

Board of Directors Regular Meeting

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

Date: Tuesday, November 12, 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.
- 5:45 PM III. Public Hearing**
- a. 2025 Proposed Draft Budget Presentation
 - b. Public Hearing Comment
- 6:45 PM IV. Consent Agenda**
- a. October 22, 2024, Regular Meeting Minutes
- 6:55 PM V. Action Item** Liane Jollon
- a. Accounting Software Implementation
- 7:00 PM VI. Reports and Discussions**
- a. 2024 Cyber Security Assessment Jessica Shannon
Mike Lynch
 - b. 2025 Budget Planning Timeline Update Liane Jollon
 - c. Board Governance – Policy Update Katie Wheeler
 - d. 2025 HDNLC Board Member Election Katie Wheeler
 - e. 2025 Board of Directors Meeting Schedule Molly Gutilla
 - f. Board of Directors Reports Board of Directors
 - g. Liaison to PVHS/UCHealth North Report John McKay
 - h. Executive Committee Update Molly Gutilla
 - i. Executive Director Staff Report Liane Jollon
- 7:55 PM VII. Announcements**
- a. 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 _____

8:00 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.



AGENDA DOCUMENTATION

Meeting Date: November 12, 2024

SUBJECT: Public Hearing

PRESENTER: Liane Jollon

OUTCOME REQUESTED: ____ Decision ____ Consent X Report

PURPOSE/ BACKGROUND

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

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

Budget timelines and processes include:

- Public Hearing
- Adoption of Annual Budget

Attachment(s):

2025 Health District Proposed Budget

FISCAL IMPACT

Fiscal impact if adopted in December.

STAFF RECOMMENDATION

N/A



2025 Proposed Budget

PROPOSED TO THE BOARD OF DIRECTORS ON NOVEMBER 12, 2024

Jessica Shaver, YPTC

COMPLETED ON | NOVEMBER 11, 2024

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2025 BUDGET MESSAGE

Presented within is the 2025 Proposed Budget for the Health District of Northern Larimer County. This budget has been carefully prepared by our dedicated staff to align with the four strategic priorities of the Board of Directors: *Great Governance*, *Organizational Excellence*, *Health Equity*, and *Partnerships*. Simultaneously, this proposed budget also facilitates delivery of services within the Board's key priorities of: *Dental Health*, *Behavioral Health*, and *Access to Care through Insurance*. Additionally, this budget reflects the beginning of intentional organizational changes in how the Health District will achieve its mission and impact the community it serves.

Most importantly, this budget marks a significant step forward for the Health District. This proposed budget is the first in the Health District's 30-year history to incorporate all facets of the organization so that all staff, from client-facing personnel to our support services and administrative team, see their work clearly reflected in and invested in within the budget.

The 2025 Proposed Budget supports the direction provided by the Board of Directors to strengthen the fabric of the organization in order to support equity in service delivery and operations as well as to reimagine the Health Districts programs and services in partnership. Ultimately, this budget supports the goal to honor the organization's legacy while fearlessly envisioning the future of the Health District to enhance the equity and collective impact of community health services in Northern Larimer County.

In compliance with the Local Government Budget Law of Colorado, the draft 2025 Proposed Budget was submitted on October 15, 2024. The Board of Directors will: review the budget during the study session on October 22, 2024, invite public comment during a budget hearing on November 12, 2024, and adopt the 2025 Budget on December 10, 2024.

BUDGET CONSIDERATIONS

The Health District used the following considerations while developing the 2025 Proposed Budget:

- Facilitate the 2024-2025 Strategic Plan to provide a vision for the future of the organization that aligns with key priority areas of: *Great Governance*, *Organizational Excellence*, *Health Equity*, and *Partnerships*.
- Prioritize compensation to attract and retain skilled and dedicated staff.
 - Maintain commitment to full coverage of staff medical and dental premiums.
 - Add coverage for medical and dental premiums of dependents.
 - Provide wage increases to support staff, technical staff, and program-level manager and professional (non-clinical) staff.
- Maintain commitment to delivering services within defined priorities of: *Dental Health*, *Behavioral Health*, and *Access to Care* through the development of a consolidated client campus.
- Support the improvement of health and service outcome assessments and program evaluation.
- Enable the Health District to center equity in service delivery.
- Develop infrastructure to fund health-related services with substantial co-design of partnerships, programs, and evaluation.
- Reflect decreased revenue due to changes in Colorado property tax law.
- Clearly and accurately reflect expenses by program, service, and function.

- Reflect a comprehensive, fiscally sustainable multi-year capital plan to ensure effective management of capital assets.
- Ensure the continued financial well-being of the Health District with adequate reserves.

With those considerations in mind, the 2025 Proposed Budget for the Health District of Northern Larimer County includes: 2025 Proposed Budget (one-year), Three Year Comparative Budget (summary and detail), 2025 Proposed Budget by Program (summary and detail), as well Governmental Fund Appropriation and additional details on the nature and classification of revenues and expenses.

The financial statements and records of the Health District are prepared using the accrual basis of accounting. The 2025 Proposed Budget has been prepared using the modified accrual basis of accounting.

STRATEGIC BUDGETING



As we developed our 2025 Budget, the Health District embarked on a new strategic budgeting process to ensure budget alignment with Board priorities and organizational strategy. The Health District's 2024-2025 Strategic Plan, shaped during a Strategic Budget retreat in May 2024 with Board Members and the Health District's leadership team, played a pivotal role in guiding the process and in the development of the budget. The Strategic Plan is aligned with our Mission, Vision, and Values, and guides our budgetary and operational strategies.

The Strategic Plan outlines objectives and strategies to improve the equity and inclusivity of both Health District services and internal operations and processes, attract and retain top-tier talent, foster the responsible development and expansion of partnerships with organizations across sectors and throughout our community, and ensure responsible fiscal stewardship and long-term financial resilience.

These objectives are encapsulated within four strategic priority areas: *Great Governance*, *Health Equity*, *Organizational Excellence*, and *Partnerships*.

Great Governance is essential to an impactful and high-performing organization. It is inclusive and participatory.

The 2025 Proposed Budget supports the priority of Great Governance by providing for investment in systems and processes to ensure fiscal stewardship, open and transparent communication, and informed decision-making.

Organizational Excellence emphasizes the importance of the people, processes, technology, and systems that enable the Health District to carry out its mission: to enhance the health of our community.

The 2025 Proposed Budget supports the priority of Organizational Excellence by investing in our cross-cutting functions to support continuous improvement in organizational operations and enable health equity, partnerships, and great governance.

Health Equity stratification that aligns with and supports the achievement of the Health District's mission: to enhance the health of our community.

The 2025 Proposed Budget supports the priority of Health Equity by providing staff with the resources to improve the access, inclusivity and reach of the Health District's programs and services through a lens of cultural humility to become a model of responsiveness and trust for the health care community.

Partnerships are needed to effectively address the full array of complex factors impacting community health.

The 2025 Proposed Budget supports the priority of Partnerships by facilitating the development of innovative infrastructure for funding health-related services that involve substantial co-design of programs and of outcome assessment methods.

This intentional integration of strategy and budget into a comprehensive co-development process aligns the Health District's resources and activities with its short- and long-term goals in order to produce the greatest impact. The Strategic Plan helps the Health District identify and achieve its short- and long-term goals, recognize opportunities, mitigate risks, and achieve clarity around how best to accomplish this. The Strategic Plan ultimately provides the guidance the organization needs to successfully achieve our mission: *to enhance the health of our community*.

Please see the complete Strategic Plan on the Health District website for a detailed overview of our strategic objectives and their alignment with the 2025 budget.



SERVICES TO BE DELIVERED DURING 2025

The Health District of Northern Larimer County is a special tax district created by voters in 1960 to serve community health needs. Today, the Health District provides dental care, behavioral health, and assistance with health insurance enrollment and literacy. We also collaborate at the systems level with community partners to improve the health of our community.

The district boundaries span the northern two-thirds of Larimer County, including Fort Collins, Laporte, Timnath, Wellington, Livermore and Red Feather Lakes. The Health District is primarily supported by local property tax dollars and is governed by its publicly elected, five-member Board of Directors.

The following services are to be delivered during the 2025 budget year:

- Dental care services, including dental primary care services and oral health screenings.
- Behavioral health services for children, youth and adults.
- Assistance with health insurance enrollment and health insurance plan management, and health insurance literacy.
- Comprehensive, integrated care coordination.

Importantly, the 2025 budget allows the Health District to make two key changes in 2025. To begin with, we will transform the delivery of core services into one integrated, team-based, person-centered health campus. A “no wrong door” integrated health campus will help us offer more person-centered and cost-effective health-related services. These changes will allow additional resources for significantly improving assessment and evaluation to inform the development of enhanced community services.

Secondly, the 2025 budget allows the Health District to reimagine community partnerships by funding high-impact health-related services and community projects to prioritize equity while leveraging local expertise and resources. This shift in the Health District’s service delivery model expands our opportunities to improve health in Northern Larimer County. Using qualitative and quantitative learnings, the Health District will create opportunities to center equity throughout strategic investments in health-related services.

Together, the organizational changes reflected in the 2025 Proposed Budget will intentionally transform the way we serve our community to achieve our mission of enhancing the health of our community.

I am excited to build on the Health District’s 30-year legacy of service as we create a more equitable, collaborative, and impactful future for community health in our home.

Cordially,



Liane Jollon, Executive Director

Health District of Northern Larimer County

2025 Proposed Budget

Revenues	
Lease Revenue	\$ 1,304,044
Property & Specific Ownership Taxes	11,361,432
Service Revenue	1,462,710
Grants & Partnerships	314,248
Interest Income	332,964
Miscellaneous Income	20,000
Total Revenues	\$ 14,795,398
Expenditures	
Personnel Compensation	\$ 10,435,117
Staff Development	335,085
Contracted Services	1,190,900
Insurance	102,379
Program Operations	1,542,539
Supplies & Equipment	412,463
Occupancy	469,461
Other Operating Expenses	403,854
Total Revenues	\$ 14,891,798
Change in Fund Balance	\$ (96,400)

Appropriation of Governmental Fund Balance	
Beginning Governmental Fund Balance	9,303,982
Total Revenues	14,795,398
Total Available Resources	\$ 24,099,380
Expenditures	14,891,798
Capital Expenditures	-
Contingency	-
Total Expenditures	\$ 14,891,798
Ending Governmental Fund Balance	\$ 9,207,582
Appropriation of Fund Balance:	
Restricted Reserves	446,754
Committed Reserves	-
Assigned Reserves	7,446,000
Unassigned Reserves	189,697
Capital Reserves	1,125,131
Total Reserve Funds	\$ 9,207,582

Health District of Northern Larimer County

Three Year Comparative Budget

	2023		2024		2025
	Budget	Actual	Budget	Projection	Proposed Budget
Revenues					
Lease Revenue	\$ 1,455,433	\$ 1,526,116	\$ 1,531,998	\$ 1,531,998	\$ 1,304,044
Property & Specific Ownership Taxes	9,250,165	9,280,948	12,367,095	11,887,309	11,361,432
Service Revenue	1,020,803	1,088,043	1,169,972	911,091	1,462,710
Grants & Partnerships	1,099,614	486,121	895,620	394,383	314,248
Interest Income	230,000	434,456	415,000	518,750	332,964
Miscellaneous Income	23,984	61,796	24,600	20,508	20,000
Total Revenues	\$ 13,079,999	\$ 12,877,480	\$ 16,404,285	\$ 15,264,039	\$ 14,795,398
Expenditures					
Personnel Compensation	\$ 11,033,299	\$ 8,313,304	\$ 11,165,855	\$ 10,584,688	\$ 10,435,117
Staff Development	699,008	205,681	481,654	238,429	335,085
Contracted Services	2,368,020	528,303	2,561,573	1,240,759	1,190,900
Insurance	98,487	76,608	97,351	86,902	102,379
Program Operations	740,409	550,771	702,644	508,107	1,542,539
Supplies & Equipment	61,575	61,199	542,597	347,291	412,463
Occupancy	504,048	437,631	811,751	610,711	469,461
Other Operating Expenses	1,200,957	969,379	452,061	364,949	403,854
Total Expenditures	\$ 16,705,803	\$ 11,142,876	\$ 16,815,486	\$ 13,981,835	\$ 14,891,798
Change in Fund Balance	\$ (3,625,804)	\$ 1,734,604	\$ (411,201)	\$ 1,282,204	\$ (96,400)
Beginning Governmental Fund Balance	6,287,174	6,287,174	8,021,778	8,021,778	9,303,982
Ending Governmental Fund Balance	\$ 2,661,370	\$ 8,021,778	\$ 7,610,577	\$ 9,303,982	\$ 9,207,582

Appropriation of Governmental Fund Balance

	2023		2024		2025
	Budget	Actual	Budget	Projection	Proposed Budget
Beginning Governmental Fund Balance	6,287,174	6,287,174	8,021,778	8,021,778	9,303,982
Total Revenues	13,079,999	12,877,480	16,404,285	15,264,039	14,795,398
Total Available Resources	\$ 19,367,173	\$ 19,164,654	\$ 24,426,063	\$ 23,285,817	\$ 24,099,380
Expenditures	16,705,803	11,142,876	16,815,486	13,981,835	14,891,798
Capital Expenditures	619,072	355,526	-	63,935	-
Contingency	-	-	500,000	-	-
Total Expenditures	\$ 17,324,875	\$ 11,498,402	\$ 17,315,486	\$ 14,045,770	\$ 14,891,798
Ending Governmental Fund Balance	\$ 2,042,298	\$ 7,666,252	\$ 7,110,577	\$ 9,240,047	\$ 9,207,582
Appropriation of Fund Balance:					
Restricted Reserves	519,746	344,952	519,465	421,373	446,754
Committed Reserves	1,000,000	1,000,000	3,000,000	3,000,000	-
Assigned Reserves	-	-	1,031,897	1,031,897	7,446,000
Unassigned Reserves	-	5,321,300	527,175	2,239,737	189,697
Capital Reserves	522,552	1,000,000	2,547,040	2,547,040	1,125,131
Total Reserve Funds	\$ 2,042,298	\$ 7,666,252	\$ 7,625,577	\$ 9,240,047	\$ 9,207,582

Health District of Northern Larimer County

Three Year Detailed Comparative Budget

	2023		2024		2025
	Budget	Actual	Budget	Projection	Proposed Budget
Revenues					
Lease Revenue	\$ 1,455,433	\$ 1,526,116	\$ 1,531,998	\$ 1,531,998	\$ 1,304,044
Property Tax	8,625,165	8,623,385	10,685,198	10,481,811	10,761,432
Specific Ownership Tax	625,000	657,563	650,000	406,511	600,000
State of Colorado Backfill	-	-	1,031,897	998,987	-
Fee For Service Income	169,495	170,042	185,415	259,581	417,069
Fee For Service Adjustments	(5,298)	(1,254)	(2,872)	(3,877)	(4,150)
Third Party Reimbursements	1,351,915	1,417,956	1,570,676	1,413,608	1,575,189
Contractual Adjustments	(495,309)	(498,701)	(583,247)	(758,221)	(525,398)
Donations	-	40,830	-	60	20,000
Grants & Partnerships	1,099,614	486,121	895,620	394,383	314,248
Interest Income	230,000	434,456	415,000	518,750	332,964
Miscellaneous Income	23,984	20,966	24,600	20,448	-
Total Revenues	\$ 13,079,999	\$ 12,877,480	\$ 16,404,285	\$ 15,264,039	\$ 14,795,398
Expenditures					
Personnel Compensation					
Salaries & Wages	\$ 8,921,136	\$ 6,631,643	\$ 8,878,432	\$ 8,434,510	\$ 8,181,343
Benefits & Taxes	2,112,163	1,681,661	2,287,423	2,150,178	2,253,774
Total Personnel Compensation	\$ 11,033,299	\$ 8,313,304	\$ 11,165,855	\$ 10,584,688	\$ 10,435,117
Staff Development					
Recruitment	309,926	40,935	49,878	45,389	41,590
Staff Training	55,000	27,990	61,662	32,681	79,128
Conferences/Retreats	281,327	71,508	271,122	116,582	146,720
Meetings	38,080	59,083	79,750	35,888	57,773
Mileage	14,675	6,165	19,242	7,889	9,873
Total Staff Development	\$ 699,008	\$ 205,681	\$ 481,654	\$ 238,429	\$ 335,085
Contracted Services					
Temporary Help	9,961	1,646	10,240	20,992	12,500
Interns & Residents	19,333	13,333	3,000	300	2,000
Consultants/Professional Services	2,315,726	490,569	2,523,333	1,185,967	1,141,400
Audit Services	23,000	22,755	25,000	33,500	35,000
Total Contracted Services	\$ 2,368,020	\$ 528,303	\$ 2,561,573	\$ 1,240,759	\$ 1,190,900
Insurance					
Insurance - Property	28,592	24,162	31,033	22,654	34,136
Insurance - Auto	2,261	584	4,696	939	5,166
Insurance - Liability	15,480	20,975	16,543	17,370	18,197
Insurance - Employee Liability	1,698	1,710	1,722	1,808	1,894
Insurance - Money & Securities	385	-	414	-	455
Insurance - Professional Liability	21,819	7,851	19,065	18,112	20,972
Insurance - Malpractice	15,600	10,785	13,500	14,445	10,143
Insurance - Public Officials Liability	8,916	8,916	8,477	8,477	9,325
Insurance - Cyber Liability	3,364	1,285	1,501	2,717	1,651
Insurance - Volunteer Accident	372	340	400	380	440
Total Insurance	\$ 98,487	\$ 76,608	\$ 97,351	\$ 86,902	\$ 102,379

Program Operations					
Community Education	322,129	160,445	206,157	148,433	149,630
Cooperative Agreements	-	-	-	-	975,000
Medical Supplies	173,308	143,536	185,280	155,635	153,300
Medical Equipment	240	33,210	31,635	3,480	10,893
Medicines & Vaccines	-	-	4,744	474	19,875
Prescriptions	23,500	20,250	39,500	16,195	15,920
Lab & X-Ray	137,900	137,840	143,000	145,860	150,000
Infection Control	6,000	10,529	9,036	2,892	7,921
Client Assistance/Incentives	42,332	13,704	48,292	14,488	25,000
Follow-up Care	35,000	31,257	35,000	20,650	35,000
Total Program Operations	\$ 740,409	\$ 550,771	\$ 702,644	\$ 508,107	\$ 1,542,539
Supplies & Equipment					
Office Supplies	26,570	30,443	30,477	37,487	20,500
Office Equipment	-	-	44,194	26,516	650
Office Furniture	-	-	25,879	14,751	3,481
Computer Equipment	-	581	139,941	83,965	78,950
Computer Software	16,500	18,265	272,454	177,095	301,219
Postage	7,216	5,467	8,930	3,126	1,938
Printing/Copying/Binding	11,289	6,443	20,722	4,352	5,725
Total Supplies & Equipment	\$ 61,575	\$ 61,199	\$ 542,597	\$ 347,291	\$ 412,463
Occupancy					
Rent & Lease Payments	86,341	72,787	75,848	81,916	9,414
Utilities	65,274	75,660	73,620	72,884	89,364
Custodial Services	99,199	85,422	110,426	94,966	115,219
Telephone	79,357	70,006	63,077	65,600	46,477
Internet	15,918	-	22,642	6,340	26,626
Repair & Maintenance	157,959	133,756	466,138	289,006	182,362
Total Occupancy	\$ 504,048	\$ 437,631	\$ 811,751	\$ 610,711	\$ 469,461
Other Operating Expenses					
Wellness/Recognition	24,058	25,086	35,151	11,951	35,175
Volunteer Recognition	5,021	1,548	6,010	601	2,000
Memberships/Dues/Licenses	50,499	31,204	50,225	40,180	29,043
Publications/Subscriptions	18,486	20,080	23,627	21,973	14,387
Investment Fees	42,169	9,512	45,485	21,833	20,000
Treasurer Fees	185,003	172,494	226,704	238,039	232,909
Election Expenses	38,500	24,315	26,000	-	26,250
Property Taxes	31,000	31,042	31,000	26,970	36,000
Bad Debt Expense	7,186	3,355	4,755	3,091	8,090
Other Fees & Expenses	799,035	650,743	3,104	310	-
Total Other Operating Expenses	\$ 1,200,957	\$ 969,379	\$ 452,061	\$ 364,949	\$ 403,854
Total Expenditures	\$ 16,705,803	\$ 11,142,876	\$ 16,815,486	\$ 13,981,835	\$ 14,891,798
Net Change in Fund Balance	\$ (3,625,804)	\$ 1,734,604	\$ (411,201)	\$ 1,282,204	\$ (96,400)

Health District of Northern Larimer County

2025 Proposed Budget by Program (Summary)

	Admin & General	Client Services			Community Impact	IC & Cooperative		Health Promotion	2025 Budget	2024 Budget	\$ Change	% Change
		Mental Health Connections	Dental Services	Health Care Access		Agreements						
Revenues												
Lease Revenue	\$ 1,304,044	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ 1,304,044	\$ 1,531,998	\$ (227,954)	-15%
Property & Specific Ownership Taxes	11,361,432	-	-	-	-	-		-	11,361,432	12,367,095	(1,005,663)	-8%
Service Revenue	-	503,351	959,359	-	-	-		-	1,462,710	1,169,972	292,738	25%
Grants & Partnerships	-	58,991	43,650	211,607	-	-		-	314,248	895,620	(581,372)	0%
Interest Income	332,964	-	-	-	-	-		-	332,964	415,000	(82,036)	-20%
Miscellaneous Income	-	-	-	-	20,000	-		-	20,000	24,600	(4,600)	-19%
Total Revenues	\$ 12,998,440	\$ 562,342	\$ 1,003,009	\$ 211,607	\$ 20,000	\$ -	\$ -	\$ -	\$ 14,795,398	\$ 16,404,285	\$ (1,608,887)	-10%
Expenditures												
Personnel Compensation	\$ 3,312,268	\$ 2,020,269	\$ 2,769,678	\$ 571,666	\$ 1,411,361	\$ 319,005		\$ 30,870	\$ 10,435,117	\$ 11,165,855	\$ (730,738)	-7%
Staff Development	143,020	56,074	45,441	17,314	70,772	2,130		334	335,085	481,654	(146,569)	-30%
Contracted Services	284,269	253,634	369,842	79,930	173,826	26,792		2,608	1,190,900	2,561,573	(1,370,673)	-54%
Insurance	33,347	18,370	30,724	5,533	11,778	2,394		233	102,379	97,351	5,028	5%
Program Operations	19,386	44,871	400,292	48,257	40,778	976,444		12,512	1,542,539	702,644	839,895	120%
Supplies & Equipment	180,979	56,358	79,351	22,976	67,891	4,474		435	412,463	542,597	(130,134)	-24%
Occupancy	130,801	86,417	143,680	30,128	64,132	13,034		1,269	469,461	811,751	(342,290)	-42%
Other Operating Expenses	(806,100)	355,817	489,064	83,892	278,862	2,113		206	403,854	452,061	(48,207)	-11%
Total Expenditures	\$ 3,297,970	\$ 2,891,809	\$ 4,328,072	\$ 859,696	\$ 2,119,399	\$ 1,346,384	\$ 48,466	\$ -	\$ 14,891,798	\$ 16,815,486	\$ (1,923,688)	-11%
Change in Net Position	\$ 9,700,470	\$ (2,329,467)	\$ (3,325,063)	\$ (648,089)	\$ (2,099,399)	\$ (1,346,384)	\$ (48,466)	\$ -	\$ (96,400)	\$ (411,201)	\$ 314,801	77%

Health District of Northern Larimer County

2025 Proposed Budget by Program (Detailed)

	Client Services							2025 Budget	2024 Budget	\$ Change	% Change
	Admin & General	Mental Health Connections	Dental Services	Health Care Access	Community Impact	IC & Cooperative	Health Promotion				
Revenues											
Lease Revenue	\$ 1,304,044	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,304,044	\$ 1,531,998	\$ (227,954)	-15%
Property Tax	10,761,432	-	-	-	-	-	-	10,761,432	10,685,198	76,234	1%
Specific Ownership Tax	600,000	-	-	-	-	-	-	600,000	650,000	(50,000)	-8%
State of Colorado Backfill	-	-	-	-	-	-	-	-	1,031,897	(1,031,897)	-100%
Fee For Service Income	-	209,621	207,448	-	-	-	-	417,069	185,415	231,654	125%
Fee For Service Adjustments	-	-	(4,150)	-	-	-	-	(4,150)	(2,872)	(1,278)	44%
Third Party Reimbursements	-	293,730	1,281,459	-	-	-	-	1,575,189	1,570,676	4,513	0%
Contractual Adjustments	-	-	(525,398)	-	-	-	-	(525,398)	(583,247)	57,849	-10%
Donations	-	-	-	-	20,000	-	-	20,000	-	20,000	0%
Grants & Partnerships	-	58,991	43,650	211,607	-	-	-	314,248	895,620	(581,372)	-65%
Interest Income	332,964	-	-	-	-	-	-	332,964	415,000	(82,036)	-20%
Miscellaneous Income	-	-	-	-	-	-	-	-	24,600	(24,600)	-100%
Total Revenues	\$ 12,998,440	\$ 562,342	\$ 1,003,009	\$ 211,607	\$ 20,000	\$ -	\$ -	\$ 14,795,398	\$ 16,404,285	\$ (1,608,887)	-10%
Expenditures											
Personnel Compensation											
Salaries & Wages	\$ 2,626,764	\$ 1,586,161	\$ 2,157,520	\$ 435,427	\$ 1,099,211	\$ 251,902	\$ 24,359	\$ 8,181,343	\$ 8,878,432	\$ (697,089)	-8%
Benefits & Taxes	685,504	434,108	612,159	136,239	312,150	67,103	6,511	2,253,774	2,287,423	(33,649)	-1%
Total Personnel Compensation	\$ 3,312,268	\$ 2,020,269	\$ 2,769,678	\$ 571,666	\$ 1,411,361	\$ 319,005	\$ 30,870	\$ 10,435,117	\$ 11,165,855	\$ (730,738)	-7%
Staff Development											
Recruitment	12,050	7,961	11,578	2,776	5,908	1,201	117	41,590	49,878	(8,288)	-17%
Staff Training	56,260	6,163	8,963	2,149	4,574	930	90	79,128	61,662	17,466	28%
Conferences/Retreats	56,260	31,500	23,000	7,710	28,250	-	-	146,720	271,122	(124,402)	-46%
Meetings	15,700	10,100	1,500	800	29,590	-	83	57,773	79,750	(21,977)	-28%
Mileage	2,750	350	400	3,880	2,450	-	43	9,873	19,242	(9,369)	-49%
Total Staff Development	\$ 143,020	\$ 56,074	\$ 45,441	\$ 17,314	\$ 70,772	\$ 2,130	\$ 334	\$ 335,085	\$ 481,654	\$ (146,569)	-30%
Contracted Services											
Temporary Help	10,500	-	2,000	-	-	-	-	12,500	10,240	2,260	22%
Interns & Residents	-	-	-	-	2,000	-	-	2,000	3,000	(1,000)	-33%
Consultants/Professional Services	263,628	246,934	358,098	77,594	166,854	25,782	2,510	1,141,400	2,523,333	(1,381,933)	-55%
Audit Services	10,141	6,700	9,743	2,336	4,972	1,010	98	35,000	25,000	10,000	40%
Total Contracted Services	\$ 284,269	\$ 253,634	\$ 369,842	\$ 79,930	\$ 173,826	\$ 26,792	\$ 2,608	\$ 1,190,900	\$ 2,561,573	\$ (1,370,673)	-54%
Insurance											
Insurance - Property	9,890	6,534	9,503	2,278	4,849	986	96	34,136	31,033	3,103	10%
Insurance - Auto	1,497	989	1,438	345	734	149	15	5,166	4,696	470	10%
Insurance - Liability	5,272	3,483	5,066	1,214	2,585	525	51	18,197	16,543	1,654	10%
Insurance - Employee Liability	549	363	527	126	269	55	5	1,894	1,722	172	10%
Insurance - Money & Securities	132	87	127	30	65	13	1	455	414	41	10%
Insurance - Professional Liability	6,076	4,014	5,838	1,400	2,979	605	59	20,972	19,065	1,907	10%
Insurance - Malpractice	-	2,500	7,643	-	-	-	-	10,143	13,500	(3,357)	-25%
Insurance - Public Officials Liability	9,325	-	-	-	-	-	-	9,325	8,477	848	10%
Insurance - Cyber Liability	478	316	460	110	235	48	5	1,651	1,501	150	10%
Insurance - Volunteer Accident	127	84	122	29	63	13	1	440	400	40	10%
Total Insurance	\$ 33,347	\$ 18,370	\$ 30,724	\$ 5,533	\$ 11,778	\$ 2,394	\$ 233	\$ 102,379	\$ 97,351	\$ 5,028	5%

Program Operations											
Community Education	19,386	39,871	44,399	27,337	12,603	1,444	4,591	149,630	206,157	(56,527)	-27%
Cooperative Agreements	-	-	-	-	-	975,000	-	975,000	-	975,000	-100%
Medical Supplies	-	-	152,000	-	1,300	-	-	153,300	185,280	(31,980)	-17%
Medical Equipment	-	-	10,893	-	-	-	-	10,893	31,635	(20,742)	-66%
Medicines & Vaccines	-	-	-	-	19,875	-	-	19,875	4,744	15,131	319%
Prescriptions	-	-	-	15,920	-	-	-	15,920	39,500	(23,580)	-60%
Lab & X-Ray	-	-	150,000	-	-	-	-	150,000	143,000	7,000	5%
Infection Control	-	-	-	-	-	-	7,921	7,921	9,036	(1,115)	-12%
Client Assistance/Incentives	-	5,000	8,000	5,000	7,000	-	-	25,000	48,292	(23,292)	-48%
Follow-up Care	-	-	35,000	-	-	-	-	35,000	35,000	-	0%
Total Program Operations	\$ 19,386	\$ 44,871	\$ 400,292	\$ 48,257	\$ 40,778	\$ 976,444	\$ 12,512	\$ 1,542,539	\$ 702,644	\$ 839,895	120%
Supplies & Equipment											
Office Supplies	3,560	5,900	2,640	2,500	5,900	-	-	20,500	30,477	(9,977)	-33%
Office Equipment	650	-	-	-	-	-	-	650	44,194	(43,544)	-99%
Office Furniture	2,025	856	200	-	400	-	-	3,481	25,879	(22,398)	-87%
Computer Equipment	29,864	8,703	20,303	8,435	10,917	664	65	78,950	139,941	(60,991)	-44%
Computer Software	143,430	40,449	55,808	11,841	45,511	3,809	371	301,219	272,454	28,765	11%
Postage	375	450	400	200	513	-	-	1,938	8,930	(6,992)	-78%
Printing/Copying/Binding	1,075	-	-	-	4,650	-	-	5,725	20,722	(14,997)	-72%
Total Supplies & Equipment	\$ 180,979	\$ 56,358	\$ 79,351	\$ 22,976	\$ 67,891	\$ 4,474	\$ 435	\$ 412,463	\$ 542,597	\$ (130,134)	-24%
Occupancy											
Rent & Lease Payments	2,727	1,802	2,621	628	1,337	272	26	9,414	75,848	(66,434)	-88%
Utilities	25,891	17,106	24,877	5,964	12,694	2,580	251	89,364	73,620	15,744	21%
Custodial Services	33,382	22,055	32,075	7,689	16,367	3,326	324	115,219	110,426	4,793	4%
Telephone	13,466	8,896	12,938	3,102	6,602	1,342	131	46,477	63,077	(16,600)	-26%
Internet	7,714	5,097	7,412	1,777	3,782	769	75	26,626	22,642	3,984	18%
Repair & Maintenance	47,620	31,461	63,756	10,969	23,348	4,745	462	182,362	466,138	(283,776)	-61%
Total Occupancy	\$ 130,801	\$ 86,417	\$ 143,680	\$ 30,128	\$ 64,132	\$ 13,034	\$ 1,269	\$ 469,461	\$ 811,751	\$ (342,290)	-42%
Other Operating Expenses											
Wellness/Recognition	10,191	6,733	9,792	2,347	4,997	1,016	99	35,175	35,151	24	0%
Volunteer Recognition	579	383	557	133	284	58	6	2,000	6,010	(4,010)	-67%
Memberships/Dues/Licenses	15,116	3,495	7,008	-	3,424	-	-	29,043	50,225	(21,182)	-42%
Publications/Subscriptions	3,555	8,832	1,580	-	420	-	-	14,387	23,627	(9,240)	-39%
Investment Fees	20,000	-	-	-	-	-	-	20,000	45,485	(25,485)	-56%
Treasurer Fees	232,909	-	-	-	-	-	-	232,909	226,704	6,205	3%
Election Expenses	26,250	-	-	-	-	-	-	26,250	26,000	250	1%
Property Taxes	10,430	6,891	10,022	2,402	5,114	1,039	101	36,000	31,000	5,000	16%
Bad Debt Expense	-	4,000	4,090	-	-	-	-	8,090	4,755	3,335	70%
Other Fees & Expenses	(1,125,131)	325,483	456,015	79,009	264,623	-	-	(0)	3,104	(3,104)	-100%
Total Other Operating Expenses	\$ (806,100)	\$ 355,817	\$ 489,064	\$ 83,892	\$ 278,862	\$ 2,113	\$ 206	\$ 403,854	\$ 452,061	\$ (48,207)	-11%
Total Expenditures	\$ 3,297,970	\$ 2,891,809	\$ 4,328,072	\$ 859,696	\$ 2,119,399	\$ 1,346,384	\$ 48,466	\$ 14,891,798	\$ 16,815,486	\$ (1,923,688)	-11%
Change in Net Position	\$ 9,700,470	\$ (2,329,467)	\$ (3,325,063)	\$ (648,089)	\$ (2,099,399)	\$ (1,346,384)	\$ (48,466)	\$ (96,400)	\$ (411,201)	\$ 314,801	77%

Capital Improvement Plan - 20 Year Forecast

Capital Category	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Land	-	-	-	-	-	-	-	-	-	-
Building	124,000	97,000	93,100	124,000	132,000	210,328	122,600	140,000	150,000	-
Leasehold Improvements	-	-	-	-	-	-	-	-	-	-
Capital Equipment	-	-	-	-	64,000	-	-	-	-	64,000
General Office Equipment	-	-	-	-	-	-	-	-	-	-
Medical & Dental Equipment	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200
Computer Equipment	45,000	23,660	23,660	23,660	23,660	23,660	-	-	-	-
Computer Software	-	-	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	5,000	-	-	-	-	-
Furniture	-	-	-	-	-	-	-	-	-	-
Capital Project Total	284,200	235,860	231,960	262,860	339,860	349,188	237,800	255,200	265,200	179,200

Capital Reserves	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
Prior Year Balance	-	840,931	1,210,142	1,467,272	1,605,883	1,582,529	1,480,009	1,449,244	1,364,622	1,236,850
To Reserve	1,125,131	605,071	489,091	401,471	316,506	246,668	207,035	170,578	137,428	117,517
Capital Expenditures	(284,200)	(235,860)	(231,960)	(262,860)	(339,860)	(349,188)	(237,800)	(255,200)	(265,200)	(179,200)
Contingency Reserve	-	-	-	-	-	-	-	-	-	-
Ending Balance	840,931	1,210,142	1,467,272	1,605,883	1,582,529	1,480,009	1,449,244	1,364,622	1,236,850	1,175,166

Capital Category	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	Total
Land	-	-	-	-	-	-	-	-	-	-	-
Building	50,000	75,000	-	-	-	100,000	-	-	45,000	110,000	1,573,028
Leasehold Improvements	-	-	-	-	-	-	-	-	-	-	-
Capital Equipment	-	-	-	-	64,000	-	-	-	-	64,000	256,000
General Office Equipment	-	-	-	-	-	-	-	-	-	-	-
Medical & Dental Equipment	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200	115,200	2,304,000
Computer Equipment	-	-	-	-	-	-	-	-	-	-	163,300
Computer Software	-	-	-	-	-	-	-	-	-	-	-
Equipment for Building	-	-	-	-	-	-	-	-	-	-	5,000
Furniture	-	-	-	-	-	-	-	-	-	-	-
Capital Project Total	165,200	190,200	115,200	115,200	179,200	215,200	115,200	115,200	160,200	289,200	4,301,328

Capital Reserves	2035	2036	2037	2038	2039	2040	2041	2042	2043	2043
Prior Year Balance	1,175,166	1,110,963	1,004,469	963,374	913,419	786,663	609,560	525,258	434,179	289,200
To Reserve	100,997	83,706	74,106	65,244	52,444	38,098	30,898	24,121	15,221	-
Capital Expenditures	(165,200)	(190,200)	(115,200)	(115,200)	(179,200)	(215,200)	(115,200)	(115,200)	(160,200)	(289,200)
Contingency Reserve	-	-	-	-	-	-	-	-	-	-
Ending Balance	1,110,963	1,004,469	963,374	913,419	786,663	609,560	525,258	434,179	289,200	(0)

Health District of Northern Larimer County

2025 Projected Tax Revenues

Certification of Tax Levies	2025	2024	\$ Change	% Change
Gross Assessment	11,403,191	11,307,286	95,905	0.85%
Less: TIF District Share	(641,759)	(622,088)	(19,671)	3.16%
Net Property Tax Revenue	10,761,432	10,685,198	76,234	0.71%

Tax Revenue	2025	2024	\$ Change	% Change
Property Tax Revenue	10,761,432	10,685,198	76,234	0.71%
Add: Specific Ownership Tax	600,000	650,000	(50,000)	-7.69%
Less: County Collection Fees	(232,909)	(226,704)	(6,205)	2.74%
Net Tax Revenue	11,128,523	11,108,494	20,029	0.18%

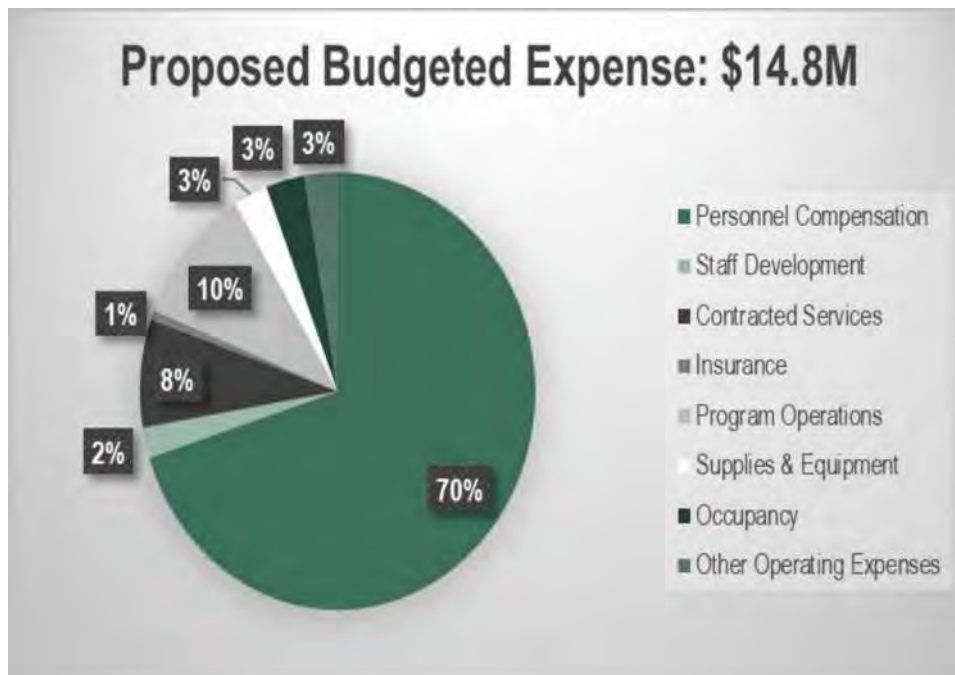
FTE by Program

Program/Department	2024		2025	
	Budget	Actual	Proposed	Change
Administration	6.495	31.000	28.350	(2.650)
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	4.200	1.200
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	-	-	-
Total FTE	102.860	106.560	97.850	(8.710)

2025 Proposed Budget

Visualizing the Numbers

Property & Specific Ownership Taxes account for 77% of the Health District's total revenue for the 2025 year.



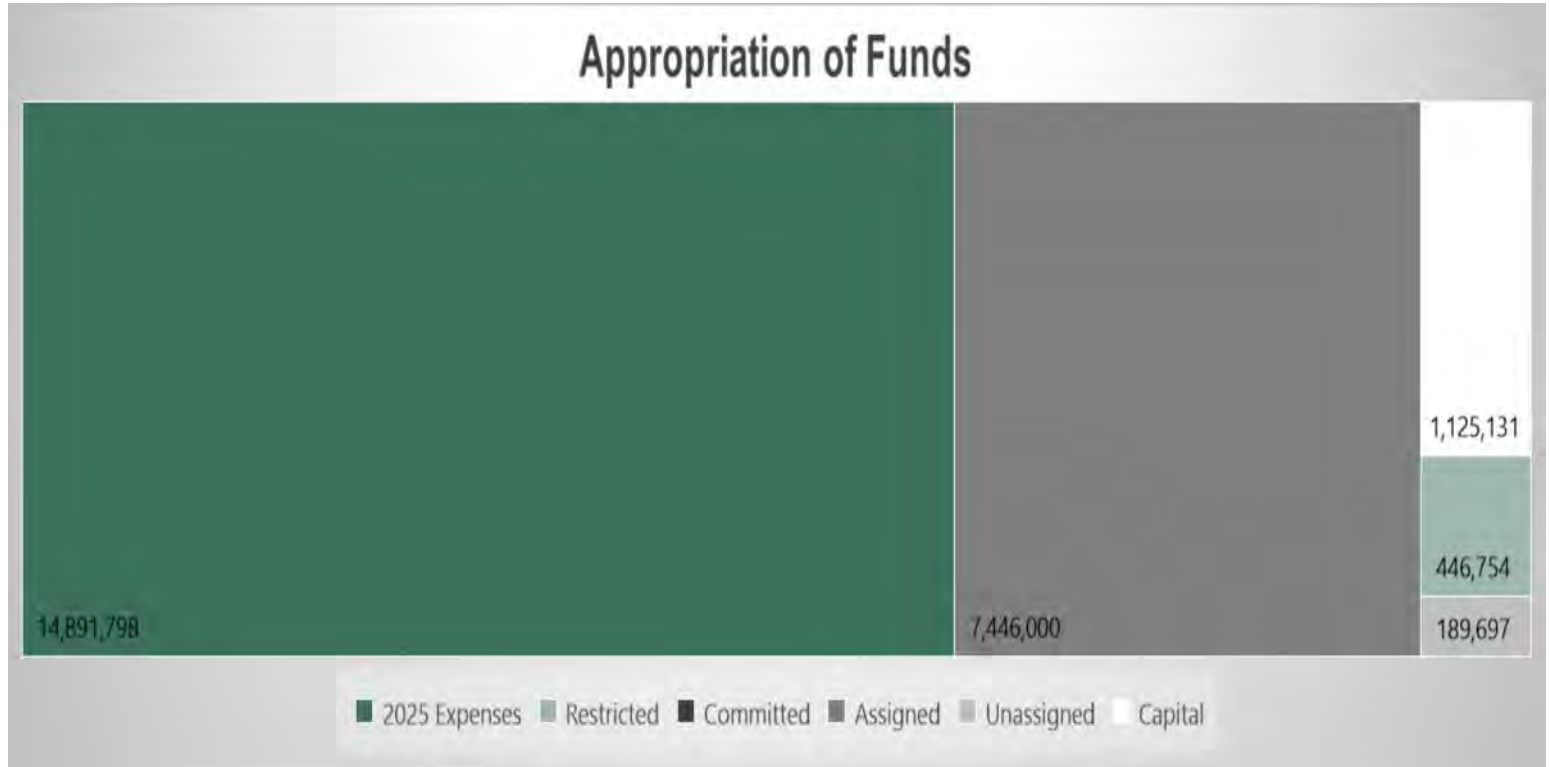
Personnel Compensation is the organization's largest expense category, accounting for 70% of total expenditures in 2025.

Program Operations includes \$975k to fund health-related service providers in strategic alignment with the key priority of **Partnerships**.

2025 Proposed Budget

Visualizing the Numbers

The projected Beginning Governmental Fund Balance of \$9.3M, plus the 2025 Proposed Budgeted Revenue of \$14.8M provides the Health District with \$24.1M of available resources to appropriate for the 2025 year.



Of the available resources, 62% will fund the 2025 Proposed Operating Expenditures. Leaving \$9.2M of reserved funds to appropriate as follows:

Restricted: \$447k is allocated to Restricted Reserves due to Colorado's constitutional amendment: The Taxpayer's Bill of Rights (TABOR) requirements.

Assigned: \$7.4M is allocated to Assigned Reserves to cover 6 months of the organization's average monthly operating expenses.

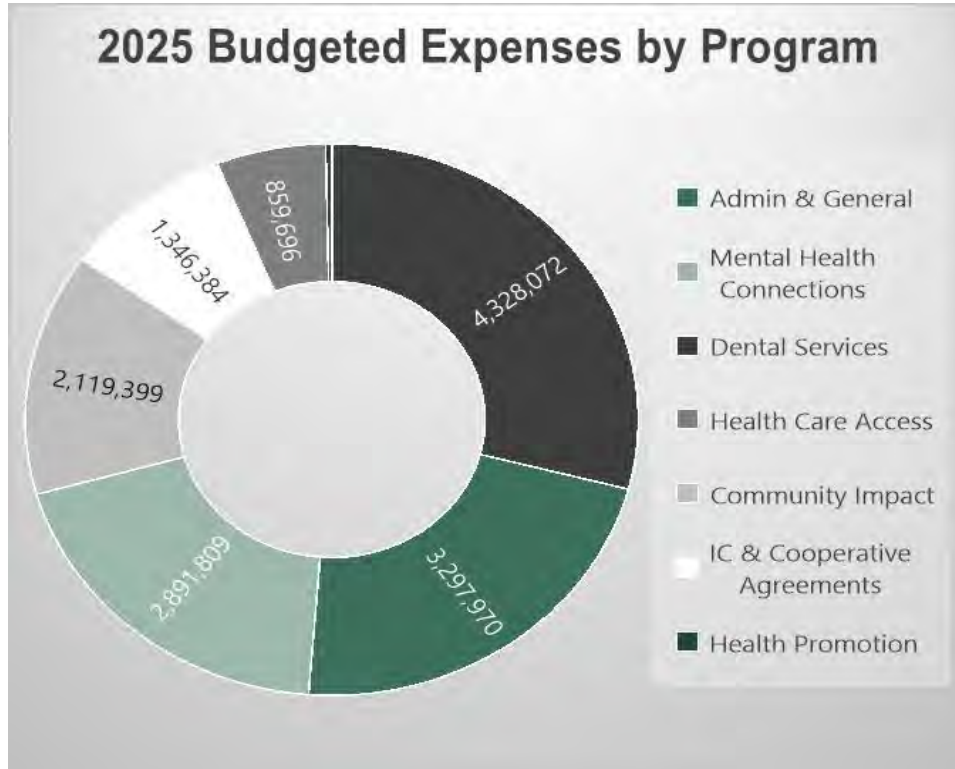
Unassigned: \$190k is allocated to Unassigned Reserves as it is not currently assigned to a specific purpose.

Capital: \$1.1M is allocated to Capital Reserves in accordance with the Capital Improvement Plan.

2025 Proposed Budget

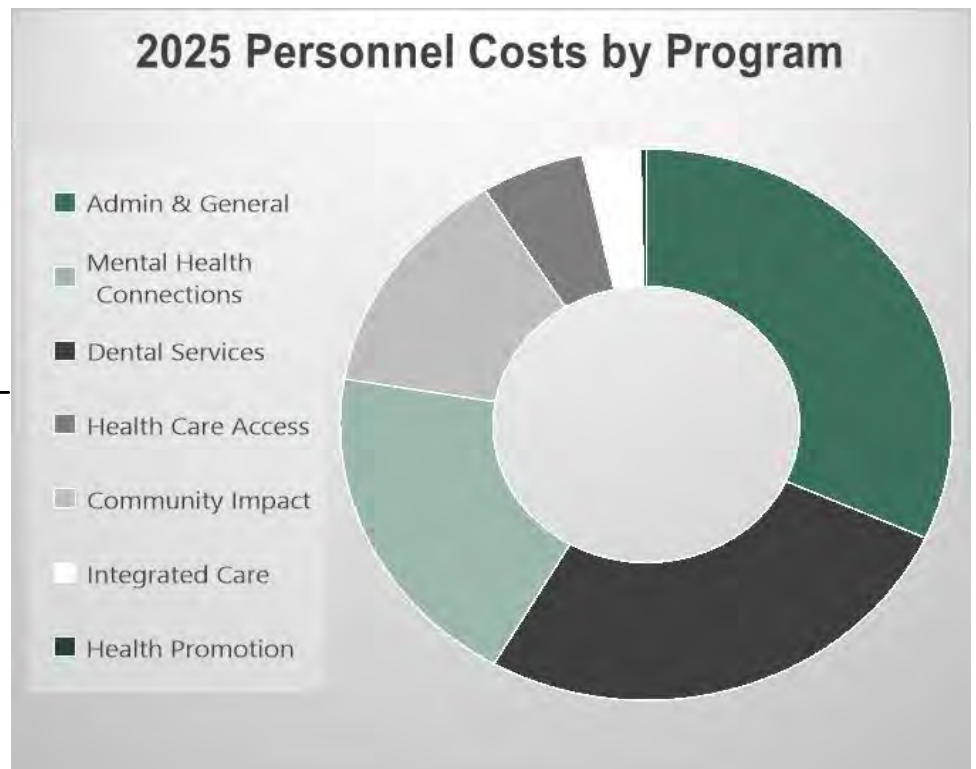
Visualizing the Numbers

Shifting back to the 2025 Proposed Budgeted Expenses, the below visualizations provide insight into the programmatic division of expenditures:



Administrative Ratio: 22%

Programmatic Ratio: 78%



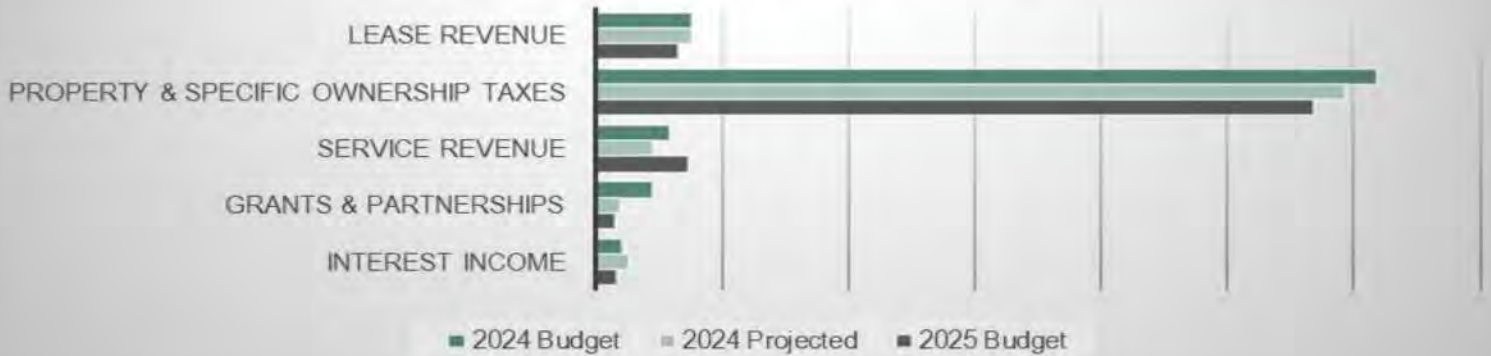
**Personnel Expense Ratio:
70%**

2025 Proposed Budget

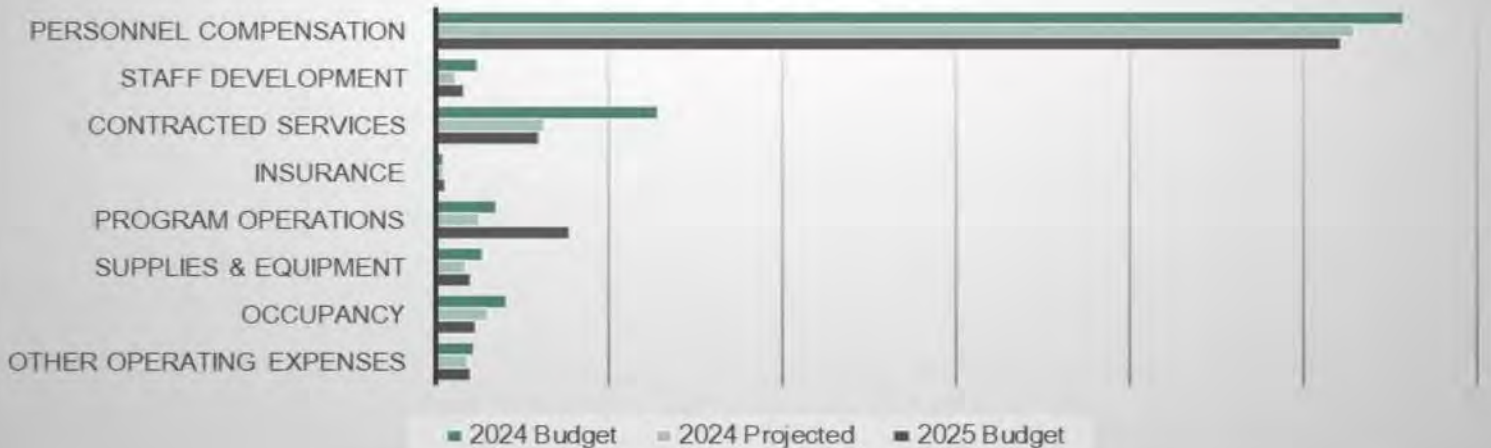
Visualizing the Numbers

How does the 2025 Proposed Budget compare to 2024? The below charts depict the similarities and differences between the 2024 Budget, 2024 Projection, and the 2025 Proposed Budget.

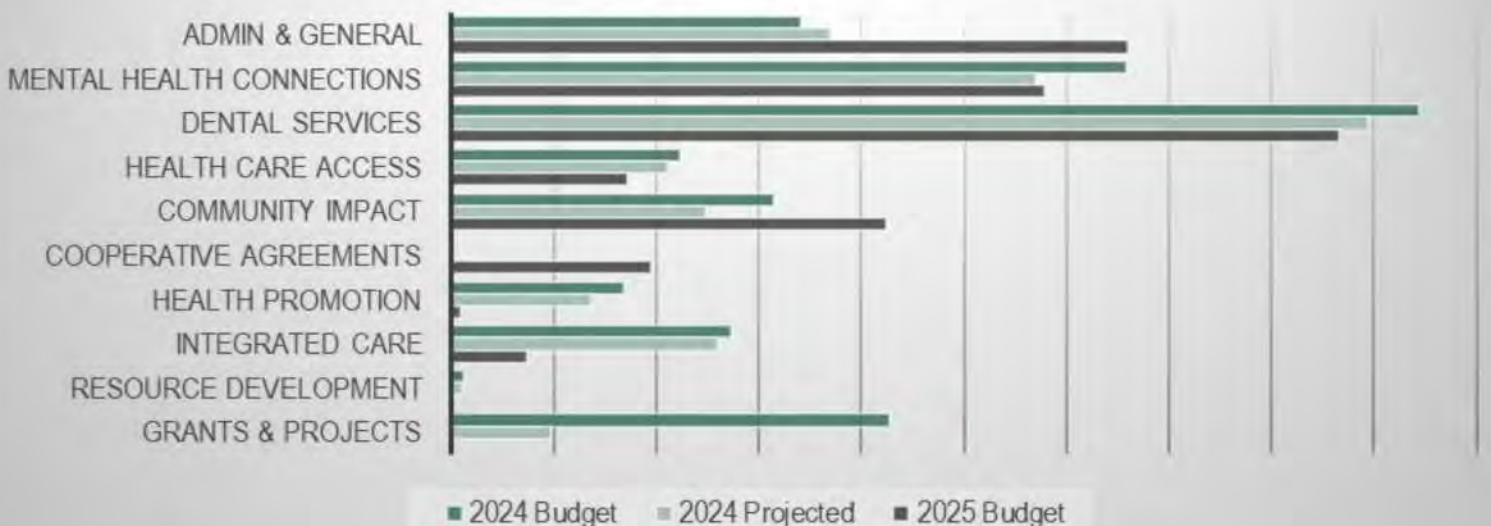
Revenue Comparison



Expense Comparison



Expense Comparison by Program



Board of Directors Regular Meeting

Location: Hybrid

Date: October 22, 2024

Time: 5:30 PM

Minutes

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.

Staff Present:

Liane Jollon, Executive Director
Abby Worthen, Deputy Director
Sean Kennedy, Interim Communications
Director
Dana Turner, Health Services Director
Misty Manchester, Human Resources Director
and Interim Finance Director
Jessica Shannon, Quality Improvement
Projects Manager
Kari Lingl, Behavioral Health Provider
Katie Matus, Health Services Coordinator
Tonya Kron, Mental Health Connections
Program Manager

I. Call To Order

a. Roll Call Board of Directors

Director Molly Gutilla called the regular meeting to order at 5:33 p.m.

b. Welcome Guests & Attendees

c. Conflict of Interest Statement

No conflicts of interest were reported.

d. Approval of Agenda

Motion: To approve the agenda.

II. Public Comment

Jim Heckman, President of the Colorado Special Districts (CSD) Property and Liability Pool Board of Directors, reported that he requested the reappointment of Lorraine Haywood to the CSD Property and Liability Pool Board of Directors. He expressed disappointment that her nomination was not on the Health District Board of Directors regular meeting agenda.

III. Presentations

No presentations were scheduled.

IV. Consent Agenda

Motion: Motion to approve the September 24, 2024 Regular Meeting Minutes as presented with minor corrections to the minutes.

Moved by John McKay/Second by Erin Hottenstein/Carried unanimously with the exception of Director Gutilla who abstained as she did not attend the September meeting.

V. Action Items

a. Sept. 2024 Financial Statements – Q3 Financial Report

Misty Manchester shared highlights from the Q3 Financial Report and the Sept. 2024 Financial Statements.

Board Member comment: The financial reports are a giant leap in the direction I want to see and tells a story with seeing planned verse actual expenses in much more detail.

Board Member Comment: I appreciate the clarity.

Motion to accept the draft September 2024 Financial Statements:

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

b. Accounting Software Approval

Misty Manchester proposed the procurement of Oracle NetSuite accounting software for healthcare nonprofit use to replace the significantly outdated and unsupported system currently in use. She shared that software solution evaluation began in early 2024 and that demonstrations were conducted with multiple vendors. Software implementation will allow for restructuring of the chart of accounts, support enhanced data accuracy and workflows, will integrate with the Health District's HRIS platform, and supports the organization's strategic plan for infrastructure modernization.

Motion to approve the purchase of Oracle NetSuite Accounting Software.

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

VI. Reports

a. Social Health Information Exchange (CoSHIE) Regional Hub Opportunity

Abby Worthen discussed efforts to develop regional data architecture hubs to support health information exchange across the state. In May, the Health District received funding from the Office of eHealth Innovation to assess regional needs for interoperability and data integration. Following this award, the state issued an opportunity for regions to become grantees to integrate health and social data.

North Colorado Health Alliance (NCHA) plans to apply for this designation, with the Health District and Larimer County Criminal Justice Alternatives as key partners. If awarded, the project will enhance use cases, particularly in areas like substance use disorder data sharing, building on existing systems and infrastructure. Revenue impacts remain undetermined, depending on the level of support provided to NCHA and the Medicaid catchment areas of applicants. Worthen noted that the state intends for this initiative to scale and support existing frameworks rather than replicate previous efforts.

Board Member Comment: Do provisions in the application address Medicaid support and re-enrollment? Worthen acknowledged challenges in Medicaid outreach and shared that the Health District is coordinating with local partners to improve re-enrollment efforts and support underserved communities.

b. 2025 Budget Planning Timeline and Update

The 2025 budget timeline and progress were reviewed:

- October 22, 2024 – Presentation of the proposed 2025 budget
- November 12, 2024 – Budget hearing & board meeting
- December 10, 2024 – Board meeting and approval of the 2025 budget

c. Board of Directors Reports

- Molly Gutilla: Highlighted that it was a great month full of activities including the gathering with former Health District Board of Directors and the 30th Anniversary Open House, which both had great attendance. Director Gutilla also shared that it was very satisfying to release the organizational strategic plan in public way in conjunction with the 30th Anniversary and the feedback received.
- Julie Kunce Field: Thanked the staff and the Board of Directors for the 30th Anniversary events and getting the word out about the great work at the Health District. Director Kunce Field shared she participated in the Walk to End Alzheimer's and reflected on the needs for aging populations.
- Erin Hottenstein: Shared that she enjoyed 30th Anniversary Open House event and the opportunity to connect with past Health District Board of Directors. Director Hottenstein also attended the La Familia Fiesta fundraising event.

- John McKay: Shared that it was a great 30th Anniversary Celebration and would love the opportunity to tour the Health District's Family Dental Clinic. Director McKay also attended the MHSUA Strategic Plan Release Party and shared that it was a great event as well. Director McKay also attended the Behavioral Health Administration Fort Collins Community Conversation event and met with local public officials and community members to discuss behavioral health needs and priorities in the community.

d. Liaison to PVHS/UCHealth North Report

Director John McKay reported updates from the recent meeting, including a session on pharmacogenetics, highlighting advances in genetic understanding related to pharmaceuticals. Director McKay shared that UCHealth remains on schedule to open a Behavioral Health unit in December 2025. Additionally, there is a current saline shortage, with hopes for an extension on expiration dates to mitigate impacts. UCHealth is also finalizing a partnership with Estes Park Hospital and are currently in the final negotiation stages.

e. Executive Committee Update

Director Julie Kunce Field shared that the executive committee had considered additional requests for agenda items and did not take up these items. Director Kunce Field indicated that the Health District Board of Directors was not obligated to take action for the Colorado Special Districts (CSD) Property and Liability Pool Board. Director Kunce Field also noted that in the future, the Health District Board may want to explore policies and procedures to address resolution and proclamation requests from the community.

f. Executive Director Staff Report

Liane Jollon, Executive Director, acknowledged the team's work on the 30th-Anniversary events and praised staff for leading efforts to address local health Medicaid enrollment barriers, as Larimer County is reportedly lagging other counties in the state. Staff has convened a local group to learn from other counties' successes in supporting enrollment strategies.

Updates included discussions with Rocky Mountain Health Plans (RMHP), noting RMHP will no longer serve this region, impacting Medicaid contracts and support from the MACC team. Executive Director Jollon also met and coordinated with Dr. Mark Wallace at North Colorado Health Alliance to align strategy on CoSHIE efforts and the community health assessment.

Developing a person-centered consolidated health campus is underway with conversations and planning internally to collect staff input and through the budget study session.

Regarding election planning, Jollon noted that the Health District is in preliminary discussions with vendors and strategies to boost participation, with no formal bid released yet. Liane Jollon shared she has joined the Colorado Health Institute (CHI) Board of Directors as a community health representative.

Board Comment: A board member expressed appreciation for program updates and the new report format and the hiring of the Health Equity Coordinator position.

VII. Announcements

- a. November 12, 2024, 5:30 p.m. – Budget Hearing & Regular Meeting
- b. December 10, 2024, 5:30 p.m. – Regular Meeting

VIII. Executive Session

No Executive session was held.

VIII. Adjournment

Motion: To adjourn the regular meeting at 6:50 p.m.

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



AGENDA DOCUMENTATION

Meeting Date: November 12, 2024

SUBJECT: Accounting Software Implementation

PRESENTER: Liane Jollon

OUTCOME REQUESTED: ☒ **Decision** ☐ **Consent** ☐ **Report**

PURPOSE/ BACKGROUND

The Health District's 2024 Budget included funds for new accounting software and improvements to internal accounting practices and workflow.

At the October 2024, Regular Meeting the Board approved licensing cost and customer support for Oracle NetSuite for HealthCare/Non-Profit. NetSuite uses a third-party, Caravel, to configure, convert, implement, and train on NetSuite's product. This one-time fee is \$148,000. Board policy 99-01 requires Board to consider the general concept of the project and vote to approve the expenditure.

Attachment(s): none

FISCAL IMPACT

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

STAFF RECOMMENDATION

General approval to sign contract with Caravel for NetSuite configuration, conversion, implementation and training.



AGENDA DOCUMENTATION

Meeting Date: November 12, 2024

SUBJECT: 2024 Cyber Security Assessment

PRESENTER: Jessica Shannon & Mike Lynch

OUTCOME REQUESTED: ☐ Decision ☐ Consent ☒ Report

PURPOSE/ BACKGROUND

The Colorado Special Districts Property & Liability Pool automatically provides \$200K of property liability coverage at no cost to the Health District.

With the completion of a cyber security assessment in 2019, the Pool began providing an additional \$1 million in cyber insurance coverage to the Health District at no cost.

To maintain the \$1,000,000 in cyber coverage, the Health District is required to annually update the Board of Directors on the following cyber security areas:

- The Health District's current exposure to Personally Identifiable Information (PII)
- Progress made to any recommendations or findings identified in the initial cyber assessment
- Steps to be taken over the next twelve (12) months regarding the district's cybersecurity

In October 2024, the Health District contracted with Integrated Computer Consulting (ICC) to support critical areas of Information Technology (IT) department operations and to conduct an assessment of department functions, including cyber security.

Staff will provide the Health District Board of Directors a report of key findings from the 2024 assessment to maintain cyber security insurance coverage.

Attachment(s):

ICC Health District Issue and Recommendation Summary - Cyber Security

FISCAL IMPACT

ICC is completing a full audit assessment of IT operations and will provide cost estimates for future budgeting. Costs associated with cyber security-related improvements in 2024 will be covered by the existing department budget.

STAFF RECOMMENDATION

N/A

ICC Health District Issue and Recommendation Summary - Cyber Security

Issue	Recommendation	Criticality	Estimated Remediation Cost	Timing
Backups are setup but are currently insufficient and nothing offsite	Set up full system monitored backups	Critical	Drives, Software \$3000 Contract hours can be used	Immediate
Network Firewalls are in place but contain critical vulnerabilities	Update 3 network firewalls, setup security services to meet best practices	Critical	Contract hours can be used	Immediate
Remote Access is allowed but not secured	Implement secure remote access with multi-factor authentication	Critical	MFA Software-TBD Contract hours can be used	Immediate
Email/Cloud Security does not have multi-factor authentication for all users	Audit and enforce multi-factor authentication for all accounts	Critical	Phishing Tests –TBD Contract hours can be used	Immediate
Critical vulnerability on wireless	Migrate management software to cloud	Critical	Contract hours can be used	Immediate
Missing advanced antivirus cybersecurity monitoring	Install advanced antivirus and cybersecurity monitoring on all servers and PCs	High	TBD	<6 Months
Missing operating system patches	Install and configure patch management software	High	TBD	<6 Months
Servers and operating systems are out of support and warranty	Upgrade server infrastructure	High	TBD	<12 Months
Applications missing updates (Dentrix, etc.)	Implement regular updates to primary applications, verify vendor support	High	TBD	<12 Months
Weak password policy	Ensure proper password policy in place	High	TBD	<12 Months
Business Continuity	Review cyber insurance coverage, develop incident response plan, quarterly reviews	High	TBD	<12 Months

NOTE: ICC reviewed the previous audits from Istonish and the Quiet Assessment and found inconsistencies between them. This may be due in part to the fact that one was run in 2019 and the other one in 2022 or that they were measured against competing frameworks. Many of the recommendations have not been implemented.



AGENDA DOCUMENTATION

Meeting Date: November 12, 2024

SUBJECT: 2025 Budget Planning Timeline Update

PRESENTER: Liane Jollon

OUTCOME REQUESTED: ____ Decision ____ Consent ____X____ Report

PURPOSE/ BACKGROUND

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

Attachment(s):

Board Key Dates for Budget Year 2025 - November

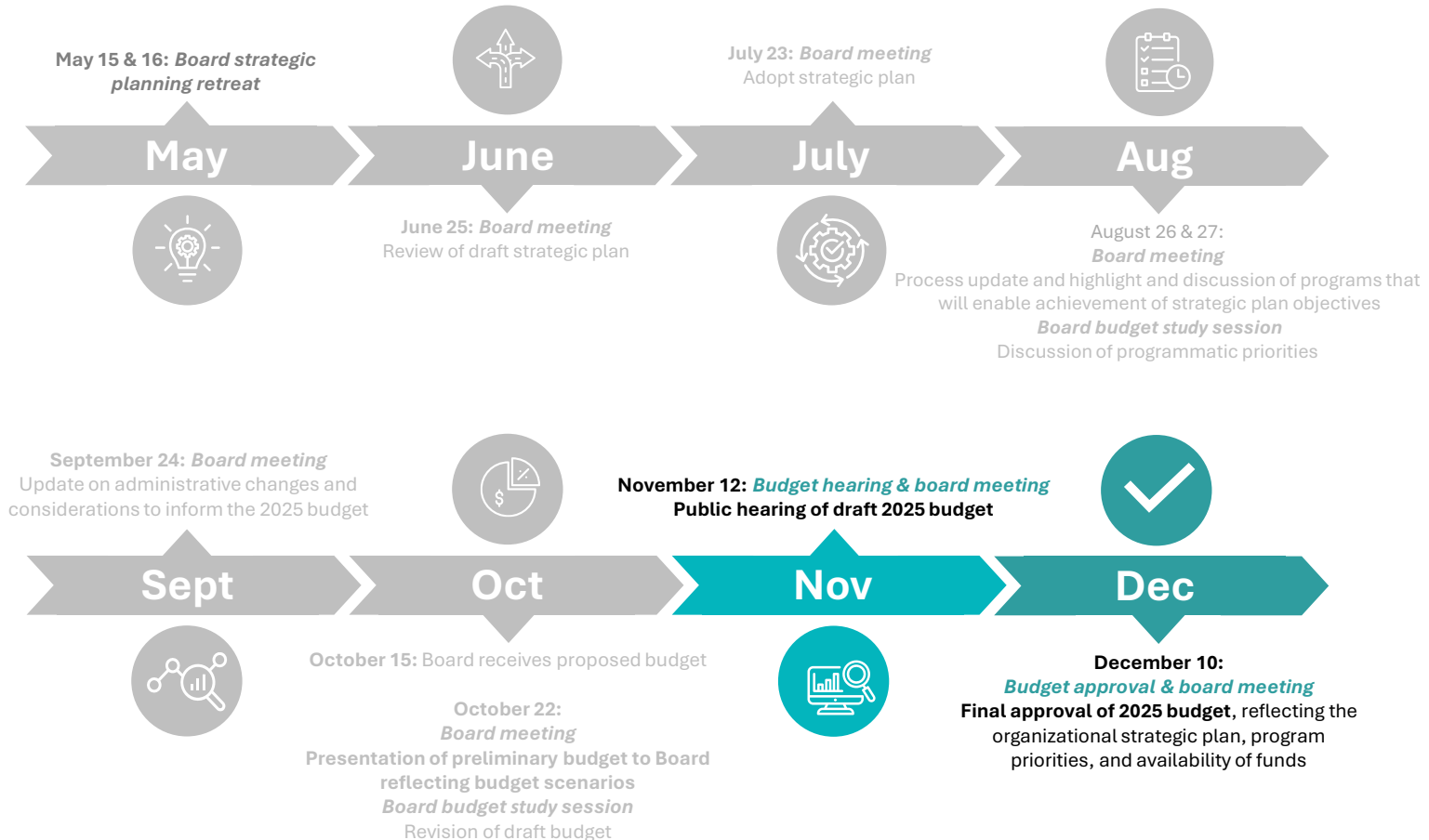
FISCAL IMPACT

None.

STAFF RECOMMENDATION

N/A

2024 Strategic Planning & Budgeting Timeline





AGENDA DOCUMENTATION

Meeting Date: November 12, 2024

SUBJECT: Board Governance – Policy Update

PRESENTER: Katie Wheeler

OUTCOME REQUESTED: ____ Decision ____ Consent __X__ Report

PURPOSE/ BACKGROUND

In accordance with the Great Governance priority area of the 2024-2025 Strategic Plan, organizational policies support accountability and responsiveness to the current and future needs of Health District residents and taxpayers.

Staff initiated the process of cataloging policies and procedures to ensure compliance with statutory, regulatory, and ethical obligations. The purpose of this work is to comprehensively review and update Health District of Northern Larimer County Board of Directors policies.

Staff will share a brief crosswalk of current and proposed Health District Board policies and proposed revision process.

Attachment(s): Board Governance – Policy Mapping

FISCAL IMPACT N/A

STAFF RECOMMENDATION

Board to provide staff with feedback and direction on the timeline and structure for finalizing an updated book of policies for the Health District Board of Directors, including potential for special or standing Governance Committee in accordance with Health District Bylaws Article VI, Section 1.

Board of Directors Proposed Policy Crosswalk		
Current board policy	Proposed Policy Status <i>(Not included, carried over, or replaced)</i>	Comments
00-1 Evaluation Policy: Value added	Not included	Not currently followed. Incorporated into Function of Board of Directors.
01-1 Advisory Councils and Committees	Replaced	Replaced with Committees of the Board of Directors.
01-2 Electronic Publication of Legislative and Public Policy Analyses and Resolutions	Carried over	Consider partially transitioning to procedure.
2010-01 Financial Accounts Signature Policy	Replaced	Combined contract signature and financial account signature policy.
97-16 Reviewing and Copying Public Records	Carried over	CORA policy updated in 2024.
97-2 Board Governance Policy – Governing Manner and Board Meetings	Carried over	Slight revisions.
97-3 Board Governance policy – Board Job description	Not included	Incorporated into Function of Board of Directors.
97-7 Executive Director Performance Policy	Carried over	Included as-is in proposed new board policies.
97-11 Investment Guidelines	Carried over	Included as-is in proposed new board policies. Current policy is dated 2004 but has current BOD signatures, so revision timeline is unclear.
97-13 Electronic Communication	Replaced	Combined Electronic Communication into Board of Directors Communications Policy with slight revisions.
97-15 Employee Compensation	Replaced	New policy 24-01 replaces this.
97-1 Decision-Making and Policy Process	Not included	Incorporated into Function of Board of Directors. Current policy is dated 2005 but has current BOD signatures, so revision timeline is unclear.

98-1 New Program or Project Ideas	Not included	Unclear if currently active. Budget revisions governed by statute.
98-2 Service Area Eligibility	Carried over	Slight revisions.
99-1 Contract Signature Policy	Replaced	Combined contract signature and financial account signature policy.
99-5 Sponsorship at Nonprofit Fundraising Events	Not included	Requires research and discussion of best practice.
99-6 Board Self Eval and Training	Not included	Requires research and discussion of best practice. Potentially incorporated into Function of Board of Directors.
99-4 Job description – Health District/PVHS board liaison	Carried over	Last amended March 2023.
99-7 Establishing and communicating a position on policy issues	Carried over	Last amended January 2022.
24-01 Compensation Policy	Carried over	Adopted August 2024.
--	Policy for Adoption of Board of Directors Policies	Are new policies adopted through resolution?
--	Functions of Board of Directors	
--	Duties of Board of Directors President	Requires research and discussion of best practice. Consider incorporating into Function of Board of Directors.
--	Commitment to Diversity, Equity, Inclusion, and Belonging (DEIB)	Requires research and discussion of best practice.
--	Insurance and Indemnification	
--	Board of Directors/Executive Director Interaction	Requires research and discussion of best practice. Consider incorporating into Function of Board of Directors.
--	Board Compensation Policy	Resolution passed [date].
--	Political Activities	Follow FCPA guidelines.
--	Committees of the Board of Directors	
--	Board of Directors Communications	Combined Electronic Communication into Board of Directors Communications Policy with slight revisions.
--	Fiscal Responsibilities - Budget	
--	Fiscal Responsibilities - Investments	Pulls from current investment policy.

--	Fiscal Responsibilities - Contracts and Expenditures	Pulls from current contract policy.
--	Fiscal Responsibilities – Fund Balance	Will be proposed in December 2024.
--	Signature Policies	Combines contract signature and financial account signature policy.
--	Continuity of Operations	
--	Compliance	
--	Community Advisory Councils to the Board of Directors	

AGENDA DOCUMENTATION

Meeting Date: November 12, 2024

SUBJECT: 2025 Health District of Northern Larimer County Board Member Election

PRESENTER: Katie Wheeler

OUTCOME REQUESTED: ☐ Decision ☐ Consent ☒ Report

PURPOSE/ BACKGROUND

Special District Elections are scheduled for May 2025 to fill three seats on the Health District of Northern Larimer County's Board of Directors. These elections will not include any TABOR-related ballot issues.

Per Colorado Local Government Election Code Title 1, Article 13.5 to initiate the election process, the Board must adopt a formal resolution between November 2024 and February 2025. This resolution should specify critical details, including the number of board seats up for election and the election method—either by mail-in ballots or polling locations. If polling locations are used, the resolution must also indicate the number and specific locations of these sites, as well as appoint a Designated Election Official (DEO). Staff has conducted initial research to identify an election consultant that can facilitate Health District compliance with election requirements. The Health District can designate an internal DEO or assign this responsibility to an election consultant.

Timeline considerations: The Board's election resolution must be adopted by February 2025, requiring that an elections consultant and DEO be identified prior to adoption of resolution.

Attachment(s): None

FISCAL IMPACT

Elections modalities come with different costs – primarily whether the election is being administered as a mailed ballot or through polling locations. Election consultant **quotes** can provide a cost range on these options which the Board of Directors can then consider in the adoption of a formal resolution at the December 2024 Regular Board Meeting.

STAFF RECOMMENDATIONS

1. Staff obtain **quotes** for an election consultant to serve as Designated Election Official and facilitate all election logistics, such as file necessary documentation, coordinate judge training, and oversee ballot printing.
2. Board considers a formal resolution at the December 2024 Regular Meeting to appoint a Designated Election Official and specify critical election details, including mail-in ballots or polling locations (with specific locations). Election consultant will be responsible for achieving the Board's resolution requirements.



AGENDA DOCUMENTATION

Meeting Date: November 12, 2024

SUBJECT: 2025 Board of Directors Meeting Schedule

PRESENTER: Molly Gutilla

OUTCOME REQUESTED: ____ Decision ____ Consent X Report

PURPOSE/ BACKGROUND

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

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

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

The Executive Committee proposes the following 2025 Meeting schedule to open a discussion regarding next years' time and dates with the intent to adopt a formal resolution at the first regular meeting of the year. Fourth Thursdays at 6pm, with March adjusted for PVH Joint Board Meeting and Nov/Dec adjusted for holidays and Budget Adoption:

- February 27, 2025
- March, 2025 - Joint meeting with PVH, date TBD*
- May 22, 2025 + Strategic Plan Study Session
- June 26, 2025
- August 28, 2025 + Strategic Budgeting Study Session
- October 23, 2025 + Proposed Budget Study Session
- November 20, 2025
- December 11, 2025

STAFF RECOMMENDATION

N/A



AGENDA DOCUMENTATION

Meeting Date: November 12, 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 October 22, 2024 board meeting:

- Hosted a health round table discussion at the CSU Symposium for Inclusive Excellence
- Colorado Health Institute Board of Trustees Retreat
- Tom McNally, PA-C Emergency Medicine, Community Health Program
- Salud Family Health Centers leadership team
- Patrick Gordon, CEO, Rocky Mountain Health Plans
- Kevin Unger, UCHHealth North Region President/CEO
- American Public Health Association (APHA) annual conference
- Medicaid Enrollment Collaborative Kick Off – convened by HDNLC

News:

For the first time in our history, the Health District has a fully executed contract in place with Rocky Mountain Health Plans to bill Medicaid for delivering behavioral health services to covered persons.

Staff Summary

Family Dental Clinic

- The Family Dental Clinic is pleased to announce the promotion of an internal employee to the position of Patient Care Specialist. This position will provide dedicated advocacy and support for patient treatment completion and be a valuable addition to the care coordination team.
- During the recent 30th Anniversary Open House event, the Dental team successfully hosted guided tours for community members and partners. Attendees had the opportunity to meet Dental staff, explore treatment areas, and the wheelchair lift. Feedback from participants was overwhelmingly positive.



Health Equity | 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)**



Partnerships | 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)**

- The Family Dental Clinic has the following vacancies:
 - 1 (1.0) FTE Dental Hygienist (currently posted)
 - 1 (1.0) FTE Front Office Supervisor (not posted)
 - 1 (1.0) FTE Front Office Associate (posting in progress)

Health Care Access

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

- The Larimer Health Connect (LHC) team has been working to assist individuals and families explore their options for health coverage. The team has been reaching out to individuals who were enrolled in OmniSalud in 2023 and 2024, as well as completing outreach to those that were not able to enroll in 2024 due to limited availability. Information is also being shared about the application process for Emergency Medicaid and the Cover All Coloradans program.
- Scheduling access is open for the entire enrollment period. LHC will offer extended hours on most Tuesday and Thursday evenings until 8 p.m., as well as offer services one Saturday per month. Enrollment events will also be offered at partner sites throughout the open enrollment period.



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



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

The Prescription Assistance (PA)

- The Prescription Assistance program continues to help people experiencing gaps in health coverage, as well as people with undocumented status. Program policies and procedures are currently 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)**

The Outreach & Education (O&E) Team

- The Outreach & Education (O&E) Team is scheduled to table 7 events, attend multiple partnership and educational meetings, and provide a presentation to the City of Fort Collins' Neighborhood Development Group on Opioid Overdose Awareness and Narcan. Tabling events include a Veteran Stand Down Event, the Winter Farmer's Market at Foothills Mall, Trick or Treat Down Main Street, and Get into the Guts of Healthcare hosted by Front Range Community College.
- The O&E Team and Health District leadership are planning to strategically transition the team from LHC's supervision to the Community Impact Team (CIT) program.



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)

- The Mental Health Connections (MHC) program is continuing to work on several projects including the implementation of a new Electronic Health Record (EHR). This project includes working with consultants to redesign and streamline workflows, follow regulatory obligations, and implement best practices to ensure compliant Medicaid billing.
- Dr. Udupa, CAYAC psychiatrist, continues to host residents from Family Medicine Center for monthly visits discussing psychiatry.
- Planning for the next TNT Event (Therapist Networking and Training) on December 4th is in process. The TNT will focus on working with the veteran population.

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 (currently posted)
 - 1 (1.0) FTE CAYAC Behavioral Health Provider (currently posted)
 - 1 (1.0) FTE CAYAC Care Coordination Specialist (posting in progress)

Integrated Care Team

- The Integrated Care (IC) program manager attended the Colorado Organization for Victim Assistance (COVA) conference earlier this month. The program manager focused on attending sessions on secondary trauma, wellness, resiliency and burnout to further support the goal of improving resident wellness options at Family Medicine Center (FMC).
- The Family Medicine Center (FMC) Behavioral Health (BH) team is in the process of streamlining how acutely suicidal patients are cared for while in clinic. There has been a notable increase in suicidal ideation expressed by patients during clinic visits. This has led

to a need for clearer policies and procedures involving nursing, medical providers and behavioral health staff.

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

Research & Evaluation

Internal Program Evaluation Update

Our ongoing efforts aim to enhance program evaluation and data collection processes organization-wide and within individual programs. Key activities include collaboration with Results Lab through their Impact Accelerator Program to refine evaluation methodologies and working with Health District staff to address recommendations to improve data practices and impact measurement.

- **Results Lab Impact Accelerator:** To improve program evaluation for our dental clinic and other services, we are working with Results Lab consultants through their Impact Accelerator Program. Recent achievements include:
 - **Development of Foundational Evaluation Documents:** In October, we collaborated with Results Lab to draft key documents to strengthen evaluation capabilities for the dental clinic, including:
 - An updated program model
 - A comprehensive impact measurement plan
 - New data collection tools
 - **Data Audit Recommendations:** Results Lab completed a data audit, providing recommendations to enhance our data practices. We are working to prioritize and implement their recommendations, with progress already underway in these areas:
 - Enhance Demographic Data Collection
 - Recommendation: Expand and update demographic questions to better reflect the diversity of priority populations.
 - Current Actions: We are designing standardized intake forms that include an enhanced set of demographic questions to better characterize who we are serving.
 - Standardize the Needs Assessment Process
 - Recommendation: Introduce a standardized needs assessment process (that includes validated measures such as the PRAPARE Social Determinants of Health (SDOH) assessment) to consistently identify client needs and barriers, enhancing targeted service delivery and resource connections.
 - Current Actions: We are working to determine how to incorporate the PRAPARE SDOH assessment into the new Mental Health Connections and CAYAC EHR system. We are also exploring PRAPARE's application in the Dental Clinic.
 - Co-Design Data Collection Processes with Staff
 - Recommendation: Engage staff to refine data collection processes, address challenges, and improve usability for accurate, efficient data flow.
 - Current Actions: We have initiated discussions about how to develop a co-design roadmap to gather user feedback from staff on the design of new intake forms.

- **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)*

Staffing Update

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

Policy Program Updates

September Budget Forecast (Great Governance 2.2 & 3.2.1)

- HCPF expenses exceeded appropriations by \$154M during 2024 and will require an additional \$30M from the state's reserve funds.
- There was a 20% increase in Medicaid renewal rates.
- Procedural Medicaid disenrollments continue.
- Federally Qualified Health Centers (FQHCs) continue to face financial instability. Pre-pandemic, FQHCs cared for 31% of all Medicaid Members. Federal money from grants is reducing.

For Implementation in 2025

- Cover All Coloradans & OmniSalud (Health Equity 2.1.2)
- Accountable Care Collaborative 3.0 (Partnerships 2.2.2)
- Health Related Social Needs waiver (Partnerships 2.3.1)
- Single Data repository to facilitate enrollment and renewals to programs like Health First Colorado and SNAP (Partnerships 2.3.1)
- Friends and Family Input Form (Organizational Excellence 2.2.2)

Participation in Policy Coalitions

- Colorado Consumer Health Initiative
- Colorado Health Policy Coalition
- Colorado Public Health Association
- Special Districts Association
- Children, Youth, and Families Mental Health Coalition

Interim Committees

- Treatment for Persons with Behavioral Health Disorders in the Criminal and Juvenile Systems
- Youth Advisory Council (COYAC)

- Artificial Intelligence Impact Task Force
- Black Coloradan Racial Equity Study
- Colorado Health Insurance Exchange Oversight Committee
- American Indian Affairs Interim Study Committee

Community Impact Team (CIT)

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

- Since the successful MHSU Alliance Strategic Plan Release Party in October, CIT has been focusing on MHSU Alliance recruitment. The MSHSU Alliance will need to identify new Steering Committee Members as well as recruit General Members to fill Workgroups. The goal for the December Steering Committee meeting is adopt the new Steering Committee.



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 is supporting report development of the tri-district mental health audits conducted throughout the summer/fall 2024 to be shared with community partners affiliated with the Youth Mental Health Task Force.
- CIT is continuing to support a project with justice system partners to map and improve the Youth Competency Docket.



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

Risk and Stigma Reduction:

- CIT and the Outreach & Education team have distributed 1,400 Narcan Kits to community members, exceeding the annual 2024 goal of 1,200. Planning for Narcan distribution has begun in light of funding changes with the CDPHE Bulk Fund.



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)**

- The Changing Minds Campaign is undergoing a strategy update with a local marketing firm. The CIT continues to advise, and the new campaign is planned launch by early 2025. Campaign materials will be updated for language, etc., and continue to educate people on substance use disorders (SUDs).



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

Staffing Update:

- CIT is fully staffed and does not anticipate any further hiring needs in 2024.

Health Equity

General

- The Health Equity Strategist is developing a definition and vision of health equity for the Health District based on existing definitions and the input of Health District 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 support North Colorado Health Alliance's (NCHA) application for the Social Health Information Exchange Regional Hubs 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 to highlight 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)**

Communications

- The Health Equity Strategist is working with the Communications team to develop a review plan for 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 develop 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 October, there was one external new hire, and one employee transition into a new role.
- One employee was offboarded in October.
- As of October 31st, five external open positions were posted.



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

- In October, HR collaborated with the Health Equity strategist to review position descriptions and job postings for opportunities to enhance equitable language.



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 distributed to All-Staff. A key findings report is in progress.



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.

- Work with UKG on the discovery phase of the new Human Resources Information System (HRIS)/Capital Management (HCM) system is ongoing. A timeline and work plan are currently being developed.
- HR has engaged consulting services to review current HR organization, including people and practice areas provide an operational analysis and provide recommendation to ensure the HR function can meet the future needs of the Health District.



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

Looking forward:

- HR is continuing to work with external partners to schedule 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 Your Part-Time Controller (YPTC) financial consultant continues to support 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:

- Work will continue in tandem with the Controller/Chief Financial Officer (CFO) from Your Part-Time Controller (YPTC), to support financial oversight.
- YPTC Controller/CFO, is continuing assessment and work in the following areas:
 - Assessing departmental processes
 - Creation of financial reports
 - Internal control processes
 - Creation of department policies and procedures
- The initial 2025 budget draft was shared with the Board at the October 22nd Study Session. The 2025 budget updates will be presented at the November 12th Budget Hearing.



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.

- At the October 22nd Board meeting, the Board approved the purchase of the cloud-based Oracle NetSuite Financial Accounting System. We are currently awaiting attorney review of the agreement to commence work.



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

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 90% completion rate as 26 of 29 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 finalized the capital budget, operating budget, and fleet and maintenance budget for 2025.
- Facilities scheduled (11/15/2024) installation of four new HVAC roof top units as the existing units have passed their useful life.
- Facilities has a plan in place to reconfigure the Dental reception within the next 30 days.
- 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 93% completion rate, resolving 62 out of 66 work orders submitted over the past 30 days, totaling 21 hours of work.
- The monthly phishing test campaign of 104 inboxes (including users and shared inboxes) resulted in two failures. IT staff shared phishing tips and training with the Communications Team to share with all Health District staff.
- Staff continued to work with ICC consultants to provide higher-level IT support services. ICC continues to provide back up support and address needs that cannot be resolved through basic troubleshooting, including determining optimal backup solutions. Proposal consists of 3-2-1 coverage of all servers and critical data.



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.



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

Staff Summary

Routine Deliverables and Department Products

- Staff collaborated with Health Services and Larimer Health Connect leadership to develop a comprehensive paid and organic marketing plan for Larimer Health Connect for 2025 Open Enrollment. This Collaboration began developing a plan for documenting, tracking, and evaluating future comprehensive marketing campaigns, addressing a gap where no standardized process previously existed.



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



Organizational Excellence | Objective 2.1: Audit and update processes and workflows among programs, services, and functions. **(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 is collaborating with Health Services leadership and the Executive Leadership Team to update and standardize descriptions for all Health District services.



Great Governance | Strategy 3.1.1: Update communications and brand standards. **(Status: Work in Progress)**

Compass Newsletter

- Production of the final Compass Newsletter was completed, with mailing scheduled for November 20th.



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)**

Staffing

- The Health District hired a new Communications Manager, scheduled to begin working with the Health District on November 11.



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)**