Health District
OF NORTHERN LARIMER COUNTY

# BOARD OF DIRECTORS MEETING

**January 22, 2019**
**4:00 pm**

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

Health District
OF NORTHERN LARIMER COUNTY

**BOARD OF DIRECTORS MEETING**
**January 22, 2019**
**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 or Molly Gutilla

**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**
- Frequent Utilizer Systems Engagement (FUSE) Demo Project.....Jess Fear, Lin Wilder

**4:20 p.m.** **DISCUSSION & ACTIONS**
- Approval, Expenditure of Reserve Funding, Frequent Utilizer Project ..... Lin Wilder
- City of Fort Collins Social Sustainability Application .....Jessica Shannon
- Policy..... Alyson Williams
    - Amendments to Policy 99-7: Establishing and Communicating a Position on Policy Issues
    - Local and Federal Issues
        - Local: Wood Smoke
        - Federal: ACA proposed regulatory changes (brief), other
    - State
        - Upcoming issues; new Governor focus
        - HB19-1038: Dental Benefit for Pregnant Women Covered by CHP+
        - HB19-1010: Freestanding Emergency Departments Licensure
        - SB19-010: Professional Behavioral Health Services for Schools
        - SB19-008: Substance Use Disorder Treatment in Criminal Justice System

**5:10 p.m.** **UPDATES & REPORTS**
- Executive Director Updates..... Carol Plock
- Other Updates
    - Healthinfosource.org, 1A Behavioral Health PAC session, other CIT..... Lin Wilder
- UCHealth-North/PVHS Board Liaison Report ..... Faraz Naqvi

**5:20 p.m.** **PUBLIC COMMENT (2nd opportunity)** See Note above.

**5:25 p.m.** **CONSENT AGENDA**
- Resolution 2019-01: Establish Meeting Days
- Resolution 2019-02: Public Posting of Meeting Notices
- Approval of November 2018 Financial Statements

**5:30 p.m.** **DECISION**
- Approval of the December 13, 2018 Board Meeting Minutes

**5:32 p.m.** **ANNOUNCEMENTS**
- February 12, 4:00 pm – Board of Directors Special Meeting
- February 26, 4:00 pm – Joint Board Meeting with PVHS/UCHealth North Board

**5:35 p.m.** **EXECUTIVE SESSION**
For the purpose of discussion of matters pursuant to C.R.S. §24-6-402(4)(e) regarding negotiations
For the purpose of discussion of matters pursuant to C.R.S. §24-6-402(4)(f) pertaining to personnel issues

**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.**

Revised 1/26/2016

# Improving our Approaches to Frequent Utilizers of High-Cost, Acute Services in Larimer County: Background and Update for the Health District Board of Directors

*Priority area of the Mental Health and Substance Use Alliance of Larimer County, staffed by the Health District Community Impact Team*

## Background

The Mental Health and Substance Use Alliance of Larimer County (MHSU Alliance), consisting of Larimer County healthcare, human services, justice and law enforcement, city, county, school systems, and consumer leaders and representatives, has been working collaboratively since 1999 to create improvements in the system of care for people with mental health and substance use disorders in Larimer County.

A sub-group of the MHSU Alliance consisting of behavioral healthcare, criminal justice, and housing leaders came together in 2012 to identify ways to respond to the needs of people with serious mental health and substance use problems, who are often homeless and who frequent the county's jail, emergency rooms, and other high-cost settings. Interests of the group included developing ways to use data to better identify these individuals and meet their needs through a more coordinated and effective system of care.

One of the potential opportunities identified by this group to support changes and improvements included the use of social impact bonds and other "Pay for Success" solutions to provide innovative funding solutions. Pay for Success is a financing mechanism that allows public entities such as states, counties and municipalities, and other potential funders to pay only for successful outcomes as determined by pre-agreed-upon measures. Outside funders (investors) pay for programming until results can be measured. If targets are not met, the public entity does not have to pay. A local Pay for Success project related to frequent utilizers would support the creation of cost savings within a system or community through implementation of best practice interventions that currently are not funded or available.

## Key Findings about Frequent Utilizers from Local Study

In order to successfully consider Pay for Success opportunities, more understanding of the actual levels and associated costs of service utilization by frequent utilizers became necessary. In early 2015, at the urging of the Colorado Office of the Governor's social innovation staff, the MHSU Alliance, working with TriWest Group consulting, completed a groundbreaking study. This study looked at the 155 highest utilizers of the jail (4 or more incarcerations in each of two consecutive years) in order to better identify their characteristics, needs, service use patterns, and related costs. A few of that study's key findings included:

1. High utilizers of acute and crisis services in this target population are costing our community approximately $2 million dollars each year (2013 figures), much of which may be potentially avoidable costs.

| Service/System | Total Ave Annual Cost |
|---|---|
| Larimer County Jail | $929,199 |
| PVH Hospital Related: Inpatient ($218,910); Emergency Department ($87,409), & EMS Transport ($294,328) | $600,647 |
| Law Enforcement (FC Police and Larimer County Sheriff) | $106,920 |
| Alternative Sentencing ($23,040)/Community Corrections ($184,468) | $207,508 |
| Detox | $71,658 |
| Outpatient Treatment at SummitStone Health Partners | $31,651 |
| **Grand Total** | **$1,947,583** |
| **Average Annual Per Person Cost: $22,000** **about twice the annual per person cost of providing Assertive Community Treatment or Integrated Dual Disorder Treatment. | |

2. 90% of these highest utilizers had a substance use issue; nearly half had a mental illness and almost all of those with mental illness also had a co-occurring substance use disorder
3. Over 40% were homeless or known to have been frequently homeless
4. Of this $2M in annual costs related to service utilization, $1.7M (~85%) was spent on acute and crisis related services (jail, emergency medical transport, hospital inpatient, emergency department, police contact and detoxification).
5. Only $239,000 (12%) was spent on any type of treatment (outpatient mental health and/or substance use disorder treatment and treatment provided through Alternative Sentencing and Community Corrections).
6. This group of frequent utilizers had 136% higher Medicaid costs than other Larimer County Medicaid patients.
7. These highest utilizers were generally “long-term” residents of our community (not transients).

## Key Recommendations from Local Study

A number of recommendations resulted from the study, including:

1. The need to develop a more complete continuum of behavioral health treatment services in our local community in order to do a better job addressing substance use disorders and mental illness
2. It is important to do a better job of identifying and connecting frequent utilizers with indicated services that DO exist in our community.
3. Housing needs must be addressed, using proven strategies, for the significant number of frequent utilizers who have experienced homelessness and others at risk for homelessness.

4. We need to recognize and capitalize on key opportunities to intercept frequent utilizers as they move through the system, and intervene at critical transition points (jail to community, detox to treatment, emergency room to home, street to housing, etc.)
5. We must provide intensive treatment and support services that are specific to the needs of frequent utilizers (i.e. Assertive Community Treatment, jail re-entry programming, intensive community care coordination, etc.)
6. We need to be able to gather and share information that enables us to identify our highest utilizers across systems and better plan their care; thereby applying limited resources in the most effective and impactful manner.

## Potential Interventions Identified

Early in 2017, a workgroup of the MHSU Alliance, consisting of representatives of Homeward 2020, Housing Catalyst, the Criminal Justice System, Larimer County's Behavioral Health Project, and SummitStone Health Partners, finished a year of work with the University of Utah's Policy Innovation Lab. This technical assistance grant aided in the identification of potential interventions to address findings and recommendations of the Frequent Utilizer study.

Ensuring access to best practice assessment, treatment and support for substance use disorders and mental illness (such as Withdrawal Management, Medication-Assisted Treatment, Intensive Residential Treatment, Intensive Outpatient Treatment and other forms of treatment) in our local community was a key foundational strategy identified for our community (now being addressed through funding from the 1A ballot measure). Additionally, a number of potential specific interventions for the frequent utilizer population, many similar to those being implemented through the Denver Social Impact Bond project, were identified, including:

1. Pair housing (additional permanent supportive housing, scattered site housing, etc.) with dedicated Assertive Community Treatment and Integrated Dual Disorder Treatment Teams in order to meet the very high treatment and care coordination needs of this complex population, and improve housing success;
2. Create a community care coordination process using shared data to proactively identify and "hot spot" the most impactful, vulnerable and costly high utilizers across systems (law enforcement, jail/criminal justice, housing, emergency department and hospital inpatient, etc.). Use data to create individualized care plans that are closely monitored and coordinated for those who rise to the highest level of use;
3. Implement jail re-entry programming to ensure that those individuals with mental illness and/or substance use disorders being released from jail are transitioned appropriately into housing, treatment and other support services rather than disappearing until they show up at booking again.

## Feasibility of Identified Interventions for a Potential Pay for Success Project

Through work with the University of Utah, a feasibility model was applied to determine whether the potential cost "savings" and community impacts of the identified interventions might make this feasible as a "pay for success" project.

Feasibility modeling indicated that implementation of some combination of these services and interventions is likely to reduce high cost and inappropriate service utilization and related costs and improve outcomes for these individuals and the community – thus being likely a feasible pay for success project.

The success of Denver's Social Impact Bond model also points to the likelihood of success for a similar project in Larimer County. Staff are actively following the Denver program and its experiences and are in current contact with Denver's program development and implementation teams.

## Current Status and Activities

Currently, Homeward 2020 and MHSU Alliance staff are participating in a learning community with the Corporation for Supportive Housing (CSH) to provide technical assistance and guidance throughout the design and implementation of a Frequent Utilizer Systems Engagement (FUSE) Demonstration Project in Larimer County. The FUSE Demonstration Project will begin during late first quarter of 2019, and will work initially to identify twenty chronically homeless individuals who are high utilizers of criminal justice and other systems. FUSE will provide housing as well as well-coordinated, high-intensity services and care coordination.

FUSE is truly a community engagement model as it works to create Memorandums of Understanding with many community providers to ensure appropriate community services are provided such as medical, legal, benefit retention, mental health and substance use treatment. This array of services has been found in other communities to reduce frequent utilization of high cost, acute and crisis services, improve mental health, reduce substance use, and improve housing stability, functioning and quality of life.

The FUSE Demonstration Project is partnering with Homeward Alliance to apply for the Colorado Division of Housing: Supportive Housing for Justice Involved Persons' grant which would provide $75,000 per year for services, in addition to housing vouchers to provide housing and supportive services to this specific population.

The CSU Social Work Research Center will provide evaluation for this demonstration project, which requires a robust evaluation to guide program implementation and improvement and assist with the potential to scale up to a Pay for Success project. This evaluation is being funded through a variety of community partner investments and grants from United Way, UC Health, Homeward Alliance, Homeward 2020 and the City of Fort Collins. Additional funding is currently being procured.

Another key element of FUSE is the use of shared data to identify and select participants, design interventions, and monitor outcomes. The Health District's technical assistance grant with the University of Utah's Sorensen Impact Center is currently underway, and will result in data sharing agreements and the development of a data dashboard that will enable real-time application of data. This data will support the intensive data and evaluation needs associated with the FUSE demonstration project and any future pay for success work.

# Memorandum

**Date:** January 17, 2019

**To:** Health District Board of Directors

**From:** Lin Wilder
Director, Community Impact Team

**Subject:** Request for Approval to Spend Up to $5,000 in Allocated Reserve Funding to Support Frequent Utilizer Systems Engagement (FUSE) Demonstration Project

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## Purpose

The purpose of this memo is to:

1. Provide a review of the history and an update on the current status of the Health District's and Mental Health and Substance Use Alliance's work in improving our community's approach to people with the most frequent utilization of high-cost, acute and crisis services; and
2. Request approval to utilize funds set aside in reserves for work related to frequent utilizers and pay for success.

## Review of History and Update on Current Status

Please review the attached document, "Improving our Approaches to Frequent Utilizers of High-Cost, Acute Services in Larimer County: Background and Update for the Health District Board of Directors.

## Project Budget

The 2019 budget has $25,000 allocated in reserves for "MHSU Pay for Success/Frequent Utilizer Approach" that must be approved by the Board before spending. The Board previously approved spending of up to $12,000 of the $25,000 as our required match for the "Administrative Data Pilot" technical assistance grant with the University of Utah's Sorensen Impact Center (approximately April 2018 through April 2019). We don't anticipate spending all of this $12,000 during the grant period, but it must remain set aside as a match.

## Request for Board Approval

Project management for the Frequent Utilizer Systems Engagement (FUSE) Demonstration Project is being provided by Homeward 2020 and the Health District's Community Impact Team. FUSE is being funded primarily through a pending but likely grant from Colorado Division of Housing, as well as local partners such as United Way, UCHealth, Homeward Alliance, Homeward 2020 and the City of Fort Collins. There remains a need for flexible funding to support limited remaining funding needs, such as portions of the evaluation of this demonstration project by Colorado State University. We are requesting that the Board approve spending of up to $5,000 of the $13,000 remaining from the original $25,000 budgeted reserves in order to support this important project.

Health District
OF NORTHERN LARIMER COUNTY

# MEMO

**TO:** Health District Board of Directors
**FROM:** Jessica Shannon, Resource Development Coordinator
**DATE:** January 15, 2018
**RE:** Request for Approval to Apply for City of Fort Collins Social Sustainability Funding

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## EXPLANATION OF THE ISSUE

Grant funding through the Colorado Department for Public Health and Environment that supports the Poudre School District-based School Liaison position, which coordinates with the Child, Adolescent, and Young Adult Connections (CAYAC) Program, will end on July 31, 2019.

During the current 2018-2019 school year, PSD had secured .2 of the .8 FTE in their budget with plans to increase the FTE request in the coming school year. However, Poudre School District is facing increased budget expenses in the 2019-2020 school year, due to costs associated with later school start times and with two other district-wide behavioral health grants ending. At this point in time they have told us that they are unable to sustain any level of funding to support the position in the 2019-2020 school year and do not plan to include the position, or any portion of the position, in their annual budget proposal.

CAYAC served 1,394 unduplicated youth in 2018, 80% of whom are PSD students. This position is critical in communicating the essential information from the school that is required to form a complete picture of the youth and their situation in order to determine an accurate diagnosis and right treatment plan with the appropriate community provider(s).

Therefore, we are seeking a motion to approve an application for funding through the City of Fort Collins 2019 Human Services Program grant process (which requires proof of approval) to sustain an .8 FTE CAYAC/School Navigator. We are continuing to work with PSD at different authority levels to seek any options to maintain this role as a PSD-based position. However, with PSD proposing a budget in March and April to finalize in May, it is unlikely at this time that the school will maintain this position in the fall of 2019. While it makes the most sense to find a solution to keep the position within PSD - If this is not possible, we must find funding that will enable us to have a .8 FTE School Navigator on the CAYAC Team. This position will be solely dedicated to providing coordination with the schools in order to bridge communication gaps, share information, and coordinate care between students and their parents/guardians, PSD staff and CAYAC.

## CAYAC Funding Need

The 2019 approved Connections/CAYAC budget includes a $23,646 matching contribution from Reserves to support the existing PSD School Liaison position for the first half of the 2019 school year (August 2019 – May 2020).

Below is a proposed funding scenario for the new position requesting a 50% match from Jan. through May 2020:

**(.8) CAYAC/School Navigator**
**$59,840**
Salary: $44,640
Benefits: $15,200

| **Funding Timeline/ Sources** | **Health District (Reserves)** *60% of position* | **City of Fort Collins** *40% of position* |
|---|---|---|
| **2019 (Aug. 1 – Dec. 31st)** | $23,646 | $6,274 |
| **2020 (Jan. 1 – May 31st)** | *$12,294 *or other sources* | $17,626 |
| **TOTAL:** | **$35,940** | **$23,900** |

***The funding scenario above is valid if the position is housed by either the PSD or the CAYAC Team.***

Health District
OF NORTHERN LARIMER COUNTY

# MEMO

**TO:** City of Fort Collins – CDBG/Human Services Grant Commissioners
**FROM:** Health District Board of Directors
**DATE:** January 15, 2018
**RE:** Approval to Request City of Fort Collins Human Services Program Funding

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Please be advised that on January 22, 2019 the Board of Directors for the Health District of Northern Larimer County discussed the option of submitting a proposal to the City of Fort Collins Human Services Program competitive grant program. The submission will request financial support for a .8 School Navigator that works with the Child Adolescent and Young Audit Connection Team (CAYAC) and Poudre School District (PSD) to serve youth with emerging and potential behavioral health issues in Fort Collins, with the goal of early identification and intervention services.

The Health District Board of Directors is aware of and authorizes the submission of this funding request.

_____
Name and Position of Singing Authority

_____
Signature of Signing Authority

_____
Date Signed

# 99-7 Pol: Establishing and Communicating a Position on Policy Issues

ADOPTED December 14, 1999

**AMENDED** ~~MONTH ##, 2018~~January 22 2019

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## PURPOSE

Outlines procedures by which the Health District of Northern Larimer County establishes and communicates positions related to policy issues as allowed under Internal Revenue Service (IRS) regulation and state law, as well as ~~other regulations and~~ briefly discusses positions on ballot issues.

## INTRODUCTION

The Health District of Northern Larimer County recognizes that policies determined by legislatures and other governmental bodies can sometimes have a significant impact on the health status of our community or on the organization. The Board of Directors of the Health District have determined that it is part of their responsibility to review the implications of ~~a limited number of~~ key policy proposals and determine whether the Health District will take an official position on all or part of proposal.

In general, the process will be that staff will review policies and legislation at the federal, state, or local level that are likely to have a significant impact on either the health status of our community or on the Health District, and present them to the Board for consideration. During the state legislative session, staff will be responsible for presenting to the Board a matrix of issues of potential importance, sorted by priority. For issues with the greatest potential impact, when time allows, staff will create a balanced, evidence-based ~~analysis of~~ policy document regarding the issue and its impact on the health of our community (or on our organization) for Board consideration. After careful deliberation of the possible health ~~status~~ (or organizational) implications of any particular policy change, the Board will make the decision about whether to take a position, or not, and if so, what position to take. ~~Any stands will generally be communicated by staff~~Staff will generally communicate any stances taken by the Board. The process ~~will be~~is based on the ~~following~~ procedures outlined below.

### Prioritization Method for Legislation ~~During~~ during Legislative Session

During a legislative session of the Colorado General Assembly, a staff policy committee, comprised of the Executive Director, the Director overseeing Policy, the Medical Director, and the Policy Coordinator, prioritize bills of interest to the Health District. ~~are prioritized by a staff policy committee, comprised of the Executive Director, the Assistant Director, the Medical Director, and the Policy Coordinator.~~ Upon agreement of the committee, bills are prioritized as follows:

***Priority 1:*** Issues with a potentially significant impact on the health status of the community (or a potentially significant impact on Health District operations)

***Priority 2:*** Issues that will potentially have an impact, though less significant, on the health status of the community (or a less significant impact on Health District operations)

***Priority 3:*** Other health or Health District operations issues

Bills that are prioritized by the staff policy committee will be presented to the Board on a legislative matrix, which will ~~show~~ include where the bill is in the legislative process, ~~and will include~~ a simple description, ~~.~~ the priority level, and the bill sponsors.

~~For Priority 1~~The Policy Strategy Team will determine for which bills~~,~~ staff will ~~conduct research and will draft a quality, balanced analysis~~develop appropriate policy documents.

~~For Priority 2 bills, staff will create a detailed summary.~~

~~Priority 3 bills will only be listed on the matrix; staff will take no action.~~

Board members may request, by consensus, to re-prioritize bills listed on the matrix (or not listed on the matrix).

## POLICY

### Process

***When time allows for a quality, balanced analysis by staff on a particular policy issue for discussion and action at a regularly scheduled board meeting.***

When policy issues of significant importance to the Health District are identified (Priority 1 bills or other important issues), the appropriate staff member, under the direction of the staff policy committee, will develop a thorough, balanced, written analysis (including readily available evidence) for presentation at a regularly scheduled board meeting. The analysis will include, at a minimum, background information on the issue, readily available evidence, and reasons to support and oppose the policy. If requested by the current board, staff will attach a memo with a recommended position and recommended actions for the board to consider.

The appropriate staff member, at the direction of the Executive Director, ~~the Assistant Director, and the Policy Coordinator,~~ will present the analysis to the board and answer questions for discussion. Usually the analysis will be presented by the Policy Coordinator.

Following board discussion, the Board, by motion, may decide to take one of the following positions: Strongly Support, Support, Oppose, Strongly Oppose, or No Position (Neutral). The Board may also decline to take a position or may decide to take a position on specific portions or particular concepts within a bill or issue rather than take a position on a bill or issue.

When a position is taken by the Board, the Policy Coordinator or ~~Assistant Director, (both registered lobbyists)~~ authorized designee will:

1. Share position with appropriate policymakers ~~relevant decision makers (generally local)~~
2. Share policy documents with appropriate policymakers~~staff analysis with relevant decision makers (generally local)~~
3. Post policy document(s) ~~analysis~~ and position on Health District website, per Board Policy 01- 02.

When a position of Strongly Support or Strongly Oppose is taken, and occasionally when a position of Support or Oppose is taken, the Policy Coordinator or ~~Assistant~~ Director overseeing Policy, and/or other staff, as designated by the Executive Director, may also:

1. Testify at committee meetings on position and concerns
2. Make phone calls, send emails or visit personally with appropriate policymakers~~local legislators or other legislators working on issue~~
3. Share analysis with other legislators
4. Coordinate efforts with other organizations and advocates working on the issue

The Board may also decide to specifically direct staff actions different from those listed above.

Staff will continue to track these policy issues until the policy has passed or been defeated and will present bill status and highlight changes for the Board as needed.

***When time does not allow for full written analysis by staff on a particular policy issue, but time allows for discussion and action at a regularly scheduled board meeting.***

When issues of significant importance to the Health District are identified (Priority 1 bills or other important issues), but when there is not adequate time for a full analysis as described above before the next scheduled board meeting, staff may draft a short policy summary or brief~~bill or issue summary~~. This ~~summary~~ document will include basic background information and issues that are known at the time of drafting. The summary may include or be a product developed by one or more outside organizations, if approved by the staff policy committee. The ~~summary~~ document will explicitly state that it is not a complete analysis of the issue.

The appropriate staff member, at the direction of the Executive Director, ~~the Assistant Director, and the Policy Coordinator,~~ will present the document to the B~~b~~oard and answer questions for discussion. Usually the presenter will be the Policy Coordinator.

Following discussion, the Board may decide that further analysis is needed and may direct staff to complete a full analysis of the issue. That analysis may be presented at the following scheduled board meeting or action may be taken per the S~~s~~ection ~~3~~, below: *When time does not allow for discussion at a regularly scheduled board meeting.*

The Board may decide that the short summary provided enough information for the Board to make an informed decision on the bill or policy issue. The board may then, by motion, take a position as described in in the previous section: *When time allows for a quality, ~~-~~balanced analysis by staff on a particular policy issue for discussion and action at a regularly scheduled board meeting.*~~Section 2, above.~~

Staff will continue to track these policy issues until the policy has passed or been defeated and will present bill status and highlight changes for the Board as needed.

***When time does not allow for discussion at a regularly scheduled board meeting.***

There are occasions where the policy making process does not allow time for discussion at a regularly scheduled board meeting or where the Board may elect to defer a decision and action until a full analysis is developed but *before* the next board meeting. The Executive Director, or under the direction of the Executive Director, the ~~Assistant~~ Director overseeing Policy, or Policy Coordinator, will contact the President of the Board of Directors and inform him/her of the issue and proposed action.

The President may request that one of the following occurs:

1. No action will be taken.
2. If timeline allows, a special meeting may be called to discuss the issue (72 hours posted notice is required).
3. If the timeline does not allow for a special meeting, or a special meeting does not appear to be warranted in the opinion of the President of the Board, in consultation with the Executive Director, (for example, because the Board has previously considered the issue and issued its general opinion, or because the issue has a clear and important health impact and the Board President anticipates highly likely full board consensus, but the issue is moving too fast for full board action), the President of the Board or, in the President's absence, the Vice President, may give direction to the Executive Director, which direction will be subject to ratification or withdrawal by the Board at its next public meeting.

**Testifying before a government or regulatory body as an Official Representative of the Health District in support or opposition of specific policy**

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In the event that the Health District has the opportunity to provide testimony in support for or opposition to a~~f~~ specific policy in front of ~~to~~ a governmental or regulatory body, Board members or designated staff will limit their testimony to the official Board position and relevant facts as described in the ~~analysis.~~policy document. Designated staff members who are requested to answer questions from a policymaker may answer those questions in a manner that is consistent with the Board's position and the facts from the policy document. Per Colorado law, regular testimony (more than three appearances) before a Colorado General Assembly committee or other board or commission must be made by an individual registered with the State of Colorado as a lobbyist. Testimony will be coordinated by the Policy Coordinator, with Executive Director approval (or B~~b~~oard approval if appropriate). No staff representing the Health District's position is to testify before a governmental or regulatory body without Executive Director approval. Any person who ~~so~~ testifies shall submit a report to the Policy Coordinator.

**Grassroots Lobbying**

Should the Board take a special interest in a particular issue, they may direct staff to engage in grassroots lobbying, as allowed under IRS and other regulations. Grassroots lobbying is defined by the IRS as attempting to influence any legislation through attempts to affect the opinions of the general public or any segment thereof. Communication is considered grassroots when:

1. It refers to a specific piece of legislation,
2. Reflects a position on this legislation, and

3. Encourages the recipient of the message to take a specific action.

All three requirements must be met for the communication to qualify as grassroots lobbying.

Grassroots lobbying will be undertaken only on issues where a position of strongly support or strongly oppose has been taken and only under the explicit direction of the Board. These activities will be handled by the ~~Assistant~~ Director overseeing Policy, the Policy Coordinator and the Communications Director (as needed) under the supervision of the Executive Director.

The Board may direct staff as follows:

***Grassroots I***: Send or share advocacy action messages with constituents, specific groups or other interested individuals. These messages may originate with the Health District or may be messages created by others and forwarded. These may be communicated via email, fax, phone, or in-person.

***Grassroots II***: Actively organize individuals and groups to advocate for our position. This could include soliciting individuals or groups to offer testimony, organizing letter writing campaigns, demonstrations or other coordinated efforts.

***Grassroots III***: Create (and then lead) a coalition of interested individuals to advocate for our position.

If grassroots lobbying is undertaken, staff will keep careful track of all resources expended in the manner required by law, which may be different from regular lobbying reporting regulations.

**Action on Ballot or Candidates**

Special districts, like other government bodies, are greatly restricted from expending money (including staff time) on ballot issues by the Fair Campaign Practices Act (which should be reviewed carefully if ballot positions are considered) and are not allowed to become involved in candidates' elections. The Board may direct staff to prepare a balanced analysis on ballot issues of official concern (referring to the definition of "official concern" in current law) and may pass a non-binding resolution in support or opposition of a ballot measure, announcing the position in the same way that other decisions are announced. As with all resolutions concerning policy issues, it will be published electronically on the Health District website. No staff time or monies may be expended in promoting this position.

**Monitoring & Reporting Time and Finances Spent on Legislative Issues**

Per applicable IRS regulations, the Policy Coordinator will report all time spent and funds expended on direct lobbying and grassroots lobbying, if any, to the Health District Financ~~ial Manageras~~Director ~~required by law~~. IRS regulations dictate expenditure limits for both direct and grassroots lobbying, thus these figures must be tracked by appropriate Health District staff. R~~As a r~~egistered lobbyists~~, the Assistant Director and the Policy Coordinator~~ will also report expenditures to the Colorado Secretary of State, as required by law.

ADOPTED, this 14th day of December, A.D., 1999

AMENDED, this 22nd day of August, A.D., 2000
AMENDED, this 22nd day of January, A.D., 2001
AMENDED, this 30th day of September, A.D., 2003
AMENDED, this 15th day of February, A.D., 2006
AMENDED, this 13th day of December, A.D., 2013
AMENDED, this ~~X~~22 day of ~~X~~January, A.D., ~~2018~~2019

Attest:

_____ _____

NAME, President NAME, Vice President

_____ _____

NAME, Secretary NAME, Treasurer

_____

NAME, Liaison to PVHS Board

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Health District
OF NORTHERN LARIMER COUNTY

1/18/2019

STAFF: ALYSON WILLIAMS POLICY MEMO

# HB19-1038: DENTAL BENEFIT FOR PREGNANT WOMEN COVERED BY CHP+

## Policy Issue Summary

Nearly 900 pregnant women with health insurance through the Child Health Plan (CHP+) do not have coverage for dental care. The Medicaid program provides dental benefits for all enrollees, including pregnant women. The CHP+ program provides dental benefits for children only. Pregnant women on CHP+ are the last remaining group in Medicaid or CHP+ without dental benefits.

During pregnancy, changes to a woman's diet and hormone levels increase her risk for a number of oral health conditions, including dental caries, gingivitis, and periodontal disease.[1] Periodontal disease in pregnant mothers has been linked to adverse birth outcomes such as preterm birth and low newborn birth weights.[2] In Colorado, 17.6 percent of pregnant women reported that they had a hard time going to the dentist because they could not afford to go to them.[3]

## Reason for Involvement by the Health District of Northern Larimer County

### Policy Priority

The Health District has a strong interest in establishing a dental benefit for pregnant women that are covered by CHP+ because of the potential health impact, on both woman and child, of not accessing or putting off dental care due to cost.

### Involvement Background

This bill is being support by Oral Health Colorado, Colorado Children's Campaign, All Kids Covered Coalition, as well as the Colorado Community Health Network. This issue was brought to Health District staff's attention by Frontline Public Affairs. During the 2012 legislative session the Health District Board of Directors strongly supported SB12-108, which provided dental services for all pregnant women with Medicaid coverage.

## Staff Recommendation

The Health District Public Policy Strategy Team recommends that the Board of Directors strongly support the creation of a dental benefit for pregnant women covered by CHP+ as proposed in HB19-1038.

## About this Memo

This memo was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This memo is not a complete analysis of this policy issue. This memo is accurate to staff knowledge as of date printed. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

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[1] Kloetzel, M. K., Huebner, C. E., & Milgrom, P. (2011). Referrals for dental care during pregnancy. *Journal of midwifery & women's health, 56*(2), 110-7.

[2] American Academy of Periodontology. (2013) *Expectant Mothers' Periodontal Health Vital to Health of Her Baby*. Retrieved from https://www.perio.org/consumer/AAP_EFP_Pregnancy

[3] Colorado Department of Public Health and Environment. (2016). *Colorado PRAMS Prevalence Estimates, 2016- Oral Health.* Retrieved from https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/PRAMSSummaryTables/2016PRAMSSummaryTables?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no

Health District
OF NORTHERN LARIMER COUNTY

# Memo

| | |
|---|---|
| To: | Board of Directors, Health District of Northern Larimer County |
| From: | Alyson Williams, Policy Coordinator |
| Date: | January 18, 2019 |
| Re: | Staff Recommendation on HB19—1010: Freestanding Emergency Departments Licensure |

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The Health District Public Policy Strategy Team recommends that the Board of Directors support HB19-1010.

Health District
OF NORTHERN LARIMER COUNTY

1/18/2019

STAFF: ALYSON WILLIAMS POLICY ANALYSIS

# HB19-1010: FREESTANDING EMERGENCY DEPARTMENTS LICENSURE

Concerning the licensing of freestanding emergency departments.

## Details

| | |
|---|---|
| **Bill Sponsors:** | House – Mullica *(D) and Landraf (R)* |
| | Senate – (*None)* |
| **Committee:** | House Health & Insurance Committee |
| | House Finance |
| **Bill History:** | 1/4/2019 Introduced |
| | 1/17/2019- House Health & Insurance Refer Amended to House Finance |
| **Next Action:** | TBD Hearing in House Finance Committee |
| **Fiscal Note:** | 1/14/2019 Version |

## Bill Summary

The bill creates a new license, "freestanding emergency department license," within the Colorado Department of Public Health and Environment (CDPHE), for health facilities that offer emergency care but are not attached to a hospital campus. A facility that was licensed under the "community clinics and emergency centers" license type before July 1, 2010 and operates in a rural community or serves a ski area is excluded from this new license type. CDPHE has the ability to waive the licensure requirements for a facility that serves or seeks to serve an underserved population within the state. The Colorado Board of Health must adopt new rules for the new licensure.

## Issue Summary

### Free Standing Emergency Departments (FSEDs)

FSEDs are emergency rooms (ERs) that are not attached to hospitals, but which offer the same emergency services. As a newer plank in the spectrum of health care, FSEDs are proliferating nationwide. The concept of FSEDs began in the 1970s for rural areas to have increased access to emergency care.[1] In 1978 there were 55 FSEDs throughout the country; this number has grown to over 400 in 2015.[1] These facilities can be hospital-affiliated, hospital-owned, or independently operated. Since the independent FSEDs are not affiliated with a hospital they cannot participate in Medicare, Medicaid, or TRICARE; thus, they are not subject to relevant federal regulations.[2]

### FSEDs in Colorado

Almost 50 FSEDs are operating in Colorado, with approximately 36 in the metro region.[3,3] Currently in Fort Collins, there is one FSED operated by UCHealth and another one planned by an out-of-state group of doctors.[4] A 2018 analysis by the Colorado Health Institute found that more than 2.3 million residents in the

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[1] Gutierrez, C., Lindor, R., Baker, O., Cutler, D.,and Schuur, J.D. (Oct. 2016). State Regulation of Freestanding Emergency Departments Varies Widely, Affecting Location, Growth, and Services Provided. *Health Affairs.*35(10). Retrieved from https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0412

[2] Zayne, R.D., Harish, N.J., and Wiler, J.L. (Feb. 18.2016). How the Freestanding Emergency Department Boom Can Help Patients. *NEJM Catalyst.* Retrieved from https://catalyst.nejm.org/how-the-freestanding-emergency-department-boom-can-help-patients/

[3] Colorado Hospital Association (Oct. 2016). *Colorado's Freestanding Emergency Departments (FSED).* Retrieved from https://www.colorado.gov/pacific/sites/default/files/FSED%20Overview%20-%20Oct%202016.pdf.

[4] Ferrier, P. (June 30, 2017). *State of Emergency: Murky billing policies add to ER uncertainty.* Retrieved from https://www.coloradoan.com/story/money/business/2017/06/30/state-emergency-murky-billing-policies-add-er-uncertainty/410511001/.

Front Range live in a Census tract that is within a five minute drive of a FSED.[5] The tracts with one FSED nearby have a median income of $79,000, which is greater than the $71,000 median income for those Front Range tracts where there is not a nearby FSED.[5] The poverty rates in the areas with one FSED average to 8 percent, compared to 10 percent in areas without an FSED.[5] Tracts that have three or more FSEDs within a short drive have a much higher median income, at $101,000.[5] For patients, the distinction between FSEDs and other non-emergent care, such as urgent care, is not always readily apparent when seeking services. The cost of emergency care at an FSED is significantly higher than the cost of care at an urgent care center. There have been reported cases of patients expressing great surprise at bills received following care at an FSED.[6]

**Current FSED Licensing**

In Colorado, FSEDs are currently licensed under the title, "Community Clinics and Emergency Centers" and are more specifically defined as community emergency centers.[3] The fee for the initial license is $2,750, the renewal is $1,350, and if the ownership of the facility changes the fee is $3,100.[7] There currently is not a fiscal note attached to this bill to delineate the possible licensing fees that could be charged under this new type.

Other states have adopted requirements of FSEDs for their licensure or operation, but as this type of facility is newer to the health delivery market there is variation. Some of the policies that other states have implemented for FSEDs, that Colorado has not, include:

- Require certificate of need[8]
- Require hospital affiliation
- Require ambulance reception
- Require distinct licensure type

**Legislative History**

During the 2018 session two bills, SB18-146 and HB18-1212, were proposed to address FSEDs. The Senate Bill dealt with consumer disclosures that the FSED is mandated to provider and was sponsored by Senator John Kefalas (D), Senator Jim Smallwood (R), Representative Lang Sias (R), and Representative Jonathan Singer (D). It was passed and signed into law on April 25, 2018 and took effect January 1, 2019. The House Bill was similar in content to this current iteration of licensing FSEDs, it failed to pass both chambers as it was postponed indefinitely by the Senate Committee on State, Veterans and Military Affairs.

**This Legislation**

On or after December 1, 2021, those that wish to operate a FSED must annually submit to CDPHE an application of licensure as a FSED. On or after July 1, 2022, an FSED cannot be operated within that state without a license from CDPHE. CDPHE may grant a waiver of the licensure requirements and rules adopted by the Board of Health for a community clinic (currently licensed or seeking to be licensed) that is serving an underserved population.

The Board of Health will adopt rules that establish the requirements of the licensure, the waiver, the safety and care standards of licensed FSEDs, the fees for licensure and inspection of the FSEDs. The rules adopted by the Board shall require that each individual that seeks treatment at the FSED will receive a screening

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[5] Colorado Health Institute (March 2018). *Targeted Growth: Freestanding EDs Cluster in Wealthiest Neighborhoods.* Retrieved from https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/FSED%20mapping%20paper%20March%2018.pdf

[6] Olinger, D. (October 31, 2015). *Confusion about free-standing ER brings Colorado mom $5,000 bill*. Denver Post. Retrieved from http://www.denverpost.com/news/ci_29050451/confusion-about-free-standing-er-brings-colorado-mom

[7] 6 CCR 1011-1 Chap. 09 3.100

[8] Demonstration of a need to improve access to emergency care in areas with few other acute care services.

examination and prohibit the delay of medical screening to inquire about the individual's ability to pay or insurance status. The rules must take effect by July 1, 2021 and be amended as necessary.

A FSED that is licensed is subject to the consumer disclosure requirements mandated in C.R.S. 25-3-119.[9]

A FSED is defined (same as defined in C.R.S. 25-1.5-114(5)) as a health facility that offers emergency care, which may offer primary and urgent care services, that is either:

- Owned or operated by/affiliated with a hospital or hospital system and located more than 250 yards from the main campus
- Or is independent from a hospital or hospital system and not attached to, within 250 yards of, or contained within a hospital.

A FSED is not a community clinic licensed before July 1, 2010 and serving a rural area or a ski area.

The bill adds licensing, establishing standards, and enforcement of standards for FSEDs to the powers and duties of CDPHE. The bill amends current statute to add FSEDs into the facilities that are unlawful to be operated without licensure from CDPHE. The bill amends the current definition of community clinics as facilities that are not required to be licensed as FSEDs pursuant to this bill. The bill amends the definition of a FSED in statute regarding consumer disclosures by FSEDs to include the new statute number.

**Reasons to Support**

Licenses could allow for better distinction and regulation of FSEDs in the future, without impeding those CCECs that provide care to rural or ski resort areas. As analyses in Colorado and in other states show, FSEDs tend to cluster in higher-income areas with lower poverty rates, translating to residents being more likely to be covered by private insurance and less likely to be covered by a public plan like Medicaid. Most FSEDs in Colorado are constructed in areas that have the likelihood to make the most money, not areas to serve vulnerable or underserved populations.

**Supporters**

- Any support has not been made publically available at this time.

**Reasons to Oppose**

Some may argue that creating a separate licensure category could create a burden on FSEDs. This resource strain could make FSEDs less nimble and unable to innovate with payment models, delivery systems, and care processes.

**Opponents**

- Any opposition has not been made publically available at this time.

**Other Considerations**

Besides the mandate that the state board of health adopt the rule on the screening requirement, the bill does not address any other policies that could be tied to FSED licensure. For example, if the bill outlined a certificate-of-need as a requirement for licensure, these facilities would be constructed in rural areas that lack access to emergency care. Additionally, if the bill mandated the rules required hospital affiliation it could address the proliferation of independent FSEDs. Furthermore, it does not include a limit on facility fees that was included in a similar bill in the 2018 legislative session.

[9] These consumer notices are effective January 1, 2019 and were passed during the 2018 session with SB18-146.

## About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

Health District
OF NORTHERN LARIMER COUNTY

# Memo

| | |
|---|---|
| To: | Board of Directors, Health District of Northern Larimer County |
| From: | Alyson Williams, Policy Coordinator |
| Date: | January 18, 2019 |
| Re: | Staff Recommendation on SB19-010: Professional Behavioral Health Services for Schools |

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The Health District Public Policy Strategy Team recommends that the Board of Directors strongly support SB19-010.

Health District
OF NORTHERN LARIMER COUNTY

1/18/2019

STAFF: ALYSON WILLIAMS POLICY ANALYSIS

# SB19-010: PROFESSIONAL BEHAVIORAL HEALTH SERVICES FOR SCHOOLS

Concerning professional behavioral health services for schools.

## Details

| | |
|---|---|
| **Bill Sponsors:** | House – *McLachlan (D) and Valdez, D. (D)*<br>Senate – Fields *(D)* |
| **Committee:** | Senate Health & Human Services<br>Senate Appropriations |
| **Bill History:** | 1/4/2019- Introduced<br>1/17/2019- Referred by Senate Health & Human Services, as amended, to Appropriations Committee |
| **Next Action:** | TBD- Hearing in Senate Health & Human Services |
| **Fiscal Note:** | 1/15/2019 Version |

## Bill Summary

The bill allows grant money to be used by recipient schools for providing behavioral health services or funding contracts with community partners. The bill requires the Colorado Department of Education to prioritize grant applications based on certain provisions. The bill also allows community partners to commit money to schools.

## Issue Summary

### Child and Youth Behavioral Health in Schools

The American Psychological Association asserts that mental health interacts with a child's physical health and affects a child's success in school, future in the workplace, and ability to thrive in society. In the United States, 21 percent of children were reported having one or more emotional, behavioral, or developmental condition in 2015-6.[1] The National Alliance on Mental Illness (NAMI) states that 37 percent of students with a mental health condition that are 14 or older drop out of school, which is the highest dropout rate of any disability group.[2] School-based health centers have been found to produce significant improvements during follow-up care by mental health professions in regards to the issue the youth presented with at the first appointment.[3] One study found that nearly half of school-age children with an emotional or behavioral difficulty received neither medication nor psychosocial services.[4]

### Colorado

More Colorado youth are reporting symptoms of depression. In 2015, 29.5 percent of students reported that they had felt sad or hopeless every day for two weeks or more in the last year, compared to 24.3 percent in

[1] The Annie E. Casey Foundation Kids Count Data Center (n.d.) *Children who have one or more emotional, behavioral, or developmental conditions.* Retrieved from https://datacenter.kidscount.org/data/tables/9699-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=1&loct=1#detailed/1/any/false/1539/any/18942,18943

[2] National Alliance on Mental Illness (2016). *Mental Health Facts: Children & Teens.* Retrieved from https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf

[3] Soleimanpour S., Geierstanger S.P., Kaller S., McCarter V., & Brindis C.D. (Sept. 2010). The role of school health centers in health care access and client outcomes. *American Journal of Public Health,* 100(9):1597–1603. DOI: 10.2105/AJPH.2009.186833

[4] Simon, A. E., Pastor, P. N., Reuben, C. A., Huang, L. N., & Goldstrom, I. D. (2015). Use of Mental Health Services by Children Ages Six to 11 With Emotional or Behavioral Difficulties. Psychiatric services (Washington, D.C.), 66(9), 930-7.

2013.[5] The same measure in the whole of the United States remained constant at 29.9 percent between those same years. Approximately 18 percent of Colorado children, ages 2-17, were reported having one or more emotional, behavioral, or developmental condition in 2015-6.[6,7]

**Larimer County**

The Mental Health and Substance Use Alliance of Larimer County found that a key service gap in Larimer County is funding for early identification and early intervention services.[8] The report also found that there is a lack of resources for youth and families at-risk for or experiencing mental illness and/or substance use disorders. Furthermore, it asserts that there is a need to increase access to child and adolescent psychological and psychiatric services. Community focus groups comprised of individuals that work in youth health or mental health and youth mental health professionals have found that perceived barriers to mental health care for children and youth ages 0 to 24 include a lack of: child psychiatrists, therapists that work with children and adolescents, and services for children and adolescents that are not in "crisis" or "in the system."[9] Members of these focus groups also noted that there are a lot of "hoops" in navigating the child and youth system. The 2014 Larimer County Child Health Survey found that 1 in 7 parents said their child had difficulty with emotions, concentration, behavior, and/or getting along with others.[10]

**Current Grant Program**

The bill is altering the current School Health Professional Grant Program, which was created in 2014 by SB14-215, which tackled the disposition of legal marijuana related revenue.[11] This grant program works to provide schools with funds to enhance the presence of school health professionals (currently defined as school nurses, school psychologists, school social workers, and school counselors) in both elementary and secondary schools. The Poudre School District is a grantee for three years, 2017 through 2020, and the schools that are recipients of the funds are: Fort Collins High School, Poudre High School, Rocky Mountain High School, Irish Elementary, Johnson Elementary, and Laurel Elementary.[12]

**This Legislation**

The bill defines behavioral health care as services that prevent, identify, and treat substance use disorders, substance misuse, and mental health disorders as well as services that support social-emotional health. Licensed mental health professionals, such as licensed professional counselors and licensed marriage and family therapists, are added to the definition of school health professionals.

The bill amends the current purposes of the grant program by altering the language to remove "substance abuse" from statute and replacing it with "behavioral health" or "substance use or misuse." The bill creates an additional purpose for the grant program: to provide behavioral health care services at recipient schools

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[5] Colorado Health Institute (May 1, 2018). *Making the Wise Investment: Statewide Needs Assessment of Primary Prevention for Substance Abuse (SNAPS) Final Report.* Retrieved from https://www.coloradohealthinstitute.org/Research/Snaps

[6] The Annie E. Casey Foundation Kids Count Data Center (n.d.) *Children who have one or more emotional, behavioral, or developmental conditions.* Retrieved from https://datacenter.kidscount.org/data/tables/9699-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=7&loct=2#detailed/2/7/false/1539/any/18942,18943

[7] This number includes children ages 2 to 17 with a parent who reports that a doctor has told them their child has autism, developmental delays, depression or anxiety, ADD/ADHD, or behavioral/conduct problems.

[8] Mental Health and Substance Use Alliance of Larimer County (April 2018). *What Will it Take?: Solutions to Mental Health Service Gaps in Larimer County.* Retrieved from https://www.healthdistrict.org/what-will-it-take-solutions-mental-health-service-gaps-larimer-county

[9] Information from the Child, Adolescent, and Young Adult Connections (CAYAC) program evaluation for Grant Year 2 (August 2017-July 2018).

[10] Health District of Northern Larimer County (2014). *2014 Child Health Survey.* Retrieved from https://www.healthdistrict.org/2014-child-health-survey

[11] Colorado Department of Education (n.d.) *School Health Professional Grant Program (SHPG).* Retrieved from https://www.cde.state.co.us/healthandwellness/schoolhealthprofessionalgrantprogram

[12] Colorado Department of Education (n.d.) *School Health Professional Grant Program: 2017-2010 Grant Recipients.* Retrieved from https://www.cde.state.co.us/healthandwellness/2017-2020schoolhealthprofessionalgrantees

which may include: screenings, counseling, therapy, referrals to community organizations, and training for students and staff on behavioral health issues.

The bill allows grant recipients to use the funds to contract with a community partner for behavioral health care services (including hiring private health care professionals, training, screening, and preventive supports) or provide direct services or consultation by a school health professional through telehealth.

The bill amends the application requirements for education providers. First, it amends the language to remove "substance abuse" from statute and replacing it with "behavioral health." Second, a current requirement for those applying to the program is to address "the extent to which the education provider has seen increased incidence of disciplinary actions for drug use or selling drugs"; the bill proposes to amend this to the extent they have seen "an increase in suicide attempts, deaths by suicide, bullying, adverse childhood experiences, or other factors that affect student's mental well-being."

The bill dictates that the Department of Education shall prioritize schools that have a need demonstrated by student alcohol or drug use, need for greater access to a behavioral health care provider, or other data showing the need. This is an alteration from the current need demonstrated by marijuana and the number of marijuana establishments within a school district. Another change to the prioritization criteria is not only the amount of matching money that the education provider has offered but also the amount a community partner can commit to the program and the likelihood that either of these entities would continue to fund the increased level of school health professionals after the grant ends. The bill adds in a new prioritization factor; the extent that the education provider will prioritize the use of the grant funds for staff training related to behavioral health.

The bill includes an additional appropriation of $3 million for the grant program.

**Reasons to Support**

The ability of schools to utilize existing grant funds in a more diverse manner will allow them to better address the needs of their students. Furthermore, by allowing the education providers to contract with community partners or use telehealth it allows for the schools to utilize professionals to implement best practices in addressing child behavioral health. The bill's proposal to change the application requirements to determine the need for behavioral health services through an increase in actions, events, and factors that actually measure student's well-being and mental health needs is an improvement over the current measure. An increase in drug use or the distribution of drugs does not fully demonstrate the need of students to access behavioral health care. Furthermore, amending the prioritization process by the Department of Education with more realistic measures of need for these grants will ensure the grant funding will go to schools that have a greater need for behavioral health services. Altering the language of the grant program to remove "substance abuse" and replace it with behavioral health or substance use/misuse follows the trend to utilize language that is less stigmatizing. The bill provides additional funds, which will bolster the program to carry out its goals.

**Supporters**

- Mental Health Colorado

**Reasons to Oppose**

The grant program was originally established in 2014 to utilize money from recreational marijuana, the prioritization factors of the program will no reflect the intention of the program to counteract the normalization of marijuana for Colorado's youth. Additionally, the intent of the grant program has expanded

and it is unknown if there will be an increased appropriation in funds to adequately meet the intention of providing behavioral health services in schools.

**Opponents**

- Any opposition has not been made public at this time

## Other Considerations

A key gap in behavioral health care that has a major impact on students and the school system is the absence of psychological testing and psychiatric evaluation, in cases where it is critical to accurately determine a student's condition and plan interventions and treatment accordingly. Both services are difficult, if not impossible, to either secure, or to secure on a timely basis, in the community and cannot be provided by school health professionals. Without them, students, parents, and the school system can experience years of misdirected and ineffective interventions that are detrimental to all.

Further, while this program significantly expands behavioral health services in schools, it does not have a mechanism for ongoing funding. Given that the need for behavioral health early identification and early intervention services for students is extreme and unlikely to disappear after the end of a particular grant period, the development of ongoing funding to address behavioral health needs is an important consideration for the future. However, part of the grant program criteria is for the recipients to demonstrate a plan for sustainability, which could aid in these programs being able to continue after the end of the three year grant cycle.

## About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

Health District
OF NORTHERN LARIMER COUNTY

# Memo

| | |
|---|---|
| To: | Board of Directors, Health District of Northern Larimer County |
| From: | Alyson Williams, Policy Coordinator |
| Date: | January 18, 2019 |
| Re: | Staff Recommendation on SB19-008: Substance Use Disorder Treatment in Criminal Justice System |

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The Health District Public Policy Strategy Team recommends that the Board of Directors strongly support SB19-008.

Health District
OF NORTHERN LARIMER COUNTY

1/18/2019

STAFF: ALYSON WILLIAMS POLICY ANALYSIS

# SB19-008: SUBSTANCE USE DISORDER TREATMENT IN CRIMINAL JUSTICE SYSTEM

Concerning treatment of individuals with substance use disorders who come into contact with the criminal justice system

## Details

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|---|---|
| **Bill Sponsors:** | House – *Kennedy (D) and Singer (D)*<br>Senate – *Moreno (D) and Priola (R)*, Pettersen (D) |
| **Committee:** | Senate Committee on Judiciary |
| **Bill History:** | 1/4/2019 Introduced to Senate |
| **Next Action:** | TBD- Hearing in Senate Committee on Judiciary |
| **Fiscal Note:** | Not available at time of submission |

## Bill Summary

This bill concentrates on a variety of factors in regards to substance use disorders (SUDs) and the interaction with the criminal justice system. The following items are addressed in the bill:

- The Commission on Criminal and Juvenile Justice (CCJJ) is to study and make recommendations on certain issues surrounding individuals with a SUD who come in contact with the criminal justice system.
- The Colorado Department of Corrections is to allow medication-assisted treatment (MAT) to be provided to individuals who were receiving MAT in a county jail prior to their transfer.
- The Substance Abuse Trend and Response Task Force is to formulate a response to the use of drop-off treatment services, mobile and walk-in crisis centers, and withdrawal management programs, rather than continued criminal justice involvement for offenders of low-level drug offenses.
- The Colorado Department of Health Care Policy and Financing is to seek federal approval for a Medicaid Section 1115 waiver that would allow for treating individuals confined in jails to be treated for SUDs with Medicaid financial participation.
- A simplified process for sealing convictions of level 4 drug felonies, and all drug misdemeanors is created.
- County jails receiving funds through the Jail Based Behavioral Health Services (JBBS) program are mandated to allow MAT.
- An appropriation is included to increase the law-enforcement-assisted diversion pilot program from four locations to ten locations.
- An appropriation is included to increase the co-responder program funding.

## Issue Summary

### Medication-Assisted Treatment (MAT) in State Prisons and County Jails

Inmates that have been recently[1] released are 129 times more likely to die from drug overdose than the general population.[2] A recent study in Rhode Island has implied that there is a reduction in fatal drug overdoses when criminal justice facilities implement a MAT program.[3] Rhode Island offers all prisoners with

[1] Within 2 weeks of release

[2] Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from Prison — A High Risk of Death for Former Inmates. *New England Journal of Medicine,356*(2), 157-165. doi:10.1056/nejmsa064115

[3] Green, T.C., Clarke, J., Brinkley-Rubinstein L, et al. (2018) Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psychiatry, 75*(4):405–407. doi:10.1001/jamapsychiatry.2017.4614

an opioid use disorder to be inducted or continued on a selection of methadone, buprenorphine, and extended release naltrexone (i.e. Vivitrol®). The contractor who provides the medication is a community provider, making linkage to care more effective.

There have been a variety of lawsuits throughout the country regarding SUD treatment in correctional facilities. One lawsuit in Maine, brought by the American Civil Liberties Union (ACLU), regarding the continuation of MAT medication while in a correctional facility was settled and the Maine Department of Corrections agreed to continue the MAT for an inmate while in state custody.[4]

**Medicaid Coverage of and Health Care for Confined Individuals**

Federal law does not prohibit individuals from being enrolled in Medicaid while incarcerated but it prohibits states from using federal matching funds for health care services for adult and juvenile inmates of public institutions, except when the inmate is admitted to an off-site hospital or other qualifying facility for at least 24 hours.[5,6] The Centers for Medicare and Medicaid Services (CMS) provided guidance in 2015 to clarify when an individual is considered an inmate of a public constitution, the following table illustrates that guidance.[7]

| Federal matching funds are available for individuals: | Federal matching funds are NOT available for individuals living in: |
|---|---|
| On parole, probation, or released to the community pending trial | State/federal prisons, local jails, or detention facilities |
| Living in a halfway house where individuals can exercise personal freedom | Federal residential reentry centers |
| Voluntarily living in a public institution | Residential mental health & SUD treatment facilities for incarcerated individuals |
| On home confinement | Hospitals or nursing facilities that exclusively serve incarcerated individuals |

Most states, including Colorado, suspend rather than terminate Medicaid benefits during periods of incarceration. This allows for coverage to reactivated more quickly than if the individual has to reenroll for the program.

Of the 17,977 offenders incarcerated in Colorado prisons as of the end of 2015, auditors found 43 percent had a psychiatric diagnosis and 74 percent needed substance use disorder treatment.[8] These proportions may have changed since the report that found these numbers was published, as SB17-207 was passed by the Colorado General Assembly in 2017 and prohibited individuals being held on an emergency 72-hour mental health hold from being detained or housed in a jail.[9]

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[4] American Civil Liberties Union (Sept. 28, 2018). *Doc will provide doctor-prescribed medication to prisoner with opioid use disorder.* Retrieved from https://www.aclu.org/news/doc-will-provide-doctor-prescribed-medication-prisoner-opioid-use-disorder

[5] 42 USC § 1393d(a)(29)(A)

[6] The Pew Charitable Trusts (Aug. 2, 2016). *How and When Medicaid Covers People Under Correctional Supervision: New federal guidelines clarify and revise long-standing policies.* Retrieved from https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2016/08/how-and-when-medicaid-covers-people-under-correctional-supervision

[7] Medicaid and CHIP Payment and Access Commission [MACPAC] (July 2018). *Medicaid and the Criminal Justice System.* Retrieved from https://www.macpac.gov/wp-content/uploads/2018/07/Medicaid-and-the-Criminal-Justice-System.pdf

[8] Colorado Office of the State Auditor (Nov. 2016). *Department of Corrections: Behavioral Health Programs.* Retrieved from http://leg.colorado.gov/sites/default/files/documents/audits/1556p_behavioral_health_programs.pdf

[9] SB17-207: Strengthen Colorado Behavioral Health Crisis System. *Retrieved from https://leg.colorado.gov/bills/sb17-207*

**Section 1115 Medicaid Waivers**

Section 1115 of the Social Security Act allows states to apply to the federal government for demonstration project waivers that further the goals and intentions of Medicaid while providing more flexibility to states. These demonstration projects are aimed to either build upon existing or novel approaches that promote the objectives of Medicaid. The important aspect of these propositions is that they must be budget neutral.[10] To be budget neutral in these demonstrations the expectation is that expenditures by the federal government will not exceed it would have spent without the demonstration.[3] No state has been approved to provide Medicaid coverage with Federal financial participation to incarcerated individuals.

**Sealing of Certain Criminal Conviction Records**

Other states have enacted laws that seal different types of conviction records. Some states require the individual to request or petition the courts to get their records sealed or otherwise dispensed. For example, in Arkansas minor felonies and drug convictions are eligible for sealing after 5 years, if there is no more than one previous felony.[11] In Illinois, there is sealing for most misdemeanors and felonies after a three year waiting period and there are exceptions for some serious offenses. Other states may offer the ability to seal conviction records but each state handles the process and specifications in different manners. In Indiana, most felony and misdemeanor offenses are expunged after a waiting period of five to ten years and records of misdemeanors and minor felonies are automatically sealed upon expungement, which limits access to those records.

**Jail Based Behavioral Health Services (JBBS) Program**

The JBBS program became operational in October 2011 with the goal of providing appropriate behavioral health services to those individuals in jails and support the continuity of care after release from custody.[12] In 2018, 45 of the 64 counties in Colorado participated in the program.[13] The goals of the program include: screening all inmates, identifying veterans and active duty military inmates, providing culturally competent and appropriate treatment services for individuals with SUDs and those inmates with co-occurring mental health conditions, and providing community transition case management services. The protocols and procedures to meet this goals vary by county. The funds are also allowed to be used to support the purchase of medications and psychiatric prescription services. Throughout the program's operation, 21,423 inmates were screened, of which 69 percent were positive for a SUD.[13]

In Larimer, the jail has partnered with Summitstone Health Partners to provide JBBS services. In fiscal year 2016-2017 the jail provided assessment for 318 individuals, provided SUD individual treatment to 27, and tracked the transition of 390 people.[14] By 12 months after release the 108 individuals were still being tracked and 13.89 percent of those were not in treatment.[14]

**Law-Enforcement-Assisted Diversion (LEAD) Pilot Program**

The LEAD program is a pre-booking diversion program, at the discretion of the police officers, which aims for law enforcement officers to have the appropriate knowledge and tools to re-route individuals with low-level drug and prostitution offenses from the criminal justice system to case managers and appropriate services. Currently, Alamosa, Denver County, Longmont, and Pueblo County receive up to $575,000 per year from the

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[10] U.S. Centers for Medicare and Medicaid Services (n.d.). *About Section 1115 Demonstrations.* Retrieved from https://www.medicaid.gov/medicaid/section-1115-demo/about-1115/index.html.

[11] Restoration Rights Project (2018). *50-State Comparison: Judicial Expungement, Sealing, and Set-Aside.* Retrieved from https://ccresourcecenter.org/state-restoration-profiles/50-state-comparisonjudicial-expungement-sealing-and-set-aside/

[12] Colorado Department of Human Services [CDHS](2018). *Jail Based Behavioral Health Services.* Retrieved from https://www.colorado.gov/pacific/cdhs/jail-based-behavioral-health-services

[13] Colorado Office of Behavioral Health [OBH], CDHS (July 20, 2018). *Initial Evaluation of Colorado Jail Based Behavioral Health Services.* Retrieved from https://drive.google.com/file/d/1TFK0LZmM_f10Uyao2QppRdoaNGu4llc5/view?pli=1

[14] OBH, CDHS (Dec. 2017). *Jail Based Behavioral Health Services Annual Report: Fiscal Year 2017.* Retrieved from https://drive.google.com/file/d/1OCoj-8UUX9XMzgFBcijtXugOL-rGEpOu/view

state to pilot the LEAD program.[15] The pilot program currently is funded from April 1, 2018 through June 30, 2020.[16] The goals of the pilot program are to: increase public safety, decrease recidivism, reduce justice system costs, decrease individual-level harm for participants, increase access to services and create systems change.

**Co-Responder Program**

The co-responder model partners behavioral health specialists with law enforcement officers to respond to behavioral health-related calls. The teams work to de-escalate the situation and divert individuals to crisis services and assessments instead of arrest and criminal justice involvement. There are generally two approaches to the program, either an officer with a behavioral health specialist ride together in the same vehicle for an entire shift or the behavioral health specialist is called to the scene and the call is handled with an officer.[17] The goals of the program are to prevent unnecessary incarceration or hospitalization, provide alternative care in the least restructure environment, prevent duplication of services, and facilitate the return of law enforcement to patrol.[17] Currently, Broomfield, Denver County, El Paso County, Evans, Grand Junction, Larimer County, Longmont, and Pitkin County receive up to $362,500 per fiscal year from the state to operate the programs for 5 years.[18] In Larimer County, the Fort Collins Police Department, Loveland Police Department, and Larimer County Sheriff's Office are participating in the program.

**This Legislation**

The Colorado Commission on Criminal and Juvenile Justice (CCJJ) is tasked with studying and making recommendations on specific issues regarding individuals with a substance use disorder (SUD) who contact the criminal justice system. The issues to for the CCJJ to study are:

- Alternatives to filing criminal charges against individuals with a SUD who have been arrested for drug-related offenses
- Best practices for investigating unlawful opioid distribution in Colorado, which may include the creation of black market opioid investigatory entities at the state and local level
- Process for automatically sealing criminal records of convictions for drug offenses

On or before July 1, 2020 the CCJJ is to provide a report to the House and Senate Judiciary Committees as well as the House Public Health Care and Human Services Committee and the Senate Health and Human Services Committee. This requirement is repealed June 30, 2021.

The Colorado Department of Corrections shall allow medication-assisted treatment (MAT)[19] to be provided to individuals in the custody of the Department who were receiving treatment in local jails prior to being the Department's custody. In order to assist in the development and administration of MAT, the Department can enter into agreements with community agencies, behavioral health organizations (BHOs), and substance use treatment organizations.

The Substance Abuse Trend and Response Task Force is charged with investigating the use of drop-off treatment services, mobile and walk-in crisis centers, and withdrawal management programs rather than continued criminal justice involvement for offenders of low-level drug offenses.

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[15] CDHS (Jan. 10, 2018). *CDHS Announces New Community Behavioral Health Partnerships with Local Law Enforcement.* Retrieved from https://www.colorado.gov/pacific/cdhs/2018-01-10-cdhs-new-behavioral-health-partnerships-law-enforcement

[16] OBH, CDHS (Dec. 2018). *Law Enforcement Assisted Diversion (LEAD).* Retrieved from https://drive.google.com/file/d/1h04sgDqCdERtSrnpUamqtLs8EheA0wiy/view

[17] OBH, CDHS (Dec. 2018). *Co-Responder Programs.* Retrieved from https://drive.google.com/file/d/1X6sGTS18Zv4bjEKlcjWA_8DAwFTN_H3v/view

[18] CDHS (Jan. 10, 2018). *CDHS Announces New Community Behavioral Health Partnerships with Local Law Enforcement.* Retrieved from https://www.colorado.gov/pacific/cdhs/2018-01-10-cdhs-new-behavioral-health-partnerships-law-enforcement

[19] Defined in statute, C.R.S. 23-21-802, as "a combination of behavioral therapy and medications, such as buprenorphine and all other medications and therapies, approval by the federal Food and Drug Administration (FDA) to treat opioid use disorder."

The Department of Health Care Policy and Financing must seek federal authorization, no later than October 1, 2019, to provide SUD treatment (must include MAT and withdrawal programs) to confined individuals with full federal financial participation.

The bill would allow individuals to petition district or municipal courts to seal conviction records, except basic identifying information, of certain controlled substance-involved offenses. This could occur if the petition is filed three or more years after the date of final disposition of the criminal proceedings or release of defender (whichever is later) and the individual has not been charged or convicted for an offense in those intervening years. The process for and administration of the petition is outlined in the bill. The individual must filing a petition in the case they were convicted for and provide the prosecuting attorney with written notice and a copy of the petition. Upon filing of the petition, the court will review and determine whether there are grounds to proceed to a hearing. If the court determines that the petition is insufficient or the defendant is not entitled to relief the court can enter an order denying the petition, which specifies the reasons for the denial, and mail the copy to the defendant. If the court determines that the petition is sufficient and no grounds for denial exist, the court shall set a date for the hearing and notify all parties. After the hearing is conducted and the court finds that the harm to the privacy of the defendant or the dangers of unwarranted, adverse consequences to the defendant outweigh the public interest in retaining the conviction records, the court may order the records, except the basic identifying information, to be sealed. In making this determination, the court must consider (at a minimum):

- Severity of the offense that is the basis of the conviction records
- Criminal history of the defendant
- Number of convictions and dates of the convictions sought to be sealed
- Need for the government agency to retain the records
- Whether the person has completed a veteran's treatment court or any other substance use treatment program[20]

When the court seals conviction records the court shall provide a copy of the court order to the Colorado Bureau of Investigation (CBI) and the defendant shall pay the CBI any costs related to sealing the records in the custody of the CBI. Also, the court shall provide the court order to each custodian that might have records that are subject to the order. In conjunction with the petition, the defendant shall provide the court with a list of all agency custodians that may have custody of records that would be subject to the order. The defendant may provide a copy of the order to any other custodian of the records subject to the order. Each custodian that receives the order shall remove the applicable records from its records. This section does not apply to records sealed pursuant to C.R.S. 18-13-122 (13), where the records were sealed because the defendant was underage and completed certain actions. A defendant that has petitioned to seal their records must pay a processing fee of $65, which may be waived by the court upon determining their inability to pay. If the motion to seal is filed in state court, the processing fee is to be transmitted to the State Treasurer and credited to the Judicial Stabilization Cash Fund.[21] If the motion to seal is filed in municipal court, the fees must be transmitted to the municipality's treasurer and deposited in the municipality's general fund. Such a petition can only apply pertaining to convictions for:

- Level 4 drug felony or drug misdemeanor involving possession of a controlled substance
- Any conviction prior to October 1, 2013 for a felony or misdemeanor where the basis of the offense demonstrates that it would have been classified as a level 4 drug felony or drug misdemeanor involving possession of a controlled substance if it had been committed on or after that date.
- Any conviction for a violation of any municipal code where the offense involves the possession of a controlled substance

[20] This factor should be considered by the court favorably.

[21] The Judicial Stabilization Cash Fund, created in C.R.S. 13-32-101(6), in a fund for the expenses of trial courts in the judicial department, subject to annual appropriations by the General Assembly.

Unless law states to the contrary, the motions that are filed pursuant to this section are procedural in nature and the sealing applies retroactively for all eligible cases. This section does not apply to records that are in the possession of a criminal justice agency when an inquiry regarding the records is made by another agency.

The Office of Behavioral Health, within the Colorado Department of Health and Human Services, will require county jails that receive funding through the Jail Based Behavioral Health Services program to allow MAT to be provided, as necessary, to those individuals within the jail's custody. Sheriffs, as the custodians of jails, may enter into agreements with community agencies, BHOs, and SUD treatment organizations to assist in developing and administering MAT in the jails.

For the 2019-2020 state fiscal year, $3.45 million is appropriated to the Office of Behavioral Health for the expansion of the law-enforcement-assisted (LEAD) pilot program. Another appropriation is directed to the Office of Behavioral Health for the same period in order to increase funding to the co-responder program.

**Reasons to Support**

Tasking the CCJJ to research specific issues regarding individuals with SUDs that are involved in the criminal justice system is an appropriate next step in determining what alternatives to current practices or changes in the system would be benefit Colorado. Charging the Substance Abuse Trend and Response Task Force with alternatives for individuals instead of continued criminal justice involvement aims to ensure that they are reasonable and appropriate in Colorado, the process, and what policy (if any) would need to change to ensure the success of those options. By researching before changing statewide policy, it allows for these options to be implemented in the future if they seem feasible for state and local systems and not investing resources into options that may turn out to be unsustainable.

Increasing the entities that can provide MAT to the criminal justice system may help reduce the costs, to both the state and local governments, of re-arrests and re-incarceration as well as the societal, human, and health care costs associated with SUDs. MAT is an evidence based practice that can help individuals with an opioid use disorder or alcohol use disorder.

Having Federal financial participation in providing Medicaid behavioral health treatment coverage for eligible incarcerated populations would allow more clients to be served as both the state and local dollar would go further than it currently does. This would allow correctional facilities to more appropriately provide behavioral health treatments to incarcerated individuals as more treatments options on the continuum of care would be available to the provider.

The bill proposes to seal conviction records, but places the obligation on the people that were convicted to begin the petition process. Although this process could mean that only a fraction of the people eligible for the process would actually file the petition, the bill tasks the CCJJ with investigating and reporting the possibility of automatically sealing conviction records. The process of slowly moving to sealing records with research and forethought on how that would affect Colorado's criminal justice system is appropriate with such an expansive change to the system.

Expanding the number of locations that the LEAD program is piloted to diverse locations could enhance the evaluation of the program to determine its successes and weaknesses. Increasing funding to the co-responder would allow there to be an increase in the number of behavioral health specialists and increase the number of shifts that have a co-responder available.

**Supporters**

- No supporters have been made publicly available at this time.

**Reasons to Oppose**

With the substance use crisis that the state is in, it would be more expedient to implement the alternatives and ideas that the CCJJ and the Substance Abuse Trend and Response Task Force have been tasked with studying. As overdose deaths continue to rise, it is important to act now in every sphere in order to have a positive impact on those rates.

Factors that may limit the willingness or ability to incorporate MAT into the JBBS program and allow the use in state prisons may include a preference for drug-free treatment, limited knowledge of the benefits of MAT, security concerns, regulations prohibiting use of certain MAT by certain agencies, as well as the lack and cost of qualified medical staff. Some may believe that tying JBBS funds to the implementation of MAT may mean some jails will forgo the JBBS money and provide fewer behavioral health services than they currently do.

Seeking approval for federal financial participation in providing Medicaid coverage for certain services for those in correctional facilities is a long process with the expenditure of state resources. The appropriation for a 1115 waiver application may be unjustified as no other state has such a waiver and it seems to many to be unlikely to gain approval from the administration.

The bill proposes to seal conviction records, but places the obligation on the people that were convicted to begin the petition process. This process could mean that only a fraction of the people eligible for the process would actually file the petition. There are more immediate and effective ways of reaching the same result without placing the responsibility on the individual.

It may be more appropriate for the General Assembly to wait to expand the locations for the LEAD program before the initial sites have been evaluated for successes and weaknesses. Similarly, it may be appropriate wait to increase funding for the co-responder program until the originally implemented programs in those departments and offices have been evaluated.

**Opponents**

- No opposition has been made publicly available at this time.

**Other Considerations**

The bill does not address the fact that individuals that are newly released from incarceration are far more likely to die from a drug overdose than the general public. It may be appropriate to provide naloxone, also known as Narcan, upon release from a correctional facility to those with opioid use disorder in order to reduce the risk of fatal overdose. In statute, C.R.S. 23-21-802, MAT is defined as "a combination of behavioral therapy and medications, such as buprenorphine and all other medications and therapies, approval by the federal Food and Drug Administration (FDA) to treat opioid use disorder." This definition does not include the fact that certain medications, such as naltrexone, as can be used to treat alcohol use disorders.[22] The definition in statute is narrow and only applies to opioid use disorders, which limits the scope in which MAT can be used for correctional facilities and in future circumstances.

**About this Analysis**

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of

[22] Substance Abuse and Mental Health Services Administration and National Institute on Alcohol Abuse and Alcoholism, Medication for the Treatment of Alcohol Use Disorder: A Brief Guide. HHS Publication No. (SMA) 15-4907. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. Retrieved from https://store.samhsa.gov/system/files/sma15-4907.pdf

date printed. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.

Health District
OF NORTHERN LARIMER COUNTY

Priority 1 Bills

| | |
|---|---|
| **HB19-1001** | **Hospital Transparency Measures To Analyze Efficacy** |
| **Comment:** | **Priority 1** |
| **Position:** | |
| **Calendar Notification:** | Tuesday, January 22 2019<br>GENERAL ORDERS - SECOND READING OF BILLS<br>(1) in house calendar. |
| **Short Title:** | Hospital Transparency Measures To Analyze Efficacy |
| **Sponsors:** | C. Kennedy |
| **Summary:** | The bill requires the department of health care policy and financing (department), in consultation with the Colorado healthcare affordability and sustainability enterprise board, to develop and prepare an annual report detailing uncompensated hospital costs and the different categories of expenditures made by hospitals in the state (hospital expenditure report). In compiling the hospital expenditure report, the department shall use publicly available data sources whenever possible. Each hospital in the state is required to make available to the department certain information, including:<br><br>★ Hospital cost reports submitted to the federal centers for medicare and medicaid services;<br>★ Annual audited financial statements; except that, if a hospital is part of a consolidated or combined group, the hospital may submit a consolidated or combined financial statement if the group's statement separately identifies the information for each of the group's licensed hospitals;<br>★ The total amount of unreimbursed care;<br>★ The gross patient service revenue;<br>★ Any property, plant, equipment, and accumulated depreciation;<br>★ All operating expenses;<br>★ Staffing information;<br>★ The total number of available beds and licensed beds;<br>★ The total number of inpatient surgeries; |

- The total number of births and newborn patient days;
- The total number of admissions from the emergency department; and
- Other gross charges categorized by primary care provider.The hospital expenditure report must include, but not be limited to:
- A description of the methods of analysis and definitions of report components by payer group;
- Uncompensated care costs by payer group; and
- The percentage that different categories of expenses contribute to overall expenses of hospitals.

The department is required to submit the hospital expenditure report to the governor, specified committees of the general assembly, and the medical services board in the department. The department is also directed to post the hospital expenditure report on the department's website.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Health & Insurance
1/16/2019 House Committee on Health & Insurance Refer Amended to House Committee of the Whole

**Date Introduced:** 2019-01-04

**Amendments:**

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## HB19-1004 Proposal For Affordable Health Coverage Option

**Comment:** Priority 1

**Position:**

**Calendar Notification:** Wednesday, January 23 2019
State Library Health & Insurance
1:30 p.m. Room Old
(2) in house calendar.

**Short Title:** Proposal For Affordable Health Coverage Option

**Sponsors:** D. Roberts | M. Catlin / K. Donovan

**Summary:** The bill requires the department of health care policy and financing and the division of insurance in the department of regulatory agencies (departments) to develop and submit a proposal (proposal) to certain committees of the general assembly concerning the design, costs, benefits, and implementation of a state option for health care coverage. Additionally, the departments shall present a summary of the proposal at the annual joint hearings with the legislative committees of reference during the interim before the 2020 legislative session.

The proposal must contain a detailed analysis of a state option and must identify the most effective implementation of a state option based on affordability to consumers at different income levels, administrative and financial burden to the state, ease

of implementation, and likelihood of success in meeting the objectives described in the bill. The proposal must also identify any necessary changes to state law to implement the proposal.

In developing the proposal, the departments shall engage in a stakeholder process that includes public and private health insurance experts, consumers, consumer advocates, employers, providers, and carriers. Further, the departments shall review any information relating to a pilot program operated by the state personnel director as a result of legislation that may be enacted during the 2019 legislative session.

The departments shall prepare and submit any necessary federal waivers or state plan amendments to implement the proposal, unless a bill is filed within the filing deadlines for the 2020 legislative session that substantially alters the federal authorization required for the proposal and the bill is not postponed indefinitely in the first committee.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Health & Insurance

**Date Introduced:** 2019-01-04

**Amendments:**

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## HB19-1009 Substance Use Disorders Recovery

**Comment:** **Priority 1**

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Substance Use Disorders Recovery

**Sponsors:** C. Kennedy | J. Singer / K. Priola | B. Pettersen

**Summary:** **Opioid and Other Substance Use Disorders Study Committee.** The bill:

- ★ Expands the housing voucher program currently within the department of local affairs to include individuals with a substance use disorder and appropriates $4.3 million each of the next 5 fiscal years to support the program ( **section 1** );
- ★ Requires each recovery residence operating in Colorado to be licensed by the department of public health and environment ( **section 2** ); and
- ★ Creates the opioid crisis recovery fund for money the state receives as settlement or damage awards resulting from opioid-related litigation ( **section 3** ).

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Public Health Care & Human Services + Appropriations

**Date Introduced:** 2019-01-04

**Amendments:**

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## HB19-1010 Freestanding Emergency Departments Licensure

**Comment:** **Priority 1**

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Freestanding Emergency Departments Licensure

**Sponsors:** K. Mullica | L. Landgraf

**Summary:** The bill creates a new license, referred to as a "freestanding emergency department license", for the department of public health and environment to issue on or after July 1, 2022, to a health facility that offers emergency care, that may offer primary and urgent care services, and that is either:

- Owned or operated by, or affiliated with, a hospital or hospital system and located more than 250 yards from the main campus of the hospital; or
- Independent from and not operated by or affiliated with a hospital or hospital system and not attached to or situated within 250 yards of, or contained within, a hospital.

A facility licensed as a community clinic before July 1, 2010, and that serves a rural community or ski area is excluded from the definition of "freestanding emergency department".

The bill allows the department to waive the licensure requirements for a facility that is licensed as a community clinic or that is seeking community clinic licensure and serves an underserved population in the state.

The state board of health is to adopt rules regarding the new license, including rules to set licensure requirements and fees and safety and care standards.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Health & Insurance
1/16/2019 House Committee on Health & Insurance Refer Amended to Finance

**Date Introduced:** 2019-01-04

**Amendments:**

## HB19-1019 Psychotherapists Continuing Competency Requirements

**Comment:** Priority 1

**Position:**

**Calendar Notification:** Tuesday, January 29 2019
Health & Insurance
Upon Adjournment Room 0107
(1) in house calendar.

**Short Title:** Psychotherapists Continuing Competency Requirements

**Sponsors:** J. Coleman / A. Williams

**Summary:** The bill establishes continuing professional competency requirements for psychotherapists registered in Colorado by the state board of registered psychotherapists (board). The requirements mirror the continuing professional competency requirements established for social workers, marriage and family therapists, licensed professional counselors, and addiction counselors.

On or before March 1, 2020, the board is required to adopt rules establishing a continuing professional competency program that includes the following elements:

- A self-assessment of the knowledge and skills of a registered psychotherapist;
- The development, execution, and documentation of a learning plan; and
- Periodic demonstration of knowledge and skills through documentation of activities.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Health & Insurance

**Date Introduced:** 2019-01-04

**Amendments:**

## HB19-1027 Clean Syringe Exchange Environmental Impact Report

**Comment:** Priority 1

**Position:**

**Calendar Notification:** Wednesday, January 23 2019
Public Health Care & Human Services
Upon Adjournment Room 0107
(1) in house calendar.

**Short Title:** Clean Syringe Exchange Environmental Impact Report

**Sponsors:** S. Beckman

**Summary:** The bill requires an agency or nonprofit organization operating a clean syringe exchange program to submit an annual environmental impact mitigation plan (plan) to its county or district board of health detailing:

- The number of syringes received from clean syringe exchange program participants in the previous calendar year;
- The number of syringes given to clean syringe exchange program participants in the previous calendar year;
- The agency's or nonprofit organization's plan to minimize the number of syringes near the clean syringe exchange program location that have not been disposed of safely; and
- The agency's or nonprofit organization's plan to minimize the environmental impacts of unsafe or improper syringe disposal.

The county or district must forward the plan to the department of public health and environment (department). The department must compile the information received from all county and district boards of health and report the information to the general assembly during the department's "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Public Health Care & Human Services

**Date Introduced:** 2019-01-04

**Amendments:**

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## HB19-1033 Local Governments May Regulate Nicotine Products

**Comment:** **Priority 1**

**Position:**

**Calendar Notification:** Wednesday, January 30 2019
Health & Insurance
1:30 p.m. Room 0107
(2) in house calendar.

**Short Title:** Local Governments May Regulate Nicotine Products

**Sponsors:** K. Tipper | C. Kennedy / R. Fields | K. Priola

**Summary:** **Sections 1 through 3** of the bill authorize a county to enact a resolution or ordinance that prohibits a minor from possessing or purchasing cigarettes, tobacco products, or nicotine products. Sections 1 and 2 also authorize a county to impose regulations on cigarettes, tobacco products, or nicotine products that are more stringent than statewide regulations, including prohibiting sales to

a person under 21 years of age, and section 3 expressly authorizes a county to enact a resolution or ordinance regulating the sale of cigarettes, tobacco products, or nicotine products.

From state income tax money, the state currently apportions an amount equal to 27% of state cigarette tax revenues to cities, towns, and counties in proportion to the amount of state sales tax revenues collected within their boundaries. In order to receive their allocation of this money, cities, towns, and counties are prohibited from imposing their own fees, licenses, or taxes on cigarette sales or from attempting to impose a tax on cigarettes. **Section 4** removes this prohibition, thus allowing cities, towns, and counties to impose fees, licenses, or taxes on cigarette sales without losing their apportioned state cigarette tax revenues.

**Section 5** authorizes a county, if approved by a vote of the people within the county, to impose a special sales tax on the sale of cigarettes, tobacco products, or nicotine products and provides a mechanism by which a county's special sales tax applies to a municipality within the boundary of the county unless the municipality, if approved by a vote of the people within the municipality, enacts its own such special sales tax; however, the county and municipality may then enter into an intergovernmental agreement authorizing the county to continue to levy, collect, and enforce its special sales tax within the corporate limits of the municipality.
*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Health & Insurance

**Date Introduced:** 2019-01-04

**Amendments:**

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## HB19-1038 Dental Services For Pregnant Women On Children's Basic Health Plan Plus

**Comment:** **Priority 1**

**Position:**

**Calendar Notification:** Wednesday, January 23 2019
Public Health Care & Human Services
Upon Adjournment Room 0107
(6) in house calendar.

**Short Title:** Dental Services For Pregnant Women On Children's Basic Health Plan Plus

**Sponsors:** M. Duran | S. Lontine / J. Ginal | T. Story

**Summary:** Current law requires the medical services board to include dental services for eligible children enrolled in a children's basic health plan. The bill requires the board to include dental services to all eligible enrollees, which includes children and pregnant women.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Public Health Care & Human Services

**Date Introduced:** 2019-01-04

**Amendments:**

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## HB19-1044 Advance Behavioral Health Orders Treatment

**Comment:** **Priority 1**

**Position:**

**Calendar Notification:** Wednesday, January 23 2019
Public Health Care & Human Services
Upon Adjournment Room 0107
(5) in house calendar.

**Short Title:** Advance Behavioral Health Orders Treatment

**Sponsors:** T. Kraft-Tharp | L. Landgraf / N. Todd | D. Coram

**Summary:** Under current law, an adult may establish advance medical orders for scope of treatment, allowing an adult to establish directives for the administration of medical treatment in the event the adult later lacks decisional capacity to provide informed consent to, withdraw from, or refuse medical treatment.

The bill creates a similar order for behavioral health orders for scope of treatment so that an adult may communicate his or her behavioral health history, decisions, and preferences.

The bill:

- ★ Lists the requirements for a behavioral health orders for scope of treatment form;
- ★ Details the duties and immunities of emergency medical services personnel, health care providers, and health care facilities with respect to treating an adult with behavioral health orders for scope of treatment;
- ★ Details how a behavioral health orders for scope of treatment form is executed, amended, or revoked; and
- ★ Prohibits an effect on a health insurance contract, life insurance contract, or annuity, by executing or failing to execute a behavioral health orders for scope of treatment.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Public Health Care & Human Services

**Date Introduced:** 2019-01-04

**Amendments:**

## SB19-004 Address High-cost Health Insurance Pilot Program

**Comment:** Priority 1

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Address High-cost Health Insurance Pilot Program

**Sponsors:** K. Donovan / D. Roberts

**Summary:** **Sections 1 and 2** of the bill authorize the state personnel director to explore the feasibility of offering and, if feasible, to develop and implement a one-year pilot program in a limited geographic region of the state affected by high health insurance premiums to provide access to individuals in that region to participate in the group medical benefit plans offered to state employees. The pilot program would be available:

- In the portions of Eagle and Garfield counties that are within the service area of the state group benefit plans;
- To a limited number of individuals whose household income is more than 400 % but not more than 500 % of the federal poverty line; and
- In the 2019-20 benefit plan year.

Section 2 outlines the factors for the state personnel director to consider in determining the feasibility of the pilot program.

**Sections 3 through 15** modernize laws authorizing health care cooperatives in the state to incorporate consumer protections such as coverage for preexisting conditions and to encourage consumers to help control health care costs by negotiating rates on a collective basis directly with providers.
*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In Senate - Assigned to Health & Human Services

**Date Introduced:** 2019-01-04

**Amendments:**

## SB19-005 Import Prescription Drugs From Canada

**Comment:** Priority 1

**Position:**

**Calendar Notification:** Thursday, January 31 2019
SENATE HEALTH & HUMAN SERVICES COMMITTEE

1:30 PM SCR 354
(2) in senate calendar.

**Short Title:** Import Prescription Drugs From Canada

**Sponsors:** R. Rodriguez | J. Ginal / S. Jaquez Lewis

**Summary:** The bill creates the "Colorado Wholesale Importation of Prescription Drugs Act", under which the department of health care policy and financing (department) shall design a program to import prescription pharmaceutical products from Canada for sale to Colorado consumers. The program design must ensure both drug safety and cost savings for Colorado consumers. The department shall submit the program design to the secretary of the United States department of health and human services and request the secretary's approval of the program, as required by federal law, to import Canadian pharmaceutical products.

If the secretary approves the program, the department shall implement the program. The department shall adopt a funding mechanism to cover the program's administrative costs, and the department shall annually report on the program to the general assembly.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In Senate - Assigned to Health & Human Services

**Date Introduced:** 2019-01-04

**Amendments:**

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## SB19-008 Substance Use Disorder Treatment In Criminal Justice System

**Comment:** **Priority 1**

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Substance Use Disorder Treatment In Criminal Justice System

**Sponsors:** K. Priola | B. Pettersen / C. Kennedy | J. Singer

**Summary:** **Opioid and Other Substance Use Disorders Study Committee. Section 1** of the bill requires the Colorado commission on criminal and juvenile justice to study and make recommendations concerning:

- ★ Alternatives to filing criminal charges against individuals with substance use disorders who have been arrested for drug-related offenses;
- ★ Best practices for investigating unlawful opioid distribution in Colorado; and
- ★ A process for automatically sealing criminal records for drug offense convictions.

**Section 2** of the bill requires the department of corrections (DOC) to allow medication-assisted treatment to be provided to persons who were receiving treatment in a local jail prior to being transferred to the custody of the DOC. The DOC may enter into agreements with community agencies and organizations to assist in the development and administration of medication-assisted treatment.

**Section 3** of the bill contains a legislative declaration that the substance abuse trend and response task force should formulate a response to current and emerging substance abuse problems from the criminal justice, prevention, and treatment sectors that includes the use of drop-off treatment services, mobile and walk-in crisis centers, and withdrawal management programs as an alternative to entry into the criminal justice system for offenders of low-level drug offenses.

**Section 4** of the bill directs the department of health care policy and financing to seek federal authorization under the Medicaid program for treatment of substance use disorders for persons confined in jails.

**Section 5** of the bill creates a simplified process for sealing convictions for level 4 drug felonies, all drug misdemeanors, and any offense committed prior to October 1, 2013, that would have been a level 4 drug felony or drug misdemeanor if committed on or after October 1, 2013. A defendant may file a motion to seal records 3 years or more after final disposition of the criminal proceedings. Conviction records may be sealed only after a hearing and upon court order.

**Section 6** of the bill requires jails that receive funding through the jail-based behavioral health services program to allow medication-assisted treatment to be provided to individuals in the jail. The jail may enter into agreements with community agencies and organizations to assist in the development and administration of medication-assisted treatment.

**Section 7** of the bill provides an appropriation, including for the following programs funded through the annual long appropriations act:

- ★ Increasing from 4 to 10 the number of the law-enforcement-assisted diversion pilot programs; and
- ★ Increasing coresponder funding for criminal justice diversion pilot programs in the office of behavioral health in the department of human services.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In Senate - Assigned to Judiciary

**Date Introduced:** 2019-01-04

**Amendments:**

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## SB19-010 Professional Behavioral Health Services For Schools

**Comment:** **Priority 1**

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Professional Behavioral Health Services For Schools

**Sponsors:** R. Fields / B. McLachlan | D. Valdez

**Summary:** The bill allows grant money to be used for behavioral health care services at recipient schools and specifies that grants may also fund behavioral health services contracts with community providers. The bill requires the department of education (department) to prioritize grant applications based on the school's need for additional health professionals, and grant applicants must specify the extent to which the school has seen an increase in activities or experiences that affect students' mental well-being.

The bill allows a community provider to commit money to schools. It also changes the amount the department can expend to offset the costs incurred in implementing the program from 3% to 5% of money appropriated for the program.

The bill allows school districts to enter into agreements with specified groups to implement evidence-based, school-wide behavior supports and strategies to build and support positive school climates, including providing behavioral health services and supports; implement strategies to reduce the incidence of suspension and expulsion; and implement alternatives to suspension or expulsion.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In Senate - Assigned to Health & Human Services
1/17/2019 Senate Committee on Health & Human Services Refer Amended to Appropriations

**Date Introduced:** 2019-01-04

**Amendments:**

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## SB19-012 Use Of Mobile Electronic Devices While Driving

**Comment:** **Priority 1**

**Position:**

**Calendar Notification:** Thursday, January 24 2019
SENATE TRANSPORTATION & ENERGY COMMITTEE
Upon Adjournment SCR 352
(1) in senate calendar.

**Short Title:** Use Of Mobile Electronic Devices While Driving

**Sponsors:** L. Court / J. Melton

**Summary:** Current law prohibits the use of wireless telephones while driving for individuals who are younger than 18 years of age. The bill:

- ★ Extends the prohibition to drivers of all ages;
- ★ Extends the existing prohibition of the use of wireless telephones to include all mobile electronic devices;

★ Establishes the penalties as $300 and 4 points for a first violation, $500 and 6 points for a second violation, and $750 and 8 points for a third or subsequent violation;

★ Creates an exception to the prohibition of the use of mobile electronic devices for drivers who use a mobile electronic device while a hands-free accessory is engaged; and

★ Repeals a sentence enhancement for a violation that causes bodily injury or death.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In Senate - Assigned to Transportation & Energy

**Date Introduced:** 2019-01-04

**Amendments:**

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## SB19-015 Create Statewide Health Care Review Committee

**Comment:** **Priority 1**

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Create Statewide Health Care Review Committee

**Sponsors:** J. Ginal / S. Beckman

**Summary:** The bill recreates the former health care task force, renamed as the statewide health care review committee, to study health care issues that affect Colorado residents throughout the state. The committee consists of the members of the house of representatives committees on health and insurance and public health care and human services and the senate committee on health and human services. The committee is permitted to meet up to 2 times during the interim between legislative sessions, including 2 field trips.
*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In Senate - Assigned to Health & Human Services
1/17/2019 Senate Committee on Health & Human Services Refer Unamended to Appropriations

**Date Introduced:** 2019-01-04

**Amendments:**

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## SB19-041 Health Insurance Contract Carrier And Policyholder

**Comment:** **Priority 1/2**

**Position:**

**Calendar Notification:** Wednesday, January 23 2019
SENATE HEALTH & HUMAN SERVICES COMMITTEE
Upon Adjournment SCR 354
(6) in senate calendar.

**Short Title:** Health Insurance Contract Carrier And Policyholder

**Sponsors:** J. Smallwood

**Summary:** Current law requires a contract between a health insurance carrier and a policyholder to contain a provision that requires the policyholder to pay premiums for each individual covered under the policy through the date that the policyholder notifies the carrier that an individual covered under the policy is no longer covered. The bill requires the contract to state that, in the alternative, the policyholder is required to pay premiums to the carrier through the date that the individual covered under the policy is no longer eligible or covered if the policyholder notifies the carrier within 10 business days after the date of ineligibility or noncoverage.
*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In Senate - Assigned to Health & Human Services

**Date Introduced:** 2019-01-04

**Amendments:**

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## SB19-052 Emergency Medical Service Provider Scope Of Practice

**Comment:** **Priority 1/2**

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Emergency Medical Service Provider Scope Of Practice

**Sponsors:** L. Garcia

**Summary:** Emergency medical service (EMS) providers are authorized to practice under the medical direction of a physician. **Section 1** of the bill expands an EMS provider's scope of practice by authorizing a provider to practice under the medical direction of an advanced practice nurse or a physician assistant.

Section 1 also:

- Specifies that a provider may practice in a hospital or clinic; and
- Authorizes the state board of health to promulgate rules to authorize other types of medical professionals to provide medical direction to EMS providers or to allow EMS providers to practice in other types of licensed health care facilities or

health care-related settings.

**Section 3** adds an advanced practice nurse and a physician assistant to the membership of the emergency medical practice advisory council and requires the governor to make initial appointments of the additional advisory council members on or before November 1, 2019.

**Sections 2, 4, and 5** make conforming amendments.
*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/8/2019 Introduced In Senate - Assigned to Health & Human Services

**Date Introduced:** 2019-01-08

**Amendments:**

Health District
OF NORTHERN LARIMER COUNTY

Priority 2 Bills

| | |
|---|---|
| **HB19-1017** | **Kindergarten Through Fifth Grade Social And Emotional Health Act** |
| **Comment:** | **Priority 2** |
| **Position:** | |
| **Calendar Notification:** | Thursday, February 7 2019<br>Education<br>1:30 p.m. Room 0107<br>(1) in house calendar. |
| **Short Title:** | Kindergarten Through Fifth Grade Social And Emotional Health Act |
| **Sponsors:** | D. Michaelson Jenet / R. Fields |
| **Summary:** | The bill creates the "Colorado K-5 Social and Emotional Health Act" (act). The act requires the department of education (department) to select a pilot school district (pilot district) to participate in a pilot program that ensures that a school social worker, as defined in the act, is dedicated to each of grades kindergarten through fifth grade. To the extent possible, the school social worker shall follow the same students through each grade. The general assembly shall appropriate the resources necessary for the pilot district to hire or contract with the additional school social workers.<br><br>The department shall select a pilot district that meets the characteristics outlined in the bill, including high poverty, ethnic diversity, and a large concentration of students in the foster care system.<br><br>Among other responsibilities consistent with the school social worker license, the school social worker shall provide needed services to students and their families in the pilot district, including identifying learning disabilities, conducting functional behavior assessments and developing behavior intervention plans, identifying food insecurities, and helping eligible students and their families access public benefits. Services must be provided at school and during school hours, as appropriate.<br><br>The pilot program begins operation during the 2020-21 school year and repeals in July 2027. The department shall contract with a professional program evaluator (evaluator) to conduct a preliminary evaluation in 2024 and a final evaluation before the repeal of the pilot program. The evaluator shall establish the method for the pilot district's data collection and monitor data throughout the pilot program. |

The evaluator shall evaluate the effectiveness of services provided by the pilot program on the academic, mental, and physical health and well-being of the student cohorts within the scope of the pilot program.

The bill requires the department to request money for pilot program administration, employment contracts for social workers, and the pilot program evaluation through the annual budget process.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Education + Appropriations

**Date Introduced:** 2019-01-04

**Amendments:**

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## HB19-1021 Repeal Ammunition Magazine Prohibition

**Comment:** **Priority 2**

**Position:**

**Calendar Notification:** Thursday, January 24 2019
State Library State, Veterans, & Military Affairs
1:30 p.m. Room Old
(3) in house calendar.

**Short Title:** Repeal Ammunition Magazine Prohibition

**Sponsors:** L. Saine | S. Humphrey

**Summary:** The bill repeals statutory provisions:

- ★ Prohibiting the possession of certain ammunition magazines; and
- ★ Requiring each of certain ammunition magazines that are manufactured in Colorado on or after July 1, 2013, to include a permanent stamp or marking indicating that the magazine was manufactured or assembled after July 1, 2013.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to State, Veterans, & Military Affairs

**Date Introduced:** 2019-01-04

**Amendments:**

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## HB19-1028 Medical Marijuana Condition Autism

**Comment:** Priority 2

**Position:**

**Calendar Notification:** Wednesday, January 23 2019
State Library Health & Insurance
1:30 p.m. Room Old
(1) in house calendar.

**Short Title:** Medical Marijuana Condition Autism

**Sponsors:** E. Hooton | K. Ransom / D. Coram | S. Fenberg

**Summary:** The bill adds autism spectrum disorders to the list of disabling medical conditions that authorize a person to use medical marijuana for his or her condition. Under current law, a child under 18 years of age who wants to be added to the medical marijuana registry for a disabling medical condition must be diagnosed as having a disabling medical condition by 2 physicians, one of whom must be a board-certified pediatrician, a board-certified family physician, or a board-certified child and adolescent psychiatrist who attests that he or she is part of the patient's primary care provider team. The bill removes the additional requirements on specific physicians to align with the constitutional provisions for a debilitating medical condition.

The bill encourages the state board of health when awarding marijuana study grants to prioritize grants to gather objective scientific research regarding the efficacy and the safety of administering medical marijuana for pediatric conditions, including but not limited to autism spectrum disorder.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Health & Insurance

**Date Introduced:** 2019-01-04

**Amendments:**

## HB19-1032 Comprehensive Human Sexuality Education

**Comment:** Priority 2

**Position:**

**Calendar Notification:** Wednesday, January 30 2019
Health & Insurance
1:30 p.m. Room 0107
(1) in house calendar.

**Short Title:** Comprehensive Human Sexuality Education

**Sponsors:** S. Lontine / N. Todd | D. Coram

**Summary:** The bill moves provisions of the statutory legislative declaration to a nonstatutory legislative declaration.

The bill clarifies content requirements for public schools that offer comprehensive human sexuality education and prohibits instruction from explicitly or implicitly teaching or endorsing religious ideology or sectarian tenets or doctrines, using shame-based or stigmatizing language or instructional tools, employing gender norms or gender stereotypes, or excluding the relational or sexual experiences of lesbian, gay, bisexual, or transgender individuals.

Current law provides for a comprehensive human sexuality education grant program. The bill amends certain provisions of the grant program to:

- Require the department of public health and environment to submit an annual report concerning the outcomes of the grant program indefinitely;
- Add 8 representatives to the oversight entity and require membership of the oversight entity to be comprised of at least 7 members who are members of groups of people who have been or might be discriminated against;
- Require grant applicants to demonstrate a need for money to implement comprehensive human sexuality education; and
- Require that rural public schools or public schools that do not currently offer comprehensive human sexuality education receive priority when selecting grant applicants.

The bill provides a general appropriation of at least $1 million annually for the grant program.

The bill prohibits the state board of education from waiving the content requirements for any public school that provides comprehensive human sexuality education.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Health & Insurance

**Date Introduced:** 2019-01-04

**Amendments:**

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## HB19-1036 Annual Stipends For Certified School Professionals

**Comment:** **Priority 2**

**Position:**

**Calendar Notification:** Tuesday, January 22 2019
Education
1:30 p.m. Room 0107
(2) in house calendar.

**Short Title:** Annual Stipends For Certified School Professionals

**Sponsors:** J. Arndt | B. McLachlan / N. Todd

**Summary:** The bill adds nationally certified school psychologists as school professionals eligible for annual stipends awarded by the department of education (department) if the school psychologist meets the requirements set forth in the bill.

The bill clarifies that school counselors are school professionals who have been eligible for annual stipends awarded by the department pursuant to the same requirements for teachers and principals.

The bill corrects the name of the national board for professional teaching standards by removing the word "principal" from the title.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Education

**Date Introduced:** 2019-01-04

**Amendments:**

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## HB19-1041 Require Surgical Smoke Protection Policies

**Comment:** **Priority 2**

**Position:**

**Calendar Notification:** Tuesday, January 22 2019
Health & Insurance
Upon Adjournment Room 0107
(1) in house calendar.

**Short Title:** Require Surgical Smoke Protection Policies

**Sponsors:** J. Buckner / R. Rodriguez

**Summary:** The bill requires each hospital with surgical services and each ambulatory surgical center to adopt and implement on or before May 1, 2021, a policy that requires the elimination of surgical smoke via the use of a surgical smoke evacuation system during any surgical procedure that is likely to generate surgical smoke. Surgical smoke is a gaseous by-product produced by energy-generating surgical medical devices.
*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Health & Insurance

**Date Introduced:** 2019-01-04

**Amendments:**

## HB19-1049 Concealed Handguns On School Grounds

**Comment:** Priority 2

**Position:**

**Calendar Notification:** Thursday, January 24 2019
State Library State, Veterans, & Military Affairs
1:30 p.m. Room Old
(1) in house calendar.

**Short Title:** Concealed Handguns On School Grounds

**Sponsors:** P. Neville

**Summary:** With certain exceptions, current law limits the authority of a person who holds a valid permit to carry a concealed handgun by prohibiting a permit holder from carrying a concealed handgun on public elementary, middle, junior high, or high school grounds. The bill removes this limitation.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to State, Veterans, & Military Affairs

**Date Introduced:** 2019-01-04

**Amendments:**

## HB19-1058 Income Tax Benefits For Family Leave

**Comment:** Priority 2

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Income Tax Benefits For Family Leave

**Sponsors:** L. Landgraf | S. Beckman / K. Priola

**Summary:** **Section 2** of the bill establishes leave savings accounts. A leave savings account is an account with a financial institution for which the individual uses money to pay for any expense while he or she is on eligible leave, which includes:

- The birth of a child of the individual and in order to care for the child;
- The placement of a child with the individual for adoption or foster care;
- Caring for a spouse, child, or parent of the individual if the spouse, child, or parent has a serious health condition;
- A serious health condition that makes the individual unable to perform the functions of the position of the individual; or
- Any qualifying exigency, as determined by the United States secretary of labor, arising out of the fact that a spouse, child, or parent of the individual is on covered active duty, or has been notified of an impending call or order to covered active duty, in the United States armed forces.

An individual may annually contribute up to $5,000 of state pretax wages to a leave savings account. Employers may also make a matching contribution to an employee's leave savings account. The department of revenue is required to establish a form about a leave savings account, and the individual must annually file this form to be eligible for the tax benefit.

**Sections 3 and 4** allow an employee and an employer to claim a state income tax deduction for amounts they contribute to the employee's leave savings account. Section 3 also allows a taxpayer to deduct any interest or other income earned on the investment during the taxable year from their leave savings account.

Regardless of how the money is deposited in the leave savings account, if an individual uses money in the account for an unauthorized purpose, then the money is subject to recapture in the year it is withdrawn and to a penalty equal to 10% of the amount recaptured.

**Section 5** creates an income tax credit for an employer that pays an employee for leave that is between 6 and 12 weeks long for one of the following reasons:

- The birth of a child of the employee and in order to care for the child;
- Placement of a child with the employee for adoption or foster care;
- Caring for a spouse, child, or parent of the employee if the spouse, child, or parent has a serious health condition;
- A serious health condition that makes the employee unable to perform the functions of the position of the employee; or
- Any qualifying exigency, as determined by the United States secretary of labor, arising out of the fact that a spouse, child, or parent of the employee is on covered active duty, or has been notified of an impending call or order to covered active duty, in the United States armed forces.

For employers with fewer than 50 employees, the credit is equal to 50% of the amount paid, and for employers with 50 or more employees it is equal to 25% of the amount paid. The credit is not refundable, but it may be carried forward up to 5 years.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In House - Assigned to Finance

**Date Introduced:** 2019-01-04

**Amendments:**

## SB19-001 Expand Medication-assisted Treatment Pilot Program

**Comment:** Priority 2

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Expand Medication-assisted Treatment Pilot Program

**Sponsors:** L. Garcia

**Summary:** In 2017, the general assembly enacted Senate Bill 17-074, which created a 2-year medication-assisted treatment (MAT) expansion pilot program, administered by the university of Colorado college of nursing, to expand access to medication-assisted treatment to opioid-dependent patients in Pueblo and Routt counties. The 2017 act directs the general assembly to appropriate $500,000 per year for the 2017-18 and 2018-19 fiscal years from the marijuana tax cash fund to the university of Colorado board of regents, for allocation to the college of nursing to implement the pilot program. The pilot program repeals on June 30, 2020.

The bill:

- Expands the pilot program to the counties in the San Luis valley and 2 additional counties in which a need is demonstrated;
- Shifts responsibility to administer the pilot program from the college of nursing to the center for research into substance use disorder prevention, treatment, and recovery support strategies;
- Adds representatives from the San Luis valley and any other counties selected to participate in the pilot program to the advisory board that assists in administering the program;
- Increases the annual appropriation for the pilot program to $5 million for the 2019-20 and 2020-21 fiscal years; and
- Extends the program an additional 2 years.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/4/2019 Introduced In Senate - Assigned to Health & Human Services

**Date Introduced:** 2019-01-04

**Amendments:**

## SB19-063 Infant And Family Child Care Action Plan

**Comment:** Priority 2

**Position:**

**Calendar Notification:** Thursday, January 24 2019
SENATE HEALTH & HUMAN SERVICES COMMITTEE

1:30 PM SCR 354
(1) in senate calendar.

**Short Title:** Infant And Family Child Care Action Plan

**Sponsors:** K. Priola | T. Story / B. Buentello | A. Valdez

**Summary:** The bill requires the department of human services (department), in consultation with the early childhood leadership commission (commission) and various stakeholders, to draft a strategic action plan addressing the declining availability of family child care homes and infant child care.

The bill requires the department to submit the completed strategic action plan to the commission, the state board of human services, the joint budget committee, the health and human services and education committees of the senate or any successor committees, and the public health care and human services and education committees of the house of representatives or any successor committees no later than December 1, 2019.
*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/10/2019 Introduced In Senate - Assigned to Health & Human Services

**Date Introduced:** 2019-01-10

**Amendments:**

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## SB19-065 Peer Assistance Emergency Medical Service Provider

**Comment:** **Priority 2/3?**

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Peer Assistance Emergency Medical Service Provider

**Sponsors:** L. Garcia

**Summary:** The bill creates a peer health assistance program (program) for emergency medical service providers funded through fees collected from each applicant upon initial or renewal of a certification as an emergency medical service provider. The state board of health (board) is required to select one or more peer health assistance programs as designated providers. To be selected as a provider, the program must:

- ★ Provide for the education of emergency medical service providers with respect to the recognition and prevention of physical, emotional, and psychological problems and provide for intervention when necessary or under circumstances that may be established by rules promulgated by the board;
- ★ Offer assistance to an emergency medical service provider in identifying physical, emotional, or psychological problems;

- ★ Evaluate the extent of physical, emotional, or psychological problems and refer the emergency medical service provider for appropriate treatment;
- ★ Monitor the status of an emergency medical service provider who has been referred for treatment;
- ★ Provide counseling and support for the emergency medical service provider and for the family of any emergency medical service provider referred for treatment;
- ★ Agree to receive referrals from the board; and
- ★ Agree to make services available to all certified emergency medical service providers.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/10/2019 Introduced In Senate - Assigned to Health & Human Services

**Date Introduced:** 2019-01-10

**Amendments:**

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## SB19-073 Statewide System Of Advance Medical Directives

**Comment:** **Priority 2**

**Position:**

**Calendar Notification:** NOT ON CALENDAR

**Short Title:** Statewide System Of Advance Medical Directives

**Sponsors:** J. Ginal / L. Landgraf

**Summary:** The bill requires the department of public health and environment (department) to create and administer a statewide electronic system (system) that allows qualified individuals to upload and access advance medical directives.

The bill defines an advance medical directive as a directive concerning medical orders for scope of treatment and requires the department to contract with one or more health information organization networks for the administration and maintenance of the system. The bill also requires the department to promulgate rules to administer the system.

The bill clarifies that it is the responsibility of the adult whose medical treatment is the subject of the advance medical directive, or the authorized surrogate decision-maker, to ensure that the advance medical directive uploaded to the system is current and accurate.

The bill does not allow for any civil or criminal liability or regulatory sanctions for any emergency personnel, health care provider, health care facility, or any other person that complies with a legally executed advance medical directive that is accessed from the system.

*(Note: This summary applies to this bill as introduced.)*

**Status:** 1/10/2019 Introduced In Senate - Assigned to Health & Human Services

**Date Introduced:** 2019-01-10

**Amendments:**

Health District
OF NORTHERN LARIMER COUNTY

# RESOLUTION TO ESTABLISH MEETING DAYS, TIMES AND LOCATIONS FOR MONTHLY BOARD OF DIRECTORS MEETINGS
## Resolution 2019-01

**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 2019 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 22nd day of January, A.D., 2019.**

Attest:

_____
Michael D. Liggett, Esq., President

_____
Molly Gutilla, PhD, Vice President

_____
Celeste Kling, J.D., Secretary

_____
Joseph Prows, M.D., Treasurer

_____
Faraz Naqvi, M.D.
Liaison to UCHealth-North/PVHS Board

Health District
OF NORTHERN LARIMER COUNTY

# BOARD OF DIRECTORS
## 2019 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. Wendy Grogan at 224-5209 to confirm any Board meeting.***

| MEETING DATES | | COMMENTS |
|---|---|---|
| January 22 | Tuesday, 4:00 pm | |
| February 12 | Tuesday, 4:00 pm | Special Meeting |
| February 26 | Tuesday, 4:00 pm | Joint Board Meeting |
| March 12 | Tuesday, 4:00 pm | Special Meeting |
| March 28 | **Thursday**, 4:00 pm | |
| April 9 | Tuesday, 4:00 pm | Special Meeting |
| April 23 | Tuesday, 4:00 pm | |
| May 28 | Tuesday, 4:00 pm | |
| June 25 | Tuesday, 4:00 pm | |
| July 23 | Tuesday, 4:00 pm | |
| August 27 | Tuesday, 4:00 pm | |
| September 24 | Tuesday, 4:00 pm | |
| October 22 | Tuesday, 4:00 pm | |
| November 12 | Tuesday, 4:00 pm | Budget Hearing |
| December 12 | **Thursday**, 4:00 pm | |

### OTHER IMPORTANT DATES/EVENTS

Feb 26 – Joint Board Meeting with UCHealth North/PVHS Board
TBD – Colorado Health Foundation's Colorado Health Symposium, Keystone CO
Nov 2-6 – American Public Health Association Annual Conference, Philadelphia

Board Approved: January 22, 2019
Updated: January 17, 2019

Health District
OF NORTHERN LARIMER COUNTY

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

## Resolution 2019-02

**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 22nd day of January, A.D., 2019.**

Attest:

_____
Michael D. Liggett, Esq., President

_____
Molly Gutilla, Ph.D., Vice President

_____
Celeste Kling, J.D., Secretary

_____
Joseph Prows, M.D., Treasurer

_____
Faraz Naqvi, M.D.
Liaison to UCHealth-North/PVHS Board

# HEALTH DISTRICT
## of Northern Larimer County
## November 2018
## Summary Financial Narrative

**Revenues**

The Health District is 0.6% ahead of year-to-date tax revenue projections. Interest income is 101.1% 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 2.15% to 2.21% (based on the weighted average of all investments). Fee for service revenue from clients is 7.2% behind year-to-date projections and revenue from third party reimbursements is 13.5% behind year-to-date projections. Total operating revenues for the Health District (excluding grants and special projects) are 0.4% ahead of year-to-date projections.

**Expenditures**

Operating expenditures (excluding grants and special projects) are 11.0% behind year-to-date projections. Program variances are as follows: Administration 7.4%; Board 56.7%; Connections: Mental Health/Substance Issues Services 15.6%; Dental Services 10.0%; Integrated Care 8.5%; Health Promotion 11.4%; Community Impact 6.2%; Program Assessment and Evaluation 4.8%; Health Care Access 14.0%; HealthInfoSource 11.9%; and Resource Development 10.5%.

**Capital Outlay**

Capital expenditures are 96.4% behind year-to-date projects due to the timing of some capital improvement projects and the postponement of the purchase of a new building.

**HEALTH DISTRICT OF NORTHERN LARIMER COUNTY**

**BALANCE SHEET**

As of 11/30/2018

ASSETS

| | |
|---|---|
| Current Assets: | |
| Cash & Investments | $8,114,463.10 |
| Accounts Receivable | 45,023.84 |
| Property Taxes Receivable | 56,188.74 |
| Specific Ownership Taxes Receivable | 52,410.25 |
| Prepaid Expenses and Deposits | 39,858.07 |
| Total Current Assets | 8,307,944.00 |
| Property and Equipment | |
| Land | 4,592,595.02 |
| Building and Leasehold Improvements | 4,421,115.73 |
| Equipment | 1,241,300.79 |
| Accumulated Depreciation | (2,577,095.31) |
| Total Property and Equipment | 7,677,916.23 |
| Total Assets | $15,985,860.23 |

**HEALTH DISTRICT OF NORTHERN LARIMER COUNTY**

**BALANCE SHEET**

As of 11/30/2018

LIABILITIES AND EQUITY

| | |
|---|---|
| Current Liabilities: | |
| Accounts Payable | $630,560.10 |
| Deposits | 1,000.00 |
| Deferred Revenue | 761,776.30 |
| Total Current Liabilities | 1,393,336.40 |
| Long-term Liabilities: | |
| Compensated Absences Payable | 15,410.00 |
| Total Long-term Liabilities | 15,410.00 |
| Deferred Inflows of Resources | |
| Deferred Property Tax Revenue | 13,449.65 |
| Total Deferred Inflows of Resources | 13,449.65 |
| Total Liabilities & Deferred Inflows of Resource | 1,422,196.05 |
| EQUITY | |
| Retained Earnings | 13,688,915.65 |
| Net Income | 874,748.53 |
| Total Equity | 14,563,664.18 |
| Total Liabilities & Equity | $15,985,860.23 |

# HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

## STATEMENT OF REVENUES AND EXPENSES

For 1/1/2018 To 11/30/2018

| | Current Month | Year to Date |
|---|---|---|
| Revenue: | | |
| Property Taxes | $42,739.09 | $7,174,981.35 |
| Specific Ownership Taxes | 52,409.45 | 599,204.58 |
| Lease Revenue | 91,145.99 | 991,988.93 |
| Interest Income | 14,699.00 | 147,511.13 |
| Sales Revenue | 34.54 | 608.20 |
| Fee For Services Income | 19,789.49 | 204,152.07 |
| Third Party Reimbursements | 76,083.05 | 755,776.09 |
| Grant Revenue | 46,198.14 | 776,556.03 |
| Special Projects | 4,968.26 | 109,196.13 |
| Miscellaneous Income | 1,262.59 | 65,411.21 |
| Gain on Asset Disposal | 0.00 | 213.00 |
| Gain on Investment | 0.00 | 2,828.84 |
| Total Revenue | 349,329.60 | 10,828,427.56 |
| Expenses: | | |
| Operating Expenses | | |
| Administration | $30,799.96 | $716,182.81 |
| Board Expenses | 1,018.77 | 26,258.13 |
| Connections: MentalHealth/Substance Issues Svcs | 120,836.80 | 1,215,500.66 |
| Dental Services | 277,921.73 | 3,190,684.58 |
| Integrated Care (MHSA/PC) | 77,819.90 | 911,813.30 |
| Health Promotion | 54,963.98 | 673,412.17 |
| Community Impact | 48,375.90 | 548,230.95 |
| Program Assessment & Evaluation | 16,221.98 | 180,030.22 |
| Health Care Access | 74,315.51 | 873,548.03 |
| HealthInfoSource | 5,591.27 | 67,484.38 |
| Resource Development | 14,535.33 | 139,708.92 |
| Special Projects | 62,984.89 | 779,303.59 |
| Grant Projects | 60,399.56 | 631,521.29 |
| Total Operating Expenses | 845,785.58 | 9,953,679.03 |
| Depreciation and Amortization | | |
| Total Depreciation and Amortization | 0.00 | 0.00 |
| Total Expenses | 845,785.58 | 9,953,679.03 |
| Net Income | ($496,455.98) | $874,748.53 |

# HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

## STATEMENT OF REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 11/30/2018

| | Current Month Budget | Current Month Actual | Current Month Variance | Year to Date Budget | Year to Date Actual | Year to Date Variance | Annual Budget | Annual Funds Remaining |
|---|---|---|---|---|---|---|---|---|
| Revenue: | | | | | | | | |
| Property Taxes | $30,000 | $42,739 | $12,739 | $7,188,331 | $7,174,981 | ( $13,350) | $7,188,431 | $13,450 |
| Specific Ownership Taxes | 45,501 | 52,409 | 6,908 | 536,022 | 599,205 | 63,183 | 580,000 | (19,205) |
| Lease Revenue | 91,146 | 91,146 | 0 | 991,987 | 991,987 | 0 | 1,083,133 | 91,146 |
| Interest Income | 6,667 | 14,699 | 8,032 | 73,337 | 147,511 | 74,174 | 80,000 | (67,511) |
| Sales Revenue | 27 | 35 | 8 | 298 | 608 | 310 | 325 | (283) |
| Fee For Services Income | 18,676 | 19,790 | 1,114 | 219,960 | 204,153 | ( 15,807) | 234,606 | 30,453 |
| Third Party Reimbursements | 94,222 | 76,083 | (18,139) | 873,252 | 755,776 | (117,476) | 943,354 | 187,578 |
| Grant Revenue | 127,022 | 46,198 | (80,824) | 1,462,048 | 776,556 | (685,492) | 1,695,319 | 918,763 |
| Partnership Revenue | 3,708 | 4,968 | 1,260 | 40,790 | 109,197 | 68,407 | 44,498 | (64,699) |
| Miscellaneous Income | 1,661 | 1,263 | ( 398) | 18,267 | 64,986 | 46,719 | 19,930 | (45,056) |
| Gain on Investment | 0 | 0 | 0 | 0 | 2,829 | 2,829 | 0 | (2,829) |
| Total Revenue | $418,630 | $349,330 | ($69,300) | $11,404,292 | $10,827,788 | ($576,504) | $11,869,596 | $1,041,808 |
| Expenditures: | | | | | | | | |
| Operating Expenditures | | | | | | | | |
| Administration | 53,076 | 30,800 | 22,276 | 773,098 | 716,183 | 56,915 | 825,915 | 109,732 |
| Board Expenses | 3,095 | 1,019 | 2,076 | 42,681 | 25,961 | 16,720 | 46,476 | 20,515 |
| Election Expenses | 0 | 0 | 0 | 18,000 | 297 | 17,703 | 18,000 | 17,703 |
| Connections: Mental Health/Substance Issues Sv | 124,504 | 120,837 | 3,667 | 1,439,717 | 1,215,500 | 224,217 | 1,564,904 | 349,404 |
| Dental Services | 301,554 | 277,922 | 23,632 | 3,543,288 | 3,190,685 | 352,603 | 3,847,166 | 656,481 |
| Integrated Care (MHSA/PC) | 86,509 | 77,819 | 8,690 | 996,236 | 911,813 | 84,423 | 1,083,230 | 171,417 |
| Health Promotion | 64,497 | 54,964 | 9,533 | 759,638 | 673,413 | 86,225 | 826,433 | 153,020 |
| Community Impact | 50,548 | 48,376 | 2,172 | 584,303 | 548,231 | 36,072 | 635,016 | 86,785 |
| Program Assessment & Evaluation | 16,431 | 16,222 | 209 | 189,014 | 180,031 | 8,983 | 205,411 | 25,380 |
| Health Care Access | 85,248 | 74,316 | 10,932 | 1,015,818 | 873,548 | 142,270 | 1,101,355 | 227,807 |
| HealthInfoSource | 6,130 | 5,591 | 539 | 76,600 | 67,485 | 9,115 | 82,850 | 15,365 |
| Resource Development | 13,435 | 14,535 | (1,100) | 155,940 | 139,709 | 16,231 | 169,844 | 30,135 |
| Contingency (Operations) | 0 | 0 | 0 | 0 | 0 | 0 | 239,000 | 239,000 |
| Special Projects | 149,811 | 62,985 | 86,826 | 1,678,429 | 779,304 | 899,125 | 1,879,519 | 1,100,215 |
| Grant Projects | 127,022 | 60,400 | 66,622 | 1,462,048 | 631,521 | 830,527 | 1,695,319 | 1,063,798 |
| Total Operating Expenditures | 1,081,860 | 845,786 | 236,074 | 12,734,810 | 9,953,681 | 2,781,129 | 14,220,438 | 4,266,757 |
| Net Income | ($663,230) | ($496,456) | $166,774 | ($1,330,518) | $874,107 | $2,204,625 | ($2,350,842) | ($3,224,949) |

# HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

## STATEMENT OF NON OPERATIONAL EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 11/30/2018

| | Current Month Budget | Current Month Actual | Current Month Variance | Year to Date Budget | Year to Date Actual | Year to Date Variance | Annual Budget | Annual Funds Remaining |
|---|---|---|---|---|---|---|---|---|
| Non-Operating Expenditures | | | | | | | | |
| Building | 0 | 0 | 0 | 620,000 | 0 | 620,000 | 3,020,000 | 3,020,000 |
| General Office Equipment | 0 | 0 | 0 | 20,000 | 0 | 20,000 | 20,000 | 20,000 |
| Medical & Dental Equipment | 0 | 4,329 | (4,329) | 7,830 | 17,594 | (9,764) | 13,797 | (3,797) |
| Computer Equipment | 0 | 0 | 0 | 11,600 | 0 | 11,600 | 11,600 | 11,600 |
| Computer Software | 7,300 | 0 | 7,300 | 7,300 | 6,704 | 596 | 7,300 | 596 |
| Furniture | 0 | 0 | 0 | 10,000 | 0 | 10,000 | 10,000 | 10,000 |
| Total Non-Operating Expenditures | 7,300 | 4,329 | 2,971 | 676,730 | 24,298 | 652,432 | 3,082,697 | 3,058,399 |

# HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

## STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 11/30/2018

| | 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 |
|---|---|---|---|---|---|---|---|---|
| Administration | | | | | | | | |
| Revenue: | | | | | | | | |
| Miscellaneous Income | $792 | $0 | ( $792 ) | $8,708 | $22,974 | $14,266 | $9,500 | ($13,474) |
| Total Revenue | $792 | $0 | ( $792 ) | $8,708 | $22,974 | $14,266 | $9,500 | ($13,474) |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | 42,815 | 33,439 | 9,376 | 470,968 | 447,909 | 23,059 | 513,783 | 65,874 |
| Supplies and Purchased Services | 10,261 | (2,640) | 12,901 | 302,130 | 268,275 | 33,855 | 312,132 | 43,857 |
| Total Expenditures | $53,076 | $30,799 | $22,277 | $773,098 | $716,184 | $56,914 | $825,915 | $109,731 |
| Board of Directors | | | | | | | | |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | $0 | $0 | $0 | $8,632 | $7,681 | $951 | $8,632 | $951 |
| Supplies and Purchased Services | 3,096 | 1,019 | 2,077 | 52,048 | 18,577 | 33,471 | 55,844 | 37,267 |
| Election Expenses | 0 | 0 | 0 | 18,000 | 297 | 17,703 | 18,000 | 17,703 |
| Total Expenditures | $3,096 | $1,019 | $2,077 | $78,680 | $26,555 | $52,125 | $82,476 | $55,921 |
| Community Impact | | | | | | | | |
| Revenue: | | | | | | | | |
| Total Revenue | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | $46,388 | $42,071 | $4,317 | $510,273 | $484,208 | $26,065 | $556,661 | $72,453 |
| Supplies and Purchased Services | 4,159 | 6,305 | (2,146) | 74,031 | 64,022 | 10,009 | 78,355 | 14,333 |
| Total Expenditures | $50,547 | $48,376 | $2,171 | $584,304 | $548,230 | $36,074 | $635,016 | $86,786 |

# HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

## STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 11/30/2018

| | 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 |
|---|---|---|---|---|---|---|---|---|
| Program Assessment & Evaluation | | | | | | | | |
| Revenue: | | | | | | | | |
| Total Revenue | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | $14,997 | $14,564 | $433 | $164,972 | $161,547 | $3,425 | $179,969 | $18,422 |
| Supplies and Purchased Services | 1,434 | 1,658 | (224) | 24,042 | 18,483 | 5,559 | 25,442 | 6,959 |
| Total Expenditures | $16,431 | $16,222 | $209 | $189,014 | $180,030 | $8,984 | $205,411 | $25,381 |
| Connections: Mental Health/Substance Issue | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | $2,080 | $5,529 | $3,449 | $22,880 | $26,821 | $3,941 | $24,960 | ($1,861) |
| Total Revenue | $2,080 | $5,529 | $3,449 | $22,880 | $26,821 | $3,941 | $24,960 | ($1,861) |
| Expenditures: | | | | | | | | |
| Salaries and Beneftis | $78,149 | $79,164 | ($1,015) | $972,489 | $843,290 | $129,199 | $1,050,635 | $207,345 |
| Supplies and Purchased Services | 46,355 | 41,673 | 4,682 | 467,227 | 372,210 | 95,017 | 514,269 | 142,059 |
| Total Expenditures | $124,504 | $120,837 | $3,667 | $1,439,716 | $1,215,500 | $224,216 | $1,564,904 | $349,404 |
| Dental Services | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | $107,625 | $90,296 | ($17,329) | $1,035,215 | $910,404 | ($124,811) | $1,114,692 | $204,288 |
| Total Revenue | $107,625 | $90,296 | ($17,329) | $1,035,215 | $910,404 | ($124,811) | $1,114,692 | $204,288 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | $246,118 | $224,216 | $21,902 | $2,707,293 | $2,526,543 | $180,750 | $2,953,411 | $426,868 |
| Supplies and Purchased Services | 55,437 | 53,706 | 1,731 | 835,995 | 664,142 | 171,853 | 893,755 | 229,613 |
| Total Expenditures | $301,555 | $277,922 | $23,633 | $3,543,288 | $3,190,685 | $352,603 | $3,847,166 | $656,481 |

# HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

## STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 11/30/2018

| | 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 |
|---|---|---|---|---|---|---|---|---|
| Integrated Care (MHSA/PC) | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | $2,917 | $740 | ($2,177) | $32,083 | $27,677 | ($4,406) | $35,000 | $7,323 |
| Total Revenue | $2,917 | $740 | ($2,177) | $32,083 | $27,677 | ($4,406) | $35,000 | $7,323 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | $79,098 | $71,359 | $7,739 | $870,082 | $816,800 | $53,282 | $949,180 | $132,380 |
| Supplies and Purchased Services | 7,345 | 6,426 | 919 | 125,434 | 94,008 | 31,426 | 133,264 | 39,256 |
| Total Expenditures | $86,443 | $77,785 | $8,658 | $995,516 | $910,808 | $84,708 | $1,082,444 | $171,636 |
| Health Promotion | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | $1,172 | $571 | ($601) | $12,891 | $6,502 | ($6,389) | $14,063 | $7,561 |
| Total Revenue | $1,172 | $571 | ($601) | $12,891 | $6,502 | ($6,389) | $14,063 | $7,561 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | $52,710 | $48,051 | $4,659 | $576,348 | $520,653 | $55,695 | $629,058 | $108,405 |
| Supplies and Purchased Services | 11,788 | 6,913 | 4,875 | 183,289 | 152,760 | 30,529 | 197,375 | 44,615 |
| Total Expenditures | $64,498 | $54,964 | $9,534 | $759,637 | $673,413 | $86,224 | $826,433 | $153,020 |

# HEALTH DISTRICT OF NORTHERN LARIMER COUNTY

## STATEMENT OF PROGRAM REVENUES AND EXPENDITURES - BUDGET AND ACTUAL

For 1/1/2018 To 11/30/2018

| | 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 |
|---|---|---|---|---|---|---|---|---|
| Health Care Access | | | | | | | | |
| Revenue: | | | | | | | | |
| Fees, Reimbursements & Other Income | $0 | $35 | $35 | $0 | $472 | $472 | $0 | ($472) |
| Total Revenue | $0 | $35 | $35 | $0 | $472 | $472 | $0 | ($472) |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | $72,715 | $65,627 | $7,088 | $799,860 | $756,154 | $43,706 | $872,574 | $116,420 |
| Supplies and Purchased Services | 12,533 | 8,689 | 3,844 | 215,959 | 117,394 | 98,565 | 228,781 | 111,387 |
| Total Expenditures | $85,248 | $74,316 | $10,932 | $1,015,819 | $873,548 | $142,271 | $1,101,355 | $227,807 |
| Health Info Source | | | | | | | | |
| Revenue: | | | | | | | | |
| Total Revenue | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | $4,989 | $4,736 | $253 | $54,876 | $52,140 | $2,736 | $59,865 | $7,725 |
| Supplies and Purchased Services | 1,142 | 855 | 287 | 21,724 | 15,344 | 6,380 | 22,985 | 7,641 |
| Total Expenditures | $6,131 | $5,591 | $540 | $76,600 | $67,484 | $9,116 | $82,850 | $15,366 |
| Resource Development | | | | | | | | |
| Revenue: | | | | | | | | |
| Total Revenue | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Expenditures: | | | | | | | | |
| Salaries and Benefits | $12,048 | $11,945 | $103 | $132,526 | $124,612 | $7,914 | $144,574 | $19,962 |
| Supplies and Purchased Services | 1,387 | 2,590 | (1,203) | 23,414 | 15,097 | 8,317 | 25,270 | 10,173 |
| Total Expenditures | $13,435 | $14,535 | ($1,100) | $155,940 | $139,709 | $16,231 | $169,844 | $30,135 |

## Health District of Northern Larimer County

## Investment Schedule
## November 2018

| Investment | Institution | Current Value | % | Current Yield | Maturity |
|---|---|---|---|---|---|
| Local Government Investment Pool | COLOTRUST | $ 1,346 | 0.017% | 2.16% | N/A |
| Local Government Investment Pool | COLOTRUST | $ 6,287,055 | 79.967% | 2.43% | N/A |
| Local Government Investment Pool (Children's Oral Health Care Assistance Fund) | COLOTRUST | $ 8,130 | 0.103% | 2.43% | N/A |
| Local Government Investment Pool (Oral Health Care Assistance Fund) | COLOTRUST | $ 22,999 | 0.293% | 2.43% | N/A |
| Flex Savings Account | First National Bank | $ 191,430 | 2.435% | 0.90% | N/A |
| Certificate of Deposit | Advantage Bank | $ 135,516 | 1.724% | 1.40% | 12/27/2019 |
| Certificate of Deposit | Advantage Bank | $ 108,541 | 1.381% | 1.40% | 9/2/2019 |
| Certificate of Deposit | First National Bank | $ 111,575 | 1.419% | 1.35% | 9/6/2019 |
| Certificate of Deposit | Points West | $ 112,025 | 1.425% | 1.35% | 6/4/2020 |
| Certificate of Deposit | Points West | $ 152,099 | 1.935% | 1.25% | 4/2/2020 |
| Certificate of Deposit | Adams State Bank | $ 231,363 | 2.943% | 1.29% | 10/7/2019 |
| Certificate of Deposit | Cache Bank & Trust | $ 250,000 | 3.180% | 0.80% | 12/27/2018 |
| Certificate of Deposit | Farmers Bank | $ 250,000 | 3.180% | 2.00% | 6/27/2020 |
| Total/Weighted Average | | $ 7,862,079 | 100.000% | 2.21% | |

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.