



Board of Directors Regular Meeting

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

Date: Tuesday, October 22, 2024

Time: 5:30 PM

- 5:30 PM I. Call to Order** Molly Gutillia
- a. Roll Call Board of Directors
 - b. Welcome Guests & Attendees
 - c. Conflict of Interest Statement
 - d. Approval of Agenda
- 5:35 PM II. Public Comment**
- Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided at the end of the agenda.
- 5:35 PM III. Presentations**
- No presentations scheduled.
- 5:35 PM IV. Consent Agenda**
- a. September 24, 2024, Regular Meeting Minutes
- 5:50 PM V. Action Items**
- a. Sept. 2024 Financial Statements – Q3 Financial Report Misty Manchester
 - b. Accounting Software Approval Misty Manchester
- 6:00 PM VI. Reports**
- a. Social Health information Exchange (SHIE) Regional Hub Opportunity Abby Worthen
 - b. 2025 Budget Planning Timeline and Update Misty Manchester
 - c. Board of Directors Reports Board of Directors
 - d. Liaison to PVHS/UCHealth North Report John McKay
 - e. Executive Committee Update Molly Gutilla
 - f. Executive Director Staff Report Liane Jollon
- 6:25 PM VII. Announcements**
- a. November 12, 2024, 5:30pm – Budget Hearing & Regular Meeting
 - b. December 10, 2024, 5:30pm – Regular Meeting
- Executive Session**
- (1) to hold a conference with the District's general counsel to receive legal advice on specific legal questions, pursuant to C.R.S. § 24-6-402(4)(b), regarding _____; and (2) for the purposes of discussion of a personnel matter 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, pursuant to C.R.S. § 24-6-402(4)(f), concerning _____.
- 6:30 PM VIII. Adjournment**

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

Location: Hybrid

Date: September 24, 2024

Time: 5:30 PM

Minutes

Board Members Present:

Julie Kunce Field, JD, Board Vice President
Josphe Prows, MD MPH, Treasurer
Erin Hottenstein, Assistant Treasurer
John McKay, Secretary

Also Present:

Kevin Unger, CEO UCHHealth North
Jessica Shaver, Associate, Your Part-Time
Controller (YPTC)
Elizabeth Lebuhn, Associate Attorney,
Hoffman, Parker, Wilson & Carberry, P.C.

Staff Present:

Liane Jollon, Executive Director
Abby Worthen, Deputy Director
Sean Kennedy, Interim Communications
Director
Dana Turner, Health Services Director
Katie Wheeler, Compliance Officer
Misty Manchester, Human Resources Director
Julie Kenney, Human Resources Specialist
Lead
Jessica Shannon, Quality Improvement
Projects Manager
Lauren Jones, Executive Assistant

I. Call To Order

a. Roll Call Board of Directors

Director Julie Field called the regular meeting to order at 5:35 p.m. and reported that Director Molly Gutilla had an excused absence.

b. Welcome Guests & Attendees

c. Conflict of Interest Statement

No conflicts of interest were reported.

d. Approval of Agenda

Motion: To reorder the agenda, allowing two guest presenters to be move up. The UCHHealth Update by Kevin Unger will be presented first followed by item IV. b. August Financial Statements from the Consent Agenda.

Moved by Joseph Prows/Second by Erin Hottenstein/Carried Unanimously

IIIA. UCHHealth Update

Kevin Unger provided the Health District Board of Directors with a summary of: Strategic plans, amendments and updates, and an annual report describing Poudre Valley Hospital's patient quality initiatives and outcomes measurement programs. These reporting requirements are required under annually Article IV of the Hospital Operating Lease Agreement between the District and PVH.

IVB. August Financial Statements

Jessica Shaver from YPTC provided an overview of the July 2024 financial statements, including the draft financial statement disclosures for both July and August. YPTC reported that significant progress was made in reconciling general ledger accounts and restructuring the organization's financial accounts for the 2025 budget.

YPTC reported that through August the Health District is ahead of budget by \$2.35 million primarily due savings in compensation and professional services and consulting expense line items. It was highlighted that 88 percent of the annual revenue has already been recognized, including most property tax revenue for 2024. However, expenses are expected to outpace revenue for the remainder of the year, with a projected net position at this time of \$1.31 million by the end of the year.

YPTC also shared that progress has been made in documenting financial procedures and transitioning to new accounting software. Over the next several months, YPTC will continue streamlining processes, finding efficiencies, and ensuring that all procedures developed support the transition to a new accounting system. This system will enable improved financial tracking, insights, and reporting.

Motion to accept the draft August 2024 Financials:

Moved by Aaron Hottenstein/Seconded by Joeseoph Prows/Carried Unanimously

II. Public Comment

Tiffin Vaughn shared information on the proposed concrete batch plant, located just north of the Health District, and expressed concerns regarding impacts to the health of nearby residents. Tiffany requested that the Health District Board of Directors take a position opposing the building of the plan.

Doreen Martinez expressed concerns about the proposed concrete batch plant of air quality, impacts to environment and the health of residents and requested and encouraged the Health District to take a formal position opposing the plants construction.

A Meeting break commenced at 6:41p.m.

Meeting resumed at 6:48 p.m.

III. Presentations

a. Medicaid Billing / EHR Implementation and PSD Collaboration

Dana Turner, Director of Health Services, provided an update on two key initiatives aligned with the Health District's strategic goals, including Great Governance, Organizational Excellence, Health Equity, and Partnerships. The discussion focused on the implementation of a new electronic health record (EHR) system and Medicaid billing for behavioral health services, emphasizing the importance of fiscal responsibility and maximizing revenue. Challenges encountered during the project were highlighted, alongside efforts to streamline operational processes, enhance data collection, and improve service delivery. The projects, supported by board-approved grant funding, are on track for completion by year-end.

Katie Matus, Health Services Coordinator, noted that the new EHR and Medicaid billing workflows will boost operational efficiency, support staff in providing higher-quality care, and enhance outcomes for those served.

Jessica Shannon, Quality Improvement Projects Manager, reported progress on a cross-agency partnership with SummitStone Health Partners and Poudre School District (PSD) to improve behavioral health services for students and families. Over the past eight months, the collaboration has worked to formalize partnerships and streamline referral processes, creating a unified entry point for PSD referrals. The cross-agency behavioral health care team is being formed to improve communication and coordination across organizational systems. Significant progress includes a draft contract and shared release of information, with plans for a formal launch and potential replication in other communities.

A Board member commented: I am so excited about this! The effort to get going on Medicaid billing is a big deal.

b. MHSU Alliance Update: Strategic Planning

Hannah Groves, Community Impact Team Manager, presented an overview of the Mental Health and Substance Use Alliance's recent strategic planning efforts, highlighting their collaborative approach over the past eight months. Established in 1999, the Alliance has been a key player in addressing community mental health and substance use issues. In January 2024, they reconvened after a hiatus and hosted a strategic planning retreat in April, which helped define new priorities and update their vision and values. This summer, they restructured to better align with community needs, resulting in four key focus areas: coordination of care, data infrastructure, clinical systems, and promoting behavioral health. The upcoming strategic plan release party is scheduled for October 10th, where the community will be invited to engage in the Alliance's ongoing efforts to improve behavioral health services.

IV. Consent Agenda

Motion: To approve the August 27, 2024 Regular Meeting Minutes.

Moved by Joseph Prows/Second by John McKay/Carried unanimously.

V. Action Items

There were no action items.

VI. Reports

a. 30th Anniversary Open House

Sean Kennedy, Interim Finance Director, reported that the 30th Anniversary Open House for the Health District is scheduled for October 16, 2024, from 4 to 7 p.m., and aims to celebrate three decades of service, while reinforcing brand identity and service awareness among community partners and members. The event will feature remarks from board leadership, a historical display showcasing the Health District's legacy, and tours of the Family Dental Clinic. Light snacks, refreshments, and strategic plan materials will be available for attendees.

b. 2025 Budget Planning Timeline and Update

Misty Manchester, Interim Director of Finance and HR Director, reported how crucial the current work related to financial reporting is for the staff and Board to prepare for the 2025 proposed budget. The timelines and intersections of both the organization-wide strategic planning process and budget process were reviewed. Staff reported that the 2025 proposed budget will reflect guidance provided by the board in the August study session which followed the strategic planning. The proposed budget will prioritize great governance, operational excellence, health equity and investing in partnerships. The proposed budget will also reflect comprehensive capital project planning and will launch an overhauled organizational chart of accounts.

Staff also reported that budget considerations were being made for maintaining full medical coverage for eligible employee, adding medical coverage support for dependents, and wage increases for some categories of support, technical and frontline program staff.

c. Legislative Special Session Review and Revenue Forecasting

David Navas, Policy reported that Senate Bill 24-233 resulted in a \$1.3 billion reduction in property tax collections. Subsequently, two ballot initiatives aiming for further property tax reductions were withdrawn following negotiations with the governor's office. During a special session, House Bill 24B-10001 was introduced, which added an additional \$254 million cut to property taxes, impacting local governments by approximately \$120 million in 2025 and \$130 million in 2026. As a result, a million-dollar revenue reduction is expected for the Health District in 2025 relative to the 2024 budget, with additional and unknown impacts in 2026. The assessment rates will continue to decrease, and new revenue caps for local governments will start in 2025.

d. Board of Directors Reports

- Julie Fields shared that she' been reading law-related materials pertinent to the Health District.
- Joseph Prows shared that it was great to see the Health District present at several events over the past month, including the Lincoln Elementary School's open house event.
- Erin Hottenstein – No report.

- John McKay – No report.

e. Liaison to PVHS/UCHealth North Report

John McKay reported that Kevin Unger's presentation provided key information, and there was nothing further to report.

f. Executive Committee Update

Julie Filed reported that she had worked with the Executive Director to prepare for the board meeting.

g. Executive Director Staff Report

Liane Jollon, Executive Director, acknowledged the team's efforts in effectively communicating the organization's current status. She expressed gratitude to Sean Kennedy for stepping in as Interim Communications Director and managing the preparations for the open house. Liane also shared that the Board of Directors would receive materials to help them discuss the upcoming organizational strategic changes at future events.

VII. Announcements

- October 10, 2024, 2:30pm – MHSU Alliance Strategic Plan Release Party
- October 15, 2024, 5:00pm – Health District Board and Alumni Gathering
- October 16, 2024, 4:00pm – 30th Anniversary Open House
- October 22, 2024, 5:30pm – Regular Meeting & Budget Study Session
- November 12, 2024, 5:30pm – Budget Hearing & Regular Meeting

VIII. Executive Session

Executive session to hold a conference with the Health District's general counsel to receive legal advice on specific legal questions, pursuant to C.R.S. § 24-6-402(4)(b), regarding elections and Health District services.

Motion: To move into Executive Session.

Moved by Erin Hottenstein/ Second by Joeseeph Prows/Carried unanimously.

Executive Session entered at 7:49 p.m.

Return to regular meeting at 8:32 p.m.

VIII. Adjournment

Motion: To adjourn the regular meeting at 8:33 p.m.

Moved by Julie Kunce Field/Second by Joseph Prows/Carried Unanimously.

Respectfully Submitted:

Jessica Shannon, Quality Improvement Projects Manager

Molly Gutilla, MS, DrPH, Board President

AGENDA DOCUMENTATION

Meeting Date: October 22, 2024

SUBJECT: September 2024 Financial Statements - Q3 Financial Report

PRESENTER: Misty Manchester/Jessica Shaver

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):

- *Statements of Revenues and Expenditures – Budget and Actual*
- *Summary Financial Narratives*
- *Statements of Non- Operational Expenditures – Budget and Actual*
- *Balance Sheet*
- *Statement of Revenue and Expenditures*
- *Investment Schedule*

FISCAL IMPACT

None.

STAFF RECOMMENDATION

Accept the financial reports as presented.

Health District

OF NORTHERN LARIMER COUNTY

Financial Reporting Package

FOR THE NINE PERIODS ENDED SEPTEMBER 30, 2024

Jessica Shaver, YPTC

COMPLETED ON | OCTOBER 19, 2024

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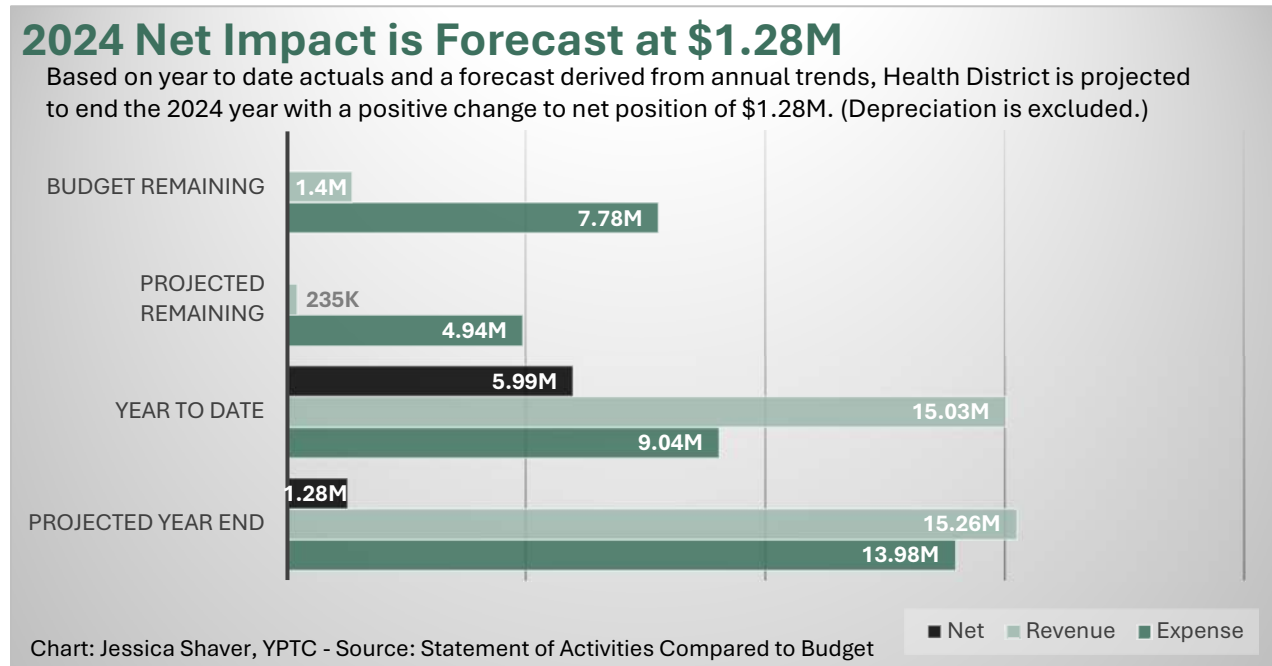
EXECUTIVE SUMMARY

HIGHLIGHTS

Health District of Northern Larimer County recognized Revenue of \$512k during the month of September 2024 and incurred Expenses of \$1.01M, resulting in a negative Change in Net Position of (\$500k) for the month. Year to date, Health District has generated Revenue of \$15.03M and Expenses of \$9.24M, resulting in a positive Change in Net Position of \$5.79M so far for 2024.

In comparison to budget, Revenue was ahead of budget by \$56k for September and is ahead of budget by \$22k year to date. Due primarily to personnel vacancies and lower contracted services, Expenses were below budget by \$330k for September and by \$2.66M for the year so far.

As highlighted in prior months, it is important to note that 92% of all budgeted revenue for the year has already been recognized, including all Property Tax revenue. While expenses have been trending 23% below budget, this is expected to change as vacancies are filled. As projected, this combination has led to negative impacts to the Health Districts Net Position in both August and September, a trend that is projected to repeat throughout the remainder of 2024.



RECOMMENDATIONS & PROGRESS UPDATES

Documentation of Finance Procedures

YPTC has worked with the Finance Department of Health District to improve several processes, such as: segregation of duties on bank and investment reconciliations, timeliness of receiving transaction information, and information sharing. These efforts will be continued to include further streamlining and documentation of processes and procedures over the next several months.

Accounting Software Transition

After several demonstrations and extensive consideration of the options available and how they would positively impact the financial future of the organization, Health District has chosen to transition to NetSuite accounting software, pending Board approval. NetSuite will not only enable the Finance Department to be more efficient and effective, it will also provide improved financial reporting and insights, easier workflow across departments, and will meet the growing needs of the organization as it strategically shifts future operations. In addition, NetSuite also has integrated budgeting software that will allow the 2026 budgeting season to be exponentially better than the status quo.

As such, a formal Notice of Award has been issued to Oracle NetSuite. Pending Board approval and a thorough contract review by Health District’s legal consultants, a migration timeline and anticipated “go live” date will be communicated.

Chart of Accounts Restructure

In conjunction with the accounting software transition, the organization will be restructuring their Chart of Accounts to provide a transparent financial representation of both the categorization of activities and department and program financial performance. These changes will allow the Board to make financially informed decisions with confidence. The project is underway and will be reflected in the new accounting software.

FINANCIAL DISCUSSIONS

STATEMENTS OF FINANCIAL POSITION

Cash & Cash Equivalents improved by 35% from the prior year due to the year-to-date positive financial performance of the Health District. However, this balance is anticipated to decline throughout the remainder of 2024 as expenses will exceed revenues.

Accounts Payable and Payroll Liabilities are now separated in the Current Liabilities section of the statement, this change was made to provide better representation of the nature of the liabilities owed.

Deferred Revenue decreased by 64% from the previous year, which shows that the organization has been able to recognize this revenue and realize the impact on the Statement of Activities.

The Current Year Change in Net Position is 59% better than prior year, which shows the impact of both increased revenues and decreased expenses in 2024.

STATEMENT OF ACTIVITIES

Revenues for September 2024 were \$512k, which is lower than the monthly average for the current year by 69%, however, this was expected given the timing of receipt of tax revenues. While there was some fluctuation in the performance of other revenue sources (Lease, Interest, and Service), the impact balances out to a net of a positive 2% compared to average monthly amounts.

Expenses for September 2024 were \$1.01M, which is in line with the monthly average for the current year. While expenses are in line with averages overall, there was fluctuation within programs. Mental Health Connections, Dental Services, and Health Promotion all outperformed their monthly averages, while Community Impact and Evaluation incurred higher expenses than average.

With Depreciation Expense *included*, the Change In Net Position for the month was a negative (\$500k).

STATEMENT OF ACTIVITIES – ACTUAL TO BUDGET COMPARISON

Total Revenue for September 2024 was ahead of budget by 12%, however year-to-date Total Revenues are on budget. Despite revenues meeting budget overall, there are some large variances in specific revenue sources, specifically: Interest Income (ahead by 38%), Fee for Service Income (ahead by 42%), and Grant Income (behind by 44%). These variations were taken into account in the 2025 Proposed Budget.

Total Expenses for September 2024 were better than budget by 22% and by 23% year-to-date. While this has been a consistent trend, expenses are projected to increase for the remainder of the year. Programmatically, the largest variations are within Mental Health Connections and Dental Services, accounting for 48% of the total \$2.66M variance.

With Depreciation Expense *excluded*, the Change In Net Position from Operations for the month was a negative (\$477k).

STATEMENT OF CASH FLOWS

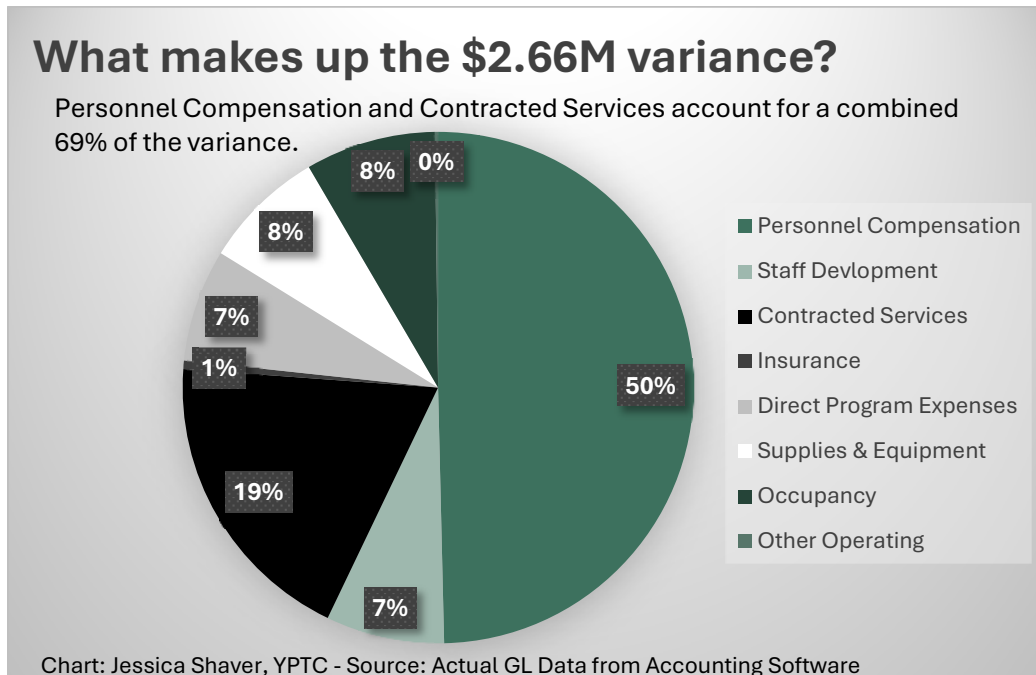
The Health District has increased Cash & Cash Equivalents by \$5.70M year to date. The September 2024 balance of \$13.37M covers over 13 months of the organization's average monthly operating expenses of \$1M.

FURTHER FINANCIAL ANALYSIS

While we are currently unable to reflect categorical expense variations directly on the Statement of Activities, through data extrapolation from the accounting software the following shows where the expense variations to budget exist at an expense category level:

Expenditures	2024 Actual	2024 Budget	\$ Variance	%
Personnel Compensation	7,100,728	8,423,173	1,322,445	16%
Staff Development	161,781	361,243	199,462	55%
Contracted Services	487,651	994,385	506,734	51%
Insurance	58,170	73,014	14,844	20%
Direct Program Expenses	320,080	509,208	189,128	37%
Supplies & Equipment	200,230	406,947	206,717	51%
Occupancy	420,693	639,812	219,119	34%
Other Operating	290,606	296,294	5,688	2%
Total Expenditures	9,039,939	11,704,076	2,664,137	23%

The largest areas in which expenditures do not align with the 2024 Budget are found in Personnel Compensation (due primarily to staffing vacancies) and Contracted Services. The below chart shows how much of the variance is attributed to each category:



This categorical analysis was considered in conjunction with programmatic information during creation of the 2025 Proposed Budget with the goal of delivering a more accurate budget for the 2025 year.

Health District
Of Northern Larimer County

Statements of Financial Position

As of Period Ended September 30, 2024

ASSETS	September 2024	September 2023	Change
CURRENT ASSETS			
Cash & Cash Equivalents	13,370,863	9,924,625	3,446,238
Investments	1,053,743	1,027,538	26,204
Accounts Receivable	377,991	58,959	319,032
Taxes Receivable	157,566	118,469	39,097
Prepaid Expenses	3,389	13,941	(10,552)
TOTAL CURRENT ASSETS	14,963,552	11,143,532	3,820,020
NON-CURRENT ASSETS			
Leases Receivable	59,031,612	59,230,132	(198,521)
Capital Assets, Net	9,718,628	9,895,100	(176,472)
Leased Assets, Net	57,632	-	57,632
TOTAL NON-CURRENT ASSETS	68,807,871	69,125,233	(317,361)
TOTAL ASSETS	83,771,423	80,268,765	3,502,658
LIABILITIES & NET POSITION			
LIABILITIES			
CURRENT LIABILITIES			
Accounts Payable	162,602	100,786	61,816
Payroll Liabilities	610,981	619,629	(8,648)
Deposits	21,905	15,261	6,644
Deferred Revenue	189,189	527,929	(338,741)
TOTAL CURRENT LIABILITIES	984,677	1,263,606	(278,929)
NON-CURRENT LIABILITIES			
Compensated Absences	6,621	18,413	(11,792)
Deferred Property Taxes	157,566	63,059	94,507
Deferred Leases	59,323,934	59,523,920	(199,986)
TOTAL NON-CURRENT LIABILITIES	59,488,122	59,605,392	(117,271)
TOTAL LIABILITIES	60,472,798	60,868,998	(396,200)
NET POSITION			
Beginning Net Position	17,510,830	15,762,077	1,748,754
Current Year Change in Net Position	5,787,794	3,637,690	2,150,105
TOTAL NET POSITION	23,298,624	19,399,766	3,898,858
TOTAL LIABILITIES & NET POSITION	83,771,423	80,268,765	3,502,658

Unaudited - For Management Use Only

Health District

Of Northern Larimer County

Statement of Activities

As of Period Ended September 30, 2024

	September 2024	Year to Date
REVENUE		
Property Taxes	62,820	10,544,631
State of Colorado Backfill	-	998,987
Specific Ownership Taxes	63,973	470,484
Lease Revenue	102,372	1,197,127
Interest Income	58,800	459,907
Fee for Service Income	19,650	193,729
Third Party Income	108,376	821,638
Grant Income	96,210	319,997
Donations	-	60
Miscellaneous Income	-	22,087
TOTAL REVENUE	512,200	15,028,646
EXPENSES		
Administration	111,191	983,856
Board Expenses	9,141	94,278
Mental Health Connections	193,224	1,845,048
Dental Services	301,007	2,890,866
Integrated Care (MHSA/PC)	93,816	838,186
Health Promotion	41,988	439,972
Community Impact	74,688	565,330
Program Assessment & Evaluation	36,815	234,605
Health Care Access	78,861	683,166
Resource Development	3,974	34,955
Leased Offices	12,099	116,759
Contingency - Operational	-	36,366
Grants	32,795	276,554
Depreciation Expense	22,910	200,912
TOTAL EXPENSES	1,012,509	9,240,852
CHANGE IN NET POSITION	(500,308)	5,787,794

Unaudited - For Management Use Only

Health District
Of Northern Larimer County
Statement of Activities

Actual to Budget Comparison
As of Period Ended September 30, 2024

	Current Month				Year to Date				Annual Budget	Remaining Funds
	Budget	Actual	Variance	%	Budget	Actual	Variance	%		
REVENUE										
Property Taxes	99,019	62,820	(36,198)	-37%	10,581,765	10,544,631	(37,133)	0%	10,685,198	140,567
State of Colorado Backfill	-	-	-	0%	1,031,897	998,987	(32,910)	-3%	1,031,897	32,910
Specific Ownership Taxes	60,938	63,973	3,035	5%	446,144	470,484	24,339	5%	650,000	179,516
Lease Revenue	127,666	102,372	(25,295)	-20%	1,148,998	1,197,127	48,129	4%	1,531,998	334,871
Interest Income	40,000	58,800	18,800	47%	332,500	459,907	127,407	38%	415,000	(44,907)
Fee for Service Income	15,212	19,650	4,438	29%	136,907	193,729	56,821	42%	182,543	(11,186)
Third Party Income	82,286	108,376	26,090	32%	740,572	821,638	81,066	11%	987,429	165,791
Grant Income	29,276	96,210	66,935	229%	569,099	319,997	(249,102)	-44%	895,620	575,623
Donations	-	-	-	0%	-	60	60	0%	-	(60)
Miscellaneous Income	2,050	-	(2,050)	-100%	18,450	22,087	3,637	20%	24,600	2,513
TOTAL REVENUE	456,446	512,200	55,754	12%	15,006,332	15,028,646	22,314	0%	16,404,285	1,375,639
OPERATING EXPENSES										
Administration	114,064	111,191	2,873	3%	1,024,178	983,856	40,322	4%	1,365,171	381,315
Board Expenses	12,253	9,141	3,112	25%	110,274	94,278	15,996	15%	173,032	78,754
Mental Health Connections	274,211	193,224	80,987	30%	2,464,428	1,845,048	619,380	25%	3,289,543	1,444,495
Dental Services	395,500	301,007	94,493	24%	3,559,500	2,890,866	668,634	19%	4,746,000	1,855,134
Integrated Care (MHSA/PC)	113,438	93,816	19,621	17%	1,021,139	838,186	182,953	18%	1,362,252	524,066
Health Promotion	70,065	41,988	28,077	40%	632,338	439,972	192,365	30%	843,104	403,132
Community Impact	96,354	74,688	21,666	22%	867,786	565,330	302,456	35%	1,157,452	592,122
Program Assessment & Evaluation	42,722	36,815	5,907	14%	384,496	234,605	149,891	39%	535,161	300,556
Health Care Access	101,758	78,861	22,897	23%	913,666	683,166	230,500	25%	1,236,564	553,398
Resource Development	4,941	3,974	967	20%	44,470	34,955	9,515	21%	59,293	24,338
Leased Offices	11,634	12,099	(466)	-4%	135,704	116,759	18,945	14%	170,605	53,846
Contingency - Operational	-	-	-	0%	-	36,366	(36,366)	0%	500,000	463,634
Grants	27,233	32,795	(5,562)	-20%	546,097	276,554	269,544	49%	1,377,309	1,100,755
TOTAL OPERATING EXPENSES	1,264,172	989,598	274,574	22%	11,704,076	9,039,939	2,664,136	23%	16,815,486	7,775,547
CHANGE IN NET POSITION FROM OPERATIONS	(807,726)	(477,398)	330,328	41%	3,302,256	5,988,706	2,686,450	81%	(411,201)	

Does not include Depreciation expense.

Unaudited - For Management Use Only

Health District

Of Northern Larimer County

Statement of Cash Flows

As of Period Ended September 30, 2024

CASH FLOWS FROM OPERATING ACTIVITIES	September 2024
Total Change in Net Position	5,787,794
Adjustments to Reconcile Change in Net Assets to Net	
Cash Provided by (Used in) Operating Activities:	
Depreciation & Amortization	200,912
Accounts Receivable	10,756,522
Prepaid Expenses	75,679
Accounts Payable	(11,775)
Payroll Liabilities	(97,357)
Accrued Liabilities	(59,249)
Deferred Revenue	(10,859,452)
Net Cash Provided by (Used in) in Operating Activities	5,793,073
 CASH FLOWS FROM INVESTING ACTIVITIES	
Investments	(21,364)
Purchase of Fixed Assets	(72,341)
Net Cash Provided by (Used in) Investing Activities	(93,705)
 CASH FLOWS FROM FINANCING ACTIVITIES	
Net Change in Debt	-
Net Cash Provided by (Used in) Financing Activities	-
 Net Cash Increase (Decrease) for Period	5,699,368
Beginning Cash & Cash Equivalents	7,671,495
Ending Cash & Cash Equivalents	13,370,863

Unaudited - For Management Use Only



AGENDA DOCUMENTATION

Meeting Date: October 22, 2024

SUBJECT: Accounting Software Approval

PRESENTER:

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

The Health District's 2024 Budget included funds to purchase new accounting software.

Staff issued a Request for Proposals (RFP), reviewed responses from vendors, and met with three vendors for product demonstrations. Staff prefers Oracle NetSuite for HealthCare/Non-Profit.

The licensing cost, including advanced customer support, for one year is \$81,210.18.

There will be additional costs for implementation and training.

Attachment(s): None

FISCAL IMPACT

None – This expenditure was already approved by the Board for the 2024 Budget

STAFF RECOMMENDATION

Approve the purchase of the Oracle NetSuite Accounting Software.



AGENDA DOCUMENTATION

Meeting Date: October 22, 2024

SUBJECT: Colorado Social Health Information Exchange (CoSHIE) Regional Hub Funding Opportunity

PRESENTER: Abby Worthen

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

Health District staff are assessing the state Office of eHealth Innovation’s Colorado Social Health Information Exchange (CoSHIE) regional hub opportunity. The primary purpose of CoSHIE is to bring together social health resources and connect data systems to align data for care coordination and social service provision. The regional hubs are intended to provide avenues to improve care coordination workflows for Medicaid members in our community. Applications are due November 1, 2024.

To align efforts, reduce duplication, and improve the likelihood of our community receiving support through this initiative, Health District staff outreached to partner organizations to assess whether others are planning to apply. Northern Colorado Health Alliance (NCHA) has been building relevant regional architecture and are intending to apply as an anchor organization with the Health District as a collaborating partnersto optimize each organization’s expertise.

Attachment(s): none

FISCAL IMPACT:

Potential for revenue if awarded; revenue amount unknown.

STAFF RECOMMENDATION

Board discussion and any questions or considerations for proceeding with a collaborative application with NCHA.

AGENDA DOCUMENTATION

Meeting Date: October 22, 2024

SUBJECT: 2025 Budget Planning Timeline and Update

PRESENTER: Misty Manchester

OUTCOME REQUESTED: Decision Consent Report

PURPOSE/ BACKGROUND

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

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

Budget timelines and processes include:

- Capital projects budgeting
- Chart of Accounts
- Revisions based on direction from Board of Directors
- Compensation which includes pay and benefits

Attachment(s):

Board Key Dates for Budget Year 2025 - Oct

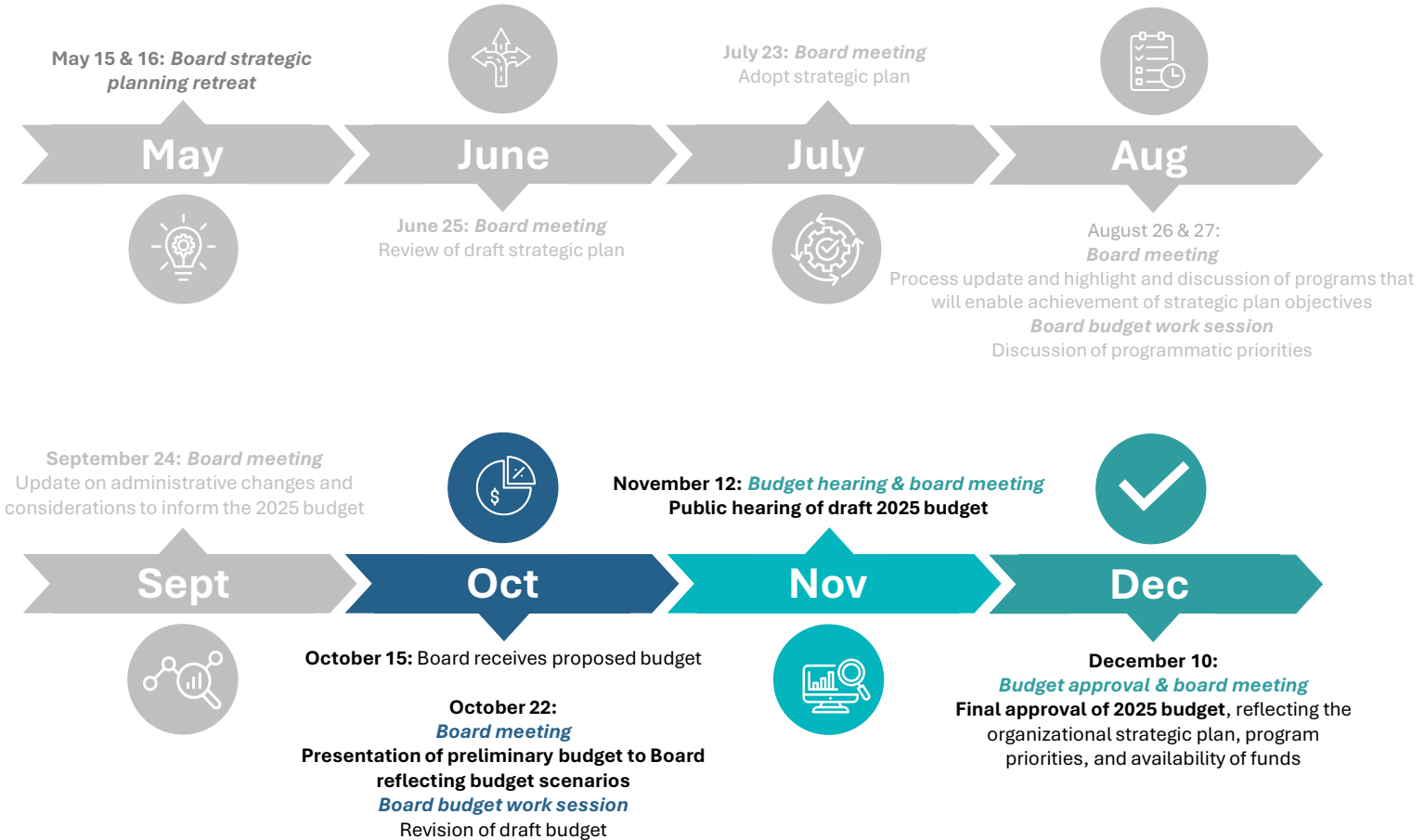
FISCAL IMPACT

None.

STAFF RECOMMENDATION

N/A

2024 Strategic Planning & Budgeting Timeline



AGENDA DOCUMENTATION

Meeting Date: October 22, 2024

SUBJECT: Executive Director Staff Report

PRESENTER: Liane Jollon

OUTCOME REQUESTED: ___ Decision ___ Consent ___X___ Report

PURPOSE/ BACKGROUND

Please find the Executive Director Staff Report attached with current departmental summaries.

The Executive Director met with the following community partners and attend the following events since the September 24, 2024 board meeting:

- Colorado Opioid Abatement Council (COAC) Awards Dinner
- Community Leaders Townhall: Larimer County 2025 Budget
- Patrick Gordon, Chief Executive Officer, Rocky Mountain Health Plans (RHMP)
- Mark Wallace, Chief Executive Officer, Chief Medical Officer North Colorado Health Alliance
- MHSU Alliance Strategic Plan Release Party
- Health District of Northern Larimer County Alumni Board Members Event
- Health District of Northern Larimer County 30th Anniversary Open House
- Laura Walker, Human & Economic Health Director, Larimer County (meeting scheduled for 10/18)

30th Anniversary Events – Thank you!

- Board Alumni Event
- 30th Anniversary Open House

2025 Budget Planning:

- In progress, redesigned materials for clear communication of impact, transparency, accountability, and trust-building.

Team-based, Person-Centered Health Campus:

- In progress, planning for consolidated client campus. Conducted SWOT analysis with both Executive Leadership Team and Management Team.

Medicaid Collaborative:

- HDNLC staff are convening key partners to collaborate on Medicaid enrollment outreach and coordination.

Election planning updates:

- In progress, continuing to investigate options for consulting assistance.

Strategic Planning Progress Report:

- In progress, internal workplans completed.

Staff Summary

Family Dental Clinic

- The Dental team is pleased to announce the addition of a PRN hygienist to our team. This addition will enhance the clinic's capacity to provide quality care and address new patient's needs in a timelier manner.
- The Dental team has also recently implemented the new role of Clinical Finance and Care Supervisor. This new position will manage and award funding for patient care, ensuring equitable access to necessary services. The Clinical Finance and Care Supervisor oversees the Dental care coordination team, reinforcing the commitment to helping patients complete their treatment plans and improve overall patient outcomes.
- These efforts are in alignment with the strategic direction outlined following the 2025 Budget Study Session and are currently progressing as planned. This work aligns with the following strategic priorities:



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



Organizational Excellence | Strategy 2.1.1: Assess operational functions of enabling services and programs. **(Status: Work In Progress)**

- The Family Dental Clinic has the following vacancies:
 - 1 (1.0) FTE Dental Hygienist (currently posted)
 - 1 (1.0) FTE Front Office supervisor (not currently posted)
 - 1 (1.0) FTE Patient Care Specialist (interviews in process)

Health Care Access (Larimer Health Connect, Prescription Assistance, Outreach & Education)

- The Larimer Health Connect (LHC) team has been working hard to assist individuals and families with exploring their options for health coverage. They are currently completing their annual Connect for Health Colorado Recertification training for the upcoming Open Enrollment. In addition, the team is also attending C4HCO's annual CoverCo training this month to prepare for Open Enrollment.
- This year's open enrollment period brings changes for OmniSalud coverage and the new Cover All Coloradoans program, which are both targeted to assist individuals and families with undocumented status. Additionally, DACA recipients (Deferred Action for Childhood Arrivals) will now be eligible for financial assistance through the Connect for Health Colorado marketplace.

- Staff attended the Alianza NORCO health fair, successfully informing attendees of upcoming changes and new programs. This work aligns with the following strategic priorities:



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



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

- The Prescription Assistance (PA) program continues to help people experiencing gaps in coverage as well as people with undocumented status. Program policies and procedures are currently being evaluated and updated. This work aligns with the following strategic priorities:



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)**

- The Outreach and Education (O&E) team has been actively engaged in outreach, attending many resource/health fairs and other community events. A particularly notable event attended was the Rethinking Addiction and Recovery event, where the team connected with 75 community providers and care coordinators.
- The O&E Team’s current schedule includes tabling at 9 events, multiple partnership meetings, and various community presentations. Upcoming tabling events include the City of Fort Collins’ Wellness Fair and Homeward Alliance’s Resource and Family Health Fair. Partnership meetings include Latinx Community Network and the LGBTQ+ Workgroup. This work aligns with the following strategic priorities:



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)**

- The Health Care Access team currently has no vacancies.

Mental Health Connections (Connections – Adult & CAYAC)

- Mental Health Connections (MHC) is continuing work on several projects, including the implementation of a new Electronic Health Record (EHR) system. This process includes working with consultants on workflows, regulatory obligations, and best practices to ensure compliant Medicaid billing.
- MHC staff continue participate in Outreach & Education (O&E) events including City of Fort Collins Health Fair and Front Range Community College’s “From One Wolf to Another” interactive mental health exhibit. CAYAC clinical staff presented at PSD’s Elementary Family Health Night on topics including importance of sleep and routines, resiliency, and attention difficulties in children.
- The CAYAC psychiatrist continues to host residents from the UCHealth Family Medicine Center (FMC) for monthly visits discussing psychiatry.
- Adult Behavioral Health Providers (BHPs) provided a critical incident debriefing for a local business that was impacted by traumatic event. BHPs provided support and resources for those that attended the debriefing.
- MHC staff attended the Rethinking Addiction and Recovery Conference, along with the O&E team, where the Health District was a co-host.
- The MHC program manager attended the Colorado Behavioral Healthcare Council (CHBC) conference in September. This provided an opportunity for networking with other organizations across the state, as well as further information relating to ongoing projects, including implementation of Medicaid billing and best practices.

This work aligns with the following strategic priorities:



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 (*Pending posting*)

- 1 (1.0 FTE) CAYAC Behavioral Health Provider (Currently posted)

Integrated Care Team

- The Integrated Care (IC) Program Manager and one of the Behavioral Health Clinical Therapists (BHCTs) attended the Society of Teachers of Family Medicine (STFM) conference in Denver last month. The Program Manager attended several sessions on medical resident wellness and will be working with the Family Medicine Center (FMC) Residency Director to improve support for the medical residents (and potentially expanding to all clinic staff)
- The IC team will be participating in a needs assessment that will begin at FMC. The needs assessment aims to identify gaps in service, potential service redundancies, and the to gather feedback from medical providers regarding what they would most like to see from the Behavioral Health (BH) team. This work aligns with the following strategic priorities:



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



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

- The Integrated Care Team has no current vacancies.

Staff Summary

Clinical Services:

- Ongoing clinics continue to focus on priority populations. Marketing future Heart Health clinics was put on hold due to staffing considerations.



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 Promotion Staff, Health District leadership, and Poudre Fire Authority leadership continue to discuss a community health partnership.
- Support of the CDDT program at SummitStone is ongoing.



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

Infection Prevention:

- 2024 flu vaccines are underway for staff and community clinics.
- Significant staff collaboration has been taking place between the Health Promotion, HR, and operations teams to update policies and procedures related to infection prevention onboarding requirements and to improve efficiency and compliance.



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

Staff Summary

Research & Evaluation

Internal Program Evaluation

The following efforts to enhance program evaluation and data collection processes across the organization, as well as within individual programs, are ongoing:

- **Results Lab Impact Accelerator:** We continue to make progress in improving our program evaluation methodology by participating in an Impact Accelerator Program led by consulting firm Results Lab. In September, a core team, comprised of managers and staff, produced an initial draft of an organization-wide impact strategy for direct client services. As we move into October, our focus will shift toward the Dental Program. We will work to refine the Family Dental Clinic program model, conduct a comprehensive data audit, and develop an updated measurement plan.
- **Standardized Data Entry Workflows for the new Mental Health Connections and CAYAC Electronic Health Record (EHR):** Key evaluation questions and data elements necessary for enhanced reporting have been identified. Ongoing discussions with our EHR vendor and consulting team from Health Management Associates are focused on defining future-state clinical assessment and documentation workflows. These improvements aim to support more robust programmatic, health equity, and clinical outcome reporting.
- **Standardized Intake Forms for Client-Facing Programs:** We are developing protocols to gather usability data and feedback from both staff and clients to ensure our new standardized intake forms are user-friendly and produce high-quality data. This iterative process will help refine the forms before they are officially implemented in 2025.
- **Health Equity Measurement:** Discussions are underway with our Health Equity Strategist and Database Administrator to operationalize a long-term plan for the collection and reporting of health equity data.
- **Strategic alignment:** Progress updates provided above are aligned with the following strategic priorities:



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



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



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

Community Health Survey

- There are no significant updates at this time.

Community Engagement

- There are no significant updates at this time.

Staffing Update

- Two positions remain vacant, with hiring timelines adjusted based on recommendations from the internal evaluation consultant.

Community Impact Team (CIT)

Mental Health & Substance Use Alliance of Larimer County (MHSU Alliance):

- In early October, the MHSU Alliance Strategic Plan was unveiled at a community-focused Release Party. The Strategic Plan is now publicly available and active recruitment for the Alliance has begun. Over the next few months, the CIT will work to further operationalize changes and decisions adopted by Alliance Members in 2024, begin convening Workgroups to develop specific, actionable, and locally-tailored strategies, and support recruitment and onboarding of new Alliance Members.



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)**

- CIT provided additional support within the last month to local school districts to enhance student behavioral health. In partnership with others, CIT is supporting the development of a summary report of the tri-district mental health audits conducted throughout the summer and fall of 2024. This will be shared with community partners affiliated with the Youth Mental Health Task Force.
- CIT is supporting a few projects with justice system partners, namely supporting



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

Risk and Stigma Reduction:

- CIT continues to collaborate with Outreach & Education to provide free Narcan and opioid overdose prevention education to community members and organizations. As of the last count, 1,185 boxes of Narcan have been distributed. The goal for 2024 is to distribute 2024, which the team expects to well exceed.



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 was invited to present and/or table at several large events within the last month, including the Rethinking Addiction & Recovery Event, the Colorado Court Appointed Special Advocates (CASA) conference, and the City of Fort Collins Employee Wellness event. We are continuing to engage with the community and educate them on substance use, substance use disorder, and associated stigma and misinformation. Additionally, CIT continues to work with a local marketing firm to update the Changing Minds campaign.



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

Staffing Update:

- CIT has hired a new Community Projects Coordinator, who started in early October. This person will focus on social needs/social determinants of health and health system improvements.

Health Equity

General

- The Health Equity Strategist is developing a definition of health equity for the Health District based on existing definitions and the input of Health District programs and teams.



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

- The Health Equity Strategist is collaborating with the Community Impact Team and the Executive Leadership Team to explore the possibility of applying to the Social Health Information Exchange Regional Hubs Request for Application from the Colorado Office of eHealth Innovation.



Health Equity | Objective 1.1: Enhance organizational capacity to advance health equity. **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.**



Partnerships | All Goals. Status: Work in Progress.



Organizational Excellence | Objective 3.2: Enhance the reputation of the Health District as a subject matter expert and facilitator for collaborative work among community and state-wide partner organizations. **Status: Work in Progress.**

- The Health Equity Strategist is collaborating with the Health Services Team to implement signage in client-facing areas that provides notice of the availability of free language assistance services such as an interpreter or form in Spanish.



Organizational Excellence | Goal 3: Strengthen communications functions and strategy, both internally and externally, and promote conditions that improve visibility, organizational transparency, and use of programs and services. **Status: Work in Progress.**



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.**

- The Health Equity Strategist is meeting with program leads and cross-functional teams to better understand the current landscape, challenges, and ideas related to advancing health equity at the Health District. This work will inform the forthcoming Health Equity Strategic Plan.



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.**

Staffing Update

- The Health Equity Strategist is serving on the hiring committee for the Senior Communications Manager. The Strategist is actively reviewing applications with an equity lens, participating in interviews, and forming hiring recommendations for this open position. The Strategist was on the hiring committee for the Community Projects Coordinator and assisted with the selection of the new hire.



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.**

Communications

- The Health Equity Strategist reviewed and approved all October social media content and is working with the Communications team to develop a review plan for other types of external communications, including the website, Compass, newsletters, and printed materials.



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 Equity Metrics

The Health Equity Strategist is actively participating in a workgroup to create a single intake form for the Health District, utilizing the CLAS Checklist to define requirements for Race, Ethnicity, & Language (REAL)

data collection, as well as adding language to notify individuals that free language assistance is available upon request (**CLAS 2.6**).



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

The Health Equity Strategist is partnering with the Research & Evaluation team to compose an equity evaluation plan.



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

Staff Summary

- In September, we welcomed one external new hire and saw three current employees who transitioned into different roles within the organization.
- A total of four employees were offboarded in September.
- As of October 10th, six external open positions, and two internal positions were posted.



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

- In the month of October, HR began working with the Health Equity strategist to review position descriptions and job ads for opportunities to improve verbiage.



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.

- At the beginning of October, a Staff Pulse Survey was sent to All-Staff. HR is working on the report.



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.



Organizational Excellence | Strategy 3.3.4: Provide staff training and support.



Organizational Excellence | Strategy 2.3.3: Enhance information sharing to improve workflows and collaboration.

- The new badge system for Connections and Bristlecone facilities launched in September to simplify identification and secure access to these facilities has been completed. All staff have received new badges or ID cards.



Organizational Excellence | Strategy 1.3: Strengthen facilities and infrastructure management to enable the delivery of high-quality services and support the continuity of operations.

- In September HR began to work with UKG entering the discovery phase of the new Human Resources Information System (HRIS)/Capital Management (HCM) system. Development of a timeline and work plan is in progress.



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

- In mid-September an HR staff member attended the 2nd Diversity, Equity, Inclusion, Justice (DEIJ) event hosted by the Fort Collins Human Relations Commission, The Fort Collins Office of Equity and Inclusion, and the Larimer County EDI Advisory Board.



Organizational Excellence | Strategy 2.3.3. Strengthen community impact through fostering partnerships with local non-governmental organizations (e.g., nonprofit, hospital systems).

Looking forward:

- HR is continuing to work on CPR, AED training and de-escalation training for staff.



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

Staff Summary

- The YPT Financial consultant continues to help with tasks due to the vacancies on the team.



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:

- We are 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
 - Assessing processes
 - Creation of financial reports
 - Internal control processes.
- Budget draft has been created and is being finalized for submission by the October 15th deadline.



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



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

- With support from YPTC Controller/CFO, we have re-prioritized the selection and implementation of the cloud based Financial Accounting System. Demos and quotes from three vendors have been finalized and selection process is wrapping up.



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

Staff Summary

Routine Deliverables and Internal Program Products

- Staff collaborated with the Executive leadership Team to develop comprehensive internal and external communication plans and materials related to organizational strategy and the budgeting process for 2025.



Organizational Excellence | Objective 3.1.1: Enhance transparent and effective internal and external communication. **(Status: Work in Progress)**



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)**

- Staff drafted content review processes to incorporate review by the Healthy Equity Coordinator into the production of all types of content.



Organizational Excellence | Strategy 3.3.2: Update existing strategies and products and develop new processes to address procedural gaps and ensure high-quality material across the organization. **(Status: Work in Progress)**

30th Anniversary:

- Staff developed an event plan and facilitated the 30th Anniversary Open House, which included support and coordination across multiple teams.
- Thank you to the Board and staff who supported and participated in the event!



Organizational Excellence | Objective 3.1.1: Enhance transparent and effective internal and external communication. **(Status: Work in Progress)**



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)**

Staff Summary

The Support Services Team has dedicated significant time to business continuity efforts and has supported the development of the 2025 budget in collaboration with all departments across the organization. Work also included planning for large facility enhancements.

Facilities

- The work order system, MaintainX, is continuing to work well for all staff and the department.
 - The team has an 96% completion rate as 26 of 27 work orders submitted 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.

- Facilities continued to support capital improvement budget planning and forecasting needs for the capital budget, operating budget, and fleet and maintenance budget for 2025.
- Facilities has approved a bid to install four new HVAC roof top units as the existing units have passed their useful life.
- Facilities provided tenant and vacancy management support at the Mulberry, Mason, and Shields locations.



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 (IT)

- The Information Technology team achieved a 94% completion rate, resolving 75 out of 80 work orders submitted over the past 30 days, totaling 32 hours of work.
- Successfully on-boarded the second of two accounting services contractors, and continuing to provide support for environment discovery and ensuring access to necessary applications and files.
- Secured a temporary support contract with ICC to provide higher-level IT support services. ICC will provide back up support and address needs that cannot be resolved through basic troubleshooting provided by internal IT staff.



Organizational Excellence | Strategy 2.3.3: Enhance information sharing to improve workflows and collaboration.



Organizational Excellence | Strategy 2.1.3: Strengthen IT management and infrastructure to enable the delivery of high-quality services and support the continuity of operations.