



## Board of Directors Regular Meeting AGENDA

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

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Date: Thursday, February 27, 2025

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Time: 5:30 PM

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**5:30 PM I. Call to Order**

Molly Gutilla

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

**5:35 PM II. Presentations**

- a. Urban Renewal Authority Updates
- b. Health Equity Definition
- c. Connections Electronic Health Records Implementation

Andy Smith  
Cassi Niedziela  
Dana Turner

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

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

**6:30 PM III. Consent Agenda**

- a. January 23, 2025 - Regular Meeting Minutes
- b. Partnership Agreement - SummitStone Health Partners Contract
- c. Partnership Agreement - Salud Family Health, Inc. Contract
- d. Colorado Health Institute Contract - Colorado Health Access Survey
- e. Information Technology Services - ICC Contract
- f. Board Public Policy Committee Position Ratification
  - I. HB25-1002: Medical Necessity Determination Insurance Coverage
  - II. SB25-045: Health-Care Payment System Analysis

**6:45 PM IV. Action Items**

- a. Dec. 2024 Financial Statements - Unaudited
- b. Board Public Policy Committee – Advocacy Items
  
- d. 2025 Board of Directors Election Update
  - I. Appointment of Election Liaison

Misty Manchester  
Molly Gutilla  
Erin Hottenstein  
Katie Wheeler

**7:10 PM V. Reports and Discussions**

- a. Immigration Enforcement Protocol
- b. Board of Directors Reports
- c. Liaison to PVHS/UCHealth North Report
- f. Board Committee Updates
  - I. Executive Committee Update
  - II. Governance Committee Update
  - III. Public Policy Committee Update
- g. Executive Director Report

Abby Worthen  
Board of Directors  
John McKay  
Executive Board  
Committee Members  
  
Liane Jollon

**7:45 PM VI. Executive Session**

An executive session to consider personnel matters, pursuant to C.R.S. § 24-6-402(4)(f) and not involving: any specific employees who have requested discussion of the matter in open session; any member of this body or any elected official; the appointment of any person to fill an office of this body or of an elected official; or personnel policies that do not require the discussion of matters personal to particular employees, concerning the Executive Director's evaluation; An executive session for legal advice, the specific nature of which cannot be disclosed without comprising the purpose for which the executive session is authorized, pursuant to C.R.S. § 24-6-402(4)(b).

**8:15 PM VII. Announcements**

- a. March 12, 2025 – Joint Board Meeting  
Poudre Valley Hospital/UCHealth

**8:15 PM VIII. Adjourn**

## Mission

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

## Vision

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

## Strategy

The Health District will take a leadership role to:

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

## Values

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

### **Guidelines For Public Comment**

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

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

Before you begin your comments please:

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



**Board of Directors Regular Meeting  
MINUTES**

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

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Date: Thursday, January 23, 2025

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Time: 5:30 PM

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**Board Members Present:**

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

**Also Present:**

Elizabeth Lebuhn, Associate Attorney, Hoffman,  
Parker, Wilson & Carberry, P.C.

**I. Call to Order**

- a. Roll Call Board of Directors  
With quorum present, Board President, Molly Gutilla called the meeting to order at 5:33 pm.
- b. Welcome Guests & Attendees
- c. Conflict of Interest Statement  
No conflicts were reported.
- d. Approval of Agenda  
*Motion: To approve the agenda*  
*Moved by Erin Hottenstein; seconded by Joseph Prows; passed unanimously*

**II. Public Comment**

- a. A letter of public comment was submitted from the Health District leadership regarding the Strategic Plan.
- b. A letter of public comment was submitted by Dr. Mark Wallace, CEO of North Colorado Health Alliance regarding the Health District's strategic plan and leadership direction.
- c. A letter for public comment was submitted by MJ Jorgensen, Deputy Executive Officer of North Colorado Health Alliance regarding the strategic plan and direction of the Health District.
- d. Averil Strand – District Resident  
Commented on leadership and community partnerships.
- e. Lee Thielen – District Resident  
Commented on leadership, fiscal controls, and the strategic plan.
- f. Patricia Alvarez Harrell – Executive Director of Alianza Norco commented on strategic plan and leadership.
- g. Sean Kennedy – Health District Staff  
Commented on leadership.

- h. Maggie Mueller – Health District Staff  
Commented on community partnership.
- i. Julie Estlick – District Resident  
Commented on leadership.
- j. Tom Linnell – District Resident/Former Health District Board Member  
Commented on leadership.

### III. Consent Agenda

- a. December 10, 2024, Regular Meeting Minutes
- b. November 2024 Financial Statements

*Motion: To approve the consent agenda consisting of the December 10, 2024, Regular Meeting Minutes and the November 2024 financial statements.*

*Moved by Erin Hottenstein; seconded by Julie Kunce Field; passed unanimously*

### IV. Action Items

#### a. Contract for Legal Services/General Counsel

The Health District released an RFP for legal services/general counsel. The selected contractors provide expertise in public governance within the areas of special districts and health care law.

*Motion: To ratify the contracts executed for legal services with Hoffman, Parker, Wilson & Canterbury, P.C. and Hush Blackwell*

*Moved by Joseph Prows; seconded by John McKay; passed unanimously*

#### b. Board of Directors Meeting Schedule

- I. Resolution 2025-01: Establish Meeting Days
- II. Resolution 2025-02: Designating the Official Posting Location

*Motion: To approve Resolution 2025-01 to Establish Meeting Days and Times for the Board of Directors Meeting and Resolution 2025-02 Designating the Official Posting Location for 2025*

*Moved by Julie Kunce Field; second by Joe; passed unanimously*

### V. Reports and Discussions

#### a. 2025 Board of Directors Election Timeline

Katie Wheeler provided an update on the Board of Directors Election timeline and shared that the internal elections workgroup held a kickoff meeting and highlighted upcoming key dates:

- January 27<sup>th</sup>: Start for call for nominations
- February 28<sup>th</sup>: Deadline for call for nomination petitions

The Board of Directors requested regular updates on the election timeline and communications strategies and shared that they are willing to be ambassadors to increase awareness of the election. President Gutilla shared that the Women League of Voters is interested in hosting a candidate forum and that more information will be provided.

#### b. Board of Directors Reports

- Molly Gutilla: No report
- John McKay: No report
- Erin Hottenstein:
  - Molly Gutilla and Erin Hottenstein attended the Martin Luther King, Jr. March and Celebration event at Colorado State University.
- Julie Kunce Field:

- Julie Kunce Field and Executive Director, Liane Jollon, were invited to speak at the Fort Collins Club Culture Club where they shared the Health District's history and strategic plan. Vice President Field share that there was a high level of interest in the Health District and expressed excitement to have had the opportunity to participate.
- Attempted to attend the town hall meeting of our regional legislative members but was unable to get into the room with the high-level of attendance and engagement from the community.
- The Health District Board of Directors is working with Talent Centric Designs to evaluate human resources process as well as Board of Director and Executive Director performance. The Executive Director evaluation will include a workplace culture staff survey.
- Also addressed recently circulated comments concerning an ethics complaint filed against the Executive Director in her former role. Vice President Field stated that the complaint was dismissed and there are no ongoing concerns.

**c. Liaison to PVHS/UCHealth North Report**

- John McKay shared that UCHealth reported that admissions have risen by 6%.
- UCHealth plans to open their Neighbor Health Unit this fall, with 15 beds slated for the 2026 fiscal year.
- The facility previously used as Mountain Crest Behavioral Health Center will be transferred to Poudre Valley Hospital.
- UCHealth is advancing its integrated care model by focusing on Electroconvulsive Therapy, Transcranial Magnetic Stimulation Therapy, and prescribed Esketamine Therapy.
- The hospital plans to purchase an additional robot to support surgical procedures.

**d. Executive Committee Update**

Molly Gutilla shared the board of directors held an Executive Session on Monday, January 20<sup>th</sup> for legal advice. A formal memo was presented and read into the records.

**e. Executive Director Staff Report**

Liane Jollon highlighted the written Executive Director report and department updates within the board meeting packet and asked the board if there were other items they would like to see included in future reporting. The Board of Directors request information on the organization's plan for supporting client rights regarding federal immigration policy changes in upcoming meetings.

**VI. Announcements**

**a. Next Regular Board of Directors Meeting**

Thursday, February 27, 2025

**VII. Adjourn**

*Motion: To adjourn the meeting at 6:56 p.m.*

*Moved by Julie; seconded by Erin Hottenstein; passed unanimously*



**AGENDA DOCUMENTATION**

*Meeting Date: February 27, 2025*

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**SUBJECT: Partnership Agreement – SummitStone Health Partners Contract**

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**PRESENTER: None**

**OUTCOME REQUESTED: \_\_\_ Decision \_\_\_x\_\_\_ Consent \_\_\_ Report**

**PURPOSE**

In accordance with the Health District’s 2025 strategic plan objectives of partnership and health equity, and with the Board of Directors’ direction to adjust shared staffing models to funding partnerships, SummitStone Health Partners has proposed that the Health District fund the following activities noted below.

Per 99-01: Contract and Expenditure Signature Policy contracts between \$50,000 and \$150,000 require that the board consider the general concept. The concept was considered in the approved Health District of Northern Larimer County 2025 budget.

**BACKGROUND**

- Partial psychiatry and nursing services at the SummitStone High-Intensity Services Site.
- 1 full-time nursing position at the Murphy Center Clinic to serve unhoused community members in conjunction with other community sites serving high-need populations.

***Attachment(s): none***

**FISCAL IMPACT**

None

**STAFF RECOMMENDATION**

To ratify the funding agreement with SummitStone Health Partners.



**AGENDA DOCUMENTATION**

*Meeting Date: February 27, 2025*

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**SUBJECT: Partnership Agreement – Salud Family Health, Inc. Contract**

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**PRESENTER: None**

**OUTCOME REQUESTED: \_\_\_ Decision \_\_\_x\_\_\_ Consent \_\_\_ Report**

**PURPOSE**

In accordance with the Health District’s 2025 strategic plan objectives of partnership and health equity, and with the Board of Directors’ direction to adjust shared staffing models to funding partnerships, Salud Family Health, Inc., has proposed the support of a full-time clinical pharmacist at the Fort Collins clinic.

Per 99-01: Contract and Expenditure Signature Policy contracts between \$50,000 and \$150,000 require that the board consider the general concept. The concept was considered in the approved Health District of Northern Larimer County 2025 budget.

**BACKGROUND**

This position will provide comprehensive medication management within a multidisciplinary model, including care under collaborative drug therapy management protocols, population health services, and medication consultant services.

***Attachment(s): none***

**FISCAL IMPACT**

None

**STAFF RECOMMENDATION**

To ratify the funding agreement with Salud Family Health, Inc.



**AGENDA DOCUMENTATION**

*Meeting Date: February 27, 2025*

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**SUBJECT: Colorado Health Institute Contract - Colorado Health Access Survey**

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**PRESENTER: None**

**OUTCOME REQUESTED:  Decision  Consent  Report**

**PURPOSE**

The Health District historically has collected information about the health needs of our community. CHI is considered the primary source of information on health coverage, access to health care and the factors that influence health in Colorado. By partnering with Colorado Health Institute (CHI) to expand their existing survey, rather than conducting separate assessments, the Health District can gather high-quality data while reducing survey fatigue among community members.

Per 99-01: Contract and Expenditure Signature Policy contracts between \$50,000 and \$150,000 require that the board consider the general concept. The concept was considered in the approved Health District of Northern Larimer County 2025 budget.

**BACKGROUND**

The Colorado Health Institute (CHI) conducts the Colorado Health Access Survey (CHAS) every two years to assess health coverage, access to care, and other key health indicators across Colorado. As part of the 2025 CHAS, currently in the field, CHI will increase the sample size of Larimer County households, providing more robust and significant data for both the County and the Health District. This enhanced local sampling will enable more precise comparisons with other counties, regions, and statewide metrics.

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

**FISCAL IMPACT**

None, budgeted for in the 2025 budget for the Health District sample, the cost of sampling South Larimer County was contributed by the North Colorado Health Alliance and Sunrise Community Health.

**STAFF RECOMMENDATION**

Staff recommend that the Board ratify the executed contract with the Colorado Health Institute for the 2025 Colorado Health Access Survey.



**AGENDA DOCUMENTATION**

*Meeting Date: February 27, 2025*

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**SUBJECT: Information Technology Services – ICC Contract**

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**PRESENTER: None**

**OUTCOME REQUESTED:   \_\_\_ Decision   \_\_x\_\_ Consent   \_\_\_ Report**

**PURPOSE**

Per 99-01: Contract and Expenditure Signature Policy contracts between \$50,000 and \$150,000 require that the board consider the general concept. The concept was considered in the approved Health District of Northern Larimer County 2025 budget.

**BACKGROUND**

The Health District of Northern Larimer County (Health District) released a Request for Proposals (RFP) seeking qualified information technology firms to provide comprehensive IT services. After reviewing all submissions and interviewing all applicants, the Executive Committee selected Integrated Computer Consulting, Inc. (ICC).

ICC, a Fort Collins-based company, proposed to work under the guidance of the governing body in collaboration with the Executive Director (or other authorized designees). The company has a team of approximately 20 staff members, offering diverse technical expertise to meet the Health District's full range of IT needs. Their local presence enables quick response times, and their team size ensures comprehensive service coverage. The proposed monthly fee aligns with other RFP responses.

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

**FISCAL IMPACT**

None

**STAFF RECOMMENDATION**

Staff recommend the Board of Directors approve the proposed ICC contract for Information Technology services.

**AGENDA DOCUMENTATION**

*Meeting Date: February 27, 2025*

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**SUBJECT: Board Public Policy Committee Position Ratification**

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**PRESENTER: None**

**OUTCOME REQUESTED:  Decision  Consent  Report**

**PURPOSE**

**Board Policy 99-7 Section: POLICY, Process:** *To comport with the section related to “When time does not allow for discussion at a regularly scheduled board meeting,” the Policy Committee is made up of two members of the Board who can meet at an agreed-upon cadence in order to engage in policy work between regular meetings. Per 99-7, any direction given by the Policy Committee is subject to ratification or withdrawal by the full Board at its next public meeting.*

**BACKGROUND**

The first meeting of the Board Public Policy Committee was held on February 4, 2025. The Committee took positions for two bills which are presented for ratification in accordance with Board Policy 99-7. The bills and positions are as follows:

- HB25-1002: Medical Necessity Determination Insurance Coverage (Support)
- SB25-045: Health-Care Payment System Analysis (Support, abstention by the Board Chair, Molly Gutilla)

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

**FISCAL IMPACT**

None

**STAFF RECOMMENDATION**

Staff recommend the Board ratify the bill positions taken by its Public Policy Committee regarding House Bill 25-1002 and Senate Bill 25-045 at the February 4, 2025 meeting.

**AGENDA DOCUMENTATION**

*Meeting Date: February 27, 2025*

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**SUBJECT: Dec. 2024 Financial Statements – Unaudited**

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**PRESENTER:** Misty Manchester

**OUTCOME REQUESTED:**  Decision  Consent  Report

**PURPOSE/ BACKGROUND**

In order to monitor financial performance as a component of fulfilling the Board of Director’s fiduciary responsibilities, monthly financial reports are presented to the Board of Directors for review.

***Attachment(s): Financial Reporting Package***

- *Financial Summary*
- *Financial Discussion: 2024 Year End Review*
- *Statements of Financial Position*
- *Statements of Activities*
- *Fund Balance Report*

**FISCAL IMPACT**

None.

**STAFF RECOMMENDATION**

Accept the financial reports as presented.

# Health District

OF NORTHERN LARIMER COUNTY

## Financial Reporting Package

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FOR THE YEAR ENDED DECEMBER 31, 2024

Jessica Holmes, YPTC

COMPLETED ON | FEBRUARY 21, 2025

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# FINANCIAL SUMMARY

## HIGHLIGHTS

The Health District of Northern Larimer County recognized Revenues of \$15.78M and incurred Expenses of \$11.98M during 2024, resulting in a positive Change in Net Position of \$3.79M for the year. (Depreciation and amortization expenses have been excluded from this calculation.)

The Health District had budgeted Revenues of \$16.40M and Expenses of \$16.82M for the 2024 year. Actual Revenues missed budget by \$628k, while Expenses were better than budget by \$4.83M.

The positive results of 2024 carry over into the Governmental Fund Balance. At the beginning of 2024, the Fund Balance was \$8.02M. The Fund Balance at the close of 2024 is \$11.47M. As this balance is higher than was projected in the 2025 Budget, the Health District now has additional Unassigned Funds that can be appropriated. This variance from projection was anticipated based on findings that will be later explained in the Financial Discussions section.

Governmental Fund Balance		
	2025 Projected	2025 Actual
<b>Beginning Balance</b>	<b>9,240,046</b>	<b>11,473,650</b>
Budgeted Change in Net Position	(69,977)	(69,977)
	<b>9,170,069</b>	<b>11,403,673</b>
<b>Appropriation:</b>		
Nonspendable - Prepays	-	94,867
Restricted Funds	448,356	448,356
Committed Funds	-	-
Assigned Funds	7,472,610	7,472,610
Capital Funds	1,232,874	1,232,874
Unassigned Funds	16,229	2,224,943
	<b>9,170,069</b>	<b>11,473,650</b>

## FINANCIAL STATEMENTS: ESSENTIAL POINTS

### STATEMENTS OF NET POSITION

- **Cash & Cash Equivalents** – ending cash and equivalents for 2024 is \$10.93M, an increase of \$3.25M from prior year end.
- **Accounts Receivable** – accounts receivable have increased by \$672k from prior year. This increase is largely within the Dental program and has occurred for two reasons:
  - First, the historical practice was to exclude certain types of accounts from the balance and write off all balances unpaid after 90 days. Those practices have been

changed to reflect a more accurate picture of accounts receivable. It is important to note that the auditors were provided with aging reports that pre-excluded these accounts and balances. Since they did not have access to the software, they would not have been able to identify this as a potential issue.

- Second, Medicaid billing halted after May 2024 due to lack of continuity planning and turnover. Billing has now resumed.
- **Leased Assets, Net** – Additional leased assets have been accounted for in accordance with GASB Statement No. 96. These additions are also responsible for the change in Subscription Liability.
- **Compensate Absences** – In accordance with GASB Statement No. 101, the compensated absences liability now includes both the salary liability and salary-related payments. Even with the implementation of this standard, the net change is a reduction in liability of \$49k.
- **Deferred Inflows** – As mentioned previously, Medicaid has not been billed for services From June through December 2024. As a result, the revenues for those services have been reclassified as Deferred Inflows of Resources.
- **Change in Net Position** – The Change in Net Position for 2024 including depreciation & amortization expenses is \$3.46M.

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#### BALANCE SHEETS – GOVERNMENTAL FUND

- This statement has not been provided historically outside of the audited financial statements. However, it provides valuable insight into the governmental fund balance and will be included moving forward in an effort of financial transparency.
- **Differences to Statements of Net Position** – while this statement has many similarities to the Statements of Net Position, the following items are excluded from Fund Balance Reporting:
  - **Capital Assets** – are excluded because they are not financial resources.
  - **Long-Term Liabilities** – are not due and payable from current resources.
  - **Compensated Absences** – are not uses of financial resources in government activities.
- **Subsequent Reconciliation** – Following the “Balance Sheets – Governmental Fund” statement is a reconciliation which ties the Fund Balance into the Total Net Position.

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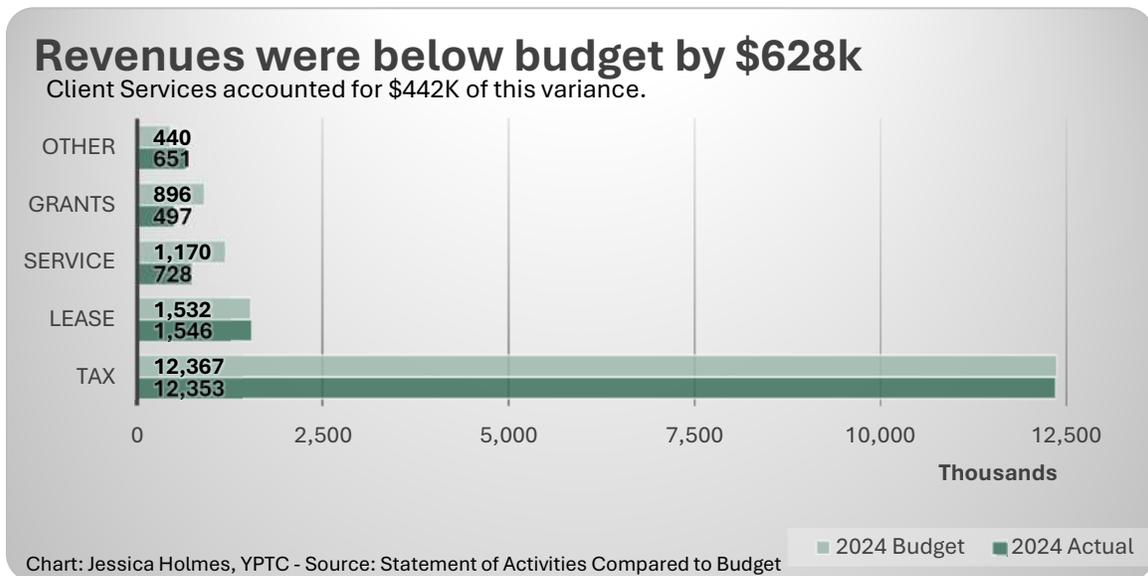
#### STATEMENTS OF ACTIVITIES

- **Property Taxes** – Abated taxes were accounted for in December 2024 resulting in a negative revenue amount for the month.
- **Third Party Income** – As mentioned previously, Dental Services not yet billed to Medicaid as of year end were reclassified as a deferred inflow of resources, resulting in a negative revenue amount for the month of December.

- **Significant Reclassifications** – In addition to reclassifications mentioned previously, the completion of a thorough year-end review of all 2024 activity led to several noteworthy reclassifications, including but not limited to:
  - Prepaid expense classification.
  - Capital Asset reclassifications.
  - Corrections for understated and overstated expenses.
  - In some instances, these classifications resulted in negative expense balances for December 2024.

## FINANCIAL DISCUSSIONS: 2024 YEAR END REVIEW

### REVENUE REVIEW



The largest revenue variances as compared to the 2024 Budget occurred within Service Revenue and Grants & Partnerships.

- Fee For Service revenue would have been better than the budget amounts, however, due to the delay in billing \$768k of that revenue was reclassified as deferred and will be recognized as billed in 2025.
- Grant revenue came in under budget because the 2024 Budget included \$500k for “potential grants.” The source of the potential grant amount was not disclosed in the details of the budget. In comparison to prior year 2024 grant revenue was on trend.

### EXPENSE REVIEW

Expenses were below budget in all categories and all programs, however the most significant variances occurred within Personnel Compensation, Contracted Services, Supplies, Equipment & Software, and Occupancy.

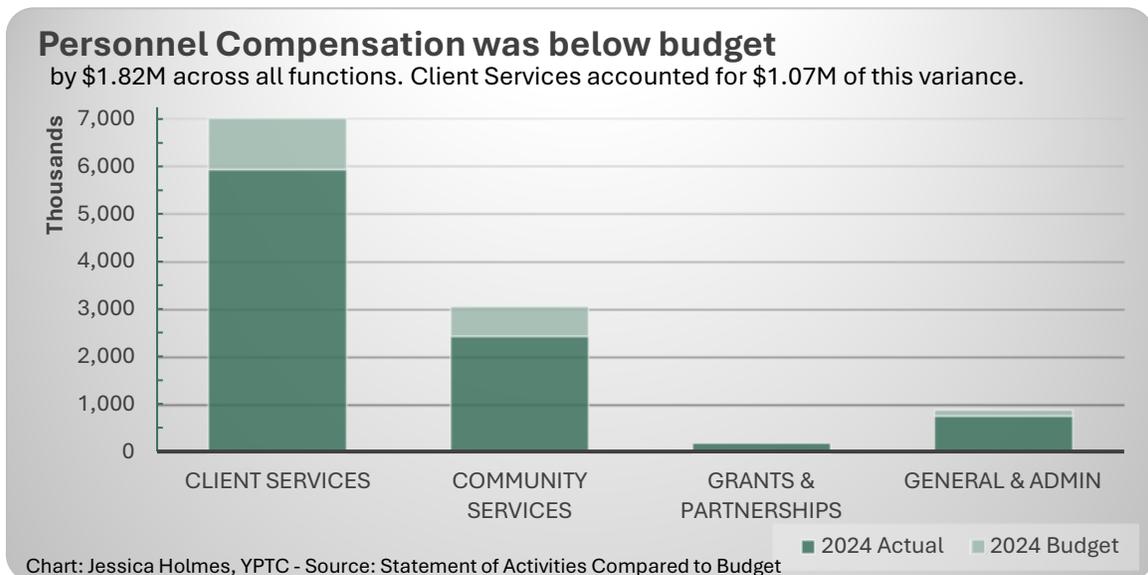
ALLOCATION METHODOLOGY

It is critical to remember that while it appears that many of the expenditure variations that will be highlighted in the charts to follow seem to derive from Client Services, due to the historical allocation methodology it is likely that the variations truly come from General and Administrative functions.

Previously highlighted in the 2025 Budget, FTE counts for Administration were allocated across Client and Community Service programs (as shown below). This not only impacts the representation of Personnel Compensation but all allocated costs.

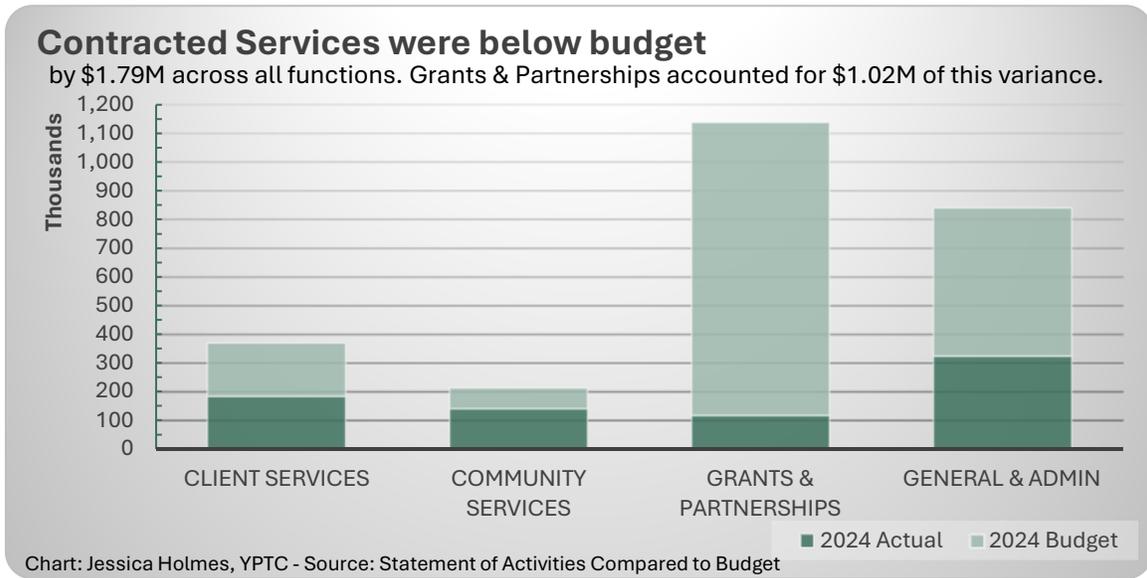
FTE by Program				
Program/Department	2024		2025	
	Budget	Actual	Proposed	Change
Administration	6.495	31.000	27.350	(3.650)
Board of Directors	0.725	0.175	-	(0.175)
Client Services				
Mental Health Connections	24.710	20.266	18.730	(1.536)
Dental Services	34.660	27.418	27.240	(0.178)
Health Care Access	9.380	8.166	6.530	(1.636)
Community Impact				
PPRE	7.505	7.000	9.700	2.700
Evaluation	3.170	3.000	5.200	2.200
Integrated Care (Transitioning)	9.430	6.850	2.825	(4.025)
Health Promotion (Transitioning)	6.135	2.685	0.275	(2.410)
Resource Development (Eliminated)	0.400	-	-	-
Leased Offices (Eliminated)	0.250	-	-	-
<b>Total FTE</b>	<b>102.860</b>	<b>106.560</b>	<b>97.850</b>	<b>(8.710)</b>

PERSONNEL COMPENSATION



There were 102.86 FTEs budgeted for 2024, the actual FTE count at the end of 2024 was 82.5.

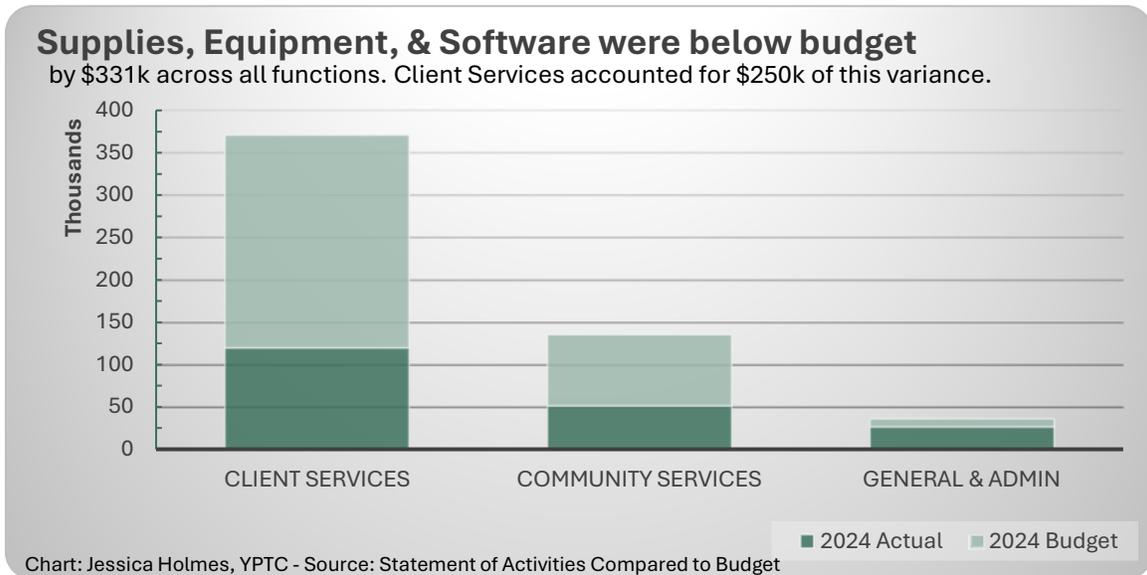
CONTRACTED SERVICES



The 2024 Budget workbook contained a formula error that duplicated \$708k worth of Contracted Service expenses. Consequently, Contracted Services were over budgeted for by \$708k in 2024.

Additionally, in what appears to have been an effort for Grant & Partnership activity to have a net impact of zero, an additional \$1.12M of Contracted Service expenses were included in the 2024 Budget. This practice was corrected in the 2025 Budget.

SUPPLIES, EQUIPMENT, & SOFTWARE

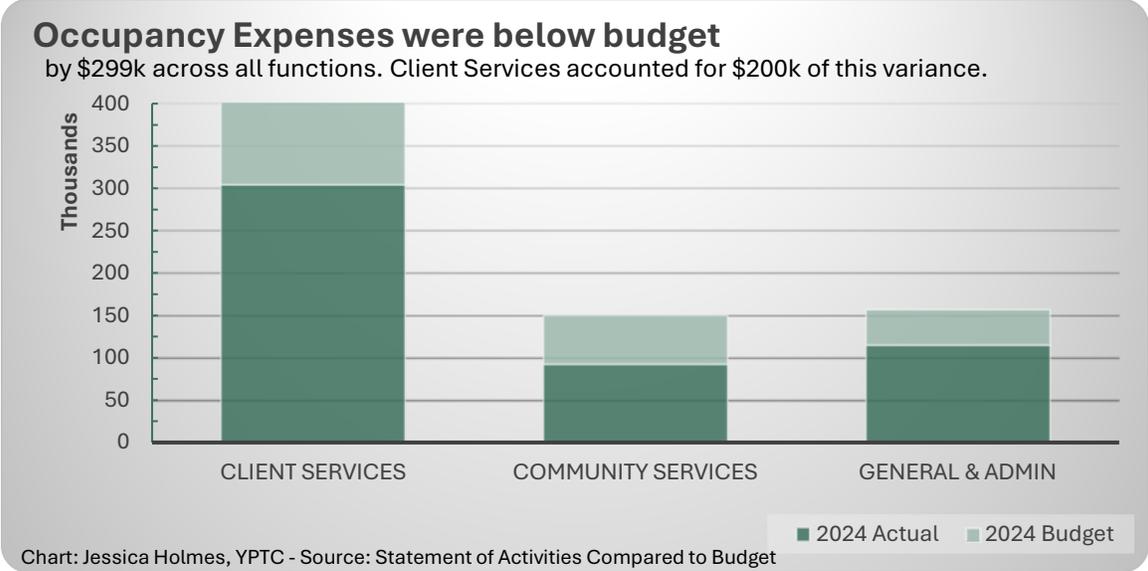


While Client Services account for most of the variance, it is also important to note that Computer Equipment & Software make up \$255k of the variance across all functions. There were

contingencies included in the 2024 Budget that were not actually planned or scheduled for completion.

In conjunction with the 2025 Budget, we also developed a 20-year Capital Expenditure Plan to replace this process of including such contingencies in the actual budget.

OCCUPANCY



The majority of the Health District’s Occupancy Expenses are allocated across all programs. While Client Services accounted for most of the variance, this is because those programs have the highest allocation rate, as explained previously. As with the Supplies, Equipment, & Software expenses, there were also contingencies included for Repair & Maintenance in the 2024 Budget. The new Capital Expenditure Plan replaces these types of contingencies as well.

## CONCLUDING STATEMENTS

2024 was a financially positive year for the Health District of Northern Larimer County. With a budgeted Change in Net Position of (\$411k), and an actual Change in Net Position of \$3.46M the organization has additional resources to utilize as it embarks in new initiatives which strategically support the priorities of the Board of Directors.

End of year is always a busy time in the Finance Department. But when typical year-end activities are combined with departmental improvements, software implementations, and an unprecedented level of audit preparations, the time and effort required for success is exceptionally substantial. As such, a debt of gratitude is owed to all who joined together to make the production of this financial reporting package as well as all other year end reporting and filing possible. The internal and external Finance Department staff, Misty Manchester, and Courtney Green dedicated unmeasurable energy into these endeavors, and it is greatly appreciated.

While 2024 is at a conclusion, the transformation of the Finance Department is still in progress. Through the delivery of financial transparency, analytical insight, and improved accounting and budgeting procedures, the Finance Department aims to assist the Health District and its Board of Directors in achieving their strategic goals to build the fabric of the future of the organization and the community it serves.

As a reminder, while a great deal of care has gone into ensuring the accuracy of this financial package and the statements within, it has not yet been audited. The 2024 Audit is underway, and the audited financial statements will be presented by CLA (CliftonLarsenAllen) at a later date.

**Health District**  
**Of Northern Larimer County**  
**Statements of Net Position**

As of Year Ended December 31, 2024

<b>ASSETS</b>	<b>December 2024</b>	<b>December 2023</b>	<b>Change</b>
<b>CURRENT ASSETS</b>			
Cash & Cash Equivalents	10,925,959	7,671,495	3,254,464
Investments	1,068,089	1,032,378	35,711
Accounts Receivable, Net	738,086	66,258	671,828
Taxes Receivable	10,836,473	10,727,766	108,707
Prepaid Expenses	94,867	79,068	15,799
<b>TOTAL CURRENT ASSETS</b>	<b>23,663,474</b>	<b>19,576,965</b>	<b>4,086,510</b>
<b>NON-CURRENT ASSETS</b>			
Leases Receivable	59,306,388	59,529,666	(223,278)
Capital Assets, Net	9,737,338	9,847,199	(109,861)
Leased Assets, Net	179,966	57,632	122,334
Construction in Progress	16,246	-	16,246
<b>TOTAL NON-CURRENT ASSETS</b>	<b>69,239,938</b>	<b>69,434,497</b>	<b>(210,806)</b>
<b>TOTAL ASSETS</b>	<b>92,903,412</b>	<b>89,011,462</b>	<b>3,875,704</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Accounts Payable	173,420	175,561	(2,141)
Payroll Liabilities	318,646	357,245	(38,599)
Deposits	14,389	21,905	(7,517)
Unearned Revenue	138,919	315,276	(176,357)
<b>TOTAL CURRENT LIABILITIES</b>	<b>645,373</b>	<b>869,987</b>	<b>(224,614)</b>
<b>NON-CURRENT LIABILITIES</b>			
Compensated Absences	317,233	365,790	(48,557)
Subscription Liability	117,534	49,990	67,544
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>434,766</b>	<b>415,780</b>	<b>18,986</b>
<b>TOTAL LIABILITIES</b>	<b>1,080,140</b>	<b>1,285,767</b>	<b>(205,627)</b>
<b>DEFERRED INFLOWS</b>			
Dental Services	767,633	-	767,633
Tax Revenues	10,776,854	10,685,198	91,656
Leases	59,306,352	59,529,667	(223,314)
<b>TOTAL DEFERRED INFLOWS</b>	<b>70,850,839</b>	<b>70,214,865</b>	<b>635,974</b>
<b>NET POSITION</b>			
Beginning Net Position	17,510,830	15,762,077	1,748,754
Change in Net Position	3,461,604	1,748,754	1,712,850
<b>TOTAL NET POSITION</b>	<b>20,972,434</b>	<b>17,510,830</b>	<b>3,461,604</b>
<b>TOTAL LIABILITIES &amp; NET POSITION</b>	<b>92,903,412</b>	<b>89,011,462</b>	<b>3,891,951</b>

Unaudited - For Management Use Only

**Health District**  
**Of Northern Larimer County**

**Balance Sheets - Governmental Fund**

As of Year Ended December 31, 2024

	<b>December 2024</b>	<b>December 2023</b>
<b>ASSETS</b>		
Cash & Investments	11,994,048	8,703,873
Receivables		
Patients, Net of Allowance	664,152	60,575
Property Taxes	10,775,197	10,685,119
Specific Ownership Taxes	61,277	42,647
Leases	59,306,388	59,529,666
Grants & Other	73,933	5,682
Prepaid Expenses	94,867	79,068
<b>TOTAL ASSETS</b>	<b>82,969,863</b>	<b>79,106,631</b>
<b>LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE</b>		
<b>LIABILITIES</b>		
Accounts Payable	173,420	175,561
Payroll Liabilities	318,646	357,245
Deposits	14,389	21,905
Unearned Revenue	138,919	315,276
<b>TOTAL LIABILITIES</b>	<b>645,373</b>	<b>869,987</b>
<b>DEFERRED INFLOWS</b>		
Dental Services	767,633	-
Tax Revenues	10,776,854	10,685,198
Leases	59,306,352	59,529,667
<b>TOTAL DEFERRED INFLOWS</b>	<b>70,850,839</b>	<b>70,214,865</b>
<b>FUND BALANCE</b>		
Nonspendable - Prepaid Expenses	94,867	79,068
Restricted Funds - TABOR	448,356	383,596
Assigned Funds - Subsequent Year	7,472,610	937,249
Capital Funds - Subsequent Year	1,232,874	-
Unassigned Funds	2,224,943	6,621,866
<b>TOTAL FUND BALANCE</b>	<b>11,473,650</b>	<b>8,021,779</b>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE</b>	<b>82,969,863</b>	<b>79,106,631</b>

Unaudited - For Management Use Only

**Health District**  
**Of Northern Larimer County**

**Reconciliation: Balance Sheets to Statements of Net Position**

As of Year Ended December 31, 2024

	<b>December 2024</b>	<b>December 2023</b>	<b>Change</b>
<b>TOTAL GOVERNMENTAL FUND BALANCE</b>	<b>11,473,650.40</b>	<b>8,021,779.13</b>	3,451,871
Amounts included in Statements of Net Position but excluded from Governmental Activities:			
Capital Assets	9,933,550	9,904,831	28,719
Long-Term Liabilities - SBITAs	(117,534)	(49,990)	(67,544)
Compensated Absences	(317,233)	(365,790)	48,557
<b>TOTAL NET POSITION</b>	<b>20,972,434</b>	<b>17,510,830</b>	<b>9,732</b>

Unaudited - For Management Use Only

# Health District

## Of Northern Larimer County

### Statement of Activities

As of Year Ended December 31, 2024

	<b>December 2024</b>	<b>2024 Total</b>
<b>REVENUE</b>		
Property Taxes	(1,657)	10,646,298
State of Colorado Backfill	-	998,987
Specific Ownership Taxes	61,277	707,964
Lease Revenue	210,310	1,546,333
Interest Income	59,862	624,535
Fee for Service Income	48,704	291,122
Third Party Income	(467,400)	437,250
Grant Income	113,055	497,254
Donations	-	60
Miscellaneous Income	915	26,542
<b>TOTAL REVENUE</b>	<b>25,065</b>	<b>15,776,344</b>
<b>EXPENSES</b>		
Administration	122,781	1,338,302
Board Expenses	8,048	123,058
Mental Health Connections	173,550	2,411,986
Dental Services	255,411	3,800,361
Integrated Care (MHSA/PC)	97,691	1,120,624
Health Promotion	46,018	575,798
Community Impact	89,249	797,960
Program Assessment & Evaluation	(1,841)	307,916
Health Care Access	83,468	928,663
Resource Development	3,696	46,251
Leased Offices	18,470	157,614
Contingency - Operational	(9,750)	26,616
Grants	19,969	348,721
Depreciation & Amortization	84,140	330,872
<b>TOTAL EXPENSES</b>	<b>990,899</b>	<b>12,314,741</b>
<b>CHANGE IN NET POSITION</b>	<b>(965,834)</b>	<b>3,461,604</b>

Unaudited - For Management Use Only

**Health District**  
**Of Northern Larimer County**  
**Statement of Activities**

Actual to Budget Comparison  
As of Year Ended December 31, 2024

	Current Month				Year to Date				Annual Budget	Remaining Funds
	Budget	Actual	Variance	%	Budget	Actual	Variance	%		
<b>REVENUE</b>										
Property Taxes	28,538	(1,657)	(30,195)	-106%	10,685,198	10,646,298	(38,900)	0%	10,685,198	38,900
State of Colorado Backfill	-	-	-	0%	1,031,897	998,987	(32,910)	-3%	1,031,897	32,910
Specific Ownership Taxes	95,399	61,277	(34,122)	-36%	650,000	707,964	57,964	9%	650,000	(57,964)
Lease Revenue	127,667	210,310	82,643	65%	1,531,998	1,546,333	14,335	1%	1,531,998	(14,335)
Interest Income	20,000	59,862	39,862	199%	415,000	624,535	209,535	50%	415,000	(209,535)
Fee for Service Income	15,212	48,704	33,492	220%	182,543	291,122	108,579	59%	182,543	(108,579)
Third Party Income	82,286	(467,400)	(549,686)	-668%	987,429	437,250	(550,179)	-56%	987,429	550,179
Grant Income	284,858	113,055	(171,803)	-60%	895,620	497,254	(398,366)	-44%	895,620	398,366
Donations	-	-	-	0%	-	60	60	0%	-	(60)
Miscellaneous Income	2,050	915	(1,135)	-55%	24,600	26,542	1,942	8%	24,600	(1,942)
<b>TOTAL REVENUE</b>	<b>656,010</b>	<b>25,065</b>	<b>(630,945)</b>	<b>-96%</b>	<b>16,404,285</b>	<b>15,776,344</b>	<b>(627,941)</b>	<b>-4%</b>	<b>16,404,285</b>	<b>627,941</b>
<b>OPERATING EXPENSES</b>										
Administration	113,664	122,781	(9,117)	-8%	1,365,171	1,338,302	26,869	2%	1,365,171	26,869
Board Expenses	38,253	8,048	30,204	79%	173,032	123,058	49,974	29%	173,032	49,974
Mental Health Connections	276,693	173,550	103,143	37%	3,289,543	2,411,986	877,557	27%	3,289,543	877,557
Dental Services	395,500	255,411	140,089	35%	4,746,000	3,800,361	945,639	20%	4,746,000	945,639
Integrated Care (MHSA/PC)	114,037	97,691	16,347	14%	1,362,252	1,120,624	241,628	18%	1,362,252	241,628
Health Promotion	70,566	46,018	24,548	35%	843,104	575,798	267,306	32%	843,104	267,306
Community Impact	96,758	89,249	7,509	8%	1,157,452	797,960	359,492	31%	1,157,452	359,492
Program Assessment & Evaluation	65,222	(1,841)	67,063	103%	535,161	307,916	227,245	42%	535,161	227,245
Health Care Access	107,733	83,468	24,265	23%	1,236,564	928,663	307,901	25%	1,236,564	307,901
Resource Development	4,941	3,696	1,245	25%	59,293	46,251	13,042	22%	59,293	13,042
Leased Offices	11,634	18,470	(6,837)	-59%	170,605	157,614	12,991	8%	170,605	12,991
Contingency - Operational	500,000	(9,750)	509,750	0%	500,000	26,616	473,384	0%	500,000	473,384
Grants	792,383	19,969	772,415	97%	1,377,309	348,721	1,028,588	75%	1,377,309	1,028,588
<b>TOTAL OPERATING EXPENSES</b>	<b>2,587,383</b>	<b>906,760</b>	<b>1,680,624</b>	<b>65%</b>	<b>16,815,486</b>	<b>11,983,869</b>	<b>4,831,617</b>	<b>29%</b>	<b>16,815,486</b>	<b>4,831,617</b>
<b>CHANGE IN NET POSITION FROM OPERATIONS</b>	<b>(1,931,373)</b>	<b>(881,695)</b>	<b>1,049,679</b>	<b>54%</b>	<b>(411,201)</b>	<b>3,792,475</b>	<b>4,203,676</b>	<b>-1022%</b>	<b>(411,201)</b>	

\*\*\*Does not include Depreciation & Amortization expenses.\*\*\*

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# Health District

## Of Northern Larimer County

### Statement of Cash Flows

As of Year Ended December 31, 2024

<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	<b>December 2024</b>
Total Change in Net Position	3,461,604
Adjustments to Reconcile Change in Net Assets to Net	
Cash Provided by (Used in) Operating Activities:	
Depreciation & Amortization	330,872
Accounts Receivable	(557,258)
Prepaid Expenses	(15,799)
Accounts Payable	(2,141)
Payroll Liabilities	(38,599)
Accrued Liabilities	11,470
Deferred Revenue	(176,357)
Deferred Inflows of Resources	635,974
<b>Net Cash Provided by (Used in) in Operating Activities</b>	<b>3,649,765</b>
 <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
Investments	(35,711)
Purchase of Fixed Assets	(359,591)
<b>Net Cash Provided by (Used in) Investing Activities</b>	<b>(395,301)</b>
 <b>CASH FLOWS FROM FINANCING ACTIVITIES</b>	
Net Change in Debt	-
<b>Net Cash Provided by (Used in) Financing Activities</b>	<b>-</b>
 <b>Net Cash Increase (Decrease) for Period</b>	<b>3,254,464</b>
Beginning Cash & Cash Equivalents	7,671,495
<b>Ending Cash &amp; Cash Equivalents</b>	<b>10,925,959</b>

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**AGENDA DOCUMENTATION**

*Meeting Date: February 27, 2025*

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**SUBJECT: Board Public Policy Committee - Advocacy Items**

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**PRESENTERS: Molly Gutilla & Erin Hottenstein**

**OUTCOME REQUESTED:  Decision  Consent  Report**

**PURPOSE**

**Board Policy 99-7 Section: POLICY, Process:** *To comport with the section related to “When time does not allow for discussion at a regularly scheduled board meeting,” the Policy Committee is made up of two members of the Board who can meet at an agreed-upon cadence in order to engage in policy work between regular meetings. Per 99-7, any direction given by the Policy Committee is subject to ratification or withdrawal by the full Board at its next public meeting.*

**BACKGROUND**

The Board Public Policy Committee deferred a position on two advocacy issues to the full Board of Directors.

**Dental Programs in the State Budget:**

Colorado faces a significant budget challenge for fiscal year 2025-2026. The Joint Budget Committee (JBC) is required to reduce spending by approximately \$1 billion to comply with the Taxpayer's Bill of Rights (TABOR) revenue cap. Of particular concern to the Health District's Family Dental Clinic are potential reductions to two critical programs:

**1. Medicaid Adult Dental Benefit**

Colorado's Medicaid Adult Dental Benefit provides essential services to low-income adults over the age of 21 and is the primary source of revenue for the Family Dental Clinic.

**2. Senior Dental Program**

This program is a significant source of third-party revenue and fills another crucial gap by serving older adults with lower incomes who do not qualify for Medicaid, do not have private dental insurance, and need access to dental care.

Our contract lobbyist, Frontline Public Affairs, has advised that direct advocacy to JBC members will be crucial in protecting these essential dental services.

**Protect Our Care Colorado Coalition:**

The Protect Our Care Colorado Coalition was recently re-activated to address threats to Coloradans health care. Last active in 2018, the mission of the group is to support and align grassroots advocacy to prevent reductions in health care access provided by Medicaid and the Affordable Care Act. This group will specifically advocate to:

- Prevent the dismantling of Medicaid through block grants, per capita caps, or defunding of specific Medicaid populations.
- Support continued federal funding of important community health programs, providers and other initiatives that support health equity.
- Prevent the repeal of parts or the entirety of the Affordable Care Act while advocating for improvements to coverage and access to care.
- Build a large and effective coalition to advocate for health coverage and access in Colorado in the coming months and years.

**Health District Engagement Options:**

- Official coalition sign-on
- Providing patient stories
- Supporting media coverage

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

**FISCAL IMPACT**

None

**STAFF RECOMMENDATION**

- Staff recommend that the Board strongly support the protection of the Medicaid Adult Dental Benefit and the Senior Dental Program within the state budget.
- Staff recommend that the Board support joining the Protect our Care Colorado Coalition, including officially adding our name as a member and supporting the outlined engagement options.

**AGENDA DOCUMENTATION**

*Meeting Date: February 27, 2025*

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**SUBJECT: 2025 Board of Directors Election Update**

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**PRESENTER:** Katie Wheeler

**OUTCOME REQUESTED:**  Decision     Consent     Report

**PURPOSE**

*Per §§1-13.5-111(1) and 32-1-103(147), C.R.S., special districts must hold regular elections on the first Tuesday after the first Monday in May in odd-numbered years for the purpose of electing Directors to the Board and, as applicable, for the submission of other ballot issues or questions.*

**BACKGROUND**

The Designated Election Official (DEO), consultant, and staff have held multiple election planning meetings to coordinate election duties, resources, and timeline. Health District staff recommend appointing a board member to serve as liaison to weekly meetings.

Board members will continue to receive regular email updates on election activities.

**Public-facing deadlines for May 2025 election:**

- **January 26 – February 20:** Call for nominations
- **February 28:** Deadline for self-nominations
- **March 3:** Write-in candidate deadline
- **April 14:** Ballot packets mailed
- **April 29:** Application for absentee ballot deadline
- **May 6:** Election Day

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

**FISCAL IMPACT**

None

**STAFF RECOMMENDATION**

Staff recommend the Board nominate a Board member serve as Election Liaison to the Health District 2025 Election staff meetings.

**AGENDA DOCUMENTATION**

*Meeting Date: February 27, 2025*

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**SUBJECT: Immigration Enforcement Protocol**

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**PRESENTERS: Abby Worthen**

**OUTCOME REQUESTED: \_\_\_ Decision \_\_\_ Consent \_\_\_x\_\_\_ Report**

**PURPOSE/ BACKGROUND**

**Recent Policy Change:**

The previous “sensitive locations” rules policy, which limited enforcement activities at healthcare facilities, schools, and similar locations, has been rescinded. This change allows law enforcement agencies, including Immigration and Customs Enforcement (ICE), greater access to these facilities.

**Health District Response:**

To maintain privacy and safety for Health District clients, staff, and community members, Health District leadership has collaborated legal counsel and managers to develop a response in case of legal or immigration enforcement actions:

1. Staff Resources:

- One-page overview with response scripts for all staff
- Specific guidelines for reception and front desk staff
- Detailed guidance document for managers provided by Health District attorneys

2. Public Resources:

- Informational posters for waiting rooms
- Know your rights cards for waiting rooms (available in Spanish, Arabic, and English)

***Attachment(s): none***

**FISCAL IMPACT**

None

**STAFF RECOMMENDATION**

N/A

**AGENDA DOCUMENTATION**

*Meeting Date: February 27, 2025*

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**SUBJECT: Executive Director Report**

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**PRESENTER:** Liane Jollon

**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 attend the following events since the January 23, 2025 board meeting:

- Laura Walker, Human & Economic Health Director/Larimer County
- 2025 Poudre Fire Authority Strategic Planning Process Community Stakeholder Solicitation
- Kevin Unger, President/CEO UCHealth Northern Colorado Region
- Katie Pachan Jacobson, Frontline Public Affairs
- Mental Health Substance Use Alliance
- Longview Quality Outcomes Committee (Deputy Director attended on behalf of Executive Director)
- Colorado Health Institute - Change on the Horizon: What's Ahead for Health in 2025
- Larimer County Clerk and Recorder Tour
- Larimer County Community Health Improvement Planning (CHIP)
- Colorado School of Public Health Advisory Board Meeting
- Red Feather Healthcare Access Meeting (Annie Scott, Outreach Coordinator for Mountain Ministries and County Commissioner John Kefalas)

• **Executive Leadership Team Optimization**

**PURPOSE**

In accordance with Great Governance goals and Great Governance 2.1.1 (“Evaluate existing programs, systems, and processes, and update them for quality improvement, fiscal sustainability, and transparency, as needed”), the Health District engaged in consulting services with Talent Eccentric Designs to provide talent management and Human Resources operations consultation, with a specific focus on executive leadership optimization.

## **BACKGROUND**

The optimization and realignment of the executive team’s roles and responsibilities is a strategic move to strengthen leadership, align organizational resources with key priorities, and drive progress towards the organization’s current and long-term goals. This initiative addresses the following key areas:

- **Adapting to Complexity:** The Health District faces increasingly complex challenges that require evolved leadership structures. The new executive framework is designed to maintain momentum while providing stability during organizational transformation.
- **Demonstrating Commitment to Progress:** The realignment of the executive team serves as a clear signal to both internal and external audiences that the organization is implementing its strategic plan and embracing new directions.
- **Focused and Balanced Leadership Commitments:** By assigning executive-level leaders to each key strategic focus area, the organization ensures comprehensive oversight and support for all critical initiatives. This dedicated leadership approach enables more effective execution of strategic priorities.
- **Cultural Transformation:** The new executive structure accelerates the organization's transition toward a culture of trust and empowerment. Strong functional leadership at the executive level will model and drive this cultural evolution.
- **Resource Optimization:** The Health District must more effectively harness its talent and organizational resources, including executive talent, to capitalize on the emerging community needs and future changes.

### **Key Changes**

1. Titles will be more reflective of industry norms (i.e., “Chief Officers” and “Vice Presidents”).
2. Roles that focus on customer experience, community partnerships, and organizational growth will be elevated into the executive team.
3. The team will be run with discipline, a sense of shared accountability and empowerment, and with a focus on operational efficiency.
4. Both the vertical (functional) and horizontal (leadership overall) aspects of the roles will be equally emphasized and relied upon.

### ***Attachment(s):***

- February 2025 Program Updates

### Family Dental Clinic

- Dental Clinic staff attended the Rocky Mountain Dental Convention for professional development and industry insights.
- The team has maintained the commitment to hosting a dental assistant student externship from the Institute of Business and Medical Careers (IBMC), offering hands-on experience, and helping to address the industry workforce shortage.
- The team is finalizing the hiring process for new hygienist and dental assistant candidates.



**Organizational Excellence | Objective 1.4:** Attract and employ diverse and highly qualified staff, retain staff through development and growth opportunities, and promote staff to address increasingly complex challenges. **(Status: Work in Progress)**



**Organizational Excellence | Strategy 1.4.2:** Provide high-quality, year-round staff development and leadership training across all levels of the organization. **(Status: Work in Progress)**

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

### Larimer Health Connect (LHC)

- LHC has successfully completed the move from the Mason office in Old Town to the Bristlecone campus. New workflows and process changes will be monitored and updated to enhance efficiency once the team has settled. Move information was posted on our social media pages, shared in the LHC quarterly email newsletter, in-person, with signage at the former location, along with 4,500 postcards mailed to customers notifying them of the new location.



**Organizational Excellence | Objective 2.4.4:** Develop a strategy for co-location and centralization of services to achieve integrated care objectives. **(Status: Work in Progress)**



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



**Organizational Excellence | Strategy 2.2.5:** Provide staff with training and support **(Status: Work in Progress)**

- As the open enrollment period has ended, LHC is in the early planning stages to host two post-enrollment Health Insurance Literacy classes, including one in Spanish.



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



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

### Prescription Assistance (PA)

- The Prescription Assistance (PA) program continues to serve those experiencing insurance coverage gaps and those with undocumented status.
- All program policies and procedures are being evaluated and updated.



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



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

### Outreach & Education (O&E)

- The Outreach & Education Team (O&E) have successfully transitioned to the Planning, Policy, Research and Evaluation (PPRE) team under the leadership of Hannah Groves, Community Impact Team (CIT) Manager. The Health Care Access Team will miss their presence and are confident the team will continue to excel, grow, and succeed in their work.



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



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



**Organizational Excellence | Objective 2.4.4:** Develop a strategy for co-location and centralization of services to achieve integrated care objectives. **(Status: Work in Progress)**

- The Health Care Access team currently has no vacancies.

### Mental Health Connections (Connections – Adult & CAYAC)

- Mental Health Connections (MHC) successfully launched its new EHR (electronic health record), ICANotes. Implementation is running smoothly, and the project team continues to

work through workflow questions. The project team also continues to make strides in finalizing a comprehensive manual which incorporates updated procedures and guidelines, along with highlighting the importance of accurate data entry. Ongoing support and training are being provided to ensure that all staff members feel confident as they continue to familiarize themselves with the new system and updated workflows.

- The project team is preparing to begin billing Medicaid and Child Health Plan Plus (CHP+) insurance.



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



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



**Organizational Excellence | Strategy 2.2.5:** Provide staff with training and support. **(Status: Work in Progress)**



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

- Progress continues in partnership with Poudre School District (PSD) and SummitStone Health Partners for a single-entry referral point for PSD staff to ease access to care for students.
- SummitStone Health Partners (SHP) is assisting the CAYAC program with the recent departure of the child psychiatrist. The CAYAC and SHP teams have identified affected patients and have expedited the process for these patients to be connected with new medication providers within SHP.



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



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



**Organizational Excellence | Strategy 2.2.5:** Provide staff with training and support. **(Status: Work in Progress)**



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

- Mental Health Connections has the following vacancies:
  - 1 (1.0) FTE CAYAC Care Coordination Specialist-Community Based (currently posted)

- 1 (1.0) FTE CAYAC Behavioral Health Provider (currently posted)
- 1 (1.0) FTE Adult Care Coordination Specialist (closed, interviewing candidates)
- 1 (1.0) FTE CAYAC Care Coordination Specialist (not yet posted)
- 1 (1.0) FTE Adult Behavioral Health Provider (not yet posted)

## Integrated Care Team

- The Integrated Care (IC) program manager continues to work with UCHealth Family Medicine Center (FMC) and Health District administration to support a thoughtful transition for the IC program staff towards becoming UCHealth employees.
- The program manager supported FMC leadership to re-allocate and re-structure resident schedules following the IC psychiatrist's departure.
- The IC program manager and a Behavioral Health Clinical Therapist (BHCT) participated in the annual rank process for new applicants to the residency program.
- The IC program manager is working with FMC leadership to improve formal resident and staff wellness and resiliency.
- The IC team has been providing additional support to patients and staff regarding recent federal level changes with potential negative impacts for FMC's patient population.



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



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

- The Integrated Care Team has no current vacancies.

**Research & Evaluation**

**Internal Program Evaluation**

- Internal Data Enhancement Workgroup:* In January, a cross-functional workgroup composed of representatives from the Family Dental Clinic and the PPRE team began implementing ResultsLab's recommendations to enhance data collection, quality assurance, and reporting within the Dental program. The group is currently co-designing improved processes for gathering and utilizing demographic data, with a focus on laying the foundation for health equity measurement. The group is currently refining a core set of demographic questions, including language preferences, interpreter needs, race, and ethnicity, to ensure data collection aligns with best practices and clinic workflows.
- Electronic Health Record (EHR) Implementation and Data Entry Workflows:* On January 29, 2025, providers in the Mental Health Connections program transitioned to an Electronic Health Record (EHR) system. Staff have received guidance on collecting an expanded set of demographic questions to better capture core aspects of patient identities. The Research and Evaluation Manager has begun exporting data from the EHR to assess staff adoption and identify opportunities to strengthen data quality assurance efforts early in the implementation process.

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**Organizational Excellence | Strategy 4.1.2:** Develop strategies, policies, and procedures to enhance data collection. (Status: Work in Progress).
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**Organizational Excellence | Strategy 2.3.2:** Strengthen data and knowledge-management systems. (Status: Work in Progress)
  - 

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

**Community Health Survey**

- Colorado Health Institute (CHI) Partnership:* We are finalizing agreements with CHI to increase the sample size of Larimer County residents in the 2025 Colorado Health Access Survey (CHAS). This initiative will replace the Health District's usual tri-annual Community Health Assessment, giving us more detailed information within a statewide context while avoiding duplicate surveys. Through this partnership, we are also collaborating to implement a robust data sharing agreement that will enable the Health District and partners to access CHAS data.

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**Organizational Excellence | Strategy 4.1.1:** Examine and assess existing organizational and community data-collection practices and methodologies. (Status: Work in Progress)
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**Organizational Excellence | Strategy 4.1.4:** Create or update agreements with partners that meet the data-sharing practices. (Status: Work in Progress)
  - 

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

## Community Engagement

- We have developed a proposal to assess health care access needs among residents in the Red Feather area. In February, we will meet with a representative from a group advocating for a rural health clinic in Red Feather, along with Larimer County Commissioner John Kefalas, to review the proposal. A data specialist from the Colorado Rural Health Center will also provide input to ensure alignment with established rural health assessment strategies.



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

## Staffing Update

- Two evaluation positions remain vacant. Hiring timelines and staffing objectives are under review. The consulting firm advising on impact measurement and data practices recommended prioritizing the establishment of cross-functional teams to improve data collection processes before expanding the evaluation team. This work is actively underway through the Dental Data Enhancement Workgroup. Once revised data collection procedures are in place, we will assess the need for additional evaluators and analysts to support program efforts.

## Community Impact Team (CIT)

### Behavioral Health Focus:

- *Mental Health and Substance Use Alliance (MHSU Alliance):* The priority for the MHSU Alliance has been recruiting and selecting a new Steering Committee that aligns with the infrastructure refresh that the group has prioritized. The final candidates, who are decision makers within organizations or those with lived/living expertise, will be proposed and approved in the February Steering Committee Meeting. After finalizing the Steering Committee, planning will begin for Workgroups to begin action on the priorities and focus areas identified in the 2024 MHSU Alliance Strategic Plan. General membership and interest in the MHSU Alliance have swelled to over 80 individuals, thanks to outreach and partnership support from internal staff and Alliance *Members themselves*.



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



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

- *Other Partnership Work:* CIT continues to support a project with Juvenile Justice System partners to improve the competency docket process.



**Partnerships | Strategy 2.1.2:** Improve and expand coordination with local government entities and services. (Status: Work in Progress)

- *Harm and Risk Reduction:* CIT continues to work with Outreach & Education to provide free Narcan and opioid overdose prevention education to community members and organizations. The final count of distribution in 2024 was 1,620 kits. This exceeded the 2024 goal, which was distributing 1,200 kits. With the changes in access to free Narcan from the state, CIT continues

to work on procuring naloxone nasal spray in different ways and considering creative partnerships to continue community access.



**Partnerships | Strategy 2.3.3:** Support community-based advocacy organizations in advancing causes important to the well-being of our community. (Status: Work in Progress)

- *Changing Minds Campaign:* In January, the Changing Minds campaign update was completed by a local marketing firm. Next steps are to create an implementation and launch plan for the updated materials on both social media and the website. People in the community can look forward to updated materials and messaging, new stories of recovery, and more relevant messaging to decrease substance use stigma and encourage people to seek treatment and recovery when they are ready.



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

#### Health-Related Social Needs Focus:

- CIT staff are beginning to compile research around health-related social needs, with a lens towards local history and health impacts. CIT staff are in the beginning stages of developing a project that will help share research, data, local history, and stories on social needs and health implications for current residents of Northern Larimer County. CIT staff are also beginning to outreach to and meet with partners in the transportation and housing sectors within Larimer County. This relationship building will be critical for understanding the ecosystem that affects health within our community.



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

#### Outreach & Education

- This team has both moved to the Bristlecone campus and transitioned supervision to the PPRE team. We are excited to have the breadth of community engagement work within the Community Impact Team to be able to strategically engage our community through a variety of methods. Even during this busy time, the Outreach Team stayed active in the community. In January, they attended 15 events, including 9 partnership meetings. Some outreach highlights include attending the New Belgium Wellness Fair, dropping off flyers and materials at Front Range Community College to be shared with students and staff, and meeting with the Wellington Welcoming Wagon to help bridge a connection to the new Community Services Center in Wellington. Additionally, the Outreach Team supported social media content and collateral material development for the Health District.



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



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

## **Health Equity**

### **Health Equity Strategic Plan**

- *Health Equity Definition:* The Health Equity Strategist has developed a plain language health equity definition using the input of 9 teams, including over 70 team members. The definition will be rolled out to all staff in March.



**Health Equity | Goal 1:** Develop and implement a definition of health equity for the Health District. (Status: Work in Progress)

- *Health Equity Strategic Plan.* The Health Equity Strategist developed a framework for the 2025 Health Equity Strategic Plan. The timeline has been defined, and the plan is being outlined. In order to further inform the plan and establish a baseline, two internal health equity surveys have been launched to better understand the health equity landscape at the Health District. The first survey was tailored for leadership and management team members, and the second is intended for all staff members.



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



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

### **Other Cross-Functional Collaboration**

- *Communications.* The Health Equity Strategist continues to review social media content through an equity lens.



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

- *Health Services.* Collaborating with Health Services to create and implement a staff FAQ and SOP for requesting interpreter services.



**Health Equity | Goal 3:** Implement new strategies for high-quality and fair treatment of Health District clients and community members. (Status: Work in Progress)



**Health Equity | Goal 4:** Build the foundation to become a model of inclusive excellence for health care partners and collaborators. (Status: Work in Progress)

## **Policy**

The Staff Policy Strategy Team (staffed by the Policy Analyst, Health Services Director, Director of Planning, Policy, Research & Evaluation, and Executive Director) reviewed legislation within the scope of the policy agenda and made recommendations to the Board Public Policy Committee (BPPC). The BPPC met and took positions on the first set of bills, which will be ratified at the February Board meeting.

This year's legislative session is shaped by the budgetary shortfall at the state level and response to policy changes at the federal level. To increase the likelihood of passage, bills are being introduced with no fiscal notes or proposals to pay for the policy change without increasing state expenditures. The Joint Budget Committee (JBC) has been working to consolidate the necessary cuts while considering the possible impact.



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

- Three department positions have been posted: Assistant Finance Director, Budget Analyst, and Accountant – Accounts Receivable.
- Finance is continuing to work in tandem with the Controller/Chief Financial Officer (CFO) to support duties due to the vacancies on the team.



**Organizational Excellence | Objective 1.4:** Attract and employ diverse and highly qualified staff, retain staff through development and growth opportunities, and promote staff to address increasingly complex challenges.



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



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



**Organizational Excellence | Strategy 2.2.5:** Provide staff with training and support.

### Looking forward:

- Finance is continuing to work in tandem with the Controller/Chief Financial Officer (CFO) from Your Part-Time Controller (YPTC) providing financial oversight.
- YPTC Controller/CFO, is continuing work in the following areas:
  - Assessing processes
  - Developing financial reports
  - Improving internal control processes
  - Creating policies and procedures



**Great Governance | Goal 2:** Strengthen financial management and infrastructure to enable the delivery of high-quality services and support continuity of operations. **(Status: Work in Progress)**



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

- Finance has begun preparation for the 2024 audit.



**Great Governance | Strategy 2.2:** Promote fiscal sustainability, transparency, compliance, and best practices concerning all budgetary, financial, and regulatory standards. **(Status: Work in Progress)**



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

- Implementation of the cloud-based Oracle NetSuite Financial Accounting System has begun.



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

- In January the new Executive Assistant/Clerk to the Board began.
- One regular status employee and one PRN employee were offboarded.
- As of February 13th, seven external open positions were posted as well as one PRN opening.



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

### Looking forward:

- Infection Prevention tracking is in transition to the HR Team for Onboarding new staff.
- Work continues with UKG on the discovery phase of the new Human Resources Information System (HRIS)/Capital Management (HCM) system. Implementation has begun and we are developing a plan for training of managers and staff in the new system.



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



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

- CPR, AED training and de-escalation training for staff is currently being scheduled.



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



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

- Work continues with our Health Equity Strategist to review position descriptions and job ads for opportunities to improve verbiage, as well as having her attend departmental meetings.



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



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

**Facilities**

- The team has a 74% completion rate as 37 of 50 work orders submitted through MaintainX in the past 30 days were completed.
  -  **Organizational Excellence | Strategy 2.3.4:** Strengthen IT management and infrastructure to enable the delivery of high-quality services and support the continuity of operations.
  -  **Organizational Excellence | Strategy 2.3.4:** Leverage analytic technology to support enhanced data-driven decision-making and operations.
- Facilities successfully completed the move of the Larimer Health Connect (LHC) program staff to the Bristlecone centralized client campus.
- Facilities completed the return of the 144 N. Mason location to the landlord, resulting in monthly cost savings of approximately \$6,000 in combined rent and utilities expenses to reduce fixed operating expenses and improve operational efficiencies.
  -  **Organizational Excellence | Strategy 2.4.1:** Develop a capital maintenance and improvement plan to strategically plan for short-term and long-term infrastructure and capital needs.
  -  **Organizational Excellence | Objective 2.4.4:** Develop a strategy for co-location and centralization of services to achieve integrated care objectives.
- Facilities completed the LED lighting upgrade at 202 Bristlecone and 2001 S. Shields properties. These improvements have generated utility cost savings while also reducing environmental impact through improved energy efficiency.
  -  **Organizational Excellence | Strategy 2.4.1:** Develop a capital maintenance and improvement plan to strategically plan for short-term and long-term infrastructure and capital needs.

**Information Technology**

- Facilities continues to work with ICC for IT consulting and support needs.
  - A total of 72 IT work orders were completed in the past 30 days.
  - A formal RFP was released to secure Information Technology services for 2025. ICC was the selected vendor, and a draft contract was negotiated and finalized.
  - ICC completed work to finalize the implementation of the new dental billing software. ICC identified the work and costs associated to ensure the necessary upgrades to the Dentrax software which will begin in March.
-  **Organizational Excellence | Strategy 2.3** Strengthen IT management and infrastructure to enable the delivery of high-quality services and support the continuity of operations.
-  **Organizational Excellence | Strategy 2.3:1** Deploy a modernized IT infrastructure that enables seamless access to information and resources.
-  **Organizational Excellence | Strategy 2.3.4:** Leverage analytic technology to support enhanced data-driven decision-making and operations.

- Communications held a workshop this month to further define: core identity, target audiences, differentiators/value propositions, brand voice, trust/credibility, visual and sensory identity, brand legacy and reasons to believe.



**Great Governance | Strategy 3.3.1:** Update communications and brand standards. **(Status: Work in Progress)**



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



**Organizational Excellence | Objective 3.1.3:** Develop a comprehensive communication strategy to be executed in 2025 **(Status: Work in Progress)**

- Communications has begun working alongside marketing agency Hedy & Hopp to modernize the Health District’s logo and brand guidelines, and to align our goals, deliverables and high-level timing.



**Great Governance | Strategy 3.3.1:** Update communications and brand standards. **(Status: Work in Progress)**



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



**Organizational Excellence | Objective 3.1.3:** Develop a comprehensive communication strategy to be executed in 2025 **(Status: Work in Progress)**

- Communications is providing ongoing marketing and communications work for comprehensive coverage of the Board election and opportunities for public participation.



**Great Governance | Strategy 3.1.3:** Provide timely and accessible information through multiple channels to enhance engagement and reach priority populations and the broader community. **(Status: Work in Progress)**



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



**Organizational Excellence | Objective 3.1.3:** Develop a comprehensive communication strategy to be executed in 2025 **(Status: Work in Progress)**