BOARD OF DIRECTORS
MEETING
February 28, 2017

Health District Office Building
120 Bristlecone Drive, Fort Collins

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., President
Tracy L. Nelson, Ph.D., Vice President
Deirdre Sullivan, Secretary
Faraz Naqvi, M.D., Treasurer

BOARD MEMBERS ABSENT: Tess Heffernan, Liaison to UCHEalth-North/PVHS Board

STAFF PRESENT: Bruce Cooper, M.D., Medical Director
Richard Cox, Communications Director
Jane Gerberding, Regional Health Connector
Molly Gutilla, Evaluation Specialist
Lorraine Haywood, Finance Director
Laura Mai, Accountant
Dan Sapienza, Policy Coordinator
Jessica Shannon, Resource Development Coordinator
Chris Sheafor, Support Services Director
Karen Spink, Assistant Director
Nancy Stirling, Assistant to Executive Director
Sarah Tilleman, Dental Services Director
Lin Wilder, Healthy Mind Matters Director

CALL TO ORDER: APPROVAL OF AGENDA
President Michael Liggett called the meeting to order at 4:01 p.m. Ms. Heffernan is excused from this meeting. No changes were made to the meeting agenda. Ms. Plock was absent from the meeting due to a family emergency.

PUBLIC COMMENTS
None.

PRESENTATIONS
Program Report: Medicaid Accountable Care Collaborative, North Larimer County
Ms. Karen Spink, Assistant Director, provided an overview of the history of the North Larimer County Medicaid Accountable Care Collaborative (MACC), as well as what is currently happening and preparing for the future. The local MACC project is one that the Health District
has been involved with since its beginning. The Colorado Accountable Care Collaborative was announced in 2010 as a new way to look at how to manage services for Medicaid clients regionally. The objective of the collaborative is to reduce costs and have better health outcomes for Medicaid clients. Regional Care Collaborative Organizations (RCCOs) were created throughout the state. In an effort to create RCCOs with equal populations, Larimer County was placed in a RCCO with counties along the western region of the state which was to be managed by Rocky Mountain Health Plans. Initially, this arrangement was confusing, but over time, this group has come to appreciate the contributions of one another and are committed to the project and clients being served.

Early measures of the project focused on emergency room visits, hospital re-admissions, and outpatient service utilization. Current key performance indicators focus on emergency room visits, well-child visits (ages 3-9), and postpartum care. The statewide project now has nearly 900,000 Medicaid clients enrolled in the ACC.

Current Status of the North Larimer County MACC
The MACC Care Coordination Team now includes 11.3 FTE. Funding for the Team is provided by our 3 largest Medicaid providers, who contribute a large portion of their Per Member Per Month (PMPM) fee they receive for their participation in the ACC, and from a significant contribution from Rocky Mountain Health Plans. Our local hospital system, UC Health at Poudre Valley Hospital, manages the funding, houses the program and hired much of the project staffing. With funding from the project, SummitStone Health Partners hires and provides clinical supervision of the Behavioral Health staffing and the Health District hires and supervises the Population Health Analyst. The project includes partners from local practices, including Associates in Family Medicine, Family Medicine Center, Salud Family Health Centers, and UC Health Medical Group.

The Team’s focus is on high-needs individuals in the community. Through analyzing data provided by RMHP, the MACC Oversight group is able to identify individuals who may benefit most from project services. Services include outreach to and engaging with clients, initial assessment to identify specific needs, development of a care plan, working closely with care providers and other pertinent agencies, chronic disease management, connection to other resources, etc. There is also “transitional care” where Care Coordination staff do follow-up with clients who were admitted to the hospital or seen in the ER. The project is currently serving 519 high-needs clients. The Healthy Harbors project serves an additional 267 individuals.

In addition to the care coordination approach, the MACC Oversight group is looking at population health in the ACC population to better understand characteristics, needs, and potential interventions that could be used to increase health and control costs at the practice level or in the community.

In 2016, the State issued a draft RFP called ACC Phase 2. The goal is still to improve health outcomes and reduce costs, but with more focus on coordination of behavioral health and primary health care. Just as there are RCCOs, there are currently Behavioral Health Organizations (BHOs), throughout the state. In Phase 2 the regions would be managed by Regional Accountable Entities (RAEs). RAEs would be responsible for the activities currently performed by the RCCOs and the BHOs and for ensuring a greater level of integrated and coordinated care. Efforts are being made to try to align the original RCCO and BHO regions to
be similar when forming the RAEs. However there is a lot of discussion about whether to leave Larimer County in Region 1 (which HCPF has proposed), or move it to Region 2 with Weld County. Members of the local MACC Oversight Committee have expressed that they are very happy with where it currently resides and would like to see it continue as such.

A finalized RFP is expected to be released sometime in the next couple of months. The plan is to have RAE awards announced Fall 2017, contracts signed Winter 2018, and Phase 2 implemented in Summer 2018. Our local team has provided comments to the draft RFP. The team will continue to monitor any changes to the RFP, evaluate the current model, and create workgroups to plan for changes.

While there is not yet cumulative data on the impact the MACC project has had on clients, there are tons of case studies that are amazing to read and understand the impact it has had on individual lives. A comprehensive evaluation of our local effort will be under way soon. Staff continue to monitor the discussions pertaining to which region Larimer County would be assigned to. If assigned to a different region, or if a new organization wins the bid for our area, it would likely mean a completely new process.

**Tax Increment Financing: Work of Ad Hoc Group and Consultant Report**

Chris Sheafor, Support Services Director, provided an update on the community Tax Increment Financing (TIF) process and the Tax Increment Financing Study Final Report. (See report for full details.)

Approximately two years ago, the County put together a group to review TIF in our community. The goal of the group was to: devise a method to quantify costs and benefits; develop models to assess impacts for different types of projects; create a process for more meaningful County and Special District involvement; and adopt intergovernmental agreements to balance benefits and risks as needed. A consultant was ultimately hired and a report was drafted. Mr. Sheafor reviewed the particulars of the report which include: key findings, key criteria, and recommendations.

**Key Findings:**

1. *Public investments using tax increment funds have resulted in positive contributions to economic development and vitality of Larimer County.* The group agreed that TIF has been a useful tool for redevelopment and also that it captures a certain amount of tax growth that counties and special districts rely on.

2. *The number and size of Urban Renewal Districts using TIF has resulted in unintended impacts on others to provide services to the new development and growth.* The group recognized that losing that growth in cash revenues has an impact. Counties and special districts are required to provide services, and if that stream is not coming in, it has an impact.

3. *TIF has expanded from its originally intended purpose as a tool to remove urban blight to a tool more broadly used for a wider range of economic development projects.* The group recognizes this has changed over time from being a tool to get rid of blight to being a general economic development tool. As this has grown, the cumulative impact is a lot bigger on taxing entities. (Ex. US-34 Crossroads, and Timnath)

4. *There is increased awareness and scrutiny of TIF in Colorado and nationally.*
5. And 6. As a result of the Gallagher Amendment, local governments receive 3.6 times more property tax from commercial development than from an equivalent market value of residential development; yet the majority of local government service costs are based on serving population and housing. The Gallagher Amendment multiplies the effect of TIFs on special districts by pulling more property tax from commercial rather than residential.

7. The impacts of TIF upon the County and other taxing agencies are more highly correlated to revenue diversion than to increased service costs. Moreover, it is not the impact of any individual district, but rather the cumulative effect of multiple TIF districts. There isn’t as much impact on the Health District as the county, but we are losing income stream that we count on as costs go up over time, and if multiple TIF districts are approved, the impact can be quite significant.

8. The TIF Study Group has agreed to consider fiscal impacts of new projects on the County and other taxing districts as part of the URA and DDA formation process.

9. TIF projects completed by municipalities can generate positive spinoff benefits. While many of these indirect impacts cannot be quantified, they are as important to consider as direct fiscal impacts. A project can create more people we have to take care of, and for that we need some form of indirect analysis.

A Fiscal Impact Model (FIM) was developed to provide an objective estimate of revenues and annual service costs to the County and other taxing districts before (without) and after (with) TIF. Having such numbers promotes common understanding, a starting point for negotiations on agreements, and satisfies the HB13-048 requirement for report of estimated impacts. The FIM compares the estimated change in revenues generated by new development to the estimated costs of public services required to determine the net fiscal impact. For the Health District, our concern is more whether we are losing income stream, and not as much that we have new costs to deal with.

In addition to the FIM, there would be project evaluation criteria to provide an evaluation of factors not capture in the FIM. A review committee would be created to look at and consider the criteria before a project would move forward to the URA to make their decision. Key criteria to be considered would include:

- The project would not occur but for the use of TIF.
- Addresses blight, obsolescence, and inefficient utilization of land
- Equitable deal structure.
- Level of effort and risk by the municipality in the project.
- Creates net new economic base jobs in Larimer County.
- Generates other net new economic activity.
- Provides living wage jobs.
- Potential to increase surrounding property values.
- Minimizes cumulative impacts.

**Recommendations** being proposed by the TIF Study Report are:

1. Develop policies for the use of TIF that prioritize its application to economic development activities that create net new economic activity for the County and the region.
2. Apply a higher standard of evaluation to TIF projects that involve vacant suburban or exurban land.
3. The County and its municipalities should create a more consistent standard for the use of TIF and other incentives.
4. Create a process for identifying the benefits and negative impacts of TIF projects as a basis for determining the level of support from other taxing entities.
5. Structure financing agreements to provide project financing revenue in the early years, with more revenue returned to other taxing entities in later years (when services need to expand).
6. Require RIF districts to sunset after TIF-backed project revenue bonds are retired and after eligible costs have been paid for. Make sure that once the project is paid for, revenue comes back to taxing agencies.
7. Promote use of sales tax sharebacks for retail incentives as an alternative to TIF. If the City is going to do this project, then they also need to put in some funding; look at ways to use sales tax as well as property tax.
8. Consider implementing a half-cent County sales tax for general fund operations (in concert with a commensurate reduction in the existing property tax mill levy) to diversify revenue sources. Change the taxing structure overall to make the county less reliant on property taxes and more on sales tax.
9. Assign or appoint the appropriate County, municipal, and special district representatives to continue this process to draft and implement an intergovernmental agreement on the use of TIF, a process for evaluating new TIF projects, and specific procedures to carry out the process.

Next Steps
The next steps for the TIF Study group are to: present the report to the various boards and have the reports adopted; create a process to move these recommendations forward (one is to formalize the review process and create the Review Committee); put together a draft template for intergovernmental agreements (Ms. Plock is working with a committee to develop the IGAs); and appoint additional members to the URA Board per HB1358, including a special district representative. At this time, there seem to only be two special districts interested in having membership on the URA board – the Health District and the Poudre River Library District. The requirement is that the special district representative be a Board member. Implementation of the process will begin once a project is identified.

The Board inquired as to how much money the Health District has lost to TIF. In 2016, more than $244,000; for 2017, it is estimated to be approximately $281,000. The Board expressed their appreciation to staff involved in this effort, and are pleased that a process has been developed that will allow special districts a voice that they didn’t have previously and which will be implemented as move forward.

**MOTION:** To approve the “Larimer County TIF Financing Study” report and the recommendations as outlined.

*Motion/Seconded/Carried Unanimously*

**DISCUSSION AND ACTIONS**

**Policy**
Staff have been working to try and stay on top of the National Health Policy discussion. There are still many ideas being floated around as to what a “repeal and replace” might look like, but much of it is still unconfirmed or unknown at this time. Ms. Spink and Ms. Plock were able to meet with both Representative Polis (directly) and Senator Bennet (staff) in Washington D.C. while attending the Health Action conference. Both meetings went well and the legislators were interested in hearing more and doing something locally.

**2017 Legislative Session**

Thus far, over 400 bills have been introduced, with 75 of them already postponed indefinitely.

**State Budget Process**

February and March is the time when much work is devoted to drafting a budget for the coming year. Once a budget is drafted, state departments and programs have an opportunity to “come back” to try to make another request for certain funding. Outcomes of the budget process are then included and presented in the Long Bill for consideration and approval. Issues being looked for the budget include:

- **LARC (Long-Acting Reversible Contraception Program) Funding** – Included in the meeting packet is the analysis from the 2016 legislative session. The issue has returned this year. It has passed out of the Joint Budget Committee and will include, as of now, in the Long Bill $2.5 million for family planning. There is a LARC4CO Coalition working to get this legislation pushed through; the Health District may consider signing on to the Coalition.

- **Immunization Registry** – This is included in the budget along with a number of other immunization programs. Senator Lundberg has some issues with the CIHS immunization registry, particularly concerning the process for opting out of immunizations. The current statute says that if a parent wants to exempt their child, they must sign a consent form. The Colorado Department of Public Health and Environment (CDPHE) has a consent form that specifies what is being exempted; Sen. Lundberg proposes allowing a parent to use any format to opt out of immunizations. Funding for the registry is extremely important for its tremendous resource to health departments and schools. The Health District has always supported a state-wide registry and had an important part in getting such a registry up and running in the state. Ms. Sullivan wondered if there might be an opportunity for community education to inform and activate the community and have them speak to their legislators.

- **Healthy Kids Colorado Survey** – The CDPHE requested $745,124 from the Marijuana Tax Cash Fund (MTCF) to conduct surveys on youth health behaviors. The survey is focused on youth health-related issues, substance use, and more, and is used to plan health interventions, understand community needs, and provide data on long-term health trends of Colorado youth. The JBC vote was split 3-3 along party lines, which means it won’t be included in the Long Bill. CDPHE may request reconsideration, or there may be independent legislation. Ms. Sullivan commented that since the state allows marijuana use, it has a responsibility to somehow track data on marijuana use.

- Behavioral Health – Thursday, March 2 is the date given for Department of Health Care Policy and Financing (HCPF) and the Department of Human Services (DHS) health
figure setting. The majority of that hearing is going to involve the Accountable Care Collaborative that Ms. Spink talked about.

The Board made the following motions on the above issues pertaining to the State budget:

- **Family Planning Funding** – The Board took a position of Strongly Support on this issue in 2015. In 2016, the Board signed on to a letter of support. The Board was asked at this time to consider continued funding of family planning in the Colorado budget, as well as signing on with the LARC4CO Coalition.

  **MOTION:** To Support continued funding of family planning in the Colorado budget, and signing on to the LARC4CO Coalition.  
  *Motion/Seconded/Carried Unanimously*

- **Funding for Immunization Services and the Colorado Immunization Information Systems (CIIS)** – Dr. Cooper reminded the Board that the state’s immunization registry was actually created by a rural county registry and the Health District’s Larimer County registry which the Health District took over from the County when they ran out of funding in 1999. Our registry was the only population-based registry at that time. The Boards of the Health District have always been supportive of childhood immunization and an immunization registry. Staff asks that the Board consider supporting continued funding for the state’s immunization registry.

  **MOTION:** To Support the funding of immunization services in the state budget, including the continued operations of the Colorado Immunization Information System in the FY2017-2018 Colorado budget.  
  *Motion/Seconded/Carried Unanimously*

- **Healthy Kids Colorado Survey** – Staff asked the Board to consider continued funding for the Healthy Kids Colorado Survey.

  **MOTION:** To Support funding for the Healthy Kids Colorado Survey.  
  *Motion/Seconded/Carried Unanimously*

**Mental Health/Substance Use**

- **Senate Bill 2017-019 – Medication Mental Illness in Justice Systems and Senate Bill 2017-021 – Assistance to Released Mentally Ill Offenders**

  These bills come from the Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems. SB17-019 would require the Office of Behavioral Health and the Department of Corrections to agree upon a medication formulary for use by providers, in addition to some other changes to encourage continuity of care in and out of corrections facilities. SB17-021 would establish a housing and supportive services program for individuals with mental illness being released from the justice system. The Department of Local Affairs requested $16 million from the Marijuana Tax Cash Fund (MTCF) for housing assistance. The JBC denied the request. There is now the possibility that there will be a significant housing assistance bill for the state.

- **Senate Bill 2017-074 – Medication Assisted Treatment (MAT) Pilot Program** – This is an effort to take advantage of the Federal Comprehensive Addiction and Recovery Act. This
Bill would set up a pilot program to train nurse practitioners in Pueblo and Routt Counties in MAT and increase the availability of MAT for substance use disorders across the state.

- **Senate Bill 2017-082 – Regulation of Methadone Treatment Facilities** - This bill would create new regulations on the location and operations of substance use treatment facilities that utilize methadone therapy. The regulations include 1,000 foot setbacks from a variety of other facilities, requirements for reporting of offenses by related businesses in other states, and defining methadone facilities as non-medical for purposes of local zoning laws. Due to the many restrictions, it has the potential for shutting down any current facilities as well as disallowing any new ones.

- **Senate Bill 2017-193 – Substance Abuse Research Center** – This bill has received bipartisan support in both the House and the Senate. It would provide funding ($500,000 - $1,000,000) to the University of Colorado to conduct research on prevention and treatment programs for substance abuse. There is the potential to take this research to practice.

**Board Positions on Mental Health/Substance Use related legislation:**

- **Senate Bill 17-019 – Medicaid Mental Illness in Justice Systems and Senate Bill 17-021 – Assistance to Released Mentally Ill Offenders**
  
  **MOTION:** To Support SB17-019 and SB17-21. 
  
  Motion/Seconded/Carried Unanimously

- **Senate Bill 17-082 – Regulation of Methadone Treatment Facilities**
  
  **MOTION:** To Oppose SB17-082. 
  
  Motion/Seconded/Carried Unanimously

**Other Bills of Note**

- **House Bill 17-1115 – Direct Primary Health Care Services** – This bill would allow a direct primary care provider and a patient to enter into an agreement where the patient would pay a monthly membership fee for office visits, minor procedures, discounted drugs and tests/labs, etc. There has been no movement of this bill as of yet.

- **House Bill 17-1146 – Parent’s Rights related to Minors** – This bill has been postponed indefinitely.

**Community Education on Health Care Policy**

At the last Board meeting, staff mentioned wanting to do something to help our community understand what the potential impacts might be if the Affordable Care Act is repealed or replaced. In the past, the Health District has held neutral conversations with the community on health care, such as with the Health Care Matters conversations which included factual information and discussion. There is a continuum of strategies that might be considered: bipartisan education, inform public of the facts; grassroots lobbying; inform decision-makers, etc. Whatever we do will need to be balanced in what information is shared and how it is shared. Staff asked the Board for their thoughts.

**Board Discussion:** The board offered several suggestions, including: expanding the audience of the “leave behind” document; include story-telling and factual information; do a newspaper “soap box”; utilize the Compass newsletter; host a community town hall discussion; work with
League of Women Voters for a forum discussion. After having already spoken with our federal recently in D.C., there is possibly an opportunity to work with the local offices of our federal legislators to see if some sort of event could be arranged.

Staff will take the board’s suggestion into consideration and draft a plan for community education for the Board’s consideration at the next board meeting. Initially, the message would start out general and then become more specific as more information is gathered and learned.

**UPDATES & REPORTS**

Executive Director Updates
No report at this time; the Director is absent on personal leave.

**December 2016 Preliminary Financial Statements**
Included in the meeting packet are the Preliminary statements for December 2016. Until the statements are finalized, numbers will change. Once the annual audit is completed, staff will finalize the December financial statements and bring back it for board approval.

**CONSENT AGENDA**
The January 24, 2017 meeting minutes were not available at this time.

**ANNOUNCEMENTS**
- March 14, 4:00 pm – Board of Directors Special Board Meeting
- March 28, 4:00 pm – Board of Directors Regular Board Meeting

Ms. Sullivan and Ms. Nelson both stated that they will not be attending the March 14 board meeting due to being gone for spring break. Ms. Stirling will check with the other board members to verify attendance.

**ADJOURN**

**MOTION:** To adjourn the meeting.

*Moved/Seconded/Carried Unanimously*

The meeting was adjourned at 6:00 p.m.

Respectfully submitted:

Nancy L. Stirling, Assistant Secretary

Michael Liggett, President
Tracy Nelson, Vice President

(Absent)

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

[Absent from February 28, 2017 Meeting]

Tess Heffernan, UCHealth-North (PVHS) Board Liaison