

Council Finance Committee & URA Finance Committee
Agenda Planning Calendar 2016
RVSD 05/10 mnb

May 16	TOPIC	TIME	WHO
CFC	Mental Health & Substance Use	30 min	C. Plock
	Science & Cultural Facilities District	30 min	L. Hatchadorian
	Revenue Diversification Recommendations	30 min	T. Smith
	Vine / Lemay / BNSF project	15 min	D. Klingner T. Kemp
URA	URA Board	15 min	J. Birks

June 1	TOPIC	TIME	WHO
CFC	Resourcing Police Services in a Growing Community	45 min	Chief Hutto
	Downtown Parking	30 min	K. Ravenschlag
	2015 Year End Fund Balances	30 min	T. Storin
	Wastewater Bond Refinancing	15 min	J. Voss
URA			

June 20	TOPIC	TIME	WHO
CFC	Hourly Positions to Classified	25 min	J. Miller
	Career Progression & Compensation	20 min	J. Heckman
	Utility Long Term Financial Plans – Rates and Debt Alternatives for CIPs	25 min	L. Smith
	Street Oversizing Fees	20 min	D. Klingner
	Capital Expansion Fee - Revision	20 min	T. Smith
URA			

July 18	TOPIC	TIME	WHO
CFC	2015 Audit Review	20 min	K. Smith
	2015 Year End Financial Summary	30 min	T. Storin
	Benefits - Historical Forecast Accuracy & Possible Plan Changes	30 min	K. Hess T. Storin
	Colorado Care Ballot Initiative	20 min	R. Shannon
URA			

Future Council Finance Committee Topics:

- CAP Financing Strategies
- Parking Garage Financing
- Compensation & Total Rewards

Future URA Committee Topics:



Finance Administration
215 N. Mason
2nd Floor
PO Box 580
Fort Collins, CO 80522
970.221.6788
970.221.6782 - fax
fcgov.com

AGENDA
Council Finance & Audit Committee
May 16, 2016
9:30 – 11:15 am
CIC Room – City Hall

Approval of the Minutes from the April, 18 2016 meeting

- | | | |
|--------------------------------------------|------------|------------------------|
| 1. Mental Health & Substance Use | 30 minutes | C. Plock |
| 2. Science & Cultural Facilities District | 30 minutes | L. Hatchadorian |
| 3. Revenue Diversification Recommendations | 30 minutes | T. Smith |
| 4. Vine / Lemay / BNSF project | 15 minutes | D. Klingner
T. Kemp |

OTHER BUSINESS:



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Council Audit & Finance Committee
Minutes
04/18/16
9:30 – 11:30 a.m.
CIC Room

Council Attendees: Mayor Wade Troxell, Gerry Horak

Staff: Darin Atteberry, Mike Beckstead, John Duvall, Tiana Smith, Travis Storin, Claire Turney, Jeff Mihelich, Andres Gavaldon, Lance Smith, John Voss, Chris Parton, Kevin Gertig, Chris Donegon, Lisa Rosintoski, Lawrence Pollack

Others: Mike Freeman (Innosphere), Dale Adamy

Absent: Ross Cunniff

Meeting started at 9:30 am

APPROVAL OF MINUTES

Gerry Horak made a motion to approve the March 22, 2016 Council Finance Committee minutes. Mayor Wade Troxell made a second to the motion. The minutes were approved unanimously.

A. RMI – BUSINESS & REFINANCING UPDATE

Mike Freeman presented an update on Innosphere operations. Purpose: attract new companies, help them grow and then support them. Main technology areas focused on: Health, Energy & Advanced Materials & Software & Hardware. From 2009-2015, 52 new companies graduated their program and created 1409 jobs in the local area. The 3 month onboarding program helps companies identify their risk factors, cash flow issues, competition, their market, etc.

Update Item 1: In 2103, they took over Clean Launch program in Golden. In 2104 they opened an office in Denver.

They are working on diversifying their funding in Fort Collins and Denver.

Update Item 2: In 2016/2017 they expect to complete a building refinance. The URA/City of Fort Collins debt is set to be refinanced by Dec 2016. The outstanding debt amount is approx. \$2.5M. The

City currently has a \$5.3M loan, with the refinancing, the City will get \$2.5M in 2017-18 budget from Innosphere and then the remainder will be paid back by using TIF through the URA.

Update Item 3: Revenue Diversification

2013- Implemented higher client fees

2014- Fundraising focus in Denver

2015- Developed corporate partner program

2015- Launched early exit program (taking a transaction fee or equity from select companies in the program)

Wade Troxell question: Who is currently on the board now? Mike Freeman answered: The board is primarily made up of funders and community representatives. Gerry Horak question: Who determines the board? Mike Freeman: the bylaws determine this, the board size is capped at 20 people.

Gerry Horak question: What is the bottom line? Mike Beckstead responded: RMI by itself is financially healthy with balanced revenue and expenditures. The North College URA has sufficient cash flow to repay the remaining \$2.8M loan with the City.

Darin Atteberry question: How do we let the Council know about this good work? Wade Troxell responded: other than the packet, not sure what else needs to be relayed. Gerry Horak also responded: He recommends a highlight report be prepared and the Finance Committee can report on RMI to the broader council during other business at a future council meeting.

B. UTILITY CIP & LTFP REVIEW

Lance Smith presented information on the Utilities' 2016 Capital Improvement Plans (CIP) for each of the four Utility Enterprise Funds. This was an informational presentation that outlined the methodology for developing the CIP, the major capital requirements over the next 10 years, the capital expenditures by year compared with the recent average spending, how much revenue is available to support capital needs and the impact on fund balance. A comparison of recent rate increases and current rates of neighboring cities and next steps was also provided.

Next steps include updating the Long Term Financial Plan (LTFP) for each utility to include capital expenditures and evaluate rate and debt issuance alternatives and impacts.

Assumptions that will be included in the LTFP include:

- Maintain adequate reserve balances
- Maintain current credit ratings for each Enterprise Fund and the City
- Avoid rate spikes by limiting rate increases to no more than 5% annually
- Adjust rates if:
 - Previous 3 years have negative operating income
 - Debt coverage ratio is less than 2.0
 - Working Capital is forecasted to be below minimum required reserve within 5 years

- Issue debt if:
 - Capital expenses are forecasted to exceed available reserves over the next 5 years

Mike Beckstead comment: We have some unique challenges coming in order to figuring out how we balance rate increases with customer satisfaction and the infrastructure needs.

Gerry Horak question: can there be a separate slide that compares the muni supplied utilities versus one another and excludes those supplied by private companies? Lance Smith responded: We will add that slide.

Gerry Horak question: Can another slide be added to address what the parameters are that we are trying to meet/solve that leads to the assumptions? Lance Smith responded: we can add that slide.

Gerry Horak question: How has the Utilities Department done this future modelling previously? Lance Smith responded: before the funds were treated as completely separate. They are now trying to look at all Utilities as a whole. Kevin Gertig comment: We are also coordinating with all of the Utilities to prioritize the improvements needed to stay below the goal of no more than a 5% annual rate increase.

Wade Troxell question: How much in the Fort Collins current rate structure is related to the climate action plan? Any rate increase that comes, that might be stated as a reason for the cause. Whereas the potential rates increase need is actually part of normal operating costs. Darin Atteberry comment: we have a challenge to better communicate how the climate action plan is involved with the rate increase and that it is not driving them. We need an explanation for critical business needs versus the climate action plan needs. Mike Beckstead comment: We will develop a layering effect to rates from 1) PRPA purchased power, 2) operational cost of service increases, 3) capital/infrastructure needs, and 4) capital/infrastructure needs that support the climate action plan.

Gerry Horak questions: what are the drivers for the cost? Are there any choices for level of service? What other options are we looking at instead of using a rate increase? Lance Smith responded: we will address these questions before coming back to Council with the next phase of this process.

C. CML TAX CODE DEFINITIONS

Tiana Smith presented information on a proposed update to the Tax Code definitions that will be presented in early fall of 2016. The actual document will be presented in the future.

This is a state-wide effort to address inconsistencies of Tax Code definitions between cities across Colorado. This has been a 2 year process working with the Colorado Municipal League (CML) and the City of Fort Collins' Attorneys that is culminating in the fall of 2016. Having consistency across the State will help with comparisons between the Cities and will be less confusing for citizens and entities across the State.

Next steps:

- Fort Collins has provided 2 rounds of feedback to CML
- Waiting to see finalized version of tax code definitions
- City Attorney's office will be reviewing new definitions for any legal issues
- New definitions will be brought to Council Finance in Q3 timeframe and upon approval to Council in Q4 for adoption.

Wade Troxell comment: I appreciate that you are working with CML to keep that relationship.

D. UNCLAIMED FINANCIAL ASSET: RECOMMENDED CODE MODIFICATIONS

John Voss, Lisa Rosintoski and John Duval presented a proposed change to unclaimed and abandoned intangible personal property. The existing code needs to be updated to meet current needs/definitions. This addresses uncashed checks, credit balances unclaimed on Utility customer accounts and unclaimed construction related deposit escrows.

Summary of steps:

1. After 1 year without being claimed, the property is presumed abandoned
2. Notices then distributed
 - a. Will be listed on City website
 - b. Letters written to last known address for amounts \$125 & over
3. Claimants have 1 year to file proof of claim
4. If proof of claim not timely filed, the intangible property is forfeited to the City.
5. Upon the forfeiture of the property the fund holding the assets retain them for purposes of that fund, except for utility funds. Forfeited property held by the utility funds will be transferred to the Payment Assistance Program.

The proposed date for the first reading is May 17, 2016. This proposed date was approved by Wade Troxell & Gerry Horak.

OTHER BUSINESS:

Mike Beckstead advised the Committee that there is a very full calendar over the next few months given the number of topics maturing together. An additional meeting of the Committee may be needed to allow timely review of all topics. Subsequent to this meeting, a separate meeting was scheduled for June 1, 2016 at 7:00 am in the CIC room at City Hall.

Meeting Adjourned at 10:50 am



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MEMORANDUM

Date: May 4, 2016
To: Council Finance Committee
Through: Darin Atteberry, City Manager 
From: Mike Beckstead, Chief Financial Officer, City of Fort Collins 
Mike Freeman, Chief Executive Officer, Rocky Mountain Innosphere
Re: Rocky Mountain Innosphere Report

At the April 18th Council Finance Committee (CFC), staff was asked to provide a summary report of the discussion led by Mike Freeman concerning the Rocky Mountain Innosphere (RMI) discussion at CFC to facilitate a report during other business of a future council meeting. Highlights of the CFC discussion are provided below:

- RMI strategy includes:
 - Attracting 15 new clients a year, with approximately 35 clients in the program at a time, and graduating 10-15 clients each year
 - Industry focus
 - Health Innovation – digital health, medical devices, diagnostics
 - Energy & Advanced Materials – water, clean tech, transportation
 - Software & Hardware – sensors, internet of things, hardware
- 2015 Metrics:
 - Total – 18 companies graduated, 268 jobs created, \$32M of capital raised
 - Fort Collins – 6 companies graduated, 41 jobs created, \$4M of capital raised
 - Total since 2009 – 52 companies graduated, 1,409 jobs created, \$220M of capital raised
- Strategic Business Evolution:
 - Geographic – RMI is headquartered in Fort Collins and retains a brand identity associated with Fort Collins. RMI has expanded to include offices in Denver supporting clients in both Denver and Boulder. Funding has followed with a share of funding now coming from Denver companies and partners.
 - Building Refinance – RMI anticipates refinancing the building in December 2016 consistent with the structure of the 2010 agreement. This will return \$2.5M to the City of the 2010 \$5.3M loan that supported the building of the RMI facility. The URA has adequate TIF revenues that will support the repayment of the remaining \$2.8M over the next 16 years.

- **Revenue Diversification:**
 - **Higher client fees - \$5,000 per client raises approximately \$150k per year.**
 - **Fund raising focus in Denver – consistent with activities supporting clients in the Denver area**
 - **Launched Early Exit Program**
 - **1-5% equity or transaction fee in 10-15% of RMI client companies that will**
 1. **Reduce dependence on donations**
 2. **Improve financial sustainability**
 3. **Right size staff expenditures**

**COUNCIL FINANCE COMMITTEE
AGENDA ITEM SUMMARY**

Staff/Presenters:

Presenter on Study Findings:

Carol Plock, Executive Director, Health District of Northern Larimer County

Presenter on Next Steps:

Laurie Stolen, Director, Alternative Sentencing Department,
Larimer County Criminal Justice Services

Date: May 16, 2016

SUBJECT FOR DISCUSSION

Recommendations for the Development of Critical Behavioral Health Services
in Larimer County

EXECUTIVE SUMMARY

The Community Mental Health and Substance Abuse Partnership of Larimer County recently commissioned a study to quantify the gaps in treatment for mental health and substance use disorders locally. The study identified major gaps in critical behavioral health services, offering recommendations in what services are most needed, at what levels, and for what cost. Because these gaps have a significant impact on local citizens and their families, government, health, and social services, this is an educational presentation to share the findings.

GENERAL DIRECTION SOUGHT AND SPECIFIC QUESTIONS TO BE ANSWERED

As an educational presentation, presenters are interested in the Committee's reaction and questions, as well as thoughts about the potential of the City to eventually endorse the concept of expansion of critical mental health and substance use disorder services locally.

BACKGROUND/DISCUSSION

The lack of critical behavioral health services has a direct impact on major City of Fort Collins concerns, including the lack of needed depth and continuum of mental health and substance use disorder treatment, and the resulting impact on police services, the criminal justice system, poverty, homelessness, businesses and the new Street Outreach Project, and Support Services for those living in Permanent Supportive Housing. Changes in treatment services are anticipated to have significant impact on health, quality of life, and societal and services costs.

ATTACHMENTS (Critical Behavioral Health Services)

Powerpoint

Attachment 1: PowerPoint Presentation

Handouts

Attachment 2: Summary of Recommendations in Infographic Form

Attachment 3: At-A-Glance Visual of Existing and Recommended Behavioral Health Capacity

Attachment 4: List of Services to be Provided with Estimated Amounts

Attachment 5: Highlights of Quality Cost Effectiveness and Effectiveness of Treatment Studies

Attachment 6: Executive Summary of Report: Recommendations for the Development of
Critical Behavioral Health Services in Larimer County

Recommendations for
the Development of

Critical Behavioral Health Services

In Larimer County



Community Mental Health
and Substance Abuse
Partnership of Larimer County

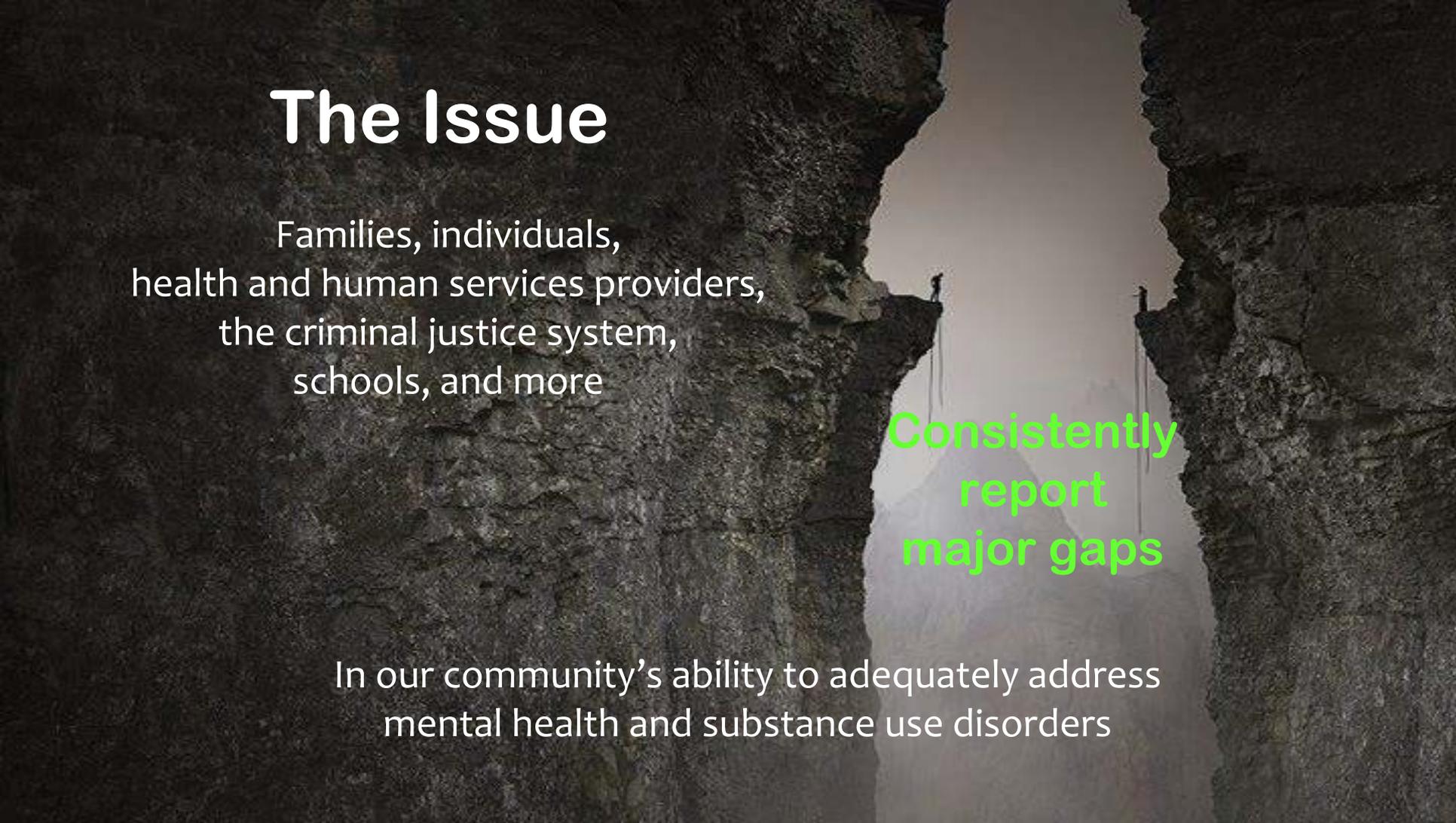
May 16, 2016

Roles

- Community Mental Health & Substance Abuse Partnership of Larimer County
- Health District of Northern Larimer County
- Larimer County
- City of Fort Collins and other Partners



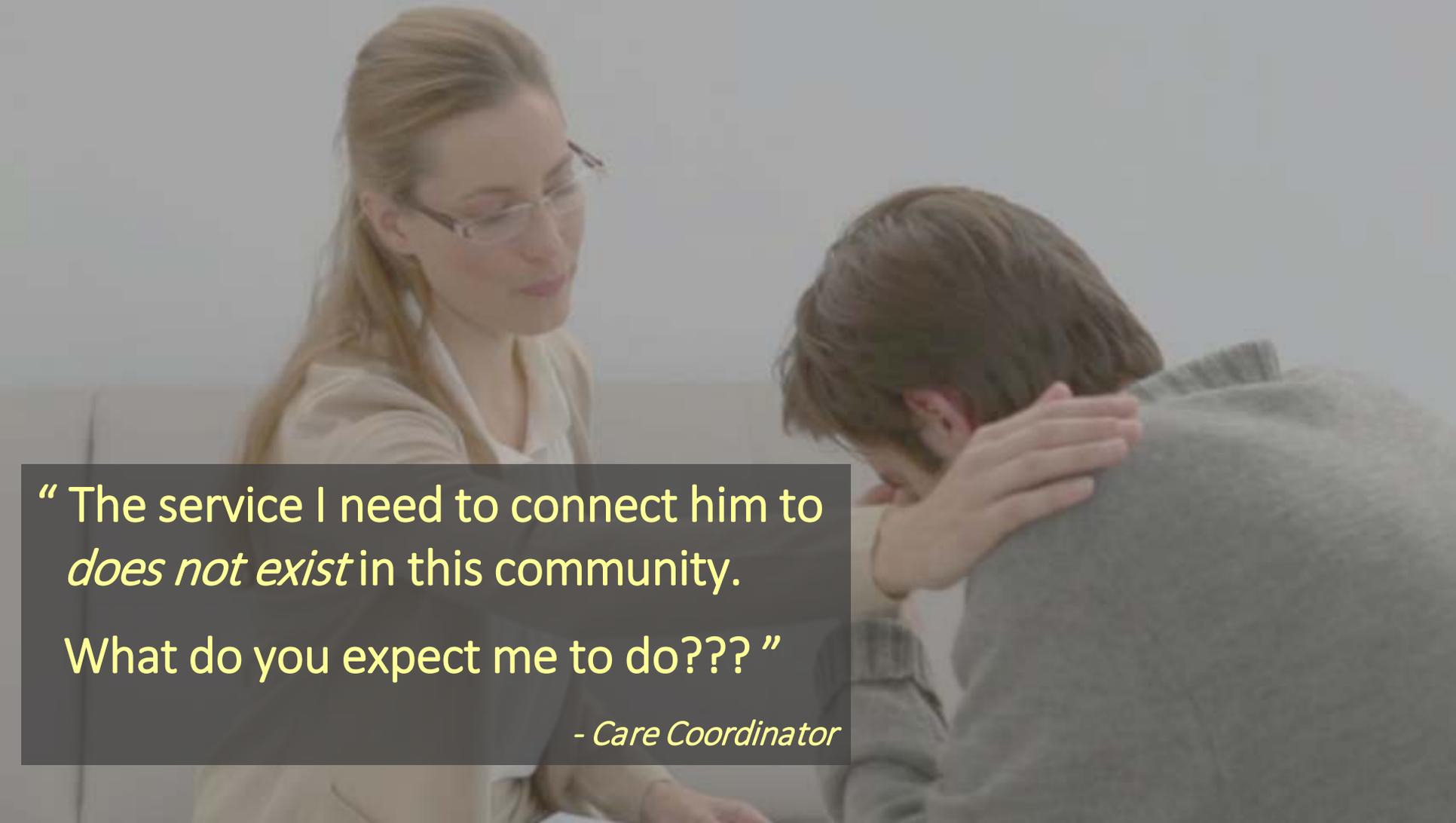
The Issue



Families, individuals,
health and human services providers,
the criminal justice system,
schools, and more

Consistently
report
major gaps

In our community's ability to adequately address
mental health and substance use disorders



“ The service I need to connect him to
does not exist in this community.

What do you expect me to do???”

- *Care Coordinator*

Like other illnesses, mental illness and substance use disorders

- Can be **disabling**, even **life-threatening**
- Can be **chronic and relapsing**
- Affect **families** and **work places** too
- Are **treatable**
(early ID and access to treatment are critical)



It's Not a Small Problem

Major Health Burden

Leading Cause of Disability in US

Impacts Thousands in Larimer County

44,300 Mental Illness (MI)
(**10,000** w/serious MI)

31,200 Substance Use Disorders (SUDs)

(Numbers may overlap; many have co-occurring MI and SUD)

Costs are High

Disability & early death
Medical Costs
Lost productivity
Unemployment/Poverty
Criminal Justice
Impact on Family

The Process of Developing Recommendations

- Identify the behavioral health services **most** needed in our community.
- Determine the level of need
- Analyze potential costs, revenues, remaining need
- Create recommendations for development of critical services

Key Finding

Confirmed: the local **continuum** of behavioral health treatment and support services is **not sufficient** to meet the need



Larimer County **Jail High Utilizers** (4 bookings in 1 year in LC Jail):
Costs of Crisis and Treatment Services
Annual Expenditures (2013)

Crisis Services

Jail: \$929,199
Emergency Medical Transport: \$294,328
Hospital Inpatient: \$218,910
Police Contact: \$106,920
Hospital ED Use: \$87,409
Detox: \$71,658

TOTAL: \$1,708,424

Treatment Services

Community Corrections: \$184,468
Outpatient MH/SA Tx: \$31,651
Alternative Sentencing: \$23,040

TOTAL: \$ 239,159

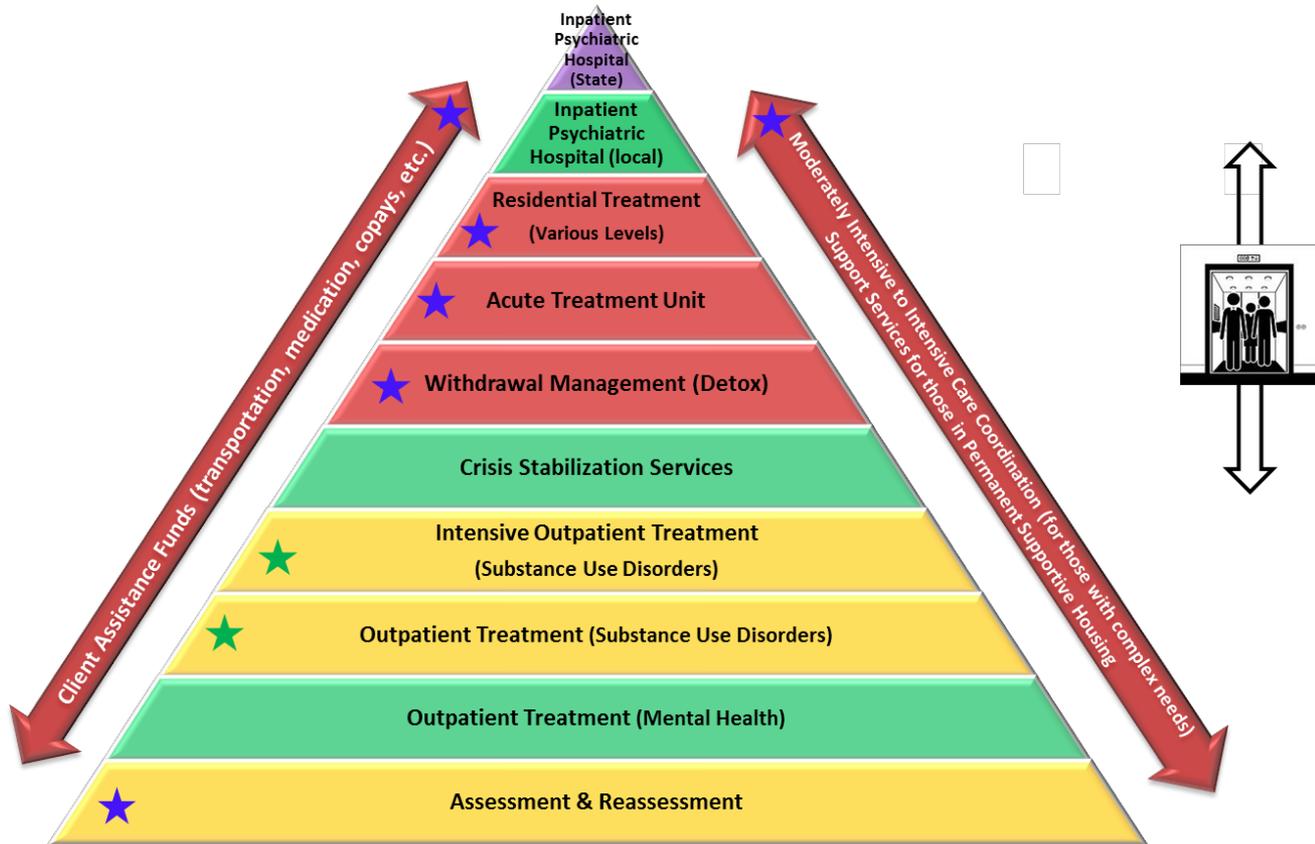
**Rethink
Mental
Illness.**

1 in 5

**people experience mental
illness in some form.**

**... Rethink
Everything...**

Existing and Recommended Service Capacity in the Larimer County Behavioral Health System



<p>Capacity Currently Exists (some limitations or needs may exist)</p>	<p>Significant Additional Capacity Needed</p>	<p>Little or No Existing Capacity</p>	<p>State Level Change Needed</p>	<p>★ Included in Recommended New Facility</p>	<p>★ Development of Community Capacity Encouraged</p>
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Services Needed: Facility



**New 24/7 Behavioral Health
Services Center**

- **Acute Treatment Unit (ATU)**

Acute mental illness stabilization when hospitalization not required
12 beds / 990 admissions

- **Withdrawal Management (f/k/a detox)**

Medically monitored
12 beds / 820 admissions

- **Short Intensive Residential (SIR)**

For substance use disorder treatment
11 beds / 300 admissions

- **Thorough Assessments**

Professionals skilled in both MI and SUD
Connection to appropriate community service
7,600 assessments

- **Client Assistance**

Help paying for transportation, medications, co-pays, and deductibles
1,600 clients

In the community...

Encourage Others to Expand

- **Long-term Low Intensity Residential**
90 day for Substance Use Disorders
52 beds, 190 admissions
- **Increase Intensive Outpatient & Outpatient Services**

Provide

- **24/7 Certified Addictions Counselors**
- **Client Assistance with Costs**
- **For Those with Complex Needs**
Care Coordination (250 people)
Support Services (100 people)
When living in Permanent Supportive Housing



Summary, Increased Capacity for Critical Services

Estimate: Up to 4,700 individuals served, some duplicated

	Capacity	Total Utilization
Assessments		7,655
Focused Client Services	(people)	1,970
Client Assistance	1,620	
Care Coordination	250	
Support Services, PSH	100	
Admissions	(admissions)	2,304
Acute Treatment Unit	986	
Withdrawal Management	822	
Short-term Intensive Residential	305	
Low-Intensity Residential	191	
TOTAL		11,929

Estimated Costs



OPERATING

Personnel \$ 8.6 million

Client Assistance \$ 2.4

Other \$ 4.8

TOTAL: \$15.8 million

Less Revenues \$ 4.0

Needed Annual Funding: \$ 11.8 million

Facility: 51,000 square feet, \$20.4 million

Leveraging Change: One Example

Additional Capacity
to be Encouraged by Existing Providers (Payers Exist)

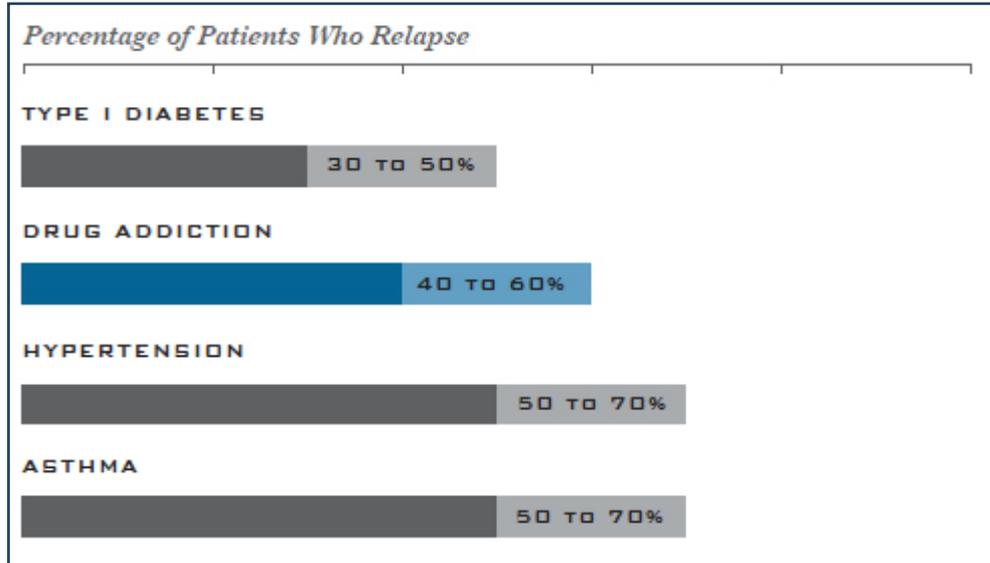
	Total Needed	Approximate Existing	Expansion To Be Encouraged	Estimated Need for Client Assistance (budgeted, prior slide)
Intensive Outpatient (SUD)	1,090	240	850	220
Outpatient (SUD)	3,800	1,600	2,200	780

SUD: Substance Use Disorder Treatment

Outcomes

Treatment Works: Effectiveness Compared to Other Serious Chronic Diseases

National Institutes of Health, 2012



Value of the Investment

Immeasurable

Save lives!

Maintain and restore health, healthy families, workplaces

Target \$\$ to effective treatment



Proven Outcomes in Study after Study

Avoided use of health care system

- Health Care Costs: ED, hospital, ambulance, primary care
- Mental health care

Avoided crime; lowered recidivism

- Criminal justice system: law enforcement, prosecution, incarceration, etc.
- Victim losses: bodily and emotional harm, property theft/damage

Increased chances of employment; contributing taxes

Significant increases in years of healthy life lived



A Sound Investment

Studies Consistently Show Significant Economic Impact

- Every dollar spent on addiction treatment programs yields a return of between \$4 and \$7 in reduced health, crime, and criminal justice costs, and impaired work (NIH, 2012) [= \$40M return locally]
- CA state treatment system: on average, substance abuse treatment cost \$1,583 and is associated with a monetary benefit to society of \$11,487 (>7:1 ratio) – mostly due to reduced costs of crime and increased employment earnings.
- Louisiana: each \$1 for alcohol and drug abuse treatment will reduce future expenditures on criminal justice, medical care, and public assistance by approximately \$3.83.
- Kaiser (CA): matched control group; those in substance use treatment had 35% less inpatient cost, 39% less ER cost, 26% lower total medical cost.



A Local Example: Reductions in Service Utilization and Related Cost Offsets Community Dual Disorder Treatment Program, Larimer County

From Evaluation of First Four Years of Program

92% reduction in inpatient psychiatric treatment days

78% reduction in transports by ambulance

75% reduction in medical hospitalizations

62% reduction in arrests

84% reduction in Emergency Department visits

75% reduction in inpatient detox or inpatient substance abuse treatment

\$174,027 total net cost offsets over four years (including reduced services usage and total program costs)

Partners:

SummitStone Health Partners
FC Housing Authority
Health District

Key Linkages to Major City Concerns

Social Sustainability Goals (SS Gaps Analysis, 2014)

- Residents are able to rapidly access and receive the depth of treatment needed for **mental health**, physical health and **substance abuse** needs.
- High quality health care is delivered across the continuum of care: **therapy, outpatient care, inpatient care, residential treatment** for addictions, mental health care.

Intertwined with...

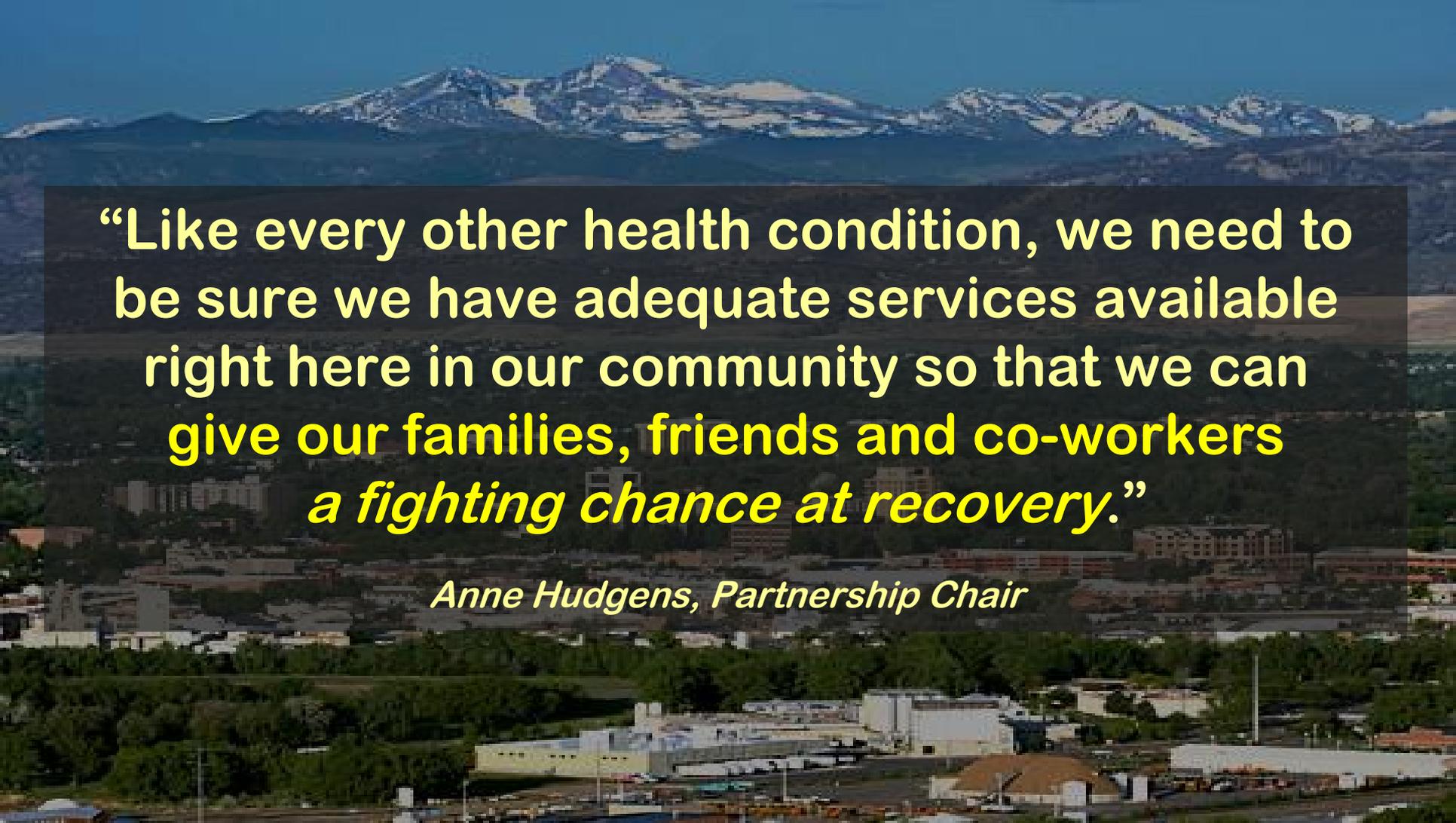
Police services, criminal justice system

Poverty

Housing, Support Services for Permanent Supportive Housing

Businesses, Homelessness, Street Outreach Project



A scenic view of a city with snow-capped mountains in the background. The city is visible in the foreground and middle ground, with various buildings and greenery. The mountains are prominent in the background, with patches of snow on their peaks and slopes. The sky is clear and blue.

“Like every other health condition, we need to be sure we have adequate services available right here in our community so that we can give our families, friends and co-workers *a fighting chance at recovery.*”

Anne Hudgens, Partnership Chair

Attachment #1

Summary of Recommendations in Infographic Form

Services Needed: Filling Our Greatest Gaps

New 24/7 Behavioral Health Services Center



- **Thorough Assessments**

Professionals skilled in both MI and SUD
 Connection to appropriate community service
 7,600 assessments

- **Client Assistance**

Help paying for transportation, medications,
 co-pays, and deductibles
 1,600 clients

- **Acute Treatment Unit (ATU)**

Acute mental illness stabilization when
 hospitalization not required
 12 beds / 990 admissions

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In the Community

Encourage Others to Expand

- **Long-term Low Intensity Residential**
 90 day for Substance Use Disorders
 52 beds, 190 admissions
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Provide

- **24/7 Certified Addictions Counselors**
- **Client Assistance with Costs (above)**
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 Care Coordination (250 people)
 Support Services (100 people)
 When living in Permanent Supportive Housing

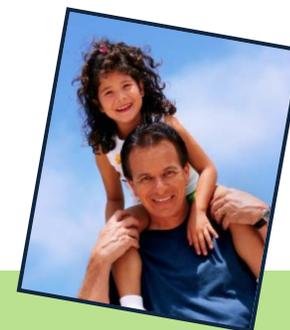
What Would It Take?

Facility Cost: \$20.4 Million

51,000 square feet

Annual Cost: \$11.8 Million

(after revenues)



Value

Save lives and families

Increase self-sufficiency

A wise economic investment

Reduces health care and criminal justice costs
 Increases productivity

Reduce poverty and homelessness

Reduce unnecessary use of:

- Emergency Departments
- Hospitals
- Ambulance
- Health Care
- Police
- Courts
- Jails

**Change
 Nothing
 and
 Nothing
 Changes**

Development of Critical Behavioral Health Services in Larimer County: Recommendations

Study and recommendations from NIATx, February 2016 • Requested by the Mental Health and Substance Abuse Partnership of Larimer County
 Commissioned by the Health District of Northern Larimer County • Funded by the Health District, SummitStone Health Partners and Larimer County

The Issue

Behavioral Health Disorders, which include **mental illness** and **substance use disorder**, are **serious health conditions**. Much like diabetes or heart disease, they can be chronic, disabling and even life-threatening.

*“Like every other health condition, we need to be sure we have adequate services available right here in our community so that we can **give our families, friends and co-workers a fighting chance at recovery.**”*

Anne Hudgens, Partnership Chair

Key Finding

Although it has many quality services, Larimer County does **NOT** have the range of services and facilities to meet the needs of thousands of residents who need treatment for mental illness and substance use disorder

Key Recommendation

Since the effective treatment of mental health and substance use disorders, like other serious health conditions, requires specialized care, fill gaps in care with high-quality specialized treatment options. Include a 24/7 Behavioral Health Services Center providing thorough assessments, connections to existing services, and short-term live-in treatment for: acute mental health problems, withdrawal management from substances (f/k/a Detox), and intensive substance use disorder treatment. Significantly expand effectiveness of these and other community services by providing client assistance to help pay for transportation, medications, and cost of care; providing special care coordination and services for more people who have complex needs; and helping to create longer-term residential treatment for those with more severe substance use disorders. Encourage expansion of skilled outpatient and intensive outpatient services.



Nearly 90% of people view physical and mental health as equally important

American Foundation for Suicide Prevention

The Impacts of Behavioral Health Disorders in Larimer County are:

LARGE

44,300

with mental illness

(10,000 with significant mental illness)

31,200

with substance use disorder

Some people with both conditions
Acuity varies

COSTLY

HUMAN

- Impacts on Individual and family
- Unemployment/poverty
- Early death

FINANCIAL

- Lost productivity
- Health care costs
- Law enforcement
- Criminal justice
- Disability

PERSONAL

Friends



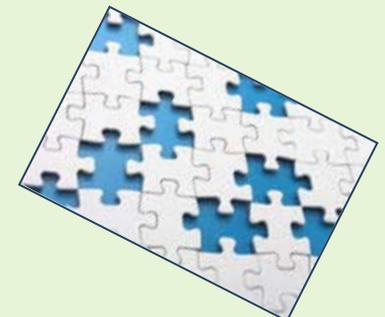
Co-workers



Family



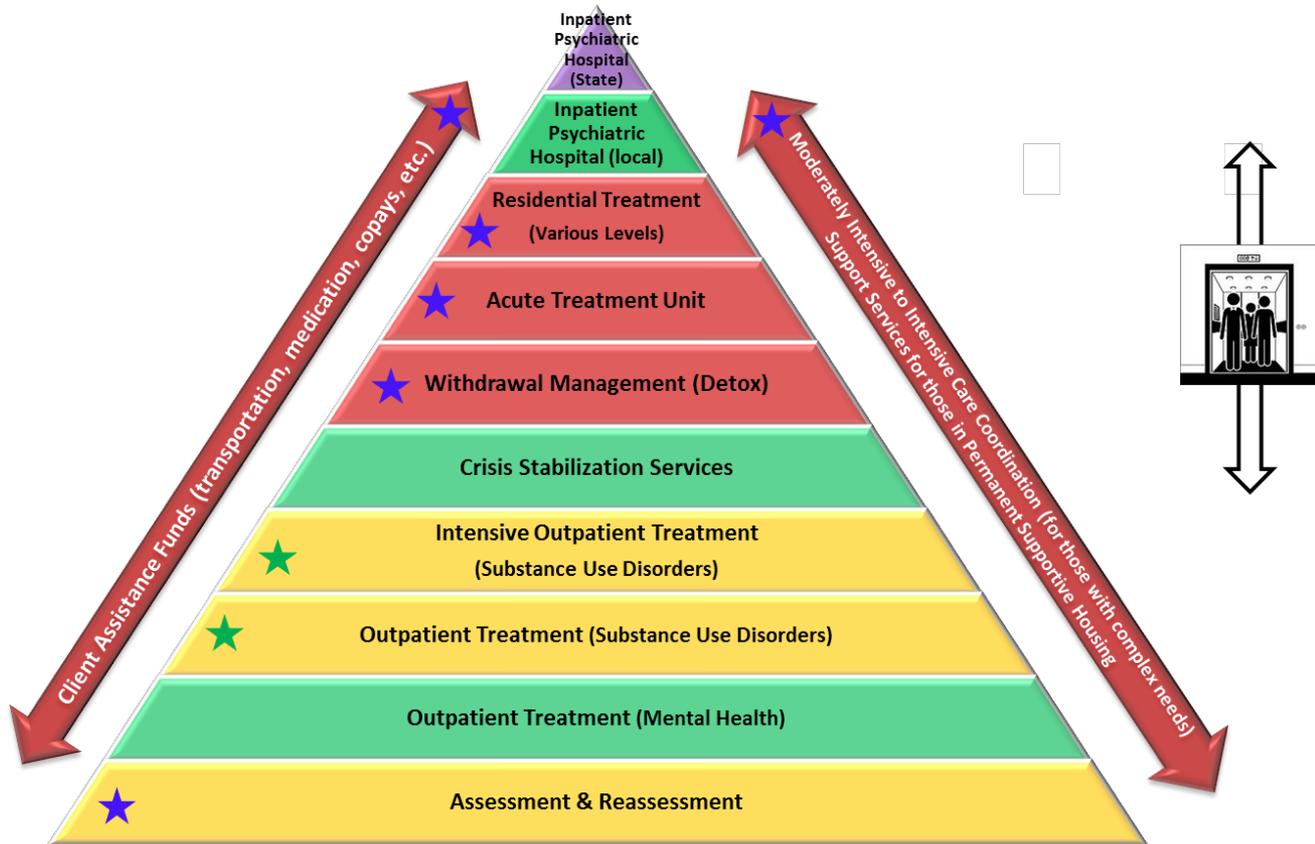
Many face challenges in finding care



Attachment #2

At-A-Glance Visual of Existing
and Recommended Behavioral
Health Capacity

Existing and Recommended Service Capacity in the Larimer County Behavioral Health System



Capacity Currently Exists (some limitations or needs may exist)	Significant Additional Capacity Needed	Little or No Existing Capacity	State Level Change Needed	★ Included in Recommended New Facility	★ Development of Community Capacity Encouraged
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Attachment #3

List of Services to be Provided
with Estimated Amounts

Recommendations for Critical Behavioral Health Services in Larimer County

List: Estimates of Services to be Provided

April 2016

Paid for With Projected Budget, in 24/7 Behavioral Services Facility:

- 1) **Thorough Assessments:** 7,600 assessments
Clinically strong, evidence-based, assess both mental illness and substance use disorder
Provided by psychiatrists, licensed therapists, CACs with differential diagnosis expertise
Connections to appropriate community service
- 2) **Acute Treatment Unit:** 12 Beds, 990 admissions, average length of stay (LOS) 5 days
Acute mental illness stabilization when hospitalization not required; more than crisis stabilization center but less than inpatient hospitalization
- 3) **Medically Monitored Withdrawal Management** (formerly known as “detox”):
12 beds, 820 admissions, average LOS 5 days
Includes adequate medical staff to be able to administer person’s personal meds, meds for initial withdrawal if needed, and start medication-assisted treatment for opioid withdrawal
- 4) **Short Term Intensive Residential (SIR):** 11 beds, 300 admissions, average LOS 12 days
Short term intensive treatment for substance use disorder
- 5) **Client Assistance For Treatment Costs:** Assist 1,600 individuals
Flexible funding to assist with medications, transportation, deductibles/co-pays, etc.

Paid for With Projected Budget, in the COMMUNITY:

- 6) **Moderately Intensive to Intensive Care Coordination:** 250 caseload
Provides higher level care coordination for those with most complex needs, more significant behavioral health disorders (expands existing community model)
- 7) **Supportive Services for those in Permanent Supportive Housing:** 100 caseload
Provides behavioral supportive services for those whose level of functional impairment are appropriate for permanent supportive housing

Partially Supported With Projected Budget, in the COMMUNITY:

- 8) **24/7 Certified Addictions Counselors (CACs) (only)** for Long Term Low Intensity Residential Care (LIR):
52 beds, 190 admissions, average LOS 90 days
While other organizations would provide the LIR, projected funding would cover the cost of CACs 24/7
- 9) **Client Assistance Funds** (see above) to provide **limited help** with Intensive Outpatient (IOP) and Outpatient (OP) Services. IOP: average LOS 30 visits; 1089 admissions total capacity needed.
OP: average LOS 10 visits; 3800 admissions total capacity needed.
The project would encourage existing providers to expand IOP and OP services for substance use disorders. While **insurance is anticipated to pay for most of the cost of IOP and OP, some** of the client assistance funds, above, are anticipated to be needed to assist with deductibles/copays for IOP and OP services for substance use disorders.

Attachment #4

Highlights of Quality Cost
Effectiveness and Effectiveness
of Treatment Studies

Treatment is Cost Effective, and Benefits are Spread Between Many Different Pockets

Compiled by Henrick Harwood, Deputy Executive Director/Director of Research & Program Applications
National Association of State Alcohol & Drug Abuse Directors (NASADAD)
May 2016

The National Institutes of Health (NIH) concludes that substantial research shows for every \$1 spent on substance use disorder (SUD) treatment there are about \$4 to \$7 in economic benefits.

(National Institute for Health. (2012). Principles of Drug Addiction and Treatment: A research-based guide/third edition).

The same report concludes that economic costs of substance abuse (illicit drug, alcohol and tobacco) are about \$600 billion per year, or nearly \$2,000 per person in the US. The economic cost of mental disorders is cited by the National Institute on Mental Illness at over \$300 billion per year, or almost \$1,000 per person in the US. Extrapolating that amount to Larimer County, the estimated economic costs of both substance use disorders and mental illness locally are about \$900 million.

The cost per person with SUD or a mental disorder is literally tens of thousands of dollars per year, depending on their diagnosis, severity, age, and treatment status.

These costs come in many forms, affect many institutions, and permeate society and communities:

- **The Person Impacted by the Disorder:** Nearly half of costs fall on the nearly 50 million experiencing mental disorders (estimated 44,000 locally) and over 20 million (estimated 31,000 locally) with SUD disorders - in terms of impaired workplace and household productivity, lost jobs and derailed careers.
- **Workplaces and Governments: Impact of Lost Productivity and Disability**
 - Workplaces are significantly harmed when workers develop mental or SUD disorders (days out, days less productive, turnover).
 - Lost productivity and disability has a significant impact on tax payers - through lost tax revenues and social assistance payments.
- **Families** (spouses, children) of those with mental disorders and SUD also bear unfathomable impacts, often have their own health and emotional problems and require assistance from communities (health, housing, food, school supports, etc.).
- **Health Care System (payers and providers):** About a third of mental illness costs and 10 percent of SUD costs are for treatment (hospital care, doctors, therapists, medicines).
 - Most of these costs are paid through public and private insurance, although states and communities pay a significant share, as well as families.
- **Criminal Justice System:** Tragically, un/undertreated mental disorders and SUD is associated with a great deal of disruption and harm in the broader community through public disturbances, status offenses, violence (actual as well as threatened), theft/burglary and system crime.
 - These impact police, jails, prisons, courts, prosecutors, probation and parole, across local, state and federal authorities. Victim loss can also include property theft or damage and bodily and mental health harm.

RICE, D.P.; Kelman, S.; Miller, L.S.; and Dunmeyer, S. The Economic Costs of Alcohol and Drug Abuse and Mental Illness: 1985. Rockville, MD: National Institute on Drug Abuse, 1990.

Harwood, H, Fountain, D. and Livermore, G. The Economic Costs of Alcohol and Drug Abuse in the United States – 1992. Rockville, MD: National Institute on Drug Abuse, 1998.

A great many quality studies have been performed to estimate the costs of the disorders and the subsequent cost-offsets of treatment. Cost offset or cost benefit studies measure the economic return from investment in treatment and/or prevention. While studies vary in which impacts and costs they consider, they consistently yield both large aggregate costs and sizeable estimates of benefits from treatment services. The diverse and diffuse nature of the impacts and the costs, however, means that no single agency or institution captures all of the economic benefits. The economic rewards are spread throughout the community (family, workplace, local organizations and governments), and on to the state and federal levels.

Findings and Citations from Selected Studies

National Institutes of Health:

“According to several conservative estimates, every dollar spent on addiction treatment programs yields a return of between \$4 and \$7 in reduced health, crime, criminal justice costs, and impaired work”.

National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition), National Institute of Health, 2012.

Kaiser Permanente Northern California analyzed the average medical costs during 18 months pre- and post-substance use (SU) treatment and found that the SU treatment group had a 35% reduction in inpatient cost, 39% reduction in ER cost, and a 26% reduction in total medical cost, compared with a matched control group.

Weisner C, Mertens J, Parthasarathy S, et al. Integrating primary medical care with addiction treatment: A randomized controlled trial. Journal of the American Medical Association, 2001; 286: 1715-1723.

In another study, **Kaiser** also found that family members of patients with substance use disorders (SUD) had high healthcare costs and were more likely to be diagnosed with a number of medical conditions than family members of similar persons without a substance use condition. For families of SUD patients who were abstinent at one-year after treatment began, the healthcare costs of family members were no longer higher than other Kaiser members.

Ray GT, Mertens JR, Weisner C. The excess medical cost and health problems of family members of persons diagnosed with alcohol or drug problems. Medical Care. February 2007. Vol. 45 Issue 2.

California Department of Drug & Alcohol Programs:

In a study of the state treatment system a team at UCLA found that, on average, substance abuse treatment costs \$1,583 and is associated with a monetary benefit to society of \$11,487, representing a greater than 7:1 ratio of benefits to costs. These benefits were primarily because of reduced costs of crime and increased employment earnings.

“California Treatment Outcome Project,” Ettner, Huang, Evans et al. for the California Department of Drug and Alcohol Programs, the Center for Substance Abuses Treatment, and the Robert Wood Johnson Foundation), 2008.

Washington (state) studied 557 indigent clients with substance use disorder (SUD) and estimated that those that received substance abuse treatment had Medicaid expenses \$4,500 less than similar untreated individuals, which compared favorably to the \$2,300 TX cost. Savings were consistent across the five years.

Luchansky, B. & Longhi, D., 1997. Cost Savings in Medicaid Medical Expenses: An Outcome of Publicly Funded Chemical Dependency Treatment in Washington State. Washington State Department of Social and Health Services.

Washington (state) studied SSI enrollees in need of substance abuse treatment. 50% got treatment. Those treated achieved: lower medical costs of \$311/month; and reduced: arrests of 16%, convictions of 15%, felony convictions of 34%.

Estee S, Nordlund D. Washington State Supplemental Security Income (SSI) cost offset pilot project: 2002 progress report. Washington State DSHS, Research and Data Analysis Division, Olympia, WA. February 2003.

Washington (state) analyzed the impact of \$21 million treatment expansions in FYs 2005-07. Realized savings in Medicaid alone were \$17.8 million.

David Mancuso, PhD, Daniel J. Nordlund, PhD, et al. DASA Treatment Expansion: April 2008 Update. WASHINGTON STATE Department of Social and Health Services

Washington (state) estimated that it will save \$2.58 in criminal justice system and victim costs for every dollar spent on treatment.

Mancuso, David. Providing chemical dependency treatment to low-income adults results in significant public safety benefits. Washington State Department of Social and Health Services Research and Data Analysis Division, February 2009.

South Dakota: Before treatment (based on more than 1,000 persons followed 12 months after treatment), the cost of treatment (\$1,382) was significantly less than the benefits (\$11,653), resulting in a very favorable cost-benefit ratio. The cost benefit in this study was \$8.43 for every dollar invested. The cost benefit results presented here are similar (although somewhat higher -- \$8.43 compared to \$7.00) to those reported elsewhere.

"Substance Abuse Treatment Produces Savings in South Dakota," Gary Leonardson, Mountain Plains Research, for Division of Alcohol and Drug Abuse State of South Dakota, Dec, 2005. <http://dhs.sd.gov/ada/Publications/SDImpactTreatment3.pdf>

Oregon: A cohort of treatment completers produced cost savings of \$83,147,187 for the two and a half years following treatment. The cost for treating all adults in 1991–92 was \$14,879,128. ♦ Thus, every tax dollar spent on treatment produced \$5.60 in avoided costs to the taxpayer.

"Societal Outcomes and Cost Savings of Drug and Alcohol Treatment in the State of Oregon". Finigan, M. for Office of Alcohol and Drug Abuse Programs, Oregon Department of Human Resource, 1996.

Louisiana: "We conclude that for each dollar the state puts into alcohol and drug abuse treatment programs, it will reduce future expenditures on criminal justice, medical care, and public assistance by approximately \$3.83."

"Potential Cost Savings to the State of Louisiana from the Expansion of Substance Abuse Treatment Programs," Report Prepared by Loren Scott & Associates, Inc. for Louisiana Department of Health and Hospitals Office for Addictive Disorders, 2003.

Kentucky: The reductions in self-reported arrests for Kentucky clients, combined with cost estimates for their crimes and increased earnings and tax revenues, suggest a cost benefit for Kentucky taxpayers estimated at a ratio of 4.98 to 1. In other words, Kentucky saved \$4.98 for every dollar spent on treatment.

*"Kentucky Substance Abuse Treatment Outcome Study FY 2006 Follow-Up Findings," Robert Walker, Allison Mateyoke-Scriver, Jennifer Cole, TK Logan, Erin Stevenson, Carl Leukefeld, Tom Jackson. Center on Drug Abuse Research, U. Kentucky, JUNE 2008
.http://cdar.uky.edu/ktos/downloads/report/Section%20Four.pdf*

Systemic Review of Acute Residential Mental Health Services:

One paper reviewed 26 studies on Acute Residential Mental Health Services, and concluded they provide treatment outcomes equivalent to those of inpatient units, with users reporting high satisfaction. Acute residential services offer a cost-effective alternative to inpatient services.

Kerry A. Thomas, et al. Clinical and Cost-Effectiveness of Acute and Subacute Residential Mental Health Services: A Systematic Review Kerry A. Thomas, et al. Psychiatric Services, Nov. 2013.

Major Conclusions on the Effectiveness of Treatments for Mental Disorders

Compiled by Henrick Harwood, Deputy Executive Director/Director of Research & Program Applications
National Association of State Alcohol & Drug Abuse Directors
May 2016

President Bush said "... Americans must understand and send this message: mental disability is not a scandal - it is an illness. And like physical illness, it is treatable, especially when the treatment comes early."

New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America. Final Report. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

"... a variety of treatments of well-documented efficacy exist for the array of clearly defined mental and behavioral disorders that occur across the life span . . ."

- "A range of efficacious psychosocial and pharmacologic treatments exists for many mental disorders in children, including attention deficit/hyperactive disorder, depression, and the disruptive disorders."
- Concerning adult anxiety, depression and schizophrenia, "Research has contributed to our ability to recognize, diagnose, and treat each of these conditions effectively in terms of symptom control and behavior management. Medication and other therapies can be independent, combined, or sequenced depending on the individual's diagnosis and personal preference."
- "There are effective interventions for most mental disorders experienced by older persons (for example, depression and anxiety), and many mental health problems, such as bereavement."

U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

Following on the New Freedom Commission and Surgeon General's Report, the Milbank Memorial Fund commissioned a study to examine and summarize the effectiveness of key mental disorder treatments. The report found:

- Aggregated results of placebo-controlled clinical trials show that for adults with schizophrenia "patients on placebo had an aggregated relapse rate of 70 percent, compared with only 23 percent for those on antipsychotic medication. The figure also shows that the projected annual relapse rates with these medications in usual practice are in the range of 40 to 50 percent." "A number of psychosocial treatments, in combination with appropriate pharmacotherapy, have been found to provide benefits in the form of reducing symptoms and relapse."
- For major depression, meta-analysis showed that fifty percent of those receiving medications improved, versus 32 percent of those given placebo.
- Multisystemic therapy (MST) is designed for youth with severe emotional disorders (such as conduct disorder). "Studies consistently indicate that MST reduces long-term rates of re-arrest by 25 to 70 percent and long-term rates of days in out-of-home placements by 47 to 64 percent; reduces psychiatric symptoms and substance abuse; and improves mainstream school attendance, family relations, and consumer satisfaction."

Anthony F. Lehman, Howard H. Goldman, Lisa B. Dixon, and Rachel Churchill, 2004. Evidence-Based Mental Health Treatments and Services: Examples to Inform Public Policy. Milbank Memorial Fund, New York, New York.

Attachment #5

Executive Summary of Report: Recommendations for the Development of Critical Behavioral Health Services in Larimer County

REVISED 3/31/2016

Recommendations for the Development of Critical Behavioral Health Services in Larimer County

Executive Summary



**Community Mental Health and Substance Abuse
Partnership of Larimer County**
An Unincorporated Non-Profit Association

February 23, 2016



**Community Mental Health and Substance Abuse
Partnership of Larimer County
An Unincorporated Non-Profit Association**

Executive Summary

**Recommendations for the Development of Critical Behavioral Health
Services in Larimer County**

February 23, 2016

Introduction

While many quality behavioral health treatment and support services are being provided in Larimer County, the current continuum of services being offered is not sufficient to meet the needs of the many people who have mental illnesses and/or substance use disorders. As a result, these people often simply can't get the level of care that they need to address their illness.

Awareness of the gaps in behavioral health services has been growing over time to the point that several major community organizations have mentioned the need for an improved behavioral healthcare system in their strategic planning, including Larimer County, the City of Fort Collins, and the Health District of Northern Larimer County. The Community Mental Health and Substance Abuse Partnership of Larimer County, a collaborative effort between over twenty organizations, consumer and family advocates, and treatment and service providers, established creating a plan for the expansion of critical behavioral health services as its highest priority in 2015. This document is the result of this priority area and the work of a sub-group of Partnership Members known as the "Plan Guidance Team" and is intended to inform the planning process.

To aid in data collection, analysis and development of recommendations, the Partnership engaged the services of the NIATx group, a multidisciplinary team of consultants with a unique blend of expertise in public policy, agency management, and systems engineering that has worked with 1000+ treatment providers and 50+ state and county governments.

The purpose of this document is to help citizens and service providers understand existing challenges, garner commitment to making changes and improvements, and stimulate significant development and expansion of critical behavioral health services in Larimer County. The ultimate goal is to guarantee Larimer County's capacity to meet the growing behavioral health needs of its citizens. This document seeks to accomplish the following:

1. Delineate what is needed for a more complete continuum of care capable of providing adequate levels of affordable care for those with behavioral health needs (focusing on the best evidence, high quality, and access to care), understand what actually exists in our community, and determine the gaps.
2. Determine a cost estimate for filling the gaps, potential revenue sources, and the remaining need for funding.

The Need

Behavioral health disorders, including mental illness and substance use disorders are serious, chronic health issues that can be potentially life-threatening, similar to other chronic health disorders such as diabetes and heart disease. These disorders of the brain are common and can affect anyone at any age or socioeconomic status. It is estimated that there are approximately 44,300 adults who have mental illness and 31,000 who are dependent on alcohol or drugs living in Larimer County, although many have both disorders and the impact of the disorders varies.

Behavioral health disorders are treatable and treatment effectiveness is improving. However, the majority of those with these disorders never receive the treatment they need to help restore their functioning. Though these conditions are treatable health disorders, consumers and families regularly report great difficulty in getting access to the recommended range of services – a situation that is quite different than access to care for other chronic illnesses such as heart disease and diabetes.

Lack of treatment is particularly true for those with substance use disorders (thus this study focused heavily on estimating unmet need for these disorders). NIATx estimated that of the approximately 31,000 people meeting the criteria for needing treatment for substance use disorders, only 2,800 people actually receive that care each year in Larimer County, leaving over 28,000 people needing, but not receiving, treatment annually. Of those 28,000, it is estimated that approximately 1,400 actually want or would seek treatment but do not receive that treatment. Providing an improved continuum of care for the 4,200 people needing and seeking treatment (2,800 who currently seek treatment and an additional 1,400 who need but don't receive that treatment) is critical to their recovery.

When people with behavioral health disorders do not receive appropriate, timely, or adequate treatment the result is often greater suffering from symptoms, poor quality of life, reduced ability to function and use of more intensive and higher cost levels of treatment. People with behavioral health disorders are also at risk for unstable employment, poverty, chronic health conditions, early death, and suicide. Many people who don't get the right treatment enter a cycle of repeated use of the highest cost services in our community such as emergency departments, law enforcement or criminal justice, including jail.

While many quality services are being provided here, **the key finding of this investigation is that Larimer County does not have a continuum of behavioral health treatment and support services that is sufficient to meet the needs of the many people with mental illnesses and/or substance use disorders.** As a result, these people often simply can't get the level of care that they need to address their illness.

Recommended Solutions to Meet the Need

Specifically, this planning process recommended that four key levels of care and a range of support services be added or expanded in order to provide adequate standards of care in Larimer County.

- A full complement of Withdrawal Management (Drug/Alcohol Detoxification) services
- Residential Treatment for Substance Use Disorders (SUDs)
- Acute Treatment Unit (ATU) for just-under-hospitalization level of care
- Intensive Outpatient Treatment Services (IOP)
- Support Services (moderately intensive to intensive care coordination, medications, and support services for those living in Permanent Supportive Housing, assessment, and client assistance funds).

The study also recommended that many of these services be provided in a 24-7 Services Center providing a new state-of-the-art model of care and enabling more seamless transitions between levels of care. Part of the new model would include a more thorough, formal, patient-centered assessment process in order to better guide transitions into and between the levels of care.

Specific recommendations to create and support adequate services in each of these areas include:

1. **Expand treatment capacity** to accommodate the estimated need for services for up to 4,700 adults. This includes an estimated 2,800 people currently receiving some level of treatment, plus an additional 1,400 adults estimated to need and seek treatment in Larimer County but who are currently unable to receive that treatment, plus an allowance of 500 people for anticipated growth. The total annual utilization of all services included in the recommended model is estimated at approximately 12,000 admissions (defined broadly).
2. **Create a more complete continuum of care and the ability to place patients into appropriate levels of care based on assessment and re-assessment. Provide most services in one facility, with specific services supported and provided in the community.**
3. **Create a medically monitored Withdrawal Management Center (Drug/Alcohol Detoxification) in Larimer County** with 12 beds and the capacity for up to 822 ASAM level 3.7 admissions in order to support detoxification from alcohol or drugs and transition individuals into treatment. Two additional levels of withdrawal management services would be available in the community (but are not included in the funding recommendations included in this document): Ambulatory (ASAM level 2.0) managed on an outpatient basis, and Intensive Inpatient (ASAM level 4.0) provided in a hospital setting.
4. **Create or support several levels of residential care to support up to 500 short-term and long-term supported residential admissions as follows:**
 - **Create Short-Term Intensive Residential Treatment (IRT)** designed to provide a safe therapeutic environment where clinical services and medications are available to treat patients who are medically stable and withdrawn from substances. Capacity: 11 beds, average length of stay (ALOS) of 12 days, and 305 admissions.
 - **Support Low Intensity Residential (LIR) services** designed to build and reinforce a stable routine in a safe and supportive context for residents who lack a stable living environment. Capacity: 52 beds (in the community, not part of facility), ALOS of 90 days, and 190 admissions.
 - **Encourage the development of independent, voluntary sober housing**, like “Oxford Houses” in the community to provide safe and supportive living environments for those who choose and can pay for this type of residence. No external financing is recommended for this type of housing.
5. **Encourage the development of community capacity for Intensive Outpatient Services (IOP)** for individuals who require a more structured substance use disorder outpatient treatment experience than traditional outpatient treatment. Capacity: 1,089 IOP admissions, an average of 30 visits per admission, and an average daily census of 50. (Note: Since health insurance is likely to cover these services, the only amount included in the budget recommendations in this document is client assistance for up to 218 uninsured or underinsured individuals.)

6. **Encourage the development of community capacity for Outpatient (OP) Substance Use Disorder Treatment** to provide up to 3,800 admissions, with 30 FTE providing 10 sessions per admission for people who can benefit from outpatient treatment. (Note: Since health insurance is likely to cover these services, the only amount included in budget recommendations is client assistance for up to 780 uninsured or underinsured people.)
7. **Create an Acute Treatment Unit in Larimer County** to provide short-term crisis stabilization for individuals whose symptoms and treatment can be managed in non-hospital settings. Capacity: 12 beds, ALOS of five days and capacity to provide up to 986 admissions.
8. **Provide specific behavioral health support services** to include:
 - Moderately intensive to intensive care coordination for up to 250 clients
 - Client assistance fund to help cover needs such as transportation, co-pays (including IOP and OP), medications, and personal emergencies for up to an estimated 1,620 clients
 - Approximately 7,650 patient-centered, intensive assessments to ensure placement in appropriate levels of care
 - Support services in Permanent Supportive Housing for up to 100 clients with chronic health conditions who lack family/social supports, and are disconnected from employment and other community functions. (Housing to be provided by other sources.)

Financial Resources Needed to Provide These Services

After NIATx completed a preliminary report with a first round of cost, revenue and facilities estimations, local experts in behavioral health, budgeting and facilities amended these figures to represent local circumstances and input. The annual costs to provide these services have been estimated at \$15.77 million. Available revenues from client fees and insurance are estimated at approximately \$4 million. The remaining need for funding is estimated at \$11.77 million.

Projected Overall Operating Budget	
Personnel	\$8.58 million
Client Assistance	\$2.40 million
Operational (operational costs, maintenance, equipment, contracted services, etc.)	\$4.79 million
TOTAL:	\$15.77 million
Less Revenues	\$ 4.00 million
Needed Annual Funding:	\$11.77 million

Facilities Needed and Associated Costs

Estimates for facility space and costs are currently estimated based on providing most services in one facility. Based on current estimates, a 51,000 square foot facility would be required to provide these services. The total facility and land costs are estimated at \$20.42 million. Facility costs have not been estimated for Low Intensity Residential services.

Benefits and Value to the Community

There is ample evidence to demonstrate significant value and benefits of behavioral health disorder treatment. Patients and families benefit from increased health, well-being and ability to function in their family, work, community and society (similar benefits as those seen for managing symptoms of diabetes or hypertension). Communities realize reductions in related costs. Additionally, the National Institute of Health estimates that every dollar spent on addiction treatment yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When healthcare related savings are included, total savings can exceed costs by a ratio of 12 to 1.

Summary, Estimated Increased Capacity for Critical Services To Be Developed Under Proposed Budget		
	Capacity	Utilization
Assessments		7,655 assessments
Acute Treatment Unit (ATU)	12 beds	986 admissions
Withdrawal Management (medically monitored detox)	12 beds	822 admissions
Short-term Intensive Residential Treatment (IRT)	11 beds	305 admissions
Low-intensity Residential (LIR) (funding for staff, not facility; beds to be outside of facility)	52 beds	191 admissions
Client Assistance (transportation, medication, co-pays, etc.) Includes client assistance for IOP and OP for un- & under-insured		1,620 clients
Care Coordination (moderately intensive to intensive)		250 clients
Support Services (for those in Permanent Supportive Housing (PSH))		100 clients
TOTAL		11,929

Additional Substance Use Disorder Treatment Capacity Needed and to Be Encouraged (Insurance Coverage Available)	
Intensive Outpatient (IOP) Treatment	1,089 (capacity needed; 220 clients included in client assistance, above)
Outpatient (OP)	3,800 (capacity needed; 780 clients included in client assistance, above)
TOTAL	4,889

For more information contact:
 Lin Wilder
 Community Mental Health and Substance Abuse Partnership of Larimer County
 lwilder@healthdistrict.org

**COUNCIL FINANCE COMMITTEE
AGENDA ITEM SUMMARY**

Staff: SCFD Citizen Committee
Lisa Hatchadoorian, Ann Turnquist, Susan Ison

Date: May 16, 2016

SUBJECT FOR DISCUSSION

Proposed Science and Cultural Facilities District ballot measure, November 2016

EXECUTIVE SUMMARY (a brief paragraph or two that succinctly summarizes important points that are covered in more detail in the body of the AIS.)

A citizen committee has been working for the past year to develop a proposal to place a sales and use tax measure on the November 2016 ballot to create a Science and Cultural Facilities District in Larimer County. The tax measure would be for a 1/10th cent tax for ten years.

Several portions of the City of Fort Collins would benefit from funding through Larimer SCFD, including Gardens on Spring Creek, Lincoln Center, and the Museum of Discovery. Under the proposed formula for distribution of funds from the SCFD, funding recipients could receive up to an additional 20-25% of their operating budget

GENERAL DIRECTION SOUGHT AND SPECIFIC QUESTIONS TO BE ANSWERED
(Work session questions should be designed to gather direction from Council without requiring Councilmembers to make a decision.)

Finance Committee briefing. No action or direction sought.

BACKGROUND/DISCUSSION (details of item – History, current policy, previous Council actions, alternatives or options, costs or benefits, considerations leading to staff conclusions, data and statistics, next steps, etc.)

Larimer SCFD would benefit a wide range of non-profit organizations throughout Larimer County. Benefiting organizations would be defined in state enabling legislation and include the following:

A scientific facility is a non-profit organization (or agency of local government) with the primary purpose of enlightening and entertaining the public through the production,

presentation, exhibition, advancement, or preservation of natural history or natural sciences including earth, life, or physical sciences

A cultural facility is a non-profit organization (or agency of local government) with the primary purpose of enlightening and entertaining the public through the production, presentation, exhibition, advancement, or preservation of visual arts, performing arts, or cultural history

The estimated 2017 Tax revenues for the Larimer SCFD is estimated to be \$6.6 million. As many as 110 science and cultural services entities could benefit from the program, providing a sustainable funding source for programing and community services.

Some of the benefits that the Denver SCFD has provided in the metro area include

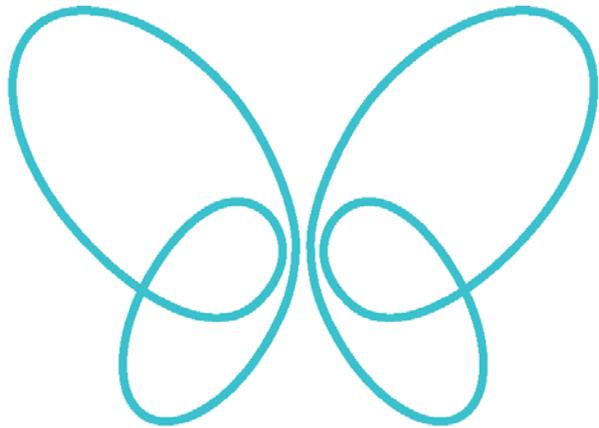
- Enhanced community economic development
- Enables more programs, exhibits and activities for the community
- Increases jobs – both within the eligible organizations and in support of activities
- Increases attendance on an annual basis – both from within and outside the county
- Grows donations to science and cultural organizations

The citizen committee looks forward to discussing the proposal with the Finance Committee and providing a perspective on the potential benefits to the City, the community and Larimer County as a whole.

ATTACHMENTS (numbered Attachment 1, 2, 3,...)

Larimer County

Scientific and Cultural Facilities District



**Supporting Science & Culture
in Larimer County**

SCFD Citizen Committee

Ann Turnquist

Lisa Hatchadoorian

Susan Ison

May 2016

What is a Scientific and Cultural Facilities District?



Colorado Statute

A special district statutorily authorized in 1987 to be used to fund local and regional scientific and cultural organizations

Goals



SCFD

Supporting Science & Culture
in Larimer County

The goals of the SCFD are to:

- Maintain investment in the area's scientific and cultural treasures
- Continue to provide high-quality programs to children, families and residents
- Enhance access to culture and education for all residents, especially underserved audiences
- Strengthen tourism and economic impact derived from the cultural programming and exhibits



Legislative Definition



A scientific facility is...

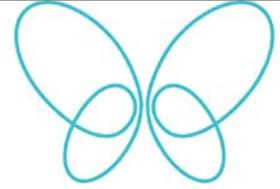
A non-profit organization (or agency of local government) with the primary purpose of enlightening and entertaining the public through the production, presentation, exhibition, advancement, or preservation of natural history or natural sciences including earth, life, or physical sciences

A cultural facility is...

A non-profit organization (or agency of local government) with the primary purpose of enlightening and entertaining the public through the production, presentation, exhibition, advancement, or preservation of visual arts, performing arts, or cultural history



What entities in Larimer County would benefit?



SCFD

Supporting Science & Culture
in Larimer County



- Science Facilities
 - Museum of Discovery
 - Gardens on Spring Creek



- Cultural Facilities
 - Open Stage Theatre
 - Fort Collins Museum of Art
 - Lincoln Center
 - Canyon Concert Ballet
 - Bas Bleu Theater
 - Rialto Theater
 - Loveland Museum



And Many More!!

Funding through a Voter Approved Sales and Use Tax



- The proposed Larimer SCFD tax is 0.1% (1 cent on a \$10 purchase)
- Sunsets in 10 years (by state law)
- Tax revenues are collected and administered by the state and remitted to the SCFD on a monthly basis



The Larimer SCFD Opportunity



- Estimated 2017 Tax Revenues for Larimer District
\$6.6 million
- Economic Development is a priority for Larimer County
Denver SCFD increased Economic Development substantially
- Increased funding to eligible organizations through the SCFD
 - Enables more programs, exhibits and activities for our community
 - Increases jobs – both within the eligible organizations and in support of activities
 - Increases attendance on an annual basis – both from within and outside the county
 - Grows donations to science and cultural organizations
- 110 Potential Organizations – many ways to enhance our lives



Cost to Citizens: 0.1% Sales Tax

**Average per capita tax collection estimated at
\$20 annually in 2017**

Less than two movie tickets each year!



Funding Uses

Funding:

- Must be used to assist qualifying scientific and cultural facilities within the district for:
 - General Operations
 - Expanded Programming
 - Enhanced Marketing and Outreach
 - Serving the Underserved
- It may not be used for capital construction, endowment, or payment of debt principal or interest.
- Proceeds are to be distributed in accordance with any formula or criteria contained in the ballot measure.



Funding Uses: Larimer County



Sustainability Fund:

- All eligible organizations, regardless of size, receive a predetermined percentage of their qualifying revenue; not to exceed 25% of the agency revenue

Innovation Fund:

- Awards based on competitive grants addressing new audiences, innovation, collaboration and regional initiatives

Benefits in Larimer County



- To enhance science, culture, nature and arts offerings to citizens of our region
Cultural Resources address basic needs & skills, especially for youth
- To build on the economic impacts of the arts in Northern Colorado
Cultural & Scientific activities become educational tools
- To support Northern Colorado as a cultural, recreational and intellectual destination
Cultural Resources build unity and complement economic initiatives
- To support a place where talented people want to live
Quality of Life improvements attract knowledge workers
- To build on the success of the Denver Model
Proven Success, both Economic and Quality of Life

The Denver SCFD Experience



• Creation of Denver District

- SCFD created by voters in 1988 (4,500 square miles / seven metro counties)
- Voters approved extending the tax in 1994 and 2004 (sunsets in 2018 but Denver is planning to reauthorize in 2016)

• Economic Growth*

- Denver metro arts, cultural and scientific organizations generated ***\$1.85 billion in total economic activity***
- District distribution of \$47.36 million to 280 eligible organizations
- These organizations represent 10,205 jobs / \$150.7 million in personnel expenses
- 14.2 million people attended these venues (4.2 million students)
- 17% increase in visitors from outside Colorado / spending increased by 14%

**COUNCIL FINANCE COMMITTEE
AGENDA ITEM SUMMARY**

Staff: Tiana Smith, Revenue and Project Manager

Date: May 18, 2016

SUBJECT FOR DISCUSSION Revenue Diversification Update

EXECUTIVE SUMMARY (a brief paragraph or two that succinctly summarizes important points that are covered in more detail in the body of the AIS.)

The purpose of this item is to provide an update to the Council Finance Committee of the ongoing Revenue Diversification project and the research done on the 4 alternatives staff was directed to pursue in November of 2015. Since 2012, staff has continued to analyze and consider various facets of diversification which have been presented to City Council in phases. This item summarizes the research done on a tax on services, a transportation utility fee, an occupation tax or fee and the Xcel franchise fee and the impact on reducing Keep Fort Collins Great (KFCG) funding these alternatives would have.

GENERAL DIRECTION SOUGHT AND SPECIFIC QUESTIONS TO BE ANSWERED (Work session questions should be designed to gather direction from Council without requiring Councilmembers to make a decision.)

Of the 4 alternatives presented, which alternative(s) should be pursued?

BACKGROUND/DISCUSSION (details of item – History, current policy, previous Council actions, alternatives or options, costs or benefits, considerations leading to staff conclusions, data and statistics, next steps, etc.)

The City receives 51%-54% of its revenue from sales and use tax. Sales and use tax can be a volatile source of revenue during times of economic downturn. The issue of how to strike a balance of adequate revenue to fund current levels of service without an overreliance on sales and use tax is an ongoing issue.

In 2012, staff embarked on an ongoing project to assess the City's revenue. Phases of the project have included the following initiatives:

- Analyze City's revenue base and compare it to benchmark jurisdictions
- Evaluate diversification options
- Update Revenue Policy to include revenue principles for decision making
- Analyze a Street Maintenance and Park Maintenance Fee

- Complete comprehensive fee comparison study

In November of 2015, staff was directed by Council Finance to pursue researching a tax on services, a transportation utility fee, an occupation tax or fee and the Xcel franchise fee and how additional revenue from these alternatives may reduce the amount of Keep Fort Collins Great funding needing to be renewed in 2020.

The presentation will outline each alternative's pros and cons, the level of revenue estimated to be generated, legal implications if applicable, and the reduction to KFCG.

The information presented has been updated to current revenue figures. The presentation is intended to provide and update for the Council Finance Committee the information that has been gathered and ask for direction on which of the 4 alternatives to continue to pursue and begin public outreach.

ATTACHMENTS

Revenue Diversification CFC 5-18-16 PowerPoint



Revenue – the total income produced by a given source

Diversity – the condition of having or being composed of differing elements

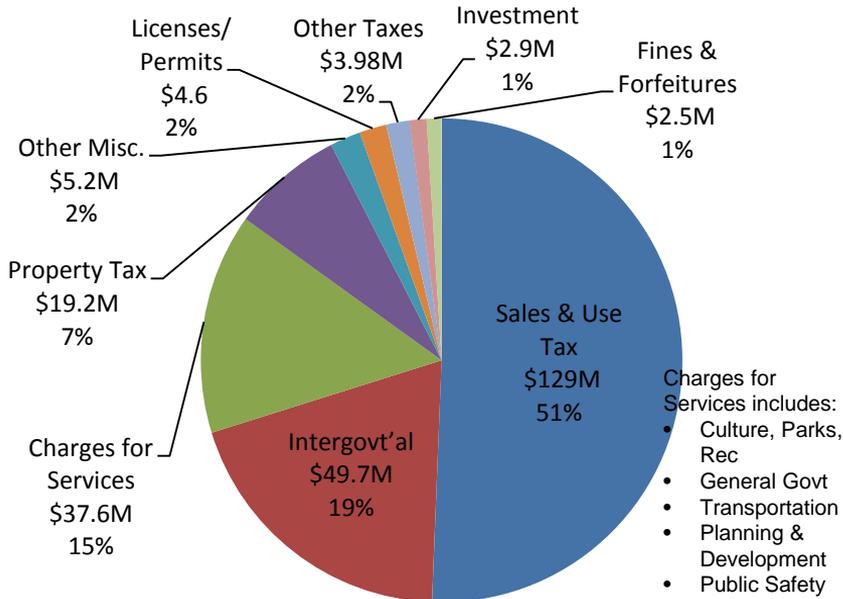
There is merit in the notion that states and local governments should balance their tax systems through reliance on the "three-legged stool"***

** Source – National Conference of State Legislatures (NCLS)

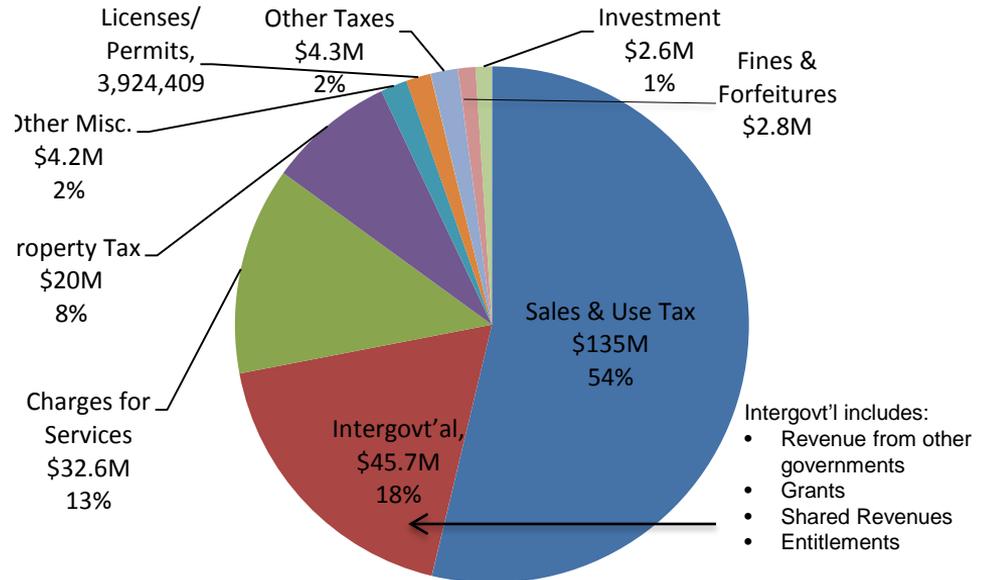
**Goal – Reduce Dependency on Sales Tax Revenue by
Creating Alternate Sources of Revenue**

Fort Collins Governmental Revenue

2014



2015



Sales & Use Tax Percent of Total Generally Around 50%...

Priorities

- KFCG Renewal
- Transit Funding
- Vine/Lemay Railroad Crossing
- Other

Timeline

2017-2018

**Objective: Explore Alternative Funding Strategies
That Can Reduce KFCG Tax**

Alternatives Considered

Alternatives Considered	Voter Approval?	Reduce KFCG?
1. Tax on services		Potentially
2. Transportation utility fee	Likely, but not required	Potentially
3. Occupation tax or fee	Required if tax, Likely but not required if fee	Potentially
4. Xcel Franchise Fee		

**4 Alternatives Researched Based On
Feedback In November 2015**

Types of Services That Could Be Taxed

Laundry/Dry Cleaning

- Linen
- Alterations

Health/Fitness/Entertainment

- Exercise
- Sports Facility
- Bowling
- Martial Arts
- Movie Theatres

Personal Care

- Hair Care
- Exercise
- Nails
- Massage

Professional

- Counseling
- Legal
- CPA
- Photography
- Event planning

Security

Sound

Warranty Services

Computer Program Services

Meals

Landscaping

Funeral

Animal Care

Services In Blue Generally Thought to be Less Impactful on Lower Income*

Tax on Services Estimates*

Service Category	Estimated Tax Generated @ 3.85%
Animal Care (grooming/training, etc)	\$ 193,717
Laundry/Dry Cleaning	\$ 218,042
Hair Care	\$ 884,204
Personal Care (massage, spa services, tanning, weight loss, nail)	\$ 1,346,419
Bowling/Sports Facilities	\$ 162,038
Exercise (fitness membership, martial arts)	\$ 1,395,310
	\$ 4,199,730

***Extremely difficult to estimate, due to accuracy of net taxable sales reported.**

\$4.2M Reduces KFCG to 0.70%

Solution to Accuracy of Estimation

If tax on services is approved by voters, propose a 1 year lag before reducing KFCG tax rate, in order to better quantify the revenue generated and the KFCG rate adjustment

Removes Risk of a Loss/Gain in Revenue

Tax on Services Peer Cities

Fort Collins

- Lodging
- Telecom
- Pay Television
- Gas and Electric

Longmont

- Fabrication
- Telecom
- Freight

Thornton

- Lodging
- Telecom
- Pay Television
- Gas, electric
- Recreation
- Linen
- Security
- Sound
- Bowling
- Laser tag, mini golf
- Laundry

Lakewood

- Linen services;
- Telecom
- Pay television
- Gas, electric and steam services
- Security
- Sound
- Warranty services
- Computer software
- Movie Theatres
- Liquor Establishments

Boulder

- Meals
- Telecom
- Labor
- Gas, electricity steam and heat
- Fabrication
- Computer software

Pros

Less distinction between consumption of goods and consumption of services*

Less regressive by taxing service purchases made primarily by the affluent*

Cons

Difficult to actually estimate revenue and tax rate reduction

Voters may not approve

If KFCG is reduced, there is risk that we may not receive estimated revenue from taxing services

Taxing Services Reduces Volatility of Sales Tax Collections As Durable Goods Are First To Decline in Economic Downturn*

Transportation Utility Fee- \$10M

Use	\$10M KFCG reduced by .32%		Lot Size in Acres
	Monthly Fee	Yearly Fee	
Industrial			
Manufacturing	\$ 292	\$ 3,503	5.4
Manufacturing	\$ 3,784	\$ 45,408	70
Retail			
Drug Store	\$ 556	\$ 6,670	2.1
Old Town Restaurant	\$ 53	\$ 635	0.2
Old Town Shop	\$ 32	\$ 381	0.12
Large Retail	\$ 2,620	\$ 31,443	9.9
Institutional			
Church (large lot)	\$ 314	\$ 3,766	5
Church (small lot)	\$ 31	\$ 377	0.5
Elementary School	\$ 339	\$ 4,068	5.4
High School	\$ 753	\$ 9,040	12
Total Annual Fee Cost Per Residential Unit:	\$ 4	\$ 50	

Use	\$10M KFCG reduced by .32%		Lot Size in Acres
	Monthly Fee	Yearly Fee	
High Traffic Retail			
Fast Food	\$ 1,193	\$ 14,321	1.8
Bank	\$ 796	\$ 9,547	1.2
Convenience Store	\$ 530	\$ 6,365	0.8
Grocery Store	\$ 3,912	\$ 46,940	5.9
Commercial			
Law Office	\$ 16	\$ 188	0.25
Motel	\$ 88	\$ 1,055	1.4
Total Annual Fee Cost Per Residential Unit:	\$ 4	\$ 50	

KFCG reduced to 0.53%

**If Churches, Schools and Govt Exempt, Net Revenue is \$8.6M
General Fund May Be Required to Make Up Shortfall of \$1.4M**

Pros

Low impacts to individual residents
(\$25-\$50/yr)

Revenue can be scaled based on
desired revenue

Cons

Big impacts to high traffic
businesses

**Fee Based on # of Trips Generated By Particular Land Use
Most Likely Will Go To Voter Approval**

Tax

- Requires voter approval due to TABOR
- Can be used for any public purpose authorized by Council
- Can be broadly imposed on a large number of taxpayers

Fee

- Does not require voter approval
- Must be used to defray the cost of a particular government service and be related to the cost of that services
- Can only be imposed on those who are likely to benefit from the service funded with the fee

**While a Tax Has TABOR Implications
It Can Then Be More Broadly Used and Imposed**

Occupation Tax- Peer Cities

Aurora

- \$2/month- employee
- \$2/month- employer

Denver

- \$5.75/month-employee
- \$4.00/month- employer

**2 Peer Cities with this Occupation Tax
Both Employer and Employee Share In The Cost**

1. To generate \$10M

- \$3.86/month fee required
- \$4.54/month fee required (w/ exemptions)

2. The fee can be paid by the employee or the employer or shared

3. The impact of this to businesses is illustrated in the table to the right

	\$10M	
	With Exempt Orgs (99,750 employees)	Without Exempt Orgs (84,750 employees)
Average Cost Per Bi-Monthly Check	\$ 3.86	\$ 4.54
Annual Cost Per Employee	\$ 100	\$ 118
Annual Impact to 25 employees	\$ 2,506	\$ 2,950
Annual Impact to 100 employees	\$ 10,025	\$ 11,799
Annual Impact to 500 employees	\$ 50,125	\$ 58,997
Annual Impact to 1000 employees	\$ 100,251	\$ 117,994

Source: City of Fort Collins Demographics Data from 2012

\$10M reduces KFCG to 0.53%

Occupational Privilege Tax or Fee Pros and Cons

Pros

Can be a fee or a tax based on desired administration

All employees pay for the services they use while in Fort Collins

Revenue is scalable if passed as a fee

Cons

Perception of penalizing Fort Collins employers

If tax, the revenue amount becomes fixed

If fee, the revenue generated is earmarked

**Fee Based on # of “Heads”
Can Be Paid by Employee, Employer Or Both**

Xcel Franchise Fee Increase Work In Progress

- **Current Xcel Agreement - \$450K annual revenue**
- **Franchise Fee Agreement**
 - Creating a red line version of the Master Agreement which will incorporate our City stakeholder inputs by June 1
 - Sit down with Xcel in early June and determine how far apart we are and next steps.

More Information on Revenue and KFCG implications in Q3

Alternatives Considered

Alternatives Considered	Revenue Generated	Reduce KFCG?
1. Tax on services	\$4.9M	.15% 
2. Transportation utility fee	\$10M	.32%
3. Occupational privilege tax	\$10M	.32%
4. Xcel Franchise Fee	TBD	TBD

Revenue for Transportation Fee and Occupation Tax Scalable Based on Desired Reduction in KFCG

Upon direction from Council Finance....

Outreach Plan- June through August

Who:

- ✓ Boards and commissions- Economic Advisory Council
- ✓ Service trade groups that may be impacted, i.e. hair salons
- ✓ Business associations, i.e. Chamber of Commerce, Small Business Association, Small Business Development Center

What:

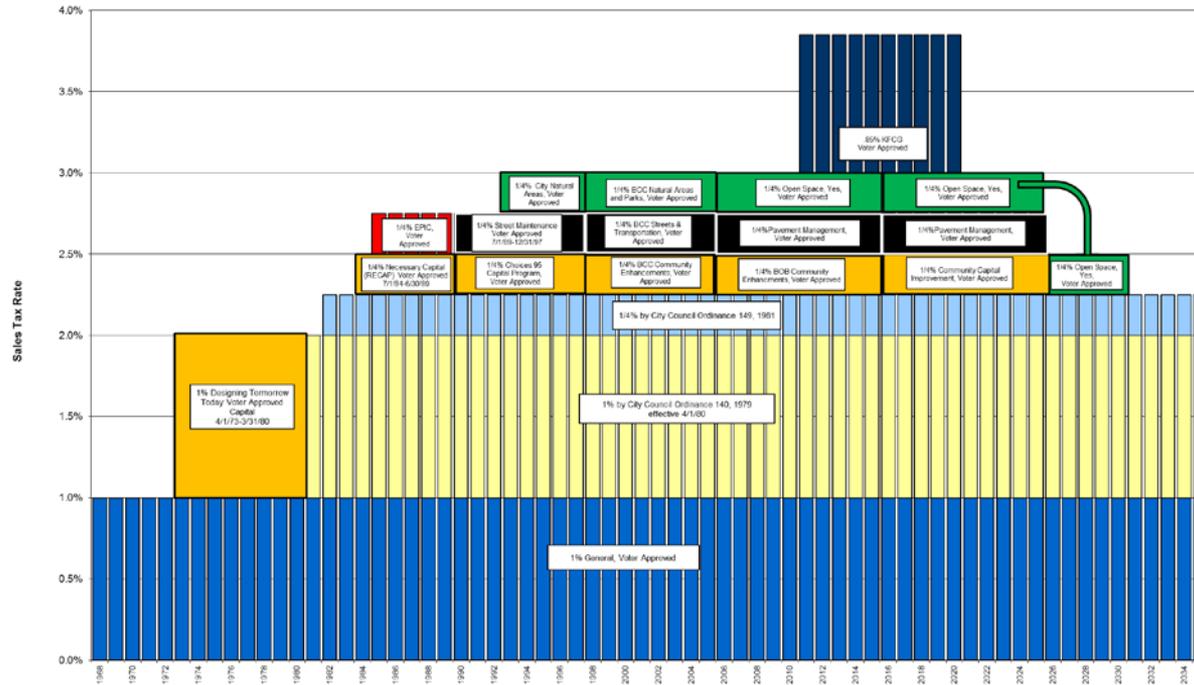
- ✓ Education on alternatives
- ✓ Impacts to various business sectors
- ✓ Feedback on alternatives

Public Outreach Report Back to Council Finance in Q3

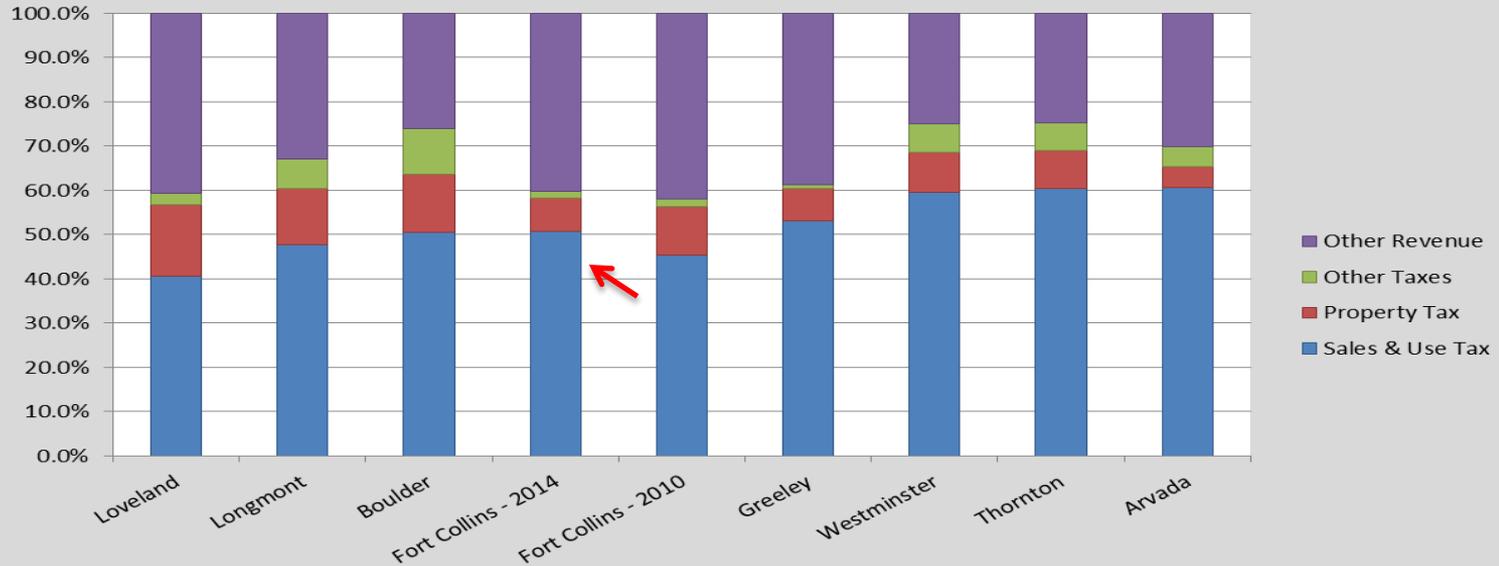
Discussion on further pursuit of alternatives

Sales and Use Tax Rate, 1968-2035

updated 5-6-2016



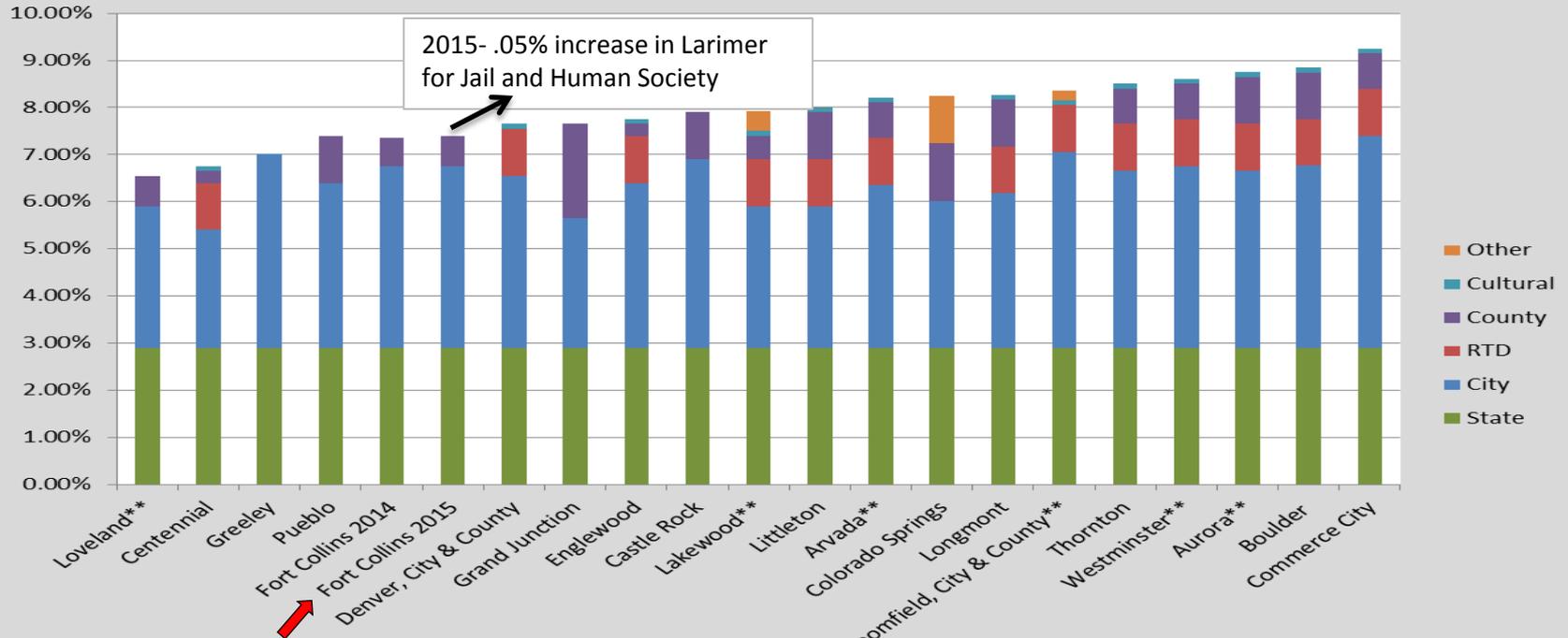
2014 Revenue* Comparison Colorado Cities



*Source: Various City CAFRs (Comprehensive Annual Financial Report), 2015 data pending audit completions

Fort Collins Reliance on Sales Tax Increased with KFCG

2014 Sales Tax Rate Comparison Colorado Cities



**Jurisdictions with multiple tax rates due to special districts and/or located in multiple counties

Fort Collins Combined Sales Tax Rate is on the Low End

**COUNCIL FINANCE COMMITTEE
AGENDA ITEM SUMMARY**

Staff: Tim Kemp – Civil Engineer III

Date: May 16, 2016

SUBJECT FOR DISCUSSION

Lemay Avenue realignment from Lincoln Avenue to Conifer Street; including the new intersection of Lemay Avenue and Suniga Road, and a grade separated crossing of the Burlington Northern Santa Fe (BNSF) Railway.

EXECUTIVE SUMMARY

The purpose of this item is to present and discuss potential construction funding scenarios for this high priority transportation capital improvement project. Staff is currently working on the preliminary design, right-of-way acquisition, grade separation analysis, and public outreach. The expected construction cost range is \$23 M - \$27 M.

Our current funding partners are: BNSF, the City's Transportation Capital Expansion Fee (Street Oversizing), and Developer contributions for Local Street obligations; which totals approximately \$9 M in anticipated funding for the project. Using the high-end range of \$27 M, the current project shortfall is \$14 M - \$18 M.

GENERAL DIRECTION SOUGHT AND SPECIFIC QUESTIONS TO BE ANSWERED

Staff is seeking direction regarding potential funding sources to be included, or excluded, from the Construction Financing Plan. The Construction Financing Plan will be developed over the next several months and brought for further discussion at the August 23 Council Work Session.

Potential funding sources for the \$14 M - \$18 M funding gap are as follow:

- Budget Process Opportunities
 - Budgeting for Outcomes (BFO) and Mid-Budget Funding Processes
 - \$2 M BFO has been submitted for the 2017 / 2018 budget cycle
 - One Time Funds
- Evaluation of Federal Grants (Odds and Likelihood)
- New Taxes and Expanded Use of Fees / Reserves
 - Expanded use of the Transportation Capital Expansion Fee (Street Oversizing)
 - Using Reserves to “front” Local Street obligations
 - New Sales tax options
 - 5 year ¼ cent tax (± \$40 M for multiple railroad projects)
 - 1/10 cent dedicated, sun setting tax
 - Special Improvement District
 - “Trip Shed” Fee

Questions for the Council Finance Committee:

- Which of the above options should be carried forward for further analysis and included in the Construction Financing Plan?
- Are there any other funding option recommendations that should be investigated?

BACKGROUND/DISCUSSION

Realigned Lemay Avenue has been on the City's Master Street Plan since the 1980's. This project, along with the grade separation at the BNSF Railway, have been included in numerous Planning efforts over the past few decades.

The construction of this project will alleviate existing deficiencies and provide a "key" infrastructure asset for the future of the Mountain Vista area. More specifically, this project will:

- Improve quality of life, access, and neighborhood livability for Andersonville and Alta Vista
- Reduce accidents and congestion by separating travel modes from BNSF Railway switching operations
- Improve air quality by reducing emissions, whereby aligning with the goals of the Climate Action Plan
- Provide additional roadway capacity and multi-modal connectivity for the northeast part of the City
- Be a benefit to future housing and employment in the Mountain Vista area

ATTACHMENTS

Attachment #1 Power Point Presentation



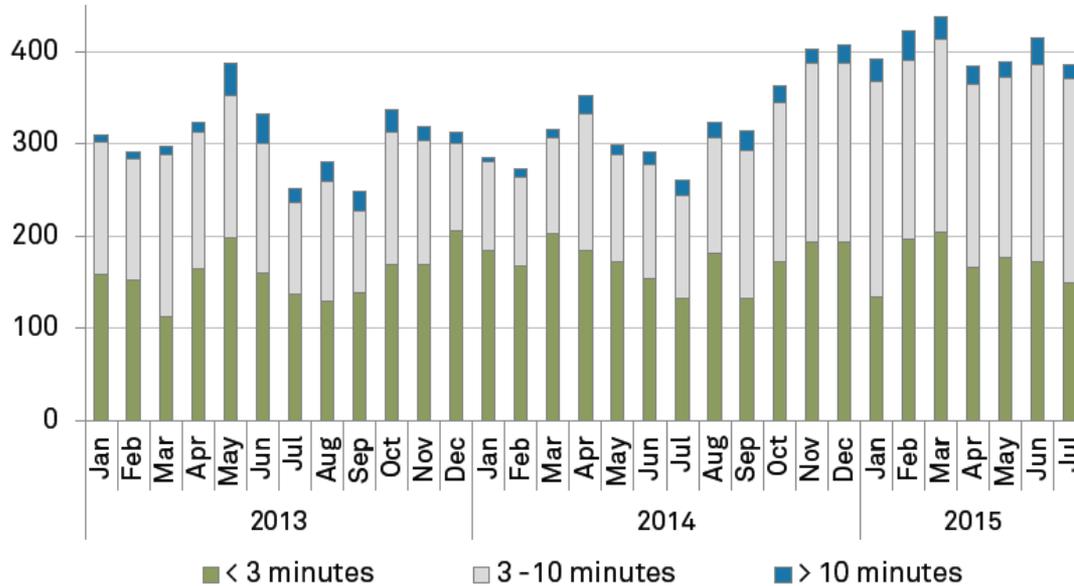


Figure 7: Monthly Number of Train Blockage at BNSF Crossing Lemay Ave at Vine Dr

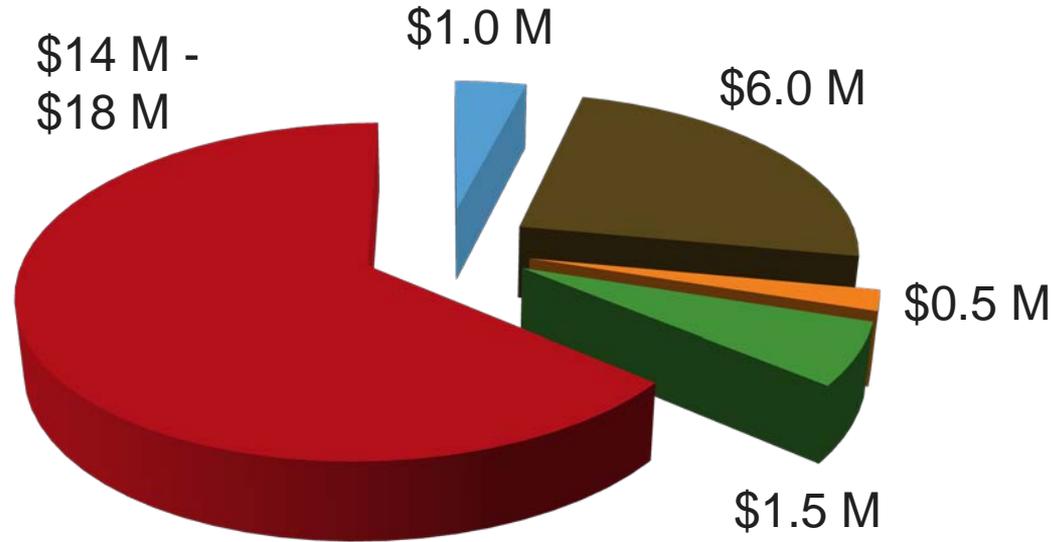
- Increasing Congestion and Delay (Train and Vehicle Traffic)
- Neighborhood Livability and Access Issues
- Key Infrastructure Asset Needed for the Future of Mountain Vista Subarea



- The 2016 Goal – Finalize Recommended Design Alternative and Construction Financing Plan
- Public Outreach, Neighborhood Meetings, Community Engagement
- Preliminary Design and Right-of-Way Acquisitions

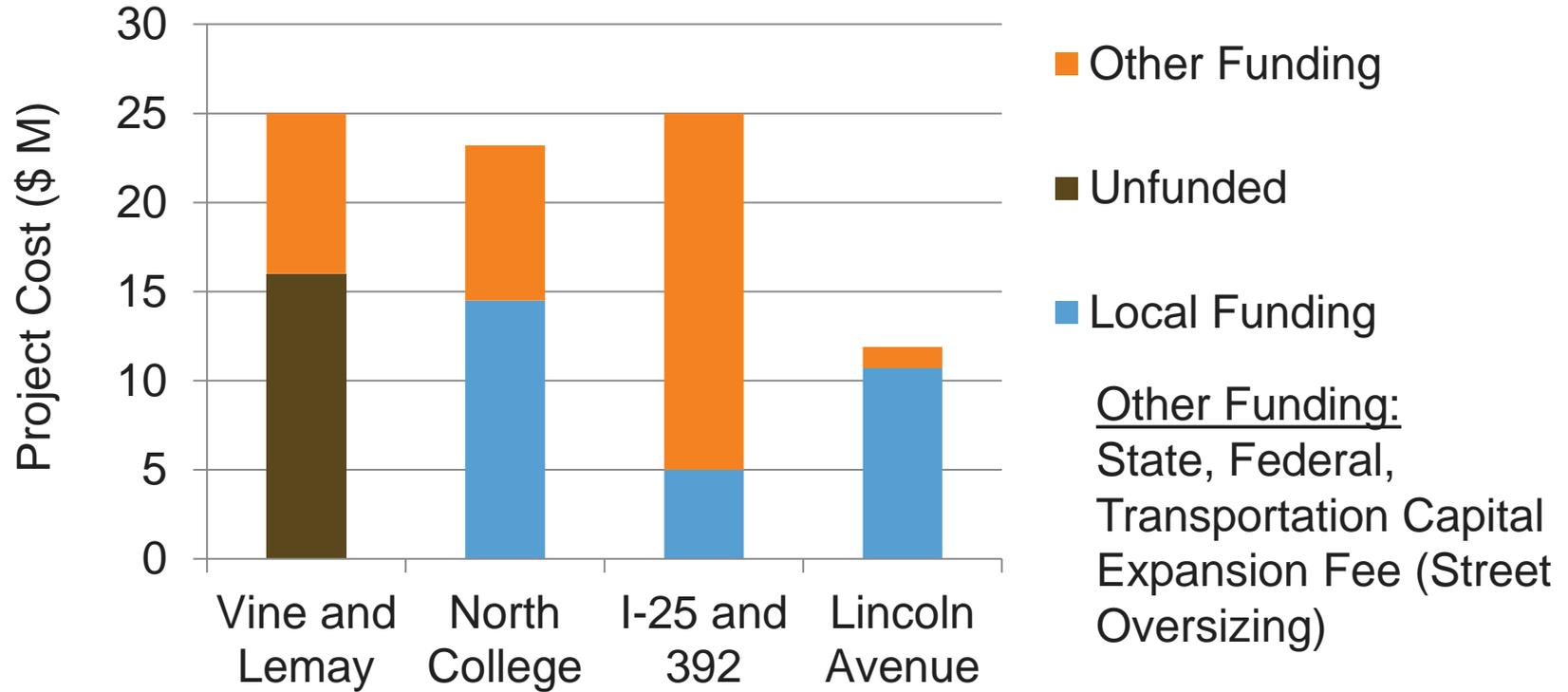
Project Funding

- Current Appropriation
- Trans. Capital Expansion Fee
- BNSF Contribution
- Local Street Obligation
- Unfunded



Total Project Cost: \$23 M - \$27 M

Funding for Similar Projects



Traditional Methods to Fill \$14 M - \$18 M Gap

- Budget Process Opportunities
 - BFO and Mid Budget Processes
 - **\$2.0 M Offer Submitted for 2017 / 2018 Budget**
- Evaluation of Federal Grants
 - Have and Will Continue to Apply (Third Round of TIGER)
 - Low Probability of Large Format Grant Opportunities
 - Not on Regional, State or Federal Roadway System

Less Traditional Methods to Fill \$14 M - \$18 M Gap

- Expansion of Transportation Capital Expansion Fee
- Reserves to “front” Local Street obligations
- New Sales Tax Options
 - 5-year 1/4 Cent or Dedicated, Sun Setting 1/10 Cent
- Special Improvement District
- “Trip Shed” Fee

- Which options should be carried forward for further analysis and included in the Construction Financing Plan?
- Are there any other funding option recommendations that should be investigated?



Finance Administration

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fcgov.com

AGENDA
URA Board
May 16, 2016
11:15 - 11:30 am
CIC Room – City Hall

1. URA Board Appointments

15 minutes

J. Birks