



BOARD OF DIRECTORS MEETING

**Health District of Northern Larimer County
120 Bristlecone Drive
Fort Collins, CO**

**January 23, 2018
4:00 p.m.**



BOARD OF DIRECTORS MEETING

January 23, 2018

4:00 pm

Health District, 1st Floor Conference Room

AGENDA

- 4:00 p.m. BOARD REFRESHMENTS**
- 4:05 p.m. CALL TO ORDER; INTRODUCTIONS; APPROVAL OF AGENDA**Michael Liggett
- 4:08 p.m. PUBLIC COMMENT**
Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda
- 4:10 p.m. PRESENTATIONS**
- PVHS/UCHealth North Annual CEO Report... Kevin Unger, President & CEO, PVH & MCR
- 4:40 p.m. DISCUSSION & ACTIONS**
- Policy Alyson Williams
 - Federal Issues
 - Budget, CHIP, What Tax Reform Means for Colorado’s Budget, Association Health Plans
 - Proposed State Legislation
 - All-Payer Claims Database, LARC, iDrive, Special District Elections
 - Other Upcoming Issues; Determining Scope
 - URA Board Appointment Process Carol Plock, Chris Sheafor
 - Timing for 2018 Board RetreatMichael Liggett
- 5:30 p.m. UPDATES & REPORTS**
- Executive Director Updates Carol Plock
 - Other Updates
 - Elections Chris Sheafor
 - Dental Outreach Update Richard Cox
 - UCHealth-North/PVHS Board Liaison Report Tess Heffernan
- 5:45 p.m. PUBLIC COMMENT (2nd opportunity)**
See note above
- 5:50 p.m. CONSENT AGENDA**
- Resolution 2018-01: Establish Meeting Days
 - Resolution 2018-02: Public Posting of Meeting Notices
 - Approval of November 2017 Financial Statements
- 5:53 p.m. DECISION**
- Approval of the December 14, 2017 Board Meeting Minutes
- 5:55 p.m. ANNOUNCEMENTS**
- February 13, 4:00 pm – Board of Directors Special Meeting
 - February 21, 4:00 pm – Joint Board meeting with PVHS/UCHealth North Board
 - February 27, 4:00 pm – Board of Directors Regular Meeting
- 6:00 p.m. 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. 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 – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**

Date: January 18, 2018 Staff: Alyson Williams	<p style="text-align: center;">MEMO TO THE BOARD OF DIRECTORS BOARD ACTION REQUESTED</p>	
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ALL-PAYER CLAIMS DATABASE

Policy Issue Summary


The All-Payer Claims Database (APCD) was formed in 2010 with the passage of HB10-1330 and was directed to be funded with gifts, grants, and donations. The Department of Health Care Policy and Financing (HCPF) requested \$2.8 million in total state funds for FY2018-2109 to support APCD operations and backfill the private grants that are expiring. However, HCPF and Legislative Legal Services differ whether this request conflicts with statutory guidance that prohibits that use of General Fund for a program previously financed solely with gifts, grants, and donations. The continuing funding may be a budgetary issue addressed in the Long Bill or a legislative issue addressed with a separate bill.

Reason for Involvement by the Health District of Northern Larimer County

The Health District has a strong interest in the continued operation of the APCD as it is the state's most comprehensive source of health insurance claims data of privately and publicly covered Coloradans. Data from the APCD gives the health community and policymakers insights about health care costs, quality, utilization, and other data. Through this increased data transparency, the information informs the public about spending and ways to improve care.

Staff Recommendation

Staff recommends the Board of Directors support the funding of the All-Payer Claims Database through either the budgetary or legislative process.

Date: January 18, 2018 Staff: Alyson Williams	<p style="text-align: center;">MEMO TO THE BOARD OF DIRECTORS BOARD ACTION REQUESTED</p>	
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LONG-ACTING REVERSIBLE CONTRACEPTIVES:
 Continued Funding in the FY2018-2019 Budget

Policy Issue Summary

During the 2015 legislative session, HB15-1194 was proposed to continue funding for a state program that provides low income women with long-acting reversible contraception (LARC). That bill failed to pass, but the issue arose again in the 2016 legislative session as a budget line item proposal. A coalition, LARC4CO, formed to advocate for funding for this program in the budget at \$2.5 million. This coalition was successful and LARC has been funded in the budget since. Funding for the program is not guaranteed and may be challenged.

Reason for Involvement by the Health District of Northern Larimer County

The program has continued to be successful in offering women in Colorado contraceptive options that have improved health outcomes and averted costs in public assistance programs. LARCs are a dependable, highly effective, and long-lasting birth control method. The program continues to greatly expand their use which has been demonstrated to decrease the rates of fertility and abortions among young women throughout the state.¹

In 2015, the Health District strongly supported HB15-1194, which would have funded these programs at \$5 million. The bill failed during that session but funding was continued in the interim by a private donor. The budget in the 2016 session provided \$2.5 million for the program, which has been funded in subsequent years. In 2016 to support the budget effort, a coalition of health organizations organized to pursue action on LARC in the budget and the Health District took part. The Health District signed-on to the coalition factsheet in 2017.

The attached factsheet from the coalition, entitled "Support Continued Access to Effective Birth Control," provides further detail.

Staff Recommendation

Staff recommends the Board of Directors sign on to the LARC4CO coalition fact sheet for the 2018 legislative session and support the continued funding of LARC by the state.

¹ Prevention Services Division, Colorado Department of Public Health and Environment (Jan. 2017). *Taking the Unintended Out of Pregnancy: Colorado's Success with Long-Acting Reversible Contraception*. Retrieved from https://www.colorado.gov/pacific/sites/default/files/PSD_TitleX3_CFPI-Report.pdf. Accessed on Jan 10, 2018.



LARC4CO.com

Colorado is reducing unplanned pregnancy.

Support Continued Access to Effective Birth Control

Good for the Health & Prosperity of Colorado's Women, Children and Our State

By investing a small amount of state funds in a long-standing, effective program, we can:

- Support the health and well-being of women and their children by reducing unintended pregnancies,
- Empower women to attain their education goals, helping create financially secure and strong families,
- Lower the abortion rate, and
- Reduce the number of people who need to use Medicaid and other public assistance programs.

"Having access to low cost LARC methods allowed me to make my own choices about my reproductive health. Money was no longer an obstacle for me to protect myself and put myself in control of my body and my life."

- Lesley, LARC recipient, 24,
Denver resident

Background


Publicly-funded family planning services have been available in Colorado for more than four decades. In recent years, the Colorado Department of Public Health and Environment was able to expand services to include greater access to the most effective forms of contraception through additional provider education, enhanced contraceptive counseling for patients and increased access to long-acting reversible contraception (LARC), which include IUDs and hormonal implants. With an up to 10-year lifespan, these methods are **proven to be safe and effective for women**, but are expensive on the front-end, creating financial barriers to access. When given the opportunity to choose from the full range of contraceptive methods, **more women choose these methods** because of their reliability and effectiveness. While unintended pregnancy can be tough at any age, the financial barriers faced by young people makes it especially challenging.

- The birth rate for young women age 15-19 has been cut by more than half, falling 54 percent between 2009 and 2016. A similar downward trend can be seen among women ages 20 to 24, with their birth rate dropping 30 percent between 2009 and 2016.
- The number of teens giving birth for the second or third time (repeat teen births) dropped by nearly two-thirds, 63 percent between 2009 and 2016.
- The abortion rate among women ages 15-19 fell by 64 percent between 2009 and 2016, and by 41 percent among women ages 20 to 24.
- Studies show that between \$66.1 and \$69.6 million in public assistance costs associated with unintended births were avoided because women aged 15-24 did not need to seek that support.

Reasons to support continued funding for this important program

- ✓ It is good for the health and well-being of Colorado's children and families.
- ✓ It supports the goals of educational attainment, financial stability and self-sufficiency, decreasing the need to access public assistance programs.
- ✓ It reduces the abortion rate.
- ✓ It has broad community support as well as bi-partisan support among lawmakers.

2018 Supporters

Date: January 18, 2018 Staff: Alyson Williams	MEMO TO THE BOARD OF DIRECTORS BOARD ACTION REQUESTED	
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ASSOCIATION HEALTH PLANS:
Proposed Federal Rule (Fed. Reg. 2017-28103)

Policy Issue Summary

On January 5, 2018, the Employee Benefits Security Administration within the Department of Labor promulgated a proposed rule under the Employee Retirement Income Security Act (ERISA) that expands the definition of employers that are eligible to form or join association health plans (AHPs) and alters the restrictions related to the plans.¹ This regulation eliminates the requirement for the AHP to have a purpose other than offering health insurance and allows the self-employed to enroll in AHPs. The proposed rule dictates that AHPs could offer health coverage regulated under the Affordable Care Act (ACA) as large group coverage. The proposed rule is open for public comment for 60 days, until March 6, 2018.

Reason for Involvement by the Health District of Northern Larimer County


The proposed rule allows for AHPs to operate like large groups, which excuses them from covering the ten classes of essential health benefits. These plans can elect what benefits to cover and which to forgo. AHPs cannot base individual premiums on the person's health status or claims history but they can base the premium on the health status of the overall pool of enrollees. Therefore, AHPs are structured to attract employers that have healthier than average employees. Over time the plans may draw healthy people out of the marketplace and into AHPs, which could have a deleterious effect on premiums for those remaining in the marketplace.

In 2004, the Health District Board took a position strongly opposing federal legislation (H.R. 4281 and H.R. 4279) that would exempt AHPs from state regulation that contained coverage mandates and protections for individuals. The proposed federal rule could have significant impacts on the stability of the individual and small group markets. With the Health District's extensive knowledge and involvement with helping residents access coverage, we can provide useful commentary on the negative impacts that the proposed rule could have and how it could impact the market and consumers.

Staff Recommendation

Staff recommends board approval to develop and submit comments concerning the proposed legislation by the Employee Benefits Security Administration regarding Association Health Plans.

¹ Department of Labor (2018). *Definition of "Employer" under Section 3(5) of ERISA -- Association Health Plans*. Retrieved from <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-28103.pdf>.

Date: January 18, 2018	<p style="text-align: center;">MEMO TO THE BOARD OF DIRECTORS BOARD ACTION REQUESTED</p>	
Staff: Alyson Williams		

iDRIVE CAMPAIGN:

Access to Licenses for Undocumented Immigrants

Policy Issue Summary

The Community Road and Community Safety Act (SB13-251) passed the Colorado legislature in 2013. The act allowed up to six DMV offices to offer undocumented Colorado residents driver's licenses. The program was designed as a self-funded model as the licenses cost \$79 per applicant. Since 2013, the General Assembly has cut the program's budget and used the funds generated from the license fees to fund other priorities. Therefore, the number of participating DMVs in the state has decreased from six to three. This budget cut for the program also included a directive that after the disbursement of 60,000 licenses the Grand Junction and Colorado Springs DMVs are to stop participating in the program. This cap of 60,000 licenses is expected to be reached in 2018, meaning the only participating DMV would be in Denver.

Another issue that has arisen from the original legislation is that the drafting of the bill erroneously excluded immigrants that have Social Security Numbers (SSNs). During the 2017 legislative session, HB17-1206 would have allowed SSNs (which were allowed for some people in the 1990s) to be used to meet the documentation requirement in addition to the current use of taxpayer identification numbers and to allow for licenses to be reissued or renewed with the same process as other licenses (i.e. online). That bill failed to pass, but the issue will again arise in the 2018 legislative session as both a budgetary and legislative issue.

A statewide coalition called the iDrive Colorado Campaign has formed to support the attempt to restore access to licenses for all undocumented Coloradans.

Request for Involvement by the Health District of Northern Larimer County

The Health District has been approached by staff from the Center for Health Progress (formerly known as the Colorado Coalition for the Medically Underserved) with a request to sign on as a supporter of the iDrive Colorado Campaign.

Possible Points for Support

There are significant public health and safety benefits of providing Colorado's undocumented immigrants with a form of identification and the ability to drive legally. First, in order to receive a driver's license an individual must pass practical and written examinations, which improve a driver's safety on the road and protect other drivers. Research has demonstrated that California's similar policy in the year after implementation reduced the occurrence of hit and run accidents in the state.¹

Second, access to transportation can impact the ability of individuals and their families to access health care and secure basic necessities. The 2017 Colorado Health Access Survey documented that challenges with transportation resulted in no care or delayed care for 5.5 percent of Coloradans.² Access to health care is not only important to the patient, but the community as a whole. When the patient has a communicable disease, stopping the spread of the illness is an urgent public health issue.

¹ Lueders, H., Hainmueller, J., & Lawrence, D. (2017). Providing driver's licenses to unauthorized immigrants in California improves traffic safety. *Proceedings of the National Academy of Sciences of the United States of America*, 114 (16), 4111-4116. <http://dx.doi.org/10.7910/DVN/NVRBC9>

² Colorado Health Institute (2017). *Colorado's New Normal: Findings from the 2017 Colorado Health Access Survey*. Retrieved from https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20DESIGN%20FINAL%20for%20Web.pdf.

Date: January 16, 2018	MEMO iDRIVE CAMPAIGN	Page 2
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Third, without access to transportation there may be barriers to accessing healthy foods. There are four Census tracts in Larimer County that are designated food deserts by the U.S. Department of Agriculture.³ These areas include low-income communities that lack ready access to healthy foods; therefore, many have to depend on transportation to access these foods.

The attached white paper entitled “Why providing drivers’ licenses to immigrants is a public health and health care issue: The case for supporting the iDrive Colorado Campaign” provides further detail.

Possible Points for Opposition

Some might say that driver’s licenses are a privilege and not a right to every person within the state. Furthermore, expanding this program could provide another incentive for undocumented immigrants to reside in Colorado. Some have raised concerns that providing licenses would allow these individuals to access public benefits or vote in elections; however, the Colorado program includes a clarifying phrase on the front of the license that makes them invalid for those purposes.⁴

Others fear that expanding the program would allow the licenses to clearly identify undocumented immigrants and deport them to their country of origin.

Staff Recommendation

For the protection of public health, staff recommends that the Board of Directors sign on as a supporter of the iDrive Campaign and support the associated forthcoming legislation, if consistent with the intent of the white paper.

³ Economic Research Service, U.S. Department of Agriculture (March 2017). *Food Access Research Atlas*. Retrieved from <https://www.ers.usda.gov/data/fooddesert>. Accessed on January 15, 2018.

⁴ The phrase states “not valid for federal identification, voting, or public benefit purposes”



WHY PROVIDING DRIVERS' LICENSES TO IMMIGRANTS IS A PUBLIC HEALTH & HEALTH CARE ISSUE: THE CASE FOR SUPPORTING THE I DRIVE COLORADO CAMPAIGN

Legislators should consider the significant public health benefits of providing Colorado's immigrants with a standard form of identification and the ability to drive legally.

In 2013, the Colorado state legislature passed SB 251, also known as The Colorado Road and Community Safety Act, which allowed up to six Colorado DMV offices to offer driver's licenses to immigrants without documentation residing in Colorado. The program was seen as a key step toward improving the safety of Coloradans on the road by allowing immigrants to take vision and road tests, obtain a license, and secure car insurance. Built on a self-funded model (licenses for these immigrants cost \$79 per applicant, versus the \$25 for other Colorado residents), the program was intended to place no additional burden on taxpayers.

Since the law passed, many of the 120,000 immigrants eligible for this program have been facing major difficulties in obtaining a driver's license. The legislature cut the program's budget and used the license fees to fund other legislative priorities. As a result, the number of participating DMV offices across the state dropped from six to three, severely limiting the number of appointments available and forcing immigrants to travel long distances to apply for a license. The budgetary cut also included a directive that DMV offices in Grand Junction and Colorado Springs close once 60,000 total licenses in Colorado are granted, which was based on early estimates of eligibility. This cap is expected to be reached in 2018, meaning only one office would remain unless further action is taken, and this one office would be in Denver, which would especially limit access for immigrants located in rural areas of the state.

Additionally, a minor drafting error incurred major inefficiencies in the program by erroneously excluding some immigrants from this program, specifically immigrants who have a Social Security Number as granted in the 1990s. Before welfare reform at the federal level passed in 1996 (the 1996 Personal Responsibility and Work Opportunity Act), immigrants received valid Social Security Numbers. Additionally, there are some others who were granted temporary status through work visas. A new bill in 2018, if passed, would include this group of immigrants.

Last but not least, the 2018 bill would also enable qualifying applicants to renew their driver's licenses online as they are currently not allowed to do so. This will streamline the renewals process, rather than increasing demand for appointments in already overwhelmed system limited to Denver, Grand Junction, or Colorado Springs offices.



In an effort to address the myriad issues, the *I Drive Colorado* campaign was established to advocate for greater access to driver's licenses for immigrants without documentation, and to specifically for 2018, bring changes to the law through legislative and budgetary fixes. As the campaign prepares to introduce a bill to improve upon SB 13-251, **legislators should consider the significant public health benefits of providing Colorado's immigrants with a standard form of identification and the ability to drive legally.**

WHY THIS MATTERS FOR HEALTH CARE

There is a strong connection between a person's access to reliable transportation and their ability to access health care when they need it. In the 2017 Colorado Health Access Survey, 309,650 Coloradans said they did not get the care they needed because they lacked transportation to the doctor's office or the doctor's office was too far away. While this number is not exclusively immigrants, challenges with transportation result in no care or delayed care, as well as worse health outcomes.

Without transportation, people delay care for themselves and family members, which could lead to worsening conditions, reliance on emergency transportation and emergency room use, and even death. When people are able to safely transport themselves and their family members to the doctor's office for routine check-ups or for more urgent needs, health care issues are addressed in a more timely manner and reliance on the 911 system is reduced. Despite the advances made in metro Denver and in the rest of the state in expanding public transportation infrastructure, the significant gaps leave people with little alternative but to rely on their own personal transportation.

Additionally, health care systems in Colorado have shared anecdotally that in an attempt to save money on emergency room costs and to increase more consistent access to care, they have had to build into their budgets support for non-emergent medical transportation for anyone who does not have a way to get to the doctor. If more Coloradans were able to access a driver's license and transport themselves, the cost to the system could be reduced.

WHY THIS MATTERS FOR PUBLIC HEALTH

Immigrants having access to driver's licenses has the potential for lasting impact on the health and safety of all Coloradans, which cannot be overstated. The social determinants of health help us understand that health is determined by the structural conditions in which people live, work, learn, play, grow and age. As a social determinant of health, transportation determines families' ability to access health care, secure basic necessities, and fully take part in the life of their community. Colorado's immigrants help drive our economy and contribute to the rich fabric of our communities. Providing opportunity for immigrants to lead healthy and productive lives



benefits us all. Allowing these Coloradans to obtain a driver's license is therefore an important step toward making Colorado a healthier state.

HEALTHY CHOICES ARE OUT OF REACH WITHOUT PERSONAL TRANSPORTATION

Beyond direct access to health care services, barriers to personal transportation can also affect a person's health in several other ways. Without freedom of movement, immigrants face unnecessary challenges in securing basic human needs, such as healthy foods, safe housing, good education opportunities for children, well-paying jobs, and more. Data shows that 40% of what contributes to an individual's health are social and economic factors, such as income, education, and community safety. Another 30% of an individual's health is determined by health behaviors, but our health behaviors are determined by the choices we have available to make. The lack of personal transportation makes a simple trip to the grocery store difficult, hindering one's ability to choose to purchase healthy food products. It can also force families to factor in the availability of nearby public transit options in deciding where to live. In turn, this might mean making sacrifices on the quality of housing -- and potentially being exposed to lead, mold, and unsafe structures -- or having to default to the neighborhood school, regardless of quality. Lacking any of these necessities could contribute to worse health outcomes for immigrants and higher health care costs overall.

DRIVER'S LICENSES TO PROTECT IMMIGRANTS AND THE PUBLIC

To get a driver's license, people must first pass required examinations, such as traffic law and road sign tests and vision examinations. These requirements improve safety on the road and protect other drivers. Obtaining a driver's license also makes it easier to acquire automobile insurance, which has been linked to safer driving conditions overall. Multiple studies indicate a correlation between uninsured drivers and fatal automobile accidents. Studies also indicate that if more motorists are insured in the state, automobile insurance costs would likely decrease across the board, freeing up resources for other life necessities. Specifically in California, which passed AB 60 in 2013, granting licenses to 600,000 immigrants saw a reduction in hit-and-run by 4,000 or 10%. They also saw a savings of \$3.5 million in out-of-pocket expenses as well.

IMMIGRANTS WITH DRIVER'S LICENSES PARTICIPATE IN COMMUNITIES

Fear of deportation breeds mistrust of our hardworking law enforcement agencies and is a major barrier to immigrants' ability to engage with institutions and their communities. For example, police departments in several large cities across the US are seeing a decline in reporting of sexual assault and domestic violence among Latinos, where among non-Latinos, reporting has remained either unchanged or has risen. Specifically, in Denver in 2017, Latinos reporting crimes dropped 12% while among non-Latinos, reporting had arisen 36%. In Houston, they saw a 42% decrease in Latino victims reporting rape, and in Los Angeles, they saw a 25% decline in sexual assault reports and 10% decline in domestic violence reports. While not all Latinos are immigrants, this is a proxy for understanding changed behaviors among immigrants.



From anecdotes, the reason behind this is heightened fear of deportation, which decreases safety among immigrant communities as well as their ability to trust critical institutions.

Because the original bill explicitly bans law enforcement from using these driver's licenses for deportation purposes, immigrants can drive without the fear that driving-related infractions could result in their deportation or their family's. As a standard piece of identification, driver's licenses help facilitate immigrants' interactions with businesses, government agencies, and the community at large. The resulting sense of safety and belonging is critical to any individual's social and professional trajectory.

Immigrants who can safely travel from their home to their place of work (or while on the job) may also have more options for employment, which would both help their families' financial stability and improve Colorado's health systems and economy. Home health workers, for example, are critical assets to the health care industry caring for people in their homes, and the ability to drive from one patient's home to the next is critically important.

SUPPORTING THE / DRIVE COLORADO CAMPAIGN

Based on the demonstrated public health benefits of enabling immigrants without documentation to qualify for Colorado driver's licenses, the following organizations express our full support for the *I Drive Colorado* campaign and its objectives to:

- Eliminate the DMV appointment cap so that the 3 DMV offices in Grand Junction, Colorado Springs, and Denver can continue to offer licenses
- Allow for online renewals of current license-holders
- Enable individuals with taxpayer identification numbers or Social Security numbers to qualify for the program

The latter two priorities had been attempted to be addressed through [House Bill 17-1206](#), sponsored by Representative Jonathan Singer and Senator Dominick Moreno. Senators Larry Crowder and Don Coram are working to introduce a similar bill in 2018; once introduced, the number will be included in this paper.

Achieving these objectives will be paramount to safeguarding and improving Colorado's public health. Signatories of this white paper are committed to working with the *I Drive Colorado* campaign, along with state and local leaders, community members, advocates, and health care providers to improve the health of all Coloradans.

Health and health equity organizations endorsing the campaign include, but are not limited to:
Center for Health Progress (formerly Colorado Coalition for the Medically Underserved)
American Academy of Pediatrics - Colorado Chapter



Clinica Tepeyac
Clinica Colorado
Colorado Children's Campaign
Colorado Community Health Network
Colorado Consumer Health Initiative
Colorado Cross Disability Coalition
Colorado Fiscal Institute
CREA Results
One Colorado Education Fund
Oral Health Colorado
Padres y Jovenes Unidos
Tri-County Health Network

The I Drive Colorado campaign is led by:

Together Colorado
Colorado Immigrant Rights Coalition
Mi Familia Vota
Colorado People's Alliance
American Friends Service Committee

Contact the communications lead of the campaign, Cristian Solano-Córdova (Cristian@coloradoimmigrant.org) for the full list of endorsing organizations as well as additional detail about the campaign. For more on the health perspective, contact Aubrey Hill (aubrey.hill@centerforhealthprogress.org).

SOURCES

[Colorado Health Access Survey 2015](#)
[National Immigration Law Center](#)
[Denver Post](#)
[Pew Charitable Trusts](#)
[American Immigration Council](#)
[University of California](#)
[ACLU Ohio](#)
[New York Times](#)
[The Atlantic](#)
[Colorado Department of Transportation](#)
[American Journal of Public Health](#)
[National Academy of Sciences](#)
[Centers for Disease Control and Prevention](#)



[County Health Rankings](#)
[Newsweek](#)



Economic Health Office
300 LaPorte Avenue
PO Box 580
Fort Collins, CO 80522
970.221.6505
970.224.6107 - fax
fcgov.com

December 15, 2017

Ms. Carol Plock
Health District of Northern Colorado
120 Bristlecone Drive
Fort Collins, CO 80524

RE: New Plan Area Consideration - Board Expansion Trigger
New Board Member Eligibility and Appointment Process

Dear Ms. Plock,

Associated with the consideration of a new urban renewal plan area near Drake Road and College Avenue, the City of Fort Collins is proceeding with the expansion of the Urban Renewal Authority (URA) board as specified by state statute.

The expanded URA board will include four (4) additional members: County appointment, school district board of education appointment, board member appointment from among the special districts, and a mayoral appointment to maintain an odd number of board members.

This letter has been directed to your organization as a special district that may be eligible to appoint a sitting board member to the URA board. The purpose of this letter is to provide notice and basic information regarding the URA Board appointment process.

The City aims to expand the board as soon as practical and is generally targeting a seating process that would complete sometime in February or March of next year.

Although state statutes do not provide a process for selecting a representative from among the eligible special districts, the Health District of Northern Larimer County has volunteered to help facilitate this effort. If your organization has interest in participating in the expanded URA board, you are encouraged to contact: Chris Sheafor, Support Services Director, 120 Bristlecone Drive, Fort Collins, CO 80524 (phone – 970-224-5209; email – csheafor@healthdistrict.org).

Additionally, I welcome and encourage you to contact me directly with any questions, or comments you might have.

Sincerely,

A handwritten signature in blue ink, appearing to read "Patrick Rowe".

Patrick Rowe
Redevelopment Program Coordinator
Fort Collins Urban Renewal Authority

CC: Josh Birks, Economic Health Office Director,



**RESOLUTION TO ESTABLISH
MEETING DAYS, TIMES AND LOCATIONS
FOR MONTHLY BOARD OF DIRECTORS MEETINGS
Resolution 2018-01**

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

That the Health District of Northern Larimer County Board of Directors regular meetings for 2018 shall normally be held on the fourth Tuesday of the month, at 4:00 p.m., with the exception of the November and December meetings, which are assigned per the attached schedule. Special meetings will be held as needed. Currently scheduled meetings are included on the attached schedule, however the Board may move, add or cancel any meeting if found to be necessary. Notice of any meetings shall be posted.

Meetings shall be held at the Health District office building, located at 120 Bristlecone Drive, Fort Collins, Colorado, 80524, unless otherwise noted.

ADOPTED, this 23rd day of January, A.D., 2018.

Attest:

Michael D. Liggett, Esq., President

Tracy L. Nelson, Ph.D., Vice President

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, M.Ed.
Liaison to UCHHealth-North/PVHS Board

DRAFT

DRAFT

BOARD OF DIRECTORS 2018 Meeting Schedule

UNDER TITLE 32 SPECIAL DISTRICT ACT OF THE COLORADO STATUTES

Regular meeting dates are generally the fourth Tuesday at 4:00 p.m. of each month, with the exception of November and December. Additional special meetings and/or work sessions may be scheduled by the Board on an AS NEEDED basis.

Meeting Location: Health District, 1st Floor Conference Rooms, 120 Bristlecone Drive, Fort Collins, CO 80524
(Unless otherwise noted)

*NOTE: Meetings may be cancelled or dates and times may change.
Please contact Ms. Nancy Stirling at 224-5209 to confirm any Board meeting.*

MEETING DATES	COMMENTS
January 23	
February 13	Special Meeting
February 27	
March 13	Special Meeting
March 27	
April 10	Special Meeting
April 24 May 1	(follows 4 th week due to scheduling conflict)
May 22	
June 26	
July 24	
August 28	
September 25	
October 23	
November 13	Budget Hearing
December 13, Thursday, 4:00 pm	

OTHER IMPORTANT DATES/EVENTS

February 21 – Joint Board Meeting with UCHealth North/PVHS Board
August 1-3 – Colorado Health Foundation's Colorado Health Symposium, Keystone CO
Nov 10-14 – American Public Health Association Annual Conference, San Diego CA

Board Approved:

Updated:



RESOLUTION TO ESTABLISH A DESIGNATED PUBLIC PLACE FOR THE POSTING OF MEETING NOTICES AS REQUIRED BY THE COLORADO OPEN MEETINGS LAW

Resolution 2018-02

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

Section 1. The designated public place for the posting of meeting notices as required by the Colorado Open Meetings Law, C.R.S. §24-6-402(2)(c), shall be at the Health District, 120 Bristlecone Drive, Fort Collins, Colorado. In addition, meeting notices shall be posted at:

- Larimer County, County Clerk Office, 200 West Oak Street, Fort Collins, CO.
- City of Fort Collins, City Hall Building, 300 LaPorte Avenue, Fort Collins, CO.
- Poudre Valley Hospital, 1024 South Lemay Avenue, Fort Collins, CO.

Section 2. The District Secretary or its designee shall also be responsible for posting meeting agendas no later than twenty-four (24) hours prior to the holding of the meeting. Such agendas will be posted at the Health District, 120 Bristlecone Drive, Fort Collins, CO.

ADOPTED, this 23rd day of January, A.D., 2018.

Attest:

Michael D. Liggett, Esq., President

Tracy L. Nelson, Ph.D., Vice President

Deirdre, Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, M.Ed.,
Liaison to UCHHealth-North/PVHS Board

HEALTH DISTRICT
of Northern Larimer County
November 2017
Summary Financial Narrative

Revenues

The Health District is 1.6% ahead of year-to-date tax revenue projections. Interest income is 222% ahead of year-to-date projections. Lease revenue is at year-to-date projections. Yield rates on investment earnings increased slightly from the previous month from 1.17% to 1.25% (based on the weighted average of all investments). Fee for service revenue from clients is 27.5% behind year-to-date projections and revenue from third party reimbursements is 26.9% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 1.7% behind year-to-date projections.

Expenditures

Operating expenditures (excluding grants and special projects) are 14.0% behind year-to-date projections. Program variances are as follows: Administration 6.1%; Board 40.6%; Connections: Mental Health/Substance Issues Services 21.2%; Dental Services 12.4%; Integrated Care 10.0%; Health Promotion 12.5%; Community Impact 23.0%; Program Assessment and Evaluation 4.4%; Health Care Access 11.4%; HealthInfoSource 7.5%; and Resource Development (operational) 12.0%.

Capital Outlay

Capital expenditures are 52.2% behind year-to-date projections due to the timing of some capital expenditures.

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 11/30/2017

ASSETS

Current Assets:

Cash & Investments	\$8,018,863.94
Accounts Receivable	100,785.25
Property Taxes Receivable	50,738.38
Specific Ownership Taxes Receivable	49,083.53
Prepaid Expenses and Deposits	75,222.16

Total Current Assets

8,294,693.26

Other Assets:

Direct Financing Lease	4,047,875.00
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Total Other Assets

4,047,875.00

Property and Equipment

Land	544,720.02
Building and Leasehold Improvements	4,503,577.28
Equipment	1,160,439.47
Accumulated Depreciation	(2,397,422.72)

Total Property and Equipment

3,811,314.05

Total Assets

\$16,153,882.31

HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

BALANCE SHEET

As of 11/30/2017

LIABILITIES AND EQUITY

Current Liabilities:	
Accounts Payable	\$648,602.86
Deposits	1,000.00
Deferred Revenue	837,136.81
	<hr/>
Total Current Liabilities	1,486,739.67
	<hr/>
Long-term Liabilities:	
Compensated Absences Payable	19,000.00
	<hr/>
Total Long-term Liabilities	19,000.00
	<hr/>
Deferred Inflows of Resources	
Deferred Property Tax Revenue	22,493.84
	<hr/>
Total Deferred Inflows of Resources	22,493.84
	<hr/>
Total Liabilities & Deferred Inflows of Resource	1,528,233.51
	<hr/>
EQUITY	
Retained Earnings	13,743,662.51
Net Income	881,986.29
	<hr/>
Total Equity	14,625,648.80
	<hr/>
Total Liabilities & Equity	\$16,153,882.31
	<hr/> <hr/>

STATEMENT OF REVENUES AND EXPENSES

For 1/1/2017 To 11/30/2017

	<u>Current Month</u>	<u>Year to Date</u>
Revenue:		
Property Taxes	\$28,244.54	\$6,427,471.16
Specific Ownership Taxes	49,082.73	578,219.95
Lease Revenue	88,491.25	963,094.11
Interest Income	7,681.32	73,797.89
Sales Revenue	15.09	297.51
Fee For Services Income	19,877.90	218,633.09
Third Party Reimbursements	71,781.06	643,206.36
Grant Revenue	79,978.40	674,748.89
Partnerships	13,117.29	148,559.13
Miscellaneous Income	1,437.02	19,345.59
Gain on Investment	0.00	1,371.48
Total Revenue	<u>359,706.60</u>	<u>9,748,745.16</u>
Expenses:		
Operating Expenses		
Administration	\$43,100.29	\$636,060.46
Board Expenses	1,090.14	26,529.69
Connections: MentalHealth/Substance Issues Svcs	103,797.91	1,011,684.37
Dental Services	266,754.72	2,922,119.29
Integrated Care (MHSA/PC)	74,707.75	841,611.09
Health Promotion	52,248.84	610,561.69
Community Impact	42,619.95	447,372.69
Program Assessment & Evaluation	14,656.62	169,732.64
Health Care Access	81,418.36	809,774.91
HealthInfoSource	5,563.37	67,187.94
Resource Development	9,907.51	110,088.92
Special Projects	53,032.72	552,141.68
Grant Projects	78,303.21	661,893.50
Total Operating Expenses	<u>827,201.39</u>	<u>8,866,758.87</u>
Depreciation and Amortization		
Total Depreciation and Amortization	<u>0.00</u>	<u>0.00</u>
Total Expenses	<u>827,201.39</u>	<u>8,866,758.87</u>
Net Income	<u>(\$467,494.79)</u>	<u>\$881,986.29</u>

Unaudited - For Management Use Only

HEALTH DISTRICT OF NORTHERN LARIMER COUNTYSTATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 11/30/2017

	<u>Current Month</u>	<u>Current Month</u>	<u>Current Month</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Year to Date</u>	<u>Annual</u>	<u>Annual</u>
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budget</u>	<u>Funds Remaining</u>
Non-Operating Expenditures								
Building	0	82,462	(82,462)	82,000	82,462	(462)	82,000	(462)
Construction in Progress	0	(82,462)	82,462	0	0	0	0	0
Capital Equipment	0	0	0	10,000	0	10,000	10,000	10,000
General Office Equipment	4,100	0	4,100	32,300	0	32,300	32,300	32,300
Medical & Dental Equipment	0	0	0	61,815	13,111	48,704	68,637	55,526
Computer Equipment	0	0	0	8,500	6,972	1,528	8,500	1,528
Computer Software	7,300	0	7,300	21,350	0	21,350	21,350	21,350
Equipment for Building	0	0	0	10,000	5,414	4,586	10,000	4,586
Total Non-Operating Expenditures	11,400	0	11,400	225,965	107,959	118,006	232,787	124,828

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 11/30/2017

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Administration</u>								
Revenue:								
Miscellaneous Income	\$792	\$455	(\$337)	\$8,708	\$15,163	\$6,455	\$9,500	(\$5,663)
Total Revenue	\$792	\$455	(\$337)	\$8,708	\$15,163	\$6,455	\$9,500	(\$5,663)
Expenditures:								
Salaries and Benefits	37,301	36,784	517	410,311	404,810	5,501	447,612	42,802
Supplies and Purchased Services	11,078	6,316	4,762	266,909	231,250	35,659	277,581	46,331
Total Expenditures	\$48,379	\$43,100	\$5,279	\$677,220	\$636,060	\$41,160	\$725,193	\$89,133
<u>Board of Directors</u>								
Expenditures:								
Salaries and Benefits	\$0	\$0	\$0	\$8,636	\$6,602	\$2,034	\$8,636	\$2,034
Supplies and Purchased Services	2,819	1,090	1,729	36,013	19,928	16,085	38,833	18,905
Election Expenses	0	0	0	0	0	0	15,000	15,000
Total Expenditures	\$2,819	\$1,090	\$1,729	\$44,649	\$26,530	\$18,119	\$62,469	\$35,939
<u>Community Impact</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$45,730	\$42,642	\$3,088	\$498,231	\$407,397	\$90,834	\$543,961	\$136,564
Supplies and Purchased Services	6,622	(23)	6,645	82,597	39,976	42,621	89,806	49,830
Total Expenditures	\$52,352	\$42,619	\$9,733	\$580,828	\$447,373	\$133,455	\$633,767	\$186,394

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 11/30/2017

Program Assessment & Evaluation								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$14,262	\$13,827	\$435	\$156,884	\$154,456	\$2,428	\$171,146	\$16,690
Supplies and Purchased Services	1,786	830	956	20,573	15,277	5,296	22,332	7,055
Total Expenditures	\$16,048	\$14,657	\$1,391	\$177,457	\$169,733	\$7,724	\$193,478	\$23,745
Connections: Mental Health/Substance Issue								
Revenue:								
Fees, Reimbursements & Other Income	\$83	\$954	\$871	\$917	\$2,280	\$1,363	\$1,000	(\$1,280)
Total Revenue	\$83	\$954	\$871	\$917	\$2,280	\$1,363	\$1,000	(\$1,280)
Expenditures:								
Salaries and Benefits	\$96,947	\$76,172	\$20,775	\$946,422	\$750,843	\$195,579	\$1,041,369	\$290,526
Supplies and Purchased Services	18,825	27,626	(8,801)	338,098	260,842	77,256	359,144	98,302
Total Expenditures	\$115,772	\$103,798	\$11,974	\$1,284,520	\$1,011,685	\$272,835	\$1,400,513	\$388,828
Dental Services								
Revenue:								
Fees, Reimbursements & Other Income	\$99,345	\$84,467	(\$14,878)	\$1,142,598	\$822,636	(\$319,962)	\$1,232,831	\$410,195
Total Revenue	\$99,345	\$84,467	(\$14,878)	\$1,142,598	\$822,636	(\$319,962)	\$1,232,831	\$410,195
Expenditures:								
Salaries and Benefits	\$233,008	\$220,928	\$12,080	\$2,563,085	\$2,430,573	\$132,512	\$2,796,093	\$365,520
Supplies and Purchased Services	80,776	45,827	34,949	772,451	491,547	280,904	841,040	349,493
Total Expenditures	\$313,784	\$266,755	\$47,029	\$3,335,536	\$2,922,120	\$413,416	\$3,637,133	\$715,013

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 11/30/2017

	<u>Current Month</u> <u>Budget</u>	<u>Current Month</u> <u>Actual</u>	<u>Current Month</u> <u>Variance</u>	<u>Year to Date</u> <u>Budget</u>	<u>Year to Date</u> <u>Actual</u>	<u>Year to Date</u> <u>Variance</u>	<u>Annual</u> <u>Budget</u>	<u>Remaining</u> <u>Funds</u>
<u>Integrated Care (MHSA/PC)</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$3,250	\$6,576	\$3,326	\$35,750	\$32,965	(\$2,785)	\$39,000	\$6,035
Total Revenue	\$3,250	\$6,576	\$3,326	\$35,750	\$32,965	(\$2,785)	\$39,000	\$6,035
Expenditures:								
Salaries and Benefits	\$75,288	\$71,538	\$3,750	\$828,164	\$784,677	\$43,487	\$903,452	\$118,775
Supplies and Purchased Services	9,086	3,170	5,916	106,552	56,935	49,617	116,507	59,572
Total Expenditures	\$84,374	\$74,708	\$9,666	\$934,716	\$841,612	\$93,104	\$1,019,959	\$178,347
<u>Health Promotion</u>								
Revenue:								
Fees, Reimbursements & Other Income	\$1,039	\$640	(\$399)	\$11,431	\$7,988	(\$3,443)	\$12,470	\$4,482
Total Revenue	\$1,039	\$640	(\$399)	\$11,431	\$7,988	(\$3,443)	\$12,470	\$4,482
Expenditures:								
Salaries and Benefits	\$48,223	\$46,535	\$1,688	\$530,456	\$509,328	\$21,128	\$578,679	\$69,351
Supplies and Purchased Services	2,512	5,714	(3,202)	167,402	101,235	66,167	183,056	81,821
Total Expenditures	\$50,735	\$52,249	(\$1,514)	\$697,858	\$610,563	\$87,295	\$761,735	\$151,172

STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2017 To 11/30/2017

	Current Month Budget	Current Month Actual	Current Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Remaining Funds
<u>Health Care Access</u>								
Revenue:								
Fees, Reimbursements & Other Income								
Total Revenue	\$83	\$19	(\$64)	\$917	\$451	(\$466)	\$1,000	\$549
Expenditures:								
Salaries and Benefits	\$65,995	\$63,555	\$2,440	\$725,950	\$701,829	\$24,121	\$791,945	\$90,116
Supplies and Purchased Services	16,481	17,863	(1,382)	188,238	107,946	80,292	204,857	96,911
Total Expenditures	\$82,476	\$81,418	\$1,058	\$914,188	\$809,775	\$104,413	\$996,802	\$187,027
<u>Health Info Source</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$4,706	\$4,727	(\$21)	\$51,769	\$51,708	\$61	\$56,475	\$4,767
Supplies and Purchased Services	1,461	836	625	20,879	15,480	5,399	22,407	6,927
Total Expenditures	\$6,167	\$5,563	\$604	\$72,648	\$67,188	\$5,460	\$78,882	\$11,694
<u>Resource Development</u>								
Revenue:								
Total Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures:								
Salaries and Benefits	\$9,346	\$9,296	\$50	\$102,803	\$101,470	\$1,333	\$112,149	\$10,679
Supplies and Purchased Services	1,956	611	1,345	22,258	8,619	13,639	24,232	15,613
Total Expenditures	\$11,302	\$9,907	\$1,395	\$125,061	\$110,089	\$14,972	\$136,381	\$26,292

Health District of Northern Larimer County

Investment Schedule November 2017

Investment	Institution	Current Value	%	Current Yield	Maturity
Local Government Investment Pool	COLOTRUST	\$ 1,324	0.017%	1.08%	N/A
Local Government Investment Pool	COLOTRUST	\$ 5,900,196	76.294%	1.30%	N/A
Local Government Investment Pool (Children's Oral Health Care Assistance Fund)	COLOTRUST	\$ 8,841	0.114%	1.30%	N/A
Local Government Investment Pool (Oral Health Care Assistance Fund)	COLOTRUST	\$ 17,917	0.232%	1.30%	N/A
Flex Savings Account	First National Bank	\$ 463,659	5.995%	1.35%	N/A
Certificate of Deposit - #714626	Advantage Bank	\$ 134,236	1.736%	0.80%	6/27/2018
Certificate of Deposit - #742487	Advantage Bank	\$ 107,230	1.387%	1.09%	3/2/2018
Certificate of Deposit - #35083766	First National Bank	\$ 110,129	1.424%	0.95%	9/6/2019
Certificate of Deposit - #40010527	Points West	\$ 110,984	1.435%	0.80%	6/4/2018
Certificate of Deposit - #40010448	Points West	\$ 150,550	1.947%	0.80%	4/2/2018
Certificate of Deposit - #23002918	Adams State Bank	\$ 228,402	2.953%	1.29%	10/7/2019
Certificate of Deposit - #824149	Cache Bank & Trust	\$ 250,000	3.233%	0.80%	12/27/2018
Certificate of Deposit - #1100000578	Farmers Bank	\$ 250,000	3.233%	1.20%	6/27/2018
Total/Weighted Average		\$ 7,733,467	100.000%	1.25%	

Notes:

The local government investment pool invests in U.S. Treasury securities, U.S. Government agency securities, certificate of deposits, commercial paper, money market funds and repurchase agreements backed by these same securities.



**BOARD OF DIRECTORS
MEETING
December 14, 2017**

**Health District Office Building
120 Bristlecone Drive, Fort Collins**

MINUTES

BOARD MEMBERS PRESENT: Michael D. Liggett, Esq., President
Deirdre Sullivan, Secretary
Faraz Naqvi, M.D., Treasurer
Tess Heffernan, Liaison to UCHealth-North/PVHS Board

BOARD MEMBERS ABSENT: Tracy L. Nelson, Ph.D., Vice President

Staff Present:

Carol Plock, Executive Director
Karen Spink, Assistant Director
Bruce Cooper, Medical Director
Richard Cox, Communications Director
Lorraine Haywood, Finance Director
Chris Sheafor, Support Services Director

Nancy Stirling, Assistant to Board & ED
Sarah Tillemann, Dental Services Director
Lin Wilder, Community Impact Director
Alyson Williams, Policy Coordinator

CALL TO ORDER; APPROVAL OF AGENDA

President Michael Liggett called the meeting to order at 4:01 p.m. Ms. Alyson Williams, the new Policy Coordinator, was introduced to the Board. Changes were proposed for the meeting agenda: under Board Actions, add item to approve painting/remodel contract; remove the November 14 minutes from the Consent Agenda to be considered separately.

MOTION: To approve the agenda as presented/amended.
Motion/Seconded/Carried Unanimously

PUBLIC COMMENT

None.

BOARD ACTION

2018 Budget Approval

Between the initial estimated valuation received in August and the final valuation received from the County earlier this month, there was only a \$144 difference in projected property tax revenue. Ms. Plock reviewed with the board some of the significant revisions made to the proposed budget, including: lowered expenses for insurance and workers compensation, and an increase in personnel expenditures due to error corrections (which includes the need for a reduction in psychologist FTE from .6 to .5). A change was also made to the beginning balance in order to cover year-end expenses which reduced the amount available as of January 1, 2018. Changes to Reserves included: decreased budget for capital replacement because of planned

purchase of new building; funds added for potential purchase of new financial software; and removal of funding for a Panorex surround-sound x-ray machine, which ended up having to be replaced this year instead. Funds were added to non-capital improvements in reserves to cover painting and remodeling projects at the Bristlecone buildings, which won't be complete until 2018. Additionally, funding was moved to cover additional personnel costs to have adequate salary for the Mental Health Connections psychiatric FTE. Funds were reserved for Dental Connections through the end of 2018 without going to the City of Fort Collins for the 2018-2019 grant year, however, operational Dental Connections funding for 2019 has not been reserved at this time.

MOTION: To approve the following Resolutions as presented, and approve the Certification of Tax Levies.

Resolution 2017-04: Adopt Budget

Resolution 2017-05: Set Mill Levies

**Resolution 2017-06: Appropriate Sums of Money
Certification of Tax Levies**

Motion/Seconded/Carried Unanimously

Approval of Painting/Remodel Project

General Board approval is required for a contract for repainting and minor remodeling at the Health District's 120 and 202 Bristlecone buildings. The contract price is \$59,045 (contracts over \$50,000 require the Board's general approval) and was included in the 2017 budget; however, because of bidding timeframes and contractor scheduling, payments will be made in 2018 instead, requiring that the contract amount, plus \$1,775 for a performance and payment bond, be moved to the 2018 budget. The project is expected to run from mid-December to mid-February.

MOTION: To approve the Contract.

Motion/Seconded/Carried Unanimously

2018 Elections

There will be three board positions open for the Health District's 2018 board member elections. All of the incumbents (Michael Liggett, Tracy Nelson, and Tess Heffernan) are eligible to run again. **Resolution 2017-03: Election Resolution and Polling Place Election** proposes the following: two polling place locations (Health District Bristlecone office building and the Spirit of Joy Lutheran Church); designates Chris Sheafor as the Designated Election Official on behalf of the District; outlines timeline and deadlines for mail-in voter ballots, self-nomination and acceptance forms and write-in candidates. Election Day is May 8. If there are no more candidates than there are offices to be filled by 5:00 pm on March 6, the Designated Election Official can cancel the election and by Resolution declare the candidates elected. Over the years, more and more voters have been requesting mail-in ballots. Those who have requested to be on our mail ballot list and have voted in our election in the past will get a mail ballot automatically. Any address changes that voters have changed with the County will be made on our list too.

PRESENTATIONS

Policy

National Tax Reform Proposals

A Senate version of tax reform passed on December 2 and came out of conference committee just yesterday, so it is too early to have published information. Ms. Plock provided for the board

an overview of what currently appears to be known about, and the differences between, the Senate and House proposals and Conference Committee decisions. (See “National Tax Reform Proposals – Preliminary Draft Notes”, updated December 14, 2017, for details.) Key items of concern include the elimination of the Affordable Care Act (ACA) mandate to purchase insurance (which could leave millions more uninsured), and the major increase in the deficit. The future concern is that legislators may propose reducing the deficit by reducing the budgets of Medicaid, Medicare, and the ACA. A few potential improvements in the revised version appear to include: retaining the tax deduction for medical expenses, retaining other important deductions such as student loans and mortgage deductions (though capped at less than current cap), maintaining property tax and state/local tax deductions, but only up to a maximum of \$10,000, and a proposal to increase the Child Tax Credit to \$2,000 (higher than what was proposed in the original Senate and House versions).

It is unknown at this time the full extent of the impact of these changes on families and communities, or the likelihood of any further changes. Staff were given board consent to share messages along the same lines that have already been crafted to key legislators if/when deemed appropriate, and in particular to again express concern about the elimination of the ACA mandate (and the increased number of uninsured and the impact this could have on safety net facilities and hospitals), the federal deficit, and impact on current programs. If there is time, the Health District may also help educate the community on these issues and possible impacts to people’s health and lives, although with things moving so quickly, and potential for further changes questionable, it may be difficult either to get the word out in time or to impact the proposed changes.

Federal Issues

- ***Children’s Health Insurance Program (CHIP)*** – The CHIP program was initially created in 1997 and federal matching funds helped states to provide health coverage to children in families with incomes too high to qualify for Medicaid, but who can’t afford private insurance. On September 30, 2017, federal funding expired. Federal bills have been proposed by both the Senate and the House; the House passed a five-year extension but attached the requirement that funding come from the Prevention and Public Health Fund. The Senate proposal has not moved, mostly because their attention is on tax reform.

At the State level, the program is slated to end on January 31, 2018 with notification letters going out to affected families by end of November. State solutions being proposed for budget to address the funding shortfall include 4 options given to the Joint Budget Committee for consideration: 1) do nothing, the program ends; 2) extend through the end of February using state-only CHIP trust funds (which would exhaust the trust); 3) expand Medicaid to 250% of federal poverty level for this population of children and pregnant women, using a statute change; or 4) expand Medicaid to 185% FPL and add a buy-in option for those who make between 185% and 250% FPL. Currently, there are 90,000 children in Colorado on the program, with 4,500 of those in Larimer County.

- ***Community Health Centers (CHC)*** – Special CHC funding was created in 2010 by the Affordable Care Act for 5 years. It was then reauthorized with CHIP in 2015 for 2 years, with funding ending in 2017. From 2010 through 2015, the program provided CHCs with \$11 billion in funding for operations, construction and expansion. The impact of the loss of funding is a loss of 70% of federal grant funding for CHCs in Colorado, amounting to: loss of millions in revenue and direct grants impacting 62,000 patients, and leading to extensive

staff lay-offs and limited or closed services. Bills are being proposed in both the House and Senate in an effort to extend funding.

Last night a continuing resolution was introduced to keep government open until January 19, and CHP and CHCs were attached to the resolution. Though there appears to be support for both CHIP and CHC funding in both parties, it is unclear what proposals will move forward, or when.

The Board supported consistency in our messages to federal legislators (i.e., the suffering and impact if services go away, concerns with loss of the prevention and public health fund, etc.) and recommended that, since these issues have bipartisan support, we express thanks for legislators who are in support. When there appears to be time, it's important to educate the general public.

State – 2018 Legislative Session: What's Ahead

Ms. Alyson Williams, Policy Coordinator, reviewed with the Board key dates of the legislative session which begins on January 10 and ends on May 9; the role and membership of the Joint Budget Committee, and their timeline for getting a budget passed and adopted by the end of the session. Ms. Williams provided an overview of both the budgets for Health Care Policy and Financing (HCPF) and the Department of Human Services (DHS) Office of Behavioral Health (OBH) and budget issues for each. (See slides for further details.) Of particular concern for the HCPF budget are provider rates, funding for the All Payer Claims Data system, and hospital provider fees. For OBH, key issues include reinstating the Circle Program for those with severe substance use issues, and increasing access to substance use disorder treatment.

Opioid Bills – There are already 6 bills drafted from the Opioid and Other Substance Use Disorders Study Committee. In Colorado in 2015, 22,000 people reported that they had opioid abuse or dependence; there were 504 opioid overdose deaths in Colorado in 2016; and 1 out of 10 people in Colorado live in places with little or no access to Medication Assisted Treatment (MAT). Included in the meeting packet is a policy brief outlining each of the proposed bills and summarizing their objectives. (See Policy Brief for full details.) It is expected that these bills will be introduced early on in the session and could see some amendments. Staff will bring more detailed analysis to the board later.

Other likely topics to come up during this year's legislative session may include:

- Behavioral Health – suicide prevention
- Hospitals – out of pocket spending/surprise bills; hospital data transparency; regulating freestanding emergency departments
- Insurance – moving to single geographic rating region; reinsurance
- Other – Medicaid (non-emergent medical transport and non-medical transport); I Drive (drivers licenses for undocumented immigrants)

Local Issue: Tobacco

The City of Fort Collins City Council has been looking at the current smoking in public areas ordinance and considering some possible changes to the ordinance. One change would be to lower the infraction penalty from a misdemeanor to a petty offense, which the board has supported previously. The Council is also considering whether to lift the ban between 10pm and 5am in designated smoking areas, and other changes regarding where smoking could occur. With the Board President's approval, staff drafted a letter to the members of City Council encouraging them to maintain a smoke-free downtown with no exceptions to the policy for the health of the community, while supporting the downgrade of the penalty to a petty offense. City

Council had its first reading of the bill on December 5 which passed unanimously with only the petty offense change. Second reading is scheduled for December 19.

Ms. Sullivan mentioned that the City of Fort Collins is getting ready to work on their City Plan for 2018, which could be an opportunity for the Health District to have input. Information about the timeline and process is on the City's web site.

UPDATES & REPORTS

Executive Director Updates

- Our new members of the Community Impact Team are forging ahead on a variety of initiatives, doing a fabulous job working together, and are making great strides on the update of the Critical Behavioral Health Services Plan, which is due for completion in early 2018.
- Key issues heard in the Hot Issues in Health conference earlier included the remaining significant challenges of the cost of health insurance and health care; while the ACA made significant progress, it didn't solve the issue of affordability for all. There is increasing talk about the possibility of a national reinsurance plan (federally subsidized) to help cover costs for those with expensive existing conditions, helping to keep costs down for everyone else, and potentially to help to stabilize the insurance market.

Brief Updates

- **Open Enrollment** – People in Colorado have until January 12 to be enrolled in a health insurance plan, while the rest of the country where there is not a state marketplace has just until tomorrow. This year, staff have benefited from enhanced access to troubleshooting with Connect for Health Colorado (C4HC), which has been very helpful in assisting our clients who have complex challenges. So far staff have served 172 more households this year than in the same period last year. A recent walk-in clinic was held with great success, serving 19 individuals. Looking ahead, staff will also be keeping a close eye on what's happening with the Child Health Plan (CHP+) to determine possible roles and efforts should CHP+ enrollees need to find other insurance.
- **Public Awareness Campaign, Substance Use Disorders** – Ms. Lin Wilder, Community Impact Director, provided a brief update concerning a Substance Use Public Awareness Campaign to be launched in the spring. An RFP was developed to solicit outside communications expertise, and 4 vendors responded; the goal is to select a vendor and get a contract signed in January. A handout was provided outlining the ***purpose of the campaign*** (i.e., addiction is a disease that is often chronic, adequate treatment is critical, treatment can work and recovery is possible), ***goals*** (shift perceptions of SUDs, increase understanding of SUD treatment, improve recognition and willingness to discuss substance use), ***potential messages*** (“everyone knows someone” or “who do you know”), and ***identified audiences***. This is a unique and exciting project in that it is focused specifically on SUDs.

To address issues pertaining to opioids, a Northern Colorado Opioid Prevention Workgroup was formed earlier this year. The Workgroup was put together by the Northern Colorado Health Alliance in Weld County, SummitStone, and other various agencies and individuals. Our staff is also involved helping with planning and prioritizing a process to help focus energies. Areas of focus include: prevention, identification and treatment, and harm reduction. In the area of identification and treatment, the project is just beginning to partner with the criminal justice system.

UCHealth-North/PVHS Board Liaison Report

Ms. Heffernan provided a brief update on a series of meetings she recently participated in, which included the involvement of Liz Concordia, CEO of UCHealth, include:

- An announcement that it is expected that Poudre Valley Hospital (PVH) will be classified a 5-star hospital by CMS Medicare, an achievement reached by only the top 2% of hospitals in the country.
- Disaster drills are being done more frequently at both PVH and Medical Center of the Rockies (MCR) (in light of the recent disasters which happened in California).
- A representative from the Yampa Valley Medical Center in Steamboat Springs now sits on the PVHS Board, as well as representation from our community on their board. Cheyenne General looks like they will also be joining the UCHealth system.

Ms. Heffernan also mentioned that the UCHealth Master Plan includes plans for a significant number of facilities in northern Colorado, and that the system is constantly assessing their space needs. As the Health District works on its own space needs, there might be opportunities for adjacencies or sharing space.

PUBLIC COMMENT (2nd opportunity)

None.

CONSENT AGENDA

The November 14 board meeting minutes were removed from the Consent Agenda to be considered as a separate item.

- Resolution 2017-07: to Spend 2017 Revenues into Reserves
- Approval of Resolution 2017-03 for Polling Place Election (for 2018)
- Approval of October 2017 Financial Statements

MOTION: To approve the Consent Agenda as amended.
Motion/Seconded/Carried Unanimously

MOTION: To approve the November 14, 2017 board meeting minutes as presented.
Motion/Seconded/Carried 3-0 (Liggett abstained)

ANNOUNCEMENTS

- January 23, 2018, 4:00 pm – Board of Directors Regular Meeting

Board members can choose whether to have printed board packets or not; they will be reminded in January to bring their personal electronic devices to the meetings if they choose not to have a printed packet.

ADJOURN

MOTION: To adjourn the meeting.
Moved/Seconded/Carried Unanimously

The meeting was adjourned at 5:45 p.m.

Respectfully submitted:

Nancy Stirling, Assistant to the Board of Directors

Michael Liggett, President

[Absent from December 14, 2017 meeting]

Tracy Nelson, Vice President

Deirdre Sullivan, Secretary

Faraz Naqvi, M.D., Treasurer

Tess Heffernan, UCHHealth-North (PVHS) Board Liaison