alyson Williams- VP of Strategy & Impact
	Jonathan Hamilton-Digital Media Specialist
	Brian Allen-UC Health
	Rebecca Toll-Senior Partnership Strategist
	Meredith Towle-Data & Analytics Manager
	Misty Manchester- Director of People and Business Operations
	Mike Lynch-Director of Infrastructure Operations
	Corrine Thomas-Larimer County Resident

### 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 December 10, 2025, meeting agenda, as presented. Moved by Director Thielen, seconded by Director Hathcock, motion passes.*

## II. PUBLIC COMMENT

A public comment was submitted by Kory Thomas (Corrine Luther Thomas), Larimer County resident, covering several topics:

- Expressed gratitude for the current Executive Director
- Raised concerns about vaccine safety, emphasizing the need for clear communication from all involved parties
- Indicated having questions and a plan for the next 3 weeks for vaccinations

Technical note: There was an audio pause and an issue with the Owl (likely an audio/video conferencing device) not working during this comment.

## III. Presentations

**Presenters:** UC health-Brian Allen

Brian Allen from UC Health presented updates on healthcare expansion and strategic planning: New Developments:

- New inpatient unit focused on behavioral health with increased capacity
- Unified communication program using iPhones to improve coordination
- Quality and accountability measures to ensure best care delivery

Strategic Priorities:

- 5 CORE strategic priorities outlined
- Specific initiatives include:
  1. Adding more facilities
  2. HR team launching new programs (online coaching for families and employees)
  3. Construction updates on behavioral health center

Q&A Session:

- Director Field asked about budget methodology and what factors determined the dollar amount Allen explained they used community assessments and organizational partnerships
- Director Thielen mentioned community health assessments for future planning Allen agreed it's important to align priorities

Director Hathcock asked if any beds are pediatric; Allen clarified they're for adolescents only, not pediatric

## IV. Consent Agenda

- a. November 19, 2025 Draft Regular Meeting minutes and Budget Hearing Minutes
- b. PSD Contract

*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 Health District Budget & Appropriate Sums of Money
  - i. Resolution 2025-14 Adoption of the 2026 Health District Budget & Appropriate Sums of Money

*Motion: to approve the Resolution 2025-14 Adoption of the 2026 Health District Budget & Appropriate Sums of Money*

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

Director Thielen sought clarification on the actual projections and status for 2026. Green responded by addressing open positions and their status, noting these would remain open unless they are filled.

Director McKay then requested a review of the report specifically for PSD (Poudre School District). He inquired about the school selection criteria and rationale, suggesting that Title I schools should be prioritized.

Director McKay also made a statement clarifying that there is no conflict of interest between his relationship with Summit Stone and the Health Department

## II. Resolution 2025-15 Set Mill Levies

*Motion: to approve the Resolution 2025-15 Set Mill Levies*

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

## VI. Reports and Discussions

### Presenters:

Alyson Williams & Dana Turner

### HR1 Update

The HR1 update highlighted anticipated systems changes that will affect enrollment, which may cause difficulties for some individuals navigating the process. Outreach efforts are currently underway to assist those experiencing challenges. A possible presentation by Rosie Duran from Larimer Health Connect was discussed.

Concerns were raised regarding the sustainability of these funds, though the funding represents an increase compared to pre-pandemic levels. The discussion emphasized both the technical challenges people face during enrollment and questions about the long-term sustainability of the increased funding supporting these services.

### Proposed 2026 Meeting Schedule

The Board discussed the proposed 2026 meeting schedule.

Director Hathcock proposed removing the July and September meetings from the schedule, which Director Field supported. Director Thielen preferred to postpone the decision until a new director is in place.

Director McKay disagreed with the proposed resolution and the suggested dates, requesting immediate edits. Director Hottenstein indicated a preference for no July meeting but expressed willingness to wait for the Executive Director's input.

Director Hathcock suggested a compromise: if meetings are removed, the decision should be finalized earlier in the year to allow all dates to be calendared.

The vote was postponed until the January 21, 2026 meeting to allow for schedule refinement based on workload considerations.

## 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:** Met with Senator Bennett and toured new facility; also spoke about LHC **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

- First round interviews begin tomorrow (December 11, 2025)
- Additional first round interviews on December 18th
- Final (In-person) interviews scheduled for the week of January 12, 2025
- Tomorrow's interviews will be recorded on video for the Board of Directors to review
- The search appears to be moving through a structured two-round process, with the Board staying involved through video reviews of the initial candidate interviews.

## Executive Committee Update

Not much to add at this time.

## Executive Director Staff Report Facilities &

### Communications

- Rebranding updates in progress

### Safety & Compliance

- PFA meeting scheduled with safety drills in January
- ICC meeting completed

### Donations & Community

- 500 toothbrushes donated by Waterpik
- 270 lbs. of food donated to food bank

### Staff & HR

- New 30 and 90-day check-ins being implemented for staff
- All Staff meeting was successful

### Enrollment & Access

- LHC now offering Saturday and evening appointments for enrollment
- CE providing support with enrollment efforts

### Staffing Challenges

- Dental assistant shortage discussed
- Exploring dental schools as recruitment source, but current market is difficult

## VII. Adjourn

*Motion to adjourn the meeting at 7:01 pm*

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



## AGENDA DOCUMENTATION

*Meeting Date: January 21, 2026*

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### **SUBJECT: 2026 Board of Directors Meeting Schedule**

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**PRESENTER:** Erin Hottenstein

**OUTCOME REQUESTED:**  Decision       Consent       Report

#### **PURPOSE/ BACKGROUND**

The Health District's business is conducted in meetings of the Board of Directors. Best practices include that the Board designate the time and place for all Board meetings and designate where it posts its required 24-hour notice at the first regular meeting of each calendar year. Notice will be provided on the public website of the Health District twenty-four hours prior to the meeting. (C.R.S. §32-1-903 and C.R.S. §24-6-402).

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

- a) The Board shall hold meetings at least ten times per year.*
- b) Special meetings and/or work sessions may be held as often as the needs of Health District require, upon notice to each director, and shall be posted as required by law.*

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

#### 2026 Proposed BOD Meeting Schedule:

- **January 21, 2026**
- **February 18, 2026**
- **March 23, 2026**  
Joint meeting with PVH, \*No Regular Meeting at Health District
- **April 22, 2026**
- **May 20, 2026**
- **June 17, 2026**
- **July 22, 2026**
- **August 19, 2026**
- **September 23, 2026**
- **October 21, 2026**
- **November 18, 2026**
- **December 9, 2026**

**STAFF RECOMMENDATION:** Approve proposed 2026 Board of Directors Meeting Schedule.  
Excluding July 2026 and September 2026



## Resolution 2026-01

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

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

That the Health District of Northern Larimer County Board of Directors regular meetings for 2026 shall normally be held on the following days and times:

- January 21, 2026
- February 18, 2026
- March 23, 2026– Joint Board Meeting with Poudre Valley Hospital Board of Directors
- April 22, 2026
- May 20, 2026
- June 17, 2026
- July 22, 2026
- August 19, 2026
- September 23, 2026
- October 21, 2026
- November 18, 2026
- December 9, 2026

**ADOPTED, this 21st day of January, A.D., 2026.**

Attest:

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Erin Hottenstein, President

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Lee Thielen, Vice President

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Julie Field, Treasurer

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Sarah Hathcock, Secretary

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John McKay, UC Health/PVH Liaison

**AGENDA DOCUMENTATION**

*Meeting Date: January 21, 2026*

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**SUBJECT:** State Legislative Session Policy Issues

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**PRESENTER:** Alyson Williams

**OUTCOME REQUESTED:**  Decision  Consent  Report

**PURPOSE/ BACKGROUND**

The regular session of the Colorado General Assembly begins on January 14, 2026. As 2025 ended, the Joint Budget Committee continued to meet to conduct departmental budget briefings and hearings to begin to understand Governor Polis' state fiscal year 2026-2027 proposed budget.

As the Board Public Policy Committee will begin meeting after the first regular Board meeting of 2026, staff will bring high-priority bills or issues for full Board consideration on potential positions.

***Attachment(s): None.***

**FISCAL IMPACT:**

N/A

**STAFF RECOMMENDATION:**

If there are recommendations for organizational positions on public policy, staff will propose them during the regular meeting.

**AGENDA DOCUMENTATION**

*Meeting Date: January 21, 2026*

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**SUBJECT: HR1 Update**

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**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 develop 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: January 21, 2026*

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### **SUBJECT: Statement of Work – Audit Services**

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**PRESENTER:** Jessica Holmes

**OUTCOME REQUESTED:**  Decision  Consent  Report

#### **PURPOSE/ BACKGROUND**

The Health District of Northern Larimer County undergoes an annual financial statement audit. For the audit of our 2025 financial statements we have once again engaged with CliftonLarsonAllen, LLP (CLA).

CLA will audit our financial statements, fund balance, and related notes as of December 31, 2025, in accordance with U.S. GAAP and GASB. The main objective of this type of audit is to provide reasonable assurance that the financial statements are free from material misstatements. While the scope of services and objectives remains mostly unchanged from prior years, there is an additional cost for IT procedures related to our September 2025 accounting software transition.

The estimated cost for these audit services is \$37,110 (this includes \$7,000 for the additional IT procedures).

Consistent with prior years, we will aim for April completion so that CLA will be prepared to present at the May 2026 board meeting.

#### ***Attachment(s): Audit SOW***

#### **FISCAL IMPACT**

\$37,100 (estimate, included in budgeted expenditures)

#### **STAFF RECOMMENDATION**

N/A



November 25, 2025

### ***Statement of Work - Audit Services***

This agreement constitutes a statement of work ("SOW") under the master service agreement ("MSA") dated January 30, 2023, or superseding MSA, made by and between CliftonLarsonAllen LLP ("CLA," "we," "us," and "our") and Health Services District of Northern Larimer Cnty ("you," "your," or "the entity"). We are pleased to confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services CLA will provide for the entity as of and for the year ended December 31, 2025.

Allison Slife is responsible for the performance of the audit engagement.

#### **Scope of audit services**

We will audit the financial statements of the governmental activities and the major fund, which collectively comprise the basic financial statements of Health Services District of Northern Larimer Cnty, and the related notes to the financial statements as of and for the year ended December 31, 2025.

The Governmental Accounting Standards Board (GASB) provides for certain required supplementary information (RSI) to accompany the entity's basic financial statements.

The RSI will be subjected to certain limited procedures, but will not be audited.

#### **Nonaudit services**

We will also provide the following nonaudit services:

- Preparation of your financial statements and the related notes.
- Preparation of the required supplementary information (RSI).

#### **Audit objectives**

The objectives of our audit of the financial statements are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP). Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered

material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Our audit will be conducted in accordance with U.S. GAAS. Those standards require us to be independent of the entity and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. Our audit will include tests of your accounting records and other procedures we consider necessary to enable us to express such opinions.

We will apply certain limited procedures to the RSI in accordance with U.S. GAAS. However, we will not express an opinion or provide any assurance on the RSI because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

We will issue a written report upon completion of our audit of your financial statements.

Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add an emphasis-of-matter or other-matter paragraph to our auditors' report, or if necessary, withdraw from the engagement. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If circumstances occur related to the condition of your records, the availability of sufficient, appropriate audit evidence, or the existence of a significant risk of material misstatement of the financial statements caused by error, fraudulent financial reporting, or misappropriation of assets, which in our professional judgment prevent us from completing the audit or forming opinions on the financial statements, we retain the right to take any course of action permitted by professional standards, including declining to express opinions or issue a report, or withdrawing from the engagement.

### **Auditor responsibilities, procedures, and limitations**

We will conduct our audit in accordance with U.S. GAAS.

Those standards require that we exercise professional judgment and maintain professional skepticism throughout the planning and performance of the audit. As part of our audit, we will:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and evaluate whether audit evidence obtained is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of the entity and its environment, including the system of internal control, relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting

estimates made by management, as well as evaluate the overall presentation of the financial statements, including the amounts and disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

- Conclude, based on our evaluation of audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable period of time.

Although our audit planning has not been concluded and modifications may be made, we have identified the following significant risk(s) of material misstatement as part of our audit planning:

- management override of controls
- revenue recognition

There is an unavoidable risk, because of the inherent limitations of an audit, together with the inherent limitations of internal control, that some material misstatements may not be detected, even though the audit is properly planned and performed in accordance with U.S. GAAS. Because we will not perform a detailed examination of all transactions, material misstatements, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity, may not be detected.

In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management and those charged with governance of any material errors, fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management and those charged with governance of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential.

Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

### **Management responsibilities**

Our audit will be conducted on the basis that you (management and, when appropriate, those charged with governance) acknowledge and understand that you have certain responsibilities that are fundamental to the conduct of an audit.

You are responsible for the preparation and fair presentation of the financial statements and RSI in accordance with U.S. GAAP.

Management's responsibilities include the selection and application of accounting principles; recording and reflecting all transactions in the financial statements; determining the reasonableness of significant accounting estimates included in the financial statements; adjusting the financial statements to correct material misstatements; and confirming to us in the management representation letter that the effects of

any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for 12 months beyond the financial statement date.

You are responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities and safeguarding assets. You are responsible for the design, implementation, and maintenance of internal controls to prevent and detect fraud; assessing the risk that the financial statements may be materially misstated as a result of fraud; and for informing us about all known or suspected fraud affecting the entity involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws and regulations, and informing us of all instances of identified or suspected noncompliance whose effects on the financial statements should be considered.

You are responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, including amounts and disclosures, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters, and for the accuracy and completeness of that information (including information from within and outside of the general and subsidiary ledgers); (2) additional information that we may request for the purpose of the audit; and (3) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.

You agree to inform us of events occurring or facts discovered subsequent to the date of the financial statements that may affect the financial statements.

Management is responsible for providing us with a written confirmation concerning representations made by you and your staff to us in connection with the audit and the presentation of the basic financial statements and RSI. During our engagement, we will request information and explanations from you regarding, among other matters, the entity's activities, internal control, future plans, specific transactions, and accounting systems and procedures. The procedures we will perform during our engagement and the conclusions we reach as a basis for our report will be heavily influenced by the representations that we receive in the representation letter and otherwise from you. Accordingly, inaccurate, incomplete, or false representations could cause us to expend unnecessary effort or could cause a material fraud or error to go undetected by our procedures. In view of the foregoing, you agree that we shall not be responsible for any misstatements in the entity's financial statements that we may fail to detect as a result of misrepresentations made to us by you.

#### **Responsibilities and limitations related to nonaudit services**

For all nonaudit services we may provide to you, management agrees to assume all management responsibilities; oversee the services by designating an individual, preferably within senior management,

who possesses suitable skill, knowledge, and/or experience to understand and oversee the services; evaluate the adequacy and results of the services; and accept responsibility for the results of the services.

Management is also responsible for ensuring that your data and records are complete and that you have received sufficient information to oversee the services.

### **Use of financial statements**

Should you decide to include or incorporate by reference these financial statements and our auditors' report(s) thereon in a future private placement or other offering of equity or debt securities, you agree that we are under no obligation to re-issue our report or provide consent for the use of our report in such a registration or offering document. We will determine, at our sole discretion, whether we will re-issue our report or provide consent for the use of our report only after we have performed the procedures we consider necessary in the circumstances. If we decide to re-issue our report or consent to the use of our report, we will be required to perform certain procedures including, but not limited to, (a) reading other information incorporated by reference in the registration statement or other offering document and (b) subsequent event procedures. These procedures will be considered an engagement separate and distinct from our audit engagement, and we will bill you separately. If we decide to re-issue our report or consent to the use of our report, you agree that we will be included on each distribution of draft offering materials and we will receive a complete set of final documents. If we decide not to re-issue our report or decide to withhold our consent to the use of our report, you may be required to engage another firm to audit periods covered by our audit reports, and that firm will likely bill you for its services. While the successor auditor may request access to our workpapers for those periods, we are under no obligation to permit such access.

If the parties (i.e., you and CLA) agree that CLA will not be involved with your official statements related to municipal securities filings or other offering documents, we will require that any official statements or other offering documents issued by you with which we are not involved clearly indicate that CLA is not involved with the contents of such documents. Such disclosure should read as follows:

CliftonLarsonAllen LLP, our independent auditor, has not been engaged to perform and has not performed, since the date of its report included herein, any procedures on the financial statements addressed in that report. CliftonLarsonAllen LLP also has not performed any procedures relating to this offering document.

With regard to the electronic dissemination of audited financial statements, including financial statements published electronically on your website or submitted on a regulator website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in those sites or to consider the consistency of other information in the electronic site with the original document.

We may issue preliminary draft financial statements to you for your review. Any preliminary draft financial statements should not be relied on or distributed.

### **Engagement administration and other matters**

We understand that your employees will prepare all confirmations, account analyses, and audit schedules we request and will locate any documents or invoices selected by us for testing. A list of information we

expect to need for our audit and the dates required will be provided in a separate communication.

Professional standards require us to be independent with respect to you in the performance of these services. Any discussion that you have with our personnel regarding potential employment with you could impair our independence with respect to this engagement. Therefore, we request that you inform us prior to any such discussions so that we can implement appropriate safeguards to maintain our independence and objectivity. Further, any employment offers to any staff members working on this engagement without our prior knowledge may require substantial additional procedures to ensure our independence. You will be responsible for any additional costs incurred to perform these procedures.

Our audit engagement ends on delivery of our signed report. Any additional services that might be requested will be a separate, new engagement. The terms and conditions of that new engagement will be governed by a new, specific SOW for that service.

#### **Fees**

Our professional fee is \$37,110.00. We will also bill for expenses (including travel, report production, word processing, postage, internal and administrative charges, etc.) plus a technology and client support fee of five percent (5%) of all professional fees billed, which is inclusive of the fee noted above. This estimate is based on anticipated cooperation from your personnel and their assistance with locating requested documents and preparing requested schedules. If the requested items are not available on the dates required or are not accurate, the fees and expenses will likely be higher. Our invoices, including applicable state and local taxes, will be rendered as work progresses and are payable on presentation.

Audit of financial statements	\$28,340.00
GASB 102 – Certain Risk Disclosures	\$0.00
Financial statement preparation	\$0.00
Additional IT audit procedures	\$7,000.00

#### **Unexpected circumstances**

We will advise you if unexpected circumstances require significant additional procedures resulting in a substantial increase in the fee estimate.

#### **Changes in accounting and audit standards**

Standard setters and regulators continue to evaluate and modify standards. Such changes may result in new or revised financial reporting and disclosure requirements or expand the nature, timing, and scope of the activities we are required to perform. To the extent that the amount of time required to provide the services described in the SOW increases due to such changes, our fee may need to be adjusted. We will discuss such circumstances with you prior to performing the additional work.

#### **Agreement**

We appreciate the opportunity to provide the services described in this SOW related to the MSA. All terms and provisions of the MSA shall apply to these services. If you agree with the terms of this SOW, please sign

below to indicate your acknowledgement and understanding of, and agreement with, this SOW.

Sincerely,

**CliftonLarsonAllen LLP**

**Response:**

This letter correctly sets forth the understanding of Health Services District of Northern Larimer Cnty.

**CLA**

CLA

*Allison Slife*

Allison Slife, Principal

**SIGNED** 12/5/2025, 10:56:01 AM MST

**Client**

Health Services District of Northern Larimer  
Cnty

*Jessica Holmes*

Jessica Holmes, Controller/Finance Officer

**SIGNED** 12/17/2025, 8:58:37 AM MST

Health Services District of Northern Larimer  
Cnty

*Courtney Green*

Courtney Green, Interim Executive Director

**SIGNED** 12/17/2025, 9:13:42 AM MST



**AGENDA DOCUMENTATION**

*Meeting Date: January 21, 2026*

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**SUBJECT:** Orientation Pathway

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**PRESENTER:** Erin Hottenstein

**OUTCOME REQUESTED:**  Decision       Consent       Report

**PURPOSE/ BACKGROUND**

Discuss objectives in the Orientation Pathway to establish clear criteria and expectations aimed at a successful onboarding for the incoming Executive Director/CEO.

***Attachment(s): Orientation Pathway***

**FISCAL IMPACT:** N/A

**STAFF RECOMMENDATION:** None

<b>Executive Director Orientation Pathway</b>		
<b>Phase 1: Pre- Arrival Alignment</b> - Ensure board is aligned before Day 1	<b>Responsible Party:</b>	<b>Action Needed:</b>
Agree on communication cadence and preferred formats (email summaries, dashboards, metrics).	EXEC CMTTEE	Add Exec CMTEE calendar to Orientation Binder
Board agree on communication cadence after brought forward by EC	BOD	
Identify top organizational priorities that cannot slip during the transition	BOARD/Interim	
Finalize the ED onboarding packet (policies, bylaws, strategic plan, calendar, budget). History of Health District	Courtney/Jacque	Create Orientation Binder
Identify the importance of early relationships the ED must build (funders, partners, county government, etc.)	BOARD/ELT	
Think about the structure for warm introductions. (partners)	BOARD/ELT	Cont monthly lunch/coffee meetings
Determine who will serve as the ED's primary point of contact	BOARD CHAIR	
Determining performance evaluation (6mos and 1 year)	BOARD	
<b>Phase 2: Administrative &amp; Operational Setup (Before Day1/or Week 1)</b> - Ensure the ED has Operational Authority and access from the start		
Transfer signatory authority (Bank accounts, contracts, grants)	BOARD/Executive Leadership, HR and IT	Create Resolutions for Feb Board Meeting
Update HR/Payroll Systems with correct permissions	HR/Payroll and IT	Complete New Hire Form
Provide access to all software platforms, shared drives, passwords and security tokens	IT/Interim ED	Complete New Hire Form
Prepare a clean organizational chart (formal and informal)	HR	Add to Orientation Binder
Provide a "Pending Issues List" outlining open decisions, deadlines, risks and unresolved items	BOARD/ Interim ED and Executive Leadership	
SetUp technology: laptop, email, voicemail, calendars and remote access	Facilities/IT	Complete New Hire Form
<b>Phase 3:Day 1-30-Orientation and Exposure</b> - Immerse the ED in governance, culture, and context before they make decisions		
Provide a governance orientation:mission, structure, funding, history, legal duties	EXEC CMTTEE	Info in Orientation Binder

Review ED authority vs. Board authority	EXEC CMTTEE	
Explain the Board's culture, communication norms, and expectations (including probationary periods, evaluation expectations, etc.)	EXEC CMTTEE	
Establish a predictable communication cadence early (weekly/biweekly checkins)	EXEC CMTTEE	Add Exec Cmte calendar to Orientation Binder
Identify urgent issues requiring immediate ED attention	EXEC CMTTEE	Cover lines 20-24 in EC Meeting
Review financials, audits, contracts, active grants, regulatory requirements	ED/CAO	
Observe culture, workflows, informal norms	ED/CAO	
Identify early risks and areas of uncertainty	ED/CAO	
<b>Intro to Key Partners</b>		
County or City Administrators	ELT/BOD	
Core funders/Program Partners	ELT/BOD	
Legal Counsel	ELT/BOD	
Community Coalitions	ELT/BOD	
Healthcare/public health partners	ELT/BOD	
<b>Phase 4: Days 30-60-Assessment and Prioritization</b> - Translate early learning in to insights, not decisions		
Complete a structured assessment of: Staffing, Operations/workflows, finances, contracts, culture, partner relationships, compliance risks	ED	
Identify 5-7 early priorities grounded in what they learned	ED	
Prepare a "State of the Organization" briefing	ED	
<b>BOARD Tasks:</b>		
Listen without directing operations	BOARD	

Validate priorities that align with mission and risk mitigation	BOARD	
Reinforce governance lanes and appropriate boundaries	BOARD	
Encourage clarity-seeking, not premature decision making	BOARD	
<b>*When to set early goals: around week 6-8, when the ED has enough context to make grounded recommendations and before habit patterns become entrenched. *</b>		
<b>Phase 5: Days 60-90 -Strategic Direction and Performance Structure -</b> Shift into alignment, expectations, and early measurable outcomes		
<b><u>ED Delivers:</u></b>		
A 90-Day summary of findings, strengths, weakness, risks	ED	
Proposed 6-12 month organizational priorities	ED	
Recommendations for improvements in processes, culture or communication	ED	
A draft dashboard or reporting structure for Board review	ED	
Plan 2026 Board Retreat (Not anticipating Strategic Plan Refresh in 2026)	ED	
<b><u>Board Delivers:</u></b>		
Agreement/refinement of priorities	BOARD	
Approval of measurable goals	BOARD	
Decision on which improvements or capacity-building items should move forward	BOARD	
Establishment of monitoring structure (quarterly Board reviews, performance evaluation rhythm)	BOARD	
<b>*Examples of Early Goals:</b>		
Strengthen financial reporting and forecasting		
Stabilize staffing or clarify roles		
Improve organizational communication		

Build or Repair key partnerships		
Review compliance processes or grant reporting		
Prepare a strategic planning cycle		



## AGENDA DOCUMENTATION

*Meeting Date: January 21, 2026*

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**SUBJECT:** Executive Director Report

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**PRESENTER:** Courtney Green

**OUTCOME REQUESTED:**  Decision  Consent  Report

Please find the Executive Director Staff Report attached with current program updates and 2026 program Work Plans.

- **MEETINGS**

The Executive Director met with the following community partners and attended the following meetings/events since the December 10, 2025, board meeting:

- Chris Shaefor- URA
- Lauren Leary and Kelsey DiAstra – United Way of Larimer County
- Diane Kessel, Kim Stanley, and Danielle Lewark - Salud
- Dave Niemeyer/Gloria Timmons – CPS HR Consulting

- **Other Updates**

1. **All Staff Meeting and Celebration**

- Celebrated tenure and had fun during an all staff celebration at the Drake Center. Staff enjoyed lunch, games, giveaways and time with one another.

2. **Mill Levy Submission**

- Mill Levy was due to Larimer County by December 15<sup>th</sup>.

3. **Completed Property, Cyber, and Liability Insurance Renewals**

- Ensured all protections were renewed for 2026.

4. **Completed first round interviews for ED/CEO search**

*Attachment(s): December 2025 Program Updates; 2026 Program Work Plans*

# Leadership report summary

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**Reporting department:** Data & Analytics  
**Reporting month:** December 2025

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## What's new/key updates

- Have fully transitioned current projects and staff supervision responsibilities to new manager.
  - Finalized the program's 2026 work plan.
  - Actively networking and introducing the manager to local partners (e.g., Summit Stone Health).
  - Next Steps: Mapping out 2026 work plan implementation.
- Red Feather Lakes (RFL) Area Healthcare Access Survey (one-time convenience sample survey):
  - Discussed project with colleagues at Larimer County Department of Health & Environment.
  - Continued engagement with RFL community advocates.
  - Next Steps: Ethics review by an Institutional Review Board (IRB), Planning for survey launch.
- 2025 Colorado Health Access Survey (CHAS)
  - As a deliverable of our contract with the Colorado Health Institute (CHI), we received a data workbook in mid-December, which contains summary data specific to Northern and Southern Regions of Larimer County.
  - Our Data Use Agreement to secure more detailed data is under review by legal counsel.
  - Next Steps: Planning a strategy for internal and external stakeholder input to help inform analysis and public reporting of these data.

## 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

- No significant issues to report.

## 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

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**Reporting department:** Strategic Funding Partnerships  
**Reporting month:** December 2025

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### What's new/key updates

- The Poudre School District partnership agreement has been fully executed by both parties, allowing behavioral health services to continue uninterrupted through the remainder of the academic year.
- The internal process for reviewing existing partnerships across the agency is ongoing. 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.
- We continue to work with Salud, SummitStone, and Family Medicine Center leadership to develop reporting metrics.

### Strategic relevance

- **Partnerships:** The partnership with Poudre School District strengthens our existing relationship to maximize impact on community health.
- **Organizational Excellence:** Instituting internal processes for this new programmatic area builds 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.

# Leadership report summary

**Reporting department:** Community Engagement  
**Reporting month:** December 2025

## What's new/key updates

- The Changing Minds campaign ended 2025 with strong momentum, highlighted by a sticker design competition that drew 26 submissions from 10 local artists. Six designs (see right) were selected through a process with all Health District staff and will be produced as sticker sheets to support campaign visibility in 2026.
- Work focused on planning for 2026, mapping major initiatives, development of team and role clarity, and anticipating busy periods to strengthen coordination.
- Planning has begun for the second annual Health District Day of Service on Thursday, April 23rd, a date chosen based on staff feedback and operational considerations. Early planning efforts are exploring multiple opportunities to expand the event's impact and ensure it remains aligned with both staff input and community needs.



## Strategic relevance

- Health Equity:** Innovative outreach efforts, such as the Changing Minds sticker competition, helps to center community voices in the work to reduce stigma.
- Partnerships:** The planning and work done in December aims to expand community engagement.
- Organizational Excellence:** The 2026 work plan was crafted through discussions with and input from Community Engagement staff, supporting the goal of staff feeling seen, heard, and respected.

## Issues/risks/challenges

- No significant issues to report.

## Key metrics/trends

- Through work with Jet Marketing, the Changing Minds campaign yielded a total of 2,756,323 impressions from four digital billboards placements across the community in Q4 2025.



# Leadership report summary

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**Reporting department:** Health Equity  
**Reporting month:** December 2025

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## What's new/key updates

- Recruitment for the 2026 Health Equity Action Team (HEAT) kicked off in mid-January. The 2026 HEAT will include a reimagined participation structure designed to drive broader staff engagement. Key improvements include longer meetings every other month to deepen collaboration, optional office hours to sustain project momentum, and reduced reliance on asynchronous work. These changes address previous barriers to staff involvement and position us for more inclusive, sustained action on health equity priorities.
- Development is underway for a comprehensive internal health equity communication plan that will standardize how health equity messages reach different internal audiences across the organization. This approach defines specific methods, platforms, and communication frequencies tailored to each team and program audience. A clear communications plan is essential for ensuring our health equity work is consistently understood and integrated by each team member at the Health District.

## Strategic relevance

- **Health Equity:** HEAT cultivates an environment that welcomes diverse thought and experience and invests in staff knowledge and commitment to equity. HEAT is also a model for inclusive excellence for health care partners and collaborators.
- **Organizational Excellence:** The health equity communication plan supports transparent and engaging internal communications so everyone in the organization feels seen, heard, and respected.

## Issues/risks/challenges

- No significant issues to report.

## Key metrics/trends

- No metrics to report this month. In future reports, this section will contain visualizations on health equity strategic plan implementation progress.

# Leadership report summary

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**Reporting department:** Dental  
**Reporting month:** December 2025

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## What's new/key updates

- We have successfully hired a highly qualified dental assistant, completing and strengthening our dental assistant team. This is a notable achievement given the ongoing staffing shortages and competitive hiring challenges across the dental industry.
- Peer chart audit assignments have been implemented across the provider team to proactively identify patient care barriers and documentation deficiencies, with the goal of strengthening regulatory adherence and billing compliance.
- Completed equipment upgrades to three dental operatories, including new dental chairs, enhanced lighting, updated headwall cabinetry, and ergonomic assistant tables to improve workflow efficiency and staff ergonomics.

## Strategic relevance

- **Organizational Excellence:** Use improved data collection, analysis, and dissemination for decision-making,
- **Organizational Excellence:** Strengthen infrastructure in all areas, including programs, services, finance, and human resources.

## Issues/risks/challenges

- Change Management Challenge: Achieving consistent provider engagement and buy-in with new processes, solutions, and operational changes remains a challenge. This impacts the pace of implementation.

## 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.

\*Please see chart on next page.

	Nov 2025 Previously Reported	Nov 2025 Updated & Confirmed	Dec 2025 Preliminary Data
Number of Appointments	492	490	521
Number of Unique Individuals Served	Not previously reported.	370	376
Community Screenings	Sept & Oct 2025: - 519 PSD Head Start Screenings - 440 Fluoride Applications	No change. No screening events in November.	No screening events in December

Data Source: Health District Dentrix EHR, Appointment & Procedure Tables. Includes:  
 Dentist and hygienist appointments combined  
 Excludes: 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.  
 Note: The same individual may be counted as a unique client served in multiple Health District programs.

# Leadership report summary

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**Reporting department:** Health Services – Larimer Health Connect  
**Reporting month:** December 2025

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## What's new/key updates

- December enrollment events were successful, including a Saturday event on December 13 at the Harmony Library and another on December 15 at our Health District office - the final day to enroll in coverage that was effective January 1, 2026. An additional enrollment event at the Estes Valley Library also proved successful, serving six households, all of whom enrolled in coverage during their visits.
- We met with the new Adult Services Librarian at the Council Tree Library, who expressed strong interest in hosting health insurance-related educational programming throughout 2026. Topics discussed included Medicaid and CHP+, the Connect for Health Colorado Marketplace, and Medicare 101. This partnership supports our ongoing efforts to meet community members where they are, in trusted and comfortable settings.

## Strategic relevance

- **Health Equity:** Center community voices and remove barriers to meet individual needs, helping all community members achieve their best health.
- **Partnerships:** Expand community engagement. Build and strengthen partnerships to maximize impact on community health.

## Issues/risks/challenges

- Providing options and support for individuals who choose not to enroll in coverage due to affordability concerns – particularly those under 100% of the Federal Poverty Level (FPL) who are no longer eligible for financial assistance.

## 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.

*\*Please see chart on next page.*



	Nov 2025 Previously Reported	Nov 2025 Preliminary Data Developing Validation Steps	Dec 2025 Preliminary Data Developing Validation Steps
Number of Appointments	328	333	310
Number of Unique Individuals Served	Not previously reported.	Developing this metric for reporting in 2026. Multiple household members may be served during one appointment.	
<p>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: <i>The same individual may be counted as a unique client served in multiple Health District programs.</i></p>			

# Leadership Report Summary

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**Reporting Department:** Mental Health Connections  
**Date:** December 2025

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## What's New/Key Updates

- The Connections team is finalizing the hiring process for a new Care Coordinator to support the full spectrum of service connection. This new staff member will begin in late January or February.
- MHC is working with the data team to update client demographics to get a better sense of who is using Health District behavioral health services.
- Care Coordinator onboarding and training procedures have been updated to enable staff to meet and learn from teams across the organization. Strengthening these cross-functional connections will position the MHC team to better support cross-agency referrals and future goals around single entry registration.
- The MHC Manager has reviewed the OPEN MINDS report and is preparing to implement recommendations in 2026.

## Strategic Relevance

- **Organizational Excellence:** Strengthening human resource infrastructure
- **Organizational Excellence:** Use improved data collection, analysis, and dissemination for decision-making.

## 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.

*\*Please see chart on next page.*

	Nov 2025 Previously Reported	Nov 2025 Updated & Confirmed	Dec 2025 Preliminary Data
Number of Appointments	88	88	85
Appointment Detail	32 Adult 56 CAYAC (Child)	35 Adult 53 CAYAC (Child)	37 Adult 48 CAYAC (Child)
Number of Unique Individuals Served	Not previously reported.	47	43
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

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**Reporting department:** Infrastructure Operations  
**Date:** December 2025

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## What's new/key updates

- Completed the upgrade of Dental operatory's A, B & C.
- Finalized plans for "Family Room" construction at 120 Bristlecone.
- Implemented emergency closure technology – OnSolve.
- Completed emergency electrical repairs at 425 W. Mulberry.
- Repainted both Bristlecone lobbies to better align with HD logo colors.
- Continuing negotiations with ICC regarding 2026 contract.
- Approved Job Description to hire onsite IT staff.

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## Strategic relevance

- **Organizational Excellence**
- **Health Equity**

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## Issues/risks/challenges

- No significant issues to report.

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## Key metrics/trends

- Completed 27 / 31 Facility Workorders in past 30 days. 87% completion rate.
- 127 new Information Technology Workorder Tickets were created in past 30 days.

# Leadership report summary

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**Reporting department:** Compliance  
**Reporting month:** December 2025

## What's new/key updates

- Work continues on BOD policies as well as internal procedures for the Health District.
- Risk assessment via Compliancy Group will begin this month
- New version of employee handbook completed with HR
- Met with governance committee regarding BOD policies
- Internal Compliance Committee to be identified January 2026

## Strategic relevance

- **Organizational Excellence**
- **Great Governance**

## Issues/risks/challenges

- No significant issues to report

## Key metrics/trends

- Compliancy Group Incident Reporting: 0 incidents reported for the month of December
- Compliancy Group Employee Training score of 99/100

# Leadership report summary

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**Reporting department:** Human Resources  
**Date:** December 2025

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## What's new/key updates

- Stay Interviews are currently being conducted, and HR will work with supervisors to capture any key themes or trends.
- A newly revised Employee Handbook is under review from Legal Counsel.
- HR department finalized 2026 workplans.
- Director of People & Business Operations and the HR Manager have scheduled monthly check-ins with managers/supervisors so HR can become more of a business partner for each department.
- HR scheduled Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR) staff training in March and December.
- Cost of living adjustments have been entered into UKG for payroll and HR will send letters to individual staff by January 15.
- March All-Staff meeting and an all-staff Day of Service are scheduled.
- HR is working with Communications providing input on design of the intranet so staff can easily find resources such as benefits, policies, and wellbeing information.

## Strategic relevance

- **Health Equity**
- We continue to work on building **Organizational Excellence** and Stay Interviews will provide an additional level to improve engagement.

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## Issues/risks/challenges

- UKG recruiting module remains a challenge. HR is working with representatives from UKG to develop a solution.

## Key metrics/trends

Job Searches	Onboarding/Pending	Offboarding
<b>Six (6) open positions</b>	<b>Two position (2)</b>	<b>None (0)</b>
	<b>1. Dental Assistant (External) 2. Strategy and Impact Coordinator (Internal) One (1) offer has been extended.</b>	

# Leadership Report Summary

Reporting Department: Finance Department  
Date: December 2025

## What's New/Key Updates

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- NetSuite Planning & Budgeting (NSPB) software went live at the end of December 2025. We are currently in our post-go-live support phase. Budget data for 2024 and 2025 have already been imported into the software and 2026 is in progress. Training on NSPB is scheduled for the 2<sup>nd</sup> quarter of 2026 (based on the Finance Department Workplan).
- In response to the extraordinary struggles voiced by staff regarding our current credit card (purchasing card) provider, we are in the process of identifying a new card issuer and/or expense management software. Our goal is to complete the process of switching and fully implement new purchasing cards during the 2<sup>nd</sup> quarter of 2026.
- Year-end Financial close is currently in progress. Barring any unexpected complications, year end financial statements should be complete and presented at the February 2026 regular Board Meeting.

## Strategic Relevance

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- The updates noted above align with the strategic priorities of **Great Governance** and **Organizational Excellence**.
  - NetSuite Planning & Budgeting software supports **Organizational Excellence** by providing a much-needed tool for improved budget monitoring and creation.
  - New Purchasing Card software promotes **Organizational Excellence** by increasing productivity through ease of use, allowing card holders to spend less time on expense coding and receipt submission. It also promoted **Great Governance** through improved internal controls.
  - Accurate financial statements, especially at year end, are vital to **Great Governance**. These statements will provide us with a picture of our financial performance in 2025 as well as our starting fund balances for 2026.

## Issues/Risks/Challenges

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- Overdue bill, invoice, and purchasing card submissions for 2025 delay year-end close. This is typical dilemma for year-end as we work to ensure that expenses are recorded in the correct year. Ongoing process improvements are aimed at correcting this issue to promote a more efficient financial close in future months.

## Key Metrics/Trends

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- None for this update.

# Leadership report summary

**Reporting department:** Marketing and Communications  
**Reporting month:** December 2025

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## What's new/key updates

- Marketing and Communications (Marcom) has begun the process of implementing new visual elements at 120 and 202 Bristlecone for a visual rebrand. This includes creating an interpretive timeline in the 120 Board/conference room; large, hanging "brand ribbon" sculptures in the entryways; interior front desk logos and stairwell signage and graphics; exterior signage revisions; and "woven into the community" artwork replacements
- The team is reviewing the framework and appearance of our new website to put a high priority on specific audience journeys. We're planning for a summer launch.
- Marcom has largely completed a "cryptids" campaign for social media and digital, which is an animated series of cryptids, or mythological creatures, (Bigfoot, Nessie, etc.) to "take the mystery out of finding quality, affordable care and resources.
- We're in the process of completing a highly visual "annotation" campaign for bus stops, billboards and print pieces. This will point out underlying barriers to getting care using annotations that point out reasons that aren't readily visible about why people might need our services.
- Marcom is consolidating our Google Business profiles with updated assets, and a renewed focus on reviews and monitoring. To that end, Marcom has developed service-specific review cards to leave with clients. Each flows into the overall Health District Google profile.
- Our intranet, which will replace our weekly internal newsletter, will launch in late January or early February. This will be an interactive hub with new information and opportunities to engage updated throughout the week.
- We're leading the C.I.A., or "Culture in Action" team, with its inaugural meeting mid-January. This is designed to make sure our staff-informed culture is seen and felt in tangible ways every day.

## Strategic relevance

- **Organizational Excellence:** Reflect community needs in the Health District's work
- **Great Governance and Health Equity:** Strengthen external communications strategy to promote visibility
- **Organizational Excellence:** Support transparent, engaging internal communications
- **Organizational Excellence and Health Equity:** Focus on transparent and engaging external communications to build relationships

## Issues/risks/challenges

- No significant issues to report

The 2026 program work plans represent our collective commitment to advancing the Health District's mission through coordinated action across the organization. This comprehensive approach ensures that every aspect of our organization works in concert to serve our communities effectively and equitably.

The work plans are anchored in the organizational culture our staff has defined: Supportive, Impactful, Accountable and Inclusive. These values permeate each work plan and represent not just aspirations, but the daily practice that guides decisions and shapes relationships.

Each work plan directly advances the Health District's *four strategic priority areas*:

1. Great Governance: Through policy development and compliance infrastructure
2. Organizational Excellence: Through systems-strengthening, workforce capacity-building, financial optimization, data-driven decision-making and operational efficiency
3. Health Equity: Through equitable access pathways, targeted training, partnership transformation, community engagement and intentional removal of barriers to care
4. Partnerships: Through expanded community engagement, strengthened cross-sector collaborations, transparent communications and integrated funding models that maximize collective impact on community health

*Together, these work plans chart a path toward a stronger, more responsive and more equitable organization positioned to meet the evolving needs of our community throughout 2026 and beyond.*

## CLIENT EXPERIENCE

### Service Excellence

Goal: Develop and implement client-centered service policies, procedures and processes that support staff to deliver high-quality, client-centered services while facilitating access to external services and resources.

Pillars: Great Governance, Organizational Excellence, Health Equity

Timeline: Q1-Q4

### Timely Access to Services

Goal: Ensure all individuals in the District can access the services they need, when they

need them, through equitable, understandable and widely promoted pathways informed by baseline data analysis and access metrics.

Pillars: Organizational Excellence, Health Equity

Timeline: Q1-Q4, with a concentration in Q1–Q3

## Workforce Development

**Goal:** Enhance staff expertise in current industry standards and strategic management through inclusive learning and professional development, enabling high-quality service delivery and successful implementation and innovation initiatives.

Pillars: Organizational Excellence, Health Equity

Timeline: Q1-Q4, with a concentration in Q1–Q3

## STRATEGY AND IMPACT

### Health Equity

**Goal 1:** Implementation of the health equity strategic plan is accurately tracked and reported in a timely and transparent manner.

Pillars: Organizational Excellence, Health Equity

Timeline: Q1–Q4

**Goal 2:** Health equity communication and training is consistently clear, action-oriented and aligned with audience needs, as demonstrated by improved staff understanding and engagement measured in the 2027 all-staff health equity survey.

Pillars: Organizational Excellence, Health Equity

Timeline: Q1–Q4

**Goal 3:** Staff and leadership are actively engaged in health equity through structured groups and ongoing feedback loops.

Pillars: Organizational Excellence, Health Equity

Timeline: Q1–Q4

### Partnerships

**Goal 1:** Design and initiate launch of a transformational partnership funding model.

Pillars: Partnerships, Organizational Excellence, Health Equity, Great Governance  
Timeline: Q1–Q4

Goal 2: Build an integrated ecosystem between partnership funding, community engagement and direct services.

Pillars: Partnerships, Organizational Excellence, Health Equity  
Timeline: Q1–Q4

## Data and Analytics

Goal 1: Support a strong, people-centered data culture across the organization.

Pillars: Organizational Excellence, Health Equity  
Timeline: Q1–Q4

Goal 2: Build effective data management practices with a focus on enhancing data quality assurance and data collection methods.

Pillars: Organizational Excellence, Health Equity  
Timeline: Q1–Q4

Goal 3: Optimize internal and external reporting mechanisms to support evidence-based decision making.

Pillars: Partnerships, Organizational Excellence, Health Equity  
Timeline: Q1–Q4, with a concentration in Q2–Q4

## Community Engagement

Goal 1: Advance equitable, sustainable, and community-centered behavioral health collaboration and interventions.

Pillars: Partnerships, Health Equity  
Timeline: Q1–Q4

Goal 2: Strengthen community systems to address health inequities and social needs.

Pillars: Partnerships, Organizational Excellence, Health Equity  
Timeline: Q1–Q4

Goal 3: Strengthen community impact through outreach, community service, and communication and feedback processes.

Pillars: Partnerships, Organizational Excellence, Health Equity  
Timeline: Q1–Q4

## ADMINISTRATION

### Compliance

Goal 1: Finish buildout of compliance infrastructure.

Pillar: Organizational Excellence  
Timeline: Q1- Q3

Goal 2: Complete risk monitoring and legal readiness.

Pillar: Great Governance  
Timeline: Q1-Q2

Goal 3: Foster a culture of compliance.

Pillars: Health Equity, Organizational Excellence  
Timeline: Q1-Q2

Goal 4: Increase board and organizational development.

Pillars: Great Governance, Health Equity, Organizational Excellence  
Timeline: Q1-Q3

### Finance

Goal 1: NetSuite planning and budgeting.

Pillar: Organizational Excellence  
Timeline: Q1-Q2

Goal 2: Secure new P-Card provider.

Pillars: Organizational Excellence, Great Governance  
Timeline: Q1- Q2

Goal 3: Review and revise departmental policy and procedures.

Pillars: Great Governance, Health Equity, Organizational Excellence  
Timeline: Q1-Q4

Goal 4: Departmental training and cross training.

Pillar: Organizational Excellence  
Timeline: Q1-Q4

## Human Resources

Goal 1: Improve manager resources and training.

Pillars: Great Governance, Organizational Excellence, Health

Equity Timeline: Q1-Q2

Goal 2: Refine performance management.

Pillar: Organizational Excellence

Timeline: Q1-Q2

Goal 3: Improve employee culture and engagement.

Pillars: Organizational Excellence, Health Equity

Timeline: Q1-Q3

Goal 4: Review and update departmental processes and procedures.

Pillars: Organizational Excellence, Health Equity

Timeline: Q1-Q4

## Infrastructure Operations

Goal 1: Successful completion of capital projects.

Pillars: Organizational Excellence, Health Equity

Timeline: Q1-Q4

Goal 2: Reduce organizational occupancy costs.

Pillar: Organizational Excellence

Timeline: Q1

Goal 3: Restructure IT staffing/contracting.

Pillar: Organizational Excellence

Timeline: Q1

## COMMUNICATIONS

Goal 1: Support transparent and engaging internal communications so everyone in the organization feels seen, heard and respected.

Pillars: Organizational Excellence, Health Equity  
Timeline: Q1–Q4, with a concentration in Q1–Q2

Goal 2: Strengthen communications infrastructure.

Pillars: Organizational Excellence, Health Equity  
Timeline: Q1–Q4

Goal 3: Strengthen external communications strategy to promote visibility and transparency of programs and services.

Pillars: Organizational Excellence, Health Equity  
Timeline: Q1–Q4, with a concentration in Q1–Q2

Goal 4: Use improved data collection analysis for decision-making.

Pillar: Organizational Excellence  
Timeline: Q1–Q4, with a concentration in Q1–Q2

Goal 5: Center community voices and remove barriers to meet individual needs, helping all community members achieve their best health.

Pillar: Health Equity  
Timeline: Q1–Q4