

# CONSIDERATIONS FOR PUBLIC HEALTH STRUCTURE AND SERVICES

LA PLATA COUNTY, COLORADO  
PRESENTED BY OTOWI GROUP  
MARCH 1, 2023



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Attachment: Joint Meeting Packet - Special Business Meeting 3-1-2023 (8034 : Otowi Report Follow Up Presentation)

# Background

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Colorado law requires each county to have a local public health agency or participate in a district public health agency. La Plata County and Archuleta County currently participate in a district public health agency known as San Juan Basin Public Health (SJBPH). On April 28, 2022, the SJBPH Board of Health made a recommendation to dissolve the SJBPH District. The Board acknowledged that both counties may identify different priorities and that there are philosophical differences in how the two counties view the regulatory role of public health and the services that should be delivered.<sup>1</sup>

On [August 23, 2022](#), La Plata County Commissioners gave direction to county staff to pursue the recommendations of the SJBPH Board of Health. La Plata County engaged Otowi Group, LLC, in partnership with WE Public Health, LLC, to provide professional services to support the due diligence and transition planning for the future of La Plata County’s public health services.

On [November 9, 2022](#), La Plata County and Archuleta County Boards of County Commissioners approved a [resolution](#) establishing a planned and orderly dissolution of the SJBPH District by December 31, 2023.

The La Plata Board of County Commissioners approved a [resolution](#) on January 24, 2023 to create and appoint a [transitional Board of Health](#).

# About this Report

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Between September 1, 2022, and January 31, 2023, Otowi Group conducted a landscape analysis to collect, compile, and analyze data and information to support decision-making about the future of public health for La Plata County. The analysis included:

- Key informant interviews with 12 community leaders identified by the La Plata Board of County Commissioners and county staff
- Review and synthesis of health departments serving comparable populations, including total budget, board of health composition, number and types of staff, and services provided
- Review and synthesis of relevant legal requirements, including but not limited to statutory and regulatory requirements for delivery of public health services and programs, public health governance options, staff credentialing requirements, and organizational capabilities and authorizations required to implement public health services
- Financial modeling to forecast operating costs for a new, single-county public health department
- An estimate of up-front costs necessary to transition to a single county health department
- Identification of anticipated funding (and processes required to access funding) to support public health in La Plata County

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<sup>1</sup> La Plata County Website: [https://www.co.laplata.co.us/departments/public\\_health/index.php](https://www.co.laplata.co.us/departments/public_health/index.php).

This report provides a summary of the landscape analysis. It lays out a variety of information, considerations, and recommendations to support the La Plata County Board of Health with making evidence-informed decisions about public health structure and services, as well as the pathway to establish a single-county local public health agency. Key informant interviewees saw this transition as a unique opportunity to *“reconceptualize what public health is and can be.”* Their input is highlighted throughout the report.

*“In every crisis there is an opportunity to look at what best practices are for rural areas and identify what (they) want to create for the community.  
–Key Informant Interviewee*

*Any change like this is a great opportunity to look at mission and priorities as well as the relationship with the community.  
–Key Informant Interviewee*

Otowi Group has gradually shared the results and findings reflected in this report with La Plata County staff. As a result, some decisions have already been made and acted upon. Where possible that is indicated in the report.

The intended audience for the report is the La Plata County Board of County Commissioners and Board of Health. The report relies on publicly available data and information, financial and programmatic information provided by SJBPH, and the expertise and opinions of the individuals interviewed.

Some hyperlinks to other sources are included as a convenience for the reader, but these are maintained by host sites and may change over time.

**This report:**

- Does not include any legal analysis of required structures, services nor legal aspects of transition
- Does not include an audit of SJBPH finances
- Does not assess existing La Plata County infrastructures to understand cost efficiencies
- Does not include perspectives from people most impacted by public health structure and service changes, such as clients or staff of SJBPH
- Does not include verified information from public health funders
- Does not evaluate efficiencies in current public health services provided by SJBPH

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# Understanding Community Health

## Community Health Assessment

A primary function of public health is to monitor and assess the health of a community and design systems, structures, and services to achieve optimal health. Many public health funders and regulatory agencies require that providers of health services (e.g., public health agencies, non-profit hospitals, and federally quality health centers) implement regular community health assessments.

The Colorado Public Health Act of 2008 (SB08-194) requires local public health agencies to conduct a **Community Health Assessment** to inform public health services every 5 years. Local public health agencies must also develop a **Public Health Improvement Plan** based on the assessment and engage local communities in health improvement efforts.

SJBPH is currently conducting the community health assessment for La Plata County and Archuleta County. The previous assessment was completed in 2018. The top five issues impacting health that were identified in that assessment include:

1. **Suicide and suicide attempts**
2. **Affordable housing**
3. **Substance use**
4. **Poverty**
5. **Availability of jobs/economic opportunity<sup>2</sup>**

## Health Data

There are multiple other measures and sources of data that can be accessed to help understand the health of community, including:

- Colorado Department of Public Health and Environment (CDPHE)
- Colorado Department of Education
- Colorado Child Health Survey
- Colorado Pregnancy Risk Assessment Monitoring System (PRAMS)
- Colorado Central Cancer Registry
- Healthy Kids Colorado
- Colorado Department of Education
- Colorado Maternal Mortality Review Committee
- Colorado Child Fatality Review
- Behavioral Risk Factor Surveillance System (BRFSS)
- U.S. Census Bureau
- U.S. Bureau of Labor Statistics
- U.S. Environmental Protection Agency Air Quality System
- Centers for Disease Control and Prevention (CDC)
- CDC WONDER
- County Health Rankings

<sup>2</sup> 2018 Community Health Assessments: [https://sjbpublichealth.org/wp-content/uploads/2019/06/SJBPH19\\_CHA-May29\\_web.pdf](https://sjbpublichealth.org/wp-content/uploads/2019/06/SJBPH19_CHA-May29_web.pdf)

Health data on its own is insufficient to fully understand a community’s health. It must be considered in the broader context of a community. Health planners must ask questions such as:

- Are some community members suffering greater impact than others?
- Are some geographic locations more impacted than others?
- Has a recent event caused significant changes in this issue? (e.g., COVID-19, closure of major employment centers, immigration, weather events, etc.)?
- What health issues do community members think are most important?
- What is the breakdown of our population by age, race, ethnicity, education, among others?
- Does our current public health system address the needs of a changing population? For example, if the older adult population is increasing, are services adequate to meet these needs?

**Examples of Health Data**

Below we offer some examples of data points to illustrate the type of information that can be accessed and considered in designing a robust public health structure for La Plata County. These data do not constitute an assessment and should not be used to make key health decisions about programs and services.

Premature Death: A common measure to understand health issues is the leading causes of premature death. In La Plata County, the primary causes of death for persons under the age of 75 are:

1. Cancer
2. Diseases of the heart
3. Accidents
4. Intentional self-harm
5. Chronic respiratory diseases<sup>3</sup>

County Health Ranking: Each year, the [County Health Rankings and Roadmaps](#) (CHR&R) program releases state reports ranking counties within states on health outcomes - length and quality of life, and health factors - a broad set of conditions that influence health . In 2022, La Plata County ranked 13th (out of 59 ranked counties) for health outcomes and 17th for health factors (Figure 1).<sup>4</sup>

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	27	46	Crowley	47	57	Gunnison	7	8	Mesa	32	38
Alamosa	53	41	Custer	41	30	Hinsdale	NR	NR	Mineral	NR	NR
Arapahoe	14	20	Delta	48	44	Huerfano	44	52	Moffat	43	45
Archuleta	21	26	Denver	23	34	Jackson	NR	NR	Montezuma	51	40
Baca	39	42	Dolores	49	33	Jefferson	12	11	Montrose	31	35
Bent	58	56	Douglas	1	1	Kiowa	NR	NR	Morgan	40	49
Boulder	4	3	Eagle	3	15	Kit Carson	36	31	Otero	59	53
Broomfield	5	2	El Paso	33	24	La Plata	13	17	Ouray	19	5
Chaffee	17	13	Elbert	10	7	Lake	34	36	Park	26	12
Cheyenne	35	28	Fremont	42	43	Larimer	11	9	Phillips	29	14
Clear Creek	9	18	Garfield	15	25	Las Animas	55	55	Pitkin	2	4
Conejos	54	48	Gilpin	28	23	Lincoln	24	39	Prowers	46	51
Costilla	56	59	Grand	20	19	Logan	38	37	Pueblo	52	54
									Rio Blanco	25	21
									Rio Grande	50	50
									Routt	6	6
									Saguache	57	58
									San Juan	NR	NR
									San Miguel	16	22
									Sedgwick	37	47
									Summit	8	10
									Teller	30	16
									Washington	45	27
									Weld	18	32
									Yuma	22	29

Figure 1: Colorado Health Rankings

<sup>3</sup> CDC WONDER: <https://wonder.cdc.gov/>

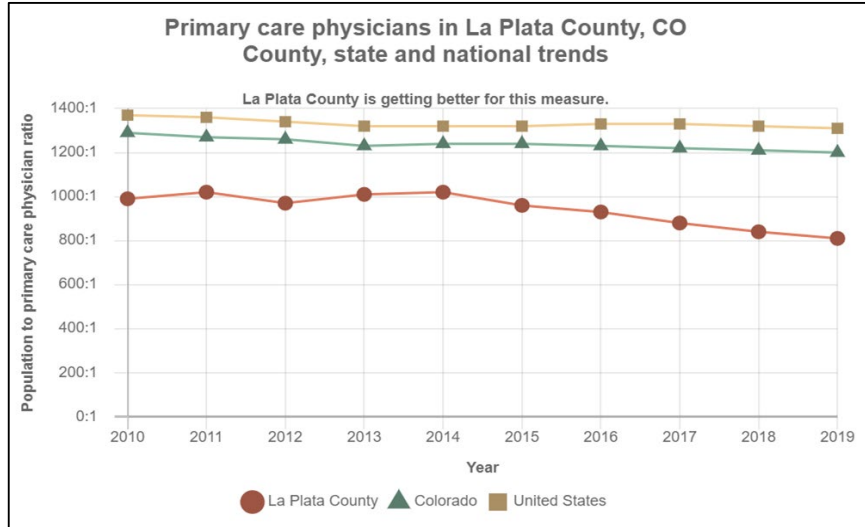
<sup>4</sup> 2022 CHR&R CO State Report: <https://www.countyhealthrankings.org/reports/state-reports/2022-colorado-state-report>

Trend Data: CHR&R also has data for the County to compare against Colorado and the U.S. on a variety of health indicators. For some measures, it is also possible to examine trends over time. A few examples are highlighted below (All figures were pulled from the CHR&R La Plata webpage).<sup>5</sup>

On some health measures, **La Plata County is improving.** It is important to explore the drivers of the improvement and continue to direct resources to efforts that will help continue the trend.

For example: Ratio of Population to Primary Care Physicians: In 2019, there was one primary care physician per 810 people in La Plata County, compared to one physician per 1,200 people in Colorado and one physician per 1,300 people across the U.S. (Figure 2)

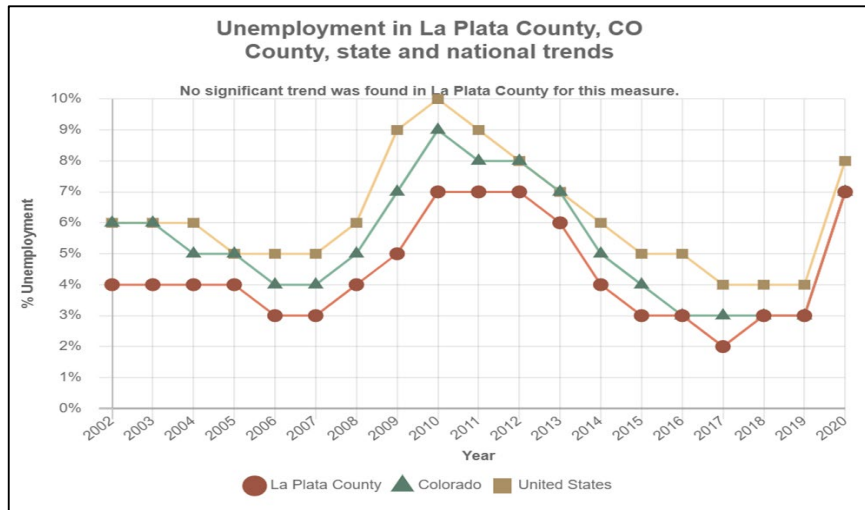
Figure 2: Primary Care Physicians



On some health measures, **La Plata County showed no significant trends over time.** However, it is still important to explore the data within the context of the community and to identify any recent shifts.

For example: Unemployment: In 2020, 6.8% of people aged 16 and older were unemployed but seeking work, compared to just 3% in 2019. This is the largest single year increase in unemployment since 2002 (Figure 3).

Figure 3: Unemployment

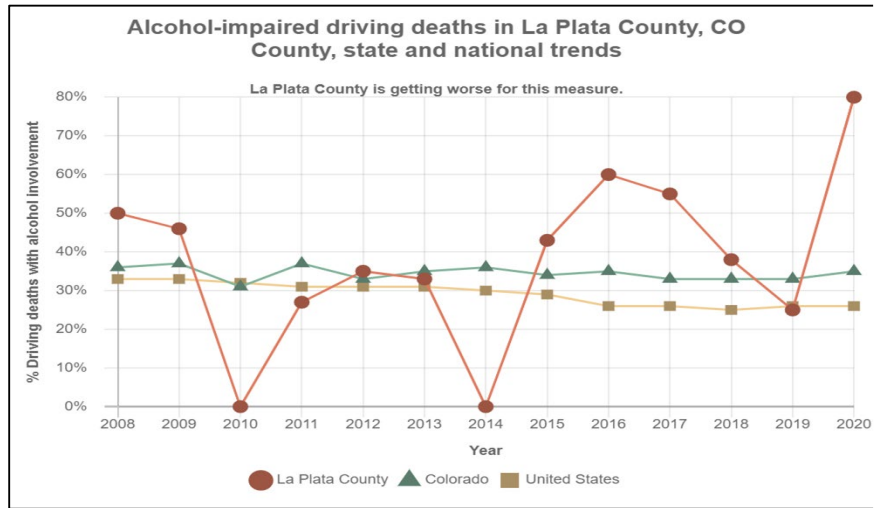


<sup>5</sup> <https://www.countyhealthrankings.org/explore-health-rankings/colorado/la-plata?year=2022>

Figure 4: Alcohol Impaired Driving Deaths

On some measures, **La Plata County is doing worse**, and specific attention should be dedicated to addressing these issues to prevent further decline.

For example: Alcohol-impaired driving deaths (percentage of motor vehicle crash deaths with alcohol involvement) is 50% (2016-2020) and saw a jump from 30% to 80% between 2019-2020. (Figure 4)



**Key informant interviewees said:**



**These are the issues most likely to impact community health in the next 3-5 years:**

- Suicide
- Opioid use and overdose
- Mental health conditions
- Increasing economic disparities
- Lack of affordable housing
- Homelessness

**These are some of their concerns:**

- Current public health services are not reaching rural residents
- COVID-19 response has eroded the public's trust in public health
- The dissolution of SJBPH could have a negative impact on the residents of both counties

Attachment: Joint Meeting Packet - Special Business Meeting 3-1-2023 (8034 : Otowi Report Follow Up Presentation)

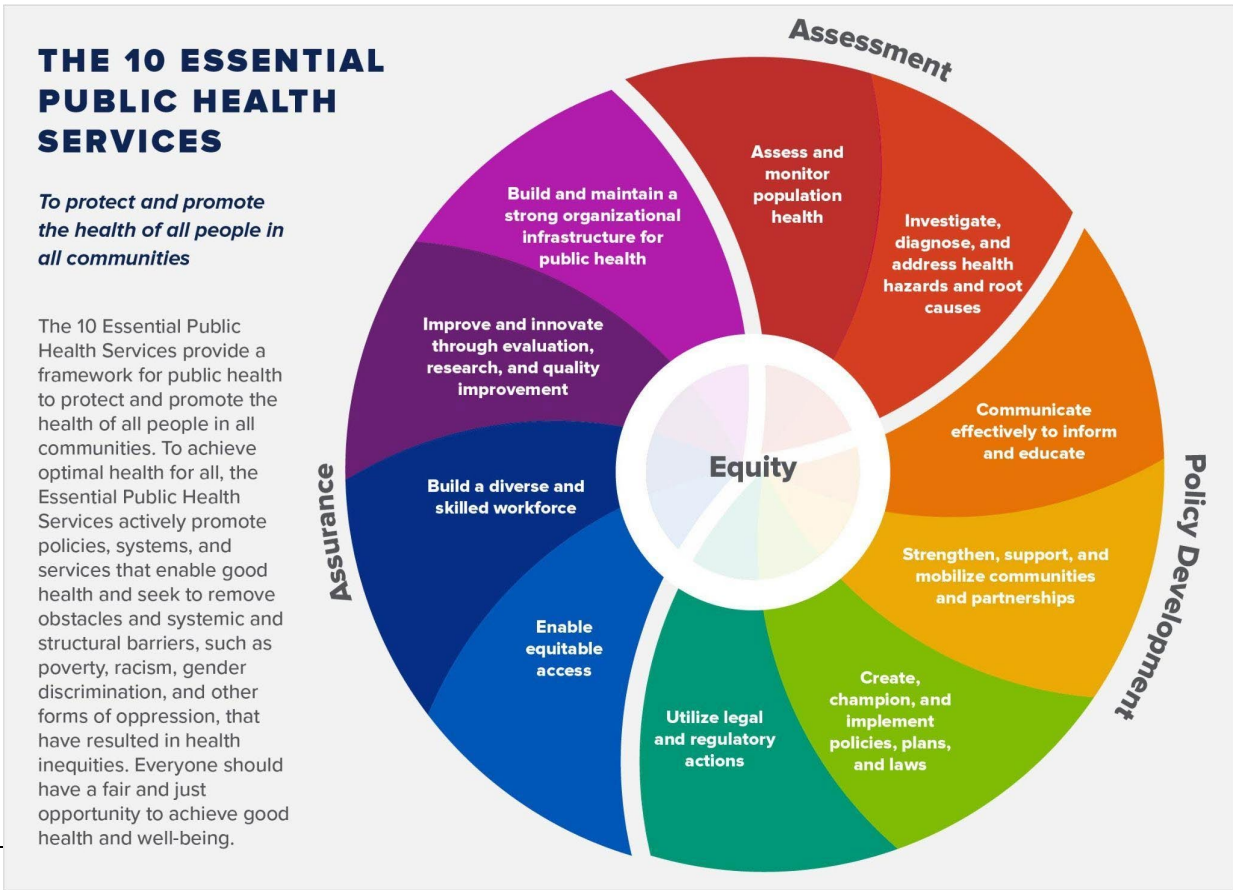


# Public Health Governance, Structures, Services, and Staffing

## Overview

Public health is what a society does collectively to assure the conditions in which people can be healthy.<sup>6</sup> The 10 Essential Public Health Services (EPHS) provides a national framework for protecting and promoting the public’s health and removing systemic barriers that have resulted in health inequities (Figure 5). Historically, efforts to improve health in the U.S. have looked to the healthcare system as the key driver of health outcomes. Today there is increased recognition that improving health requires approaches that address social, economic, and environmental factors that significantly influence health outcomes - often referred to as the social determinants of health. Currently, the United States directs less than 3% of its total annual health-related spending<sup>7</sup>

Figure 5



<sup>6</sup> Institute of Medicine. 1988. *The Future of Public Health*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/1091>.

<sup>7</sup> *The Impact of Chronic Underfunding on America’s Public Health System: Trends, Risks, and Recommendations*: <https://www.tfah.org/report-details/publichealthfunding2020/>

**Public Health Governance**

The Public Health Act of 2008 requires that local public health agencies must consist of:

- Board of Health that follows membership and appointment rules set out in C.R.S § 25-1-508
- Public health director that meets minimum qualifications (in 6 CCR 1014-6)
- Medical officer that meets minimum qualifications (in 6 CCR 1014-6) if the public health director is not a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO)
- Staff to accomplish the activities of the public health agency
- Public Health Fund dedicated to accepting all public health funding and county contributions to public health activities.

**Local Boards of Health**

Local boards of health serve as the link between local public health agencies and the communities they serve. They represent the community’s interest in adopting priorities and establishing needed services, while also communicating with the community about health agency goals and services available. Local boards of health around the United States have different authorities for carrying out their responsibilities. Some boards enact rules and regulations, while others advise or make recommendations to the local governing body for public health. All boards of health, regardless of the extent of their legal authority, are obligated to either enact or to recommend policies that serve the interest of the public’s health. State laws often dictate some aspects of the structure and authority of local boards of health.

**Board of Health Functions**

The National Association of Local Boards of Health (NALBOH) has identified 6 governance functions for local boards of health. All public health governing entities are responsible for some aspects of each function.<sup>8</sup>

1. **Policy Development**—Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject.
2. **Resource Stewardship**—Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services.
3. **Legal Authority**—Exercise legal authority in accordance with the law and understand the responsibilities, obligations, and functions of the governing entity, the health officer and agency staff.
4. **Partner Engagement**—Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community’s health.
5. **Continuous Improvement**—Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency’s/governing body’s own ability to meet its responsibilities.

<sup>8</sup> [https://cdn.ymaws.com/nalboh.site-ym.com/resource/resmgr/Docs/Governance\\_Functions.pdf](https://cdn.ymaws.com/nalboh.site-ym.com/resource/resmgr/Docs/Governance_Functions.pdf)

6. **Oversight**—Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance to support the public health agency in achieving measurable outcomes.

**Colorado law states that:**

- Each county board of health shall consist of at least five members.
- In counties with populations of less than 100,000, a three-member board may be appointed.
- The board of county commissioners may designate itself as the county board of health.
- The terms of the initial appointments are staggered, and then for five years thereafter.
- Members of the county board of health shall reside within the county where the public health agency is located.
- No business or professional group or governmental entity shall constitute a majority of the board.

Most of Colorado counties with fewer than 100,000 residents have opted to seat a three-member board of health, consisting of county commissioners. However, a recent evidence brief from the Colorado School of Public Health showed that communities benefit in multiple ways from local boards of health that operate independently from elected legislative bodies and that include members with differing expertise relevant to public health.<sup>9</sup>

Findings highlighted in brief include:

- Communities served by independent local boards of health realized lower medical care utilization and costs.
- Communities served by independent local boards of health saw improved health outcomes as measured by significantly lower levels of premature death from preventable health conditions.
- Independent governing boards led to the formation of stronger partnerships between public health and other community organizations, causing preventable deaths to fall by 9.3 to 24.6 percent over 14 years.
- Communities served by independent local boards of health are 16%-44% more successful than their counterparts in developing productive public-private partnerships with key community stakeholders, including hospitals, physician practices, community health centers, local employers, and health insurers.

*Key Informant Interviewees echoed the importance of establishing an independent board of health, especially in a time in which trust in public health has deteriorated due to COVID-19.*

*Interviewees suggested forming a board of health with members who are representative of La Plata County's population and who understand the systems that support public health.*

*Note: Otowi Group presented the above information about Boards of Health to the La Plata Board of County Commissioners on December 20, 2023. The La Plata Board of County Commissioners appointed a 7-member independent Board of Health on January 24, 2023.*

<sup>9</sup> <https://systemsforaction.org/sites/default/files/Local%20Boards%20of%20Health%20--%20Evidence%20Brief.pdf>

### Public Health Structure

The U.S. public health system is made up of public, private, and third-sector entities that deliver of public health services. Together, their differing roles, relationships, and interactions work as a system – the public health system – to contribute to the health and well-being of people and communities. Within this system, governmental public health agencies are generally responsible for those services most consistent with the role of government and, in some cases, they fill a critical need in a community that is not being met by the private or third sector partners non-profit, philanthropy, etc.). In the United States, governmental public health generally includes the U.S. Public Health Service, relevant federal agencies, and territorial, state, tribal, and local public health agencies.

Colorado’s governmental public health structure is decentralized and bifurcated such that the state public health agency, Colorado Department of Public Health and Environment (CDPHE) is separate from the local public health agencies. Each has their own governing bodies and authority. CDPHE includes a central office as well as a statewide public health laboratory. and delivers a subset of services centrally to all Coloradans. The 53 local public health agencies deliver other public health services locally in their jurisdictions.

There are 3 common organizational structures for single-county local public health agencies.

- 1 A single county public health agency that includes a board of health appointed by the county commissioners (at least 3 members required) that hires a public health director who then hires a medical officer and agency staff (Figure 6)

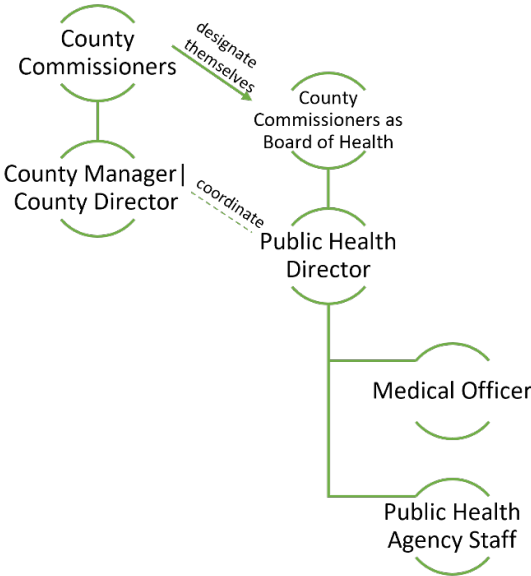


Figure 6

2

A single county public health agency that includes a board of health which is also the county commissioners (at least 3 members required) that hires a public health director who then hires a medical officer and agency staff (Figure 7).

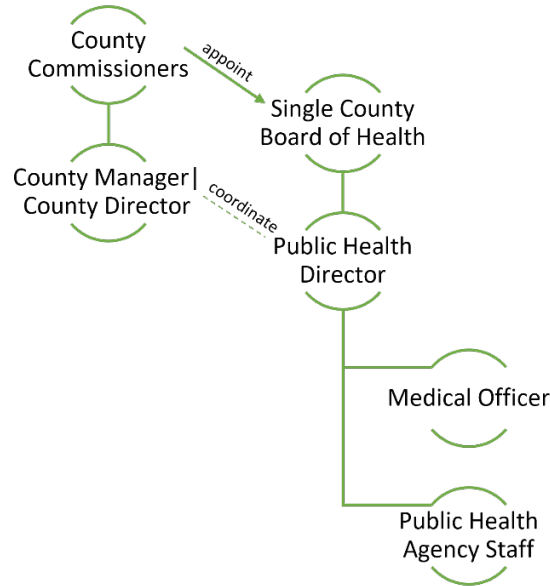


Figure 7

3

A single county public health agency that includes a board of health appointed by the county commissioners, who hire a public health director, who then hires a medical officer and some agency staff and contracts with a separate agency to provide some services (Figure 8).

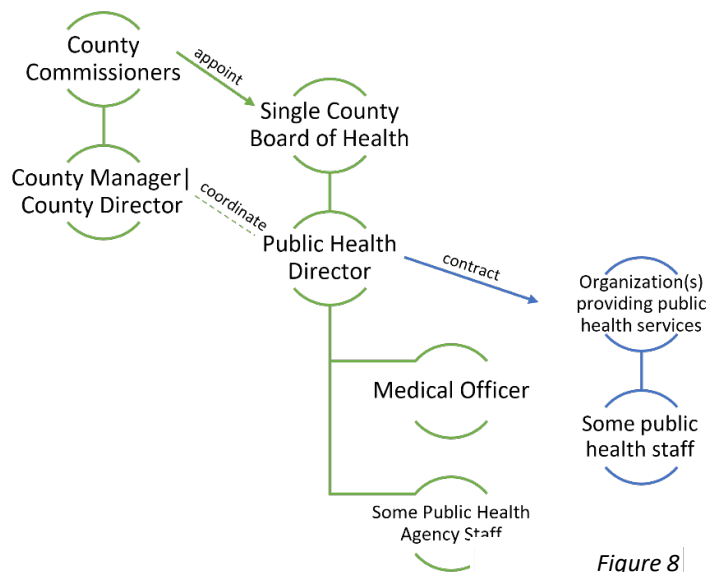


Figure 8

**Public Health Services and Programs**

The public health field often refers to public health services and public health programs interchangeably. For this report, a public health service describes a broad work area, while public health programs are discrete projects with dedicated funding that contribute to the delivery of a public health service.

For example, Maternal, Child, Adolescent, and Family Health is a core public health service included in the Colorado Core Public Health Services Framework (discussed in next report section). Strategies to deliver this service may include, but are not limited to identifying and providing information, promoting evidence-informed and multi-generational approaches, identifying community assets, advocating for needed initiatives, and convening partners.

Specific programs that support this service include, but are not limited to:

- *Title V Maternal Child Health Block Grant* is a federal program administered by the Health Resources and Services Administration (HRSA) that provides funding to states for a variety of activities to support the health and well-being of mothers, children, and families.
- *The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)* - a program of the U.S. Department of Agriculture - provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.

In planning for the future La Plata County public health agency, the La Plata County Board of Health will make decisions about both services and programs.

**What is Required?**

Colorado law identifies specific activities that local public health agencies must do:

- Complete Community Health Assessment and Public Health Improvement Plan
- Advise the local board of health on public policy necessary to protect the public’s health and the environment
- Maintain vital records (birth and death records)
- Communicable disease surveillance and control
- Provide immunizations (specifically for children without insurance)
- Conduct onsite wastewater inspections (septic systems)
- Referral source for land use cases
- Conduct nuisance abatement
- Participate in child fatality review

In addition, state law gives the Colorado State Board of Health the authority to promulgate a formal rule to describe core public health services that local public health agencies must provide, or assure the provision of, in their communities. On April 17, 2019, the Colorado State Board of Health adopted the Colorado Core Public Health Services Framework in the Code of Regulations (CCR; 6 CCR 1014-7). The framework went into effect January 1, 2020.

The **Core Public Health Services Framework** defines seven foundational capabilities, five foundational services, and 53 functions that “must exist everywhere for services to work anywhere.”<sup>10</sup>

**Foundational Capabilities**

**Foundational Services**

*Foundational capabilities are the crosscutting capacities and expertise needed to support foundational services and any public health program.*

*Foundational Services are the subset of services in each public health program area that are foundational to building and maintaining healthy communities.*

- 1. Assessment and Planning
- 2. Communications
- 3. Policy Development and Support
- 4. Partnerships
- 5. Emergency Preparedness and Response
- 6. Organizational Competencies
- 7. Health Equity and the Social Determinants of Health

- 1. Communicable Disease Prevention, Investigation, and Control
- 2. Environmental Public Health
- 3. Maternal, Child, Adolescent, and Family Health
- 4. Chronic Disease, Injury Prevention, and Behavioral Health Promotion
- 5. Access to and Linkage with Healthcare

Complete definitions are contained within the [Core Public Health Services Operational Definitions Manual](#) (May 2019). Please also see Attachment A for a summary of the Core Public Health Services and other public health services in state statute.

**Specialized Requirements**

Some services and programs require specialized staff and capacities to implement. For example, the Special Nutrition Assistance for Women, Infants, and Children (WIC) program requires registered dietitians on staff, state training, medical supplies, use of state cloud ware, and office space with doors that close for client privacy. Many environmental health services require vehicles, mobile devices, and specific software. Specific refrigerators and temperature tracking devices are required for vaccines if immunizations are offered. Attachment B includes a detailed description of staffing, training, software, equipment, office, and fleet for common public health services and programs available in Colorado.

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*Key informant interviews expressed no strong preferences regarding the level of public health services offered by SJBPH to La Plata County residents. One interviewee noted there may be an opportunity to “trim the fat,” while another said that if a new local health agency were established for La Plata County, they “hoped it would not be smaller.”*

*A few interviewees urged the county to consider how to offer services to rural areas in the county, rather than requiring residents to come to the health agency for services. A couple people identified opportunities to bring vaccinations or screening services to grange halls as an example.*

<sup>10</sup> Core Public Health Services Operational Definitions Manual: [http://www.calpho.org/uploads/6/8/7/2/68728279/co\\_cpsh\\_definitions\\_manual\\_final\\_draft\\_clean\\_2019\\_0510.pdf](http://www.calpho.org/uploads/6/8/7/2/68728279/co_cpsh_definitions_manual_final_draft_clean_2019_0510.pdf)

**Public Health Staffing**

SJBPH currently employs 71 FTE to fulfill its mission to “protect human and environmental health and inspire well-being in our community.” Nationwide, local public health agencies serving populations of 25,000-99,000 have an average of 23-38 employees, or 4.8-5.4 FTE per 10,000 people.<sup>11</sup> However, this national average is likely well below staffing levels needed to assure core public health services. A recent project of the Public Health National Center for Innovation and the de Beaumont Foundation concluded that the U.S. needs to hire a minimum of 80,000 more FTEs in state and local public health agencies to provide adequate infrastructure and minimum public health services to the nation. The greatest need was among smaller health agencies, with local public health agencies serving between 50,000-99,000 population needing a staffing increase of 110%.<sup>12</sup>

**Staff Types**

Public health nurses comprise the largest segment of the professional public health workforce and serve in many different critical roles. Other common types of staff include:

- Emergency preparedness planners
- Epidemiologists
- Project managers/directors
- Evaluators and data managers
- Environmental health specialists
- Health educators
- Health planners
- Nutritionists

Public health agencies also require staff who have the qualifications to support organizational functions (as defined in the Organizational Competencies section of the Core Public Health Services), including:

- Human resources
- Legal services and analysis
- Financial management
- Contract and procurement
- Facilities management
- Information technology
- Accountability, performance management, and quality improvement

These functions may be included within the county system for agencies that are set up as departments of the county.

<sup>11</sup> [https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-infrastructure/NACCHO\\_2019\\_Profile\\_final.pdf](https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-infrastructure/NACCHO_2019_Profile_final.pdf)

<sup>12</sup> <https://debeaumont.org/wp-content/uploads/2021/10/Staffing-Up-FINAL.pdf>



**Other Public Health Agencies: Comparators**

One way to think about potential structure and size is to look to other, somewhat similar jurisdictions and public health agencies. Otowi Group, along with La Plata County staff, selected some comparators of counties of similar population size to help provide this perspective. Across the US, there are examples of communities with some similarities to the jurisdiction and we have included two in our comparators.

COUNTY	La Plata County, CO	Eagle County, CO	Montrose County, CO	Garfield County, CO	Klamath Falls, OR	Athens County, OH	Walla Walla County, WA
<b>COMMUNITY INFORMATION</b>							
Total Population (2020)	55,628	55,731	42,679	61,685	69,413	62,431	62,584
Population per square mile	32.90	33.10	19.00	20.90	11.70	124.00	49.30
Median household income	\$69,291	\$85,877	\$54,611	\$75,435	\$48,560	\$42,414	\$60,615
% Poverty	10.0%	6.4%	10.4%	6.7%	19.7%	22.0%	12.9%
County Health Ranking	13/64	3/64	31/64	15/64	33/36	55/88	16/39
County budget	\$145,356,619	\$160,000,000	\$124,920,000	\$108,084,091	\$48,730,000	\$116,046,013	\$125,168,111
<b>PUBLIC HEALTH STRUCTURE AND FUNDING</b>							
PH budget	\$6,662,578 (2 counties)	\$6,620,584	\$1,552,447	\$3,943,504	\$2,571,841	\$3,431,864	\$4,749,172
% of county budget	4.58%	4.14%	1.24%	3.65%	5.28%	2.96%	3.79%
PH Structure	District	Single County	Single County	Single County	Single County	City-County Quasi Gov	Single County
PH FTE	71 (2 counties)	51	14.0	28	20	21	23
BOH Members	7	3 County Commissioners only	3 County Commissioners only	3 County Commissioners only	n/a	n/a	n/a
Accredited	No	No	No	No	Yes	Yes	No

**La Plata County Public Health: Considerations and Recommendations**

**Overview**

Creating a new, local public health agency allows La Plata County to create a focused organization, centered solely on the needs of people living and working in the jurisdiction. This section of the report offers several considerations and recommendations for the organizational infrastructure and processes to stand up a successful local public health department serving La Plata County.

Revenue

Most public health agencies are financed through a complex web of grants, health insurance and Medicaid reimbursement, fees, and taxes. On average, 30% or less of a public health agency’s revenue comes from taxes. Each source of revenue has its own requirements and timelines. Grants usually operate on an annual basis, requiring the submission of new proposals and budgets each year. This means that to have a functional public health agency, public health leaders must collect fees where possible, combine funding from a variety of funding sources, take full advantage of indirect funds, and seek grant and contract funds related to existing and desired programs. In addition, local public health agencies need to have significant accounting and grants/contract management capacity with a solid understanding of regulations related to federal and grant funding.

- **Categorical funding**— Categorical funding is dedicated to a specific area of focus, population, or activity of interest to the funder. La Plata County Public Health will need to identify and compete for funding opportunities that advance its mission. Single counties also have access to funding that is not specific to public health and not available to SJBPH, which could be used for public health activities and programs. La Plata County may have some taxing authority (within Colorado limits) that could be dedicated to public health. An example of this is the county Sugary Sweetened Beverage tax in Boulder.
- **Core funding**— The state legislature allocates funding to the CDPHE Office of Public Health Practice, Planning, and Partnerships (OPHP) that is distributed to local public health agencies through a formula.
- **Program Funding**— To maintain current public health programs, La Plata County Public Health is eligible for approximately 30 sources of funding/revenue to support core public health services. La Plata County Public Health will need to apply for -- or negotiate -- and demonstrate that it has acquired personnel with adequate experience to implement programs. Much of the funding is categorical and therefore must be used for the specific programs (designated funding for a particular purpose). Due to varying programmatic timelines, initial contracts for work to begin on 1/1/24 will range from 6-9 months. In many cases, La Plata County Public Health would have to fill out new applications, information and/or compete for funds, prior to receiving the funds.
- **Mandated services with no dedicated funding source** – All counties are required to contribute a minimum of \$1.50 per capita into their public health fund to fund the local public health agency. State statute requires some public health activities – such as communicable disease surveillance and outbreak investigation – and do not have a corresponding set of dedicated funding.
- **Fees**— Public health services such as restaurant inspections and immunizations involve collecting fees from companies or individuals. To implement these, La Plata County Public Health will need to create fee structures that align with program standards, send invoices, process credit card payments, deliver receipts, and accept cash. La Plata County already has these capabilities, processes, and accounting systems for other aspects of county government such as parks and recreation and business licensing. There are some restrictions on the fee structures that a county can create.
- **Reimbursement funding**— Much of public health funding, including grants and contracts, operate on a cost reimbursement basis. La Plata County Public Health will need to perform a

service before they will be compensated for it. This requires substantial advanced cash flow and particular accounting, invoicing, and auditing practices.

- **Federal funds**— Acceptance of federal funds over a yearly amount of \$750,000 requires that [Uniform Administrative Requirements](#), also referred to as Super Circular, are followed and verified in a separate auditing process.
- **Medicaid reimbursement**— Some public health services can be billed to Medicaid or other health insurances, increasing revenue to that public health agency. In some cases, local public health agencies are restricted from billing a patient when they are insured. To receive Medicaid reimbursement for clinical services, La Plata County Public Health will need to set up a clinical billing system and processes, including internal processes for appeals and follow-up for unpaid reimbursements. Some program standards will require La Plata County Public Health to accept Medicaid reimbursements (for example, to be a Vaccines for Children provider).
- **Audits**— CDPHE will require La Plata County to complete a financial risk audit (commonly referred to as the FMRS) to determine reimbursement process and reporting requirements for funding provided by and through CDPHE.

### Software and Data

Specific public health programs require software to ensure the viability of the work and that data is properly collected, stored, and safeguarded.

- **Electronic health records (EHR)**— Local public health agencies use an electronic medical record for their clinical patients and to connect to health information exchanges to track disease across the region. This requires a specific software system, IT maintenance and troubleshooting, secure data management, and ongoing staff training. La Plata County Public Health will need to purchase individual software systems, create processes and procedures, and work with other entities to connect data securely. La Plata will need to consult attorneys to determine ownership over the existing client/patient data.
- **HIPAA compliance**— A public health agency is a HIPAA-regulated entity and requires technology infrastructure, data management policy and processes, and staff training that complies with HIPAA requirements. La Plata County does not currently manage HIPAA data. La Plata County will need to build systems and processes to preserve HIPAA data (expanded from typical county HIPAA policies) while billing for services and tracking patients. It is also common to become an approved Medicaid provider before seeking reimbursement.
- **Environmental health software**— Environmental divisions of local public health agencies use a specialized software system built to manage the large number of ongoing licensing and health inspections for businesses such as retail food, onsite wastewater (septic systems), and childcare centers. La Plata County Public Health will need to purchase software and create systems and processes to manage this work. La Plata County Public Health will need to consult attorneys and CDPHE to determine ownership and distribution of existing data.
- **Community data tracking systems, mapping, and dashboards**— Counties have some existing, community data tracking systems, dashboard systems, GIS and mapping capabilities and other technical staff and skills to be able to create public health-related visualizations and data

reports. La Plata County Public Health will need to engage staff with specialized skills in biostatistics and/or reporting and visualizing health data.

**Facilities, Equipment, and Fleet**

Local public health departments must ensure that adequate infrastructure is available to accomplish the work of the department.

- **Facilities and buildings**— Local public health agencies need office space, meeting space, training space, as well as clinical space and spaces where community members can receive public health services. Some programs require specific facility accommodations, such as private space to meet with clients. La Plata County will need to ensure there are facilities to meet requirements.
- **Specialty equipment**— A variety of specialty equipment is required to perform core public health services. Some of this equipment is mandated by program standards and is required for an agency to participate as a provider. This includes vaccine refrigerators with monitoring systems, water and wastewater testing equipment, food safety equipment and clinical equipment that requires ongoing maintenance and calibration, and emergency response supplies. Depending on services provided in La Plata County, adequate equipment will need to be acquired and maintained.
- **Vehicles and fleet services**—Some public health staff, including inspectors and home visitors, need vehicles and equipment. La Plata already maintains vehicle pools that could be used for this purpose.

**Public Health Services and Programs**

The La Plata County Board of Health and La Plata County staff will need to undergo a deliberative process to determine the public health services and programs that will be provided. The County has the option to directly provide services or ensure their provision by a partner agency.

The County should ensure the following public health services are available to La Plata County residents with no interruption in service.

- Vital Statistics
- Community Health Assessment and Planning
- Services for women and children, including nutrition, clinical services, family planning, health screening services, and linkage to care at a minimum
- Child fatality review
- Immunizations
- Communicable Disease Prevention, Investigation, and Control
- Environmental health programs that have demonstrated impact in the County: Note - SJBPH has received recognition for their work in environmental public health
- Services and programs that address Social Determinants of Health and core causes of poor health, such as economic stability, employment, and housing
- Behavioral health services, including substance use/abuse and suicide prevention
- Chronic disease prevention and health promotion
- Understanding that it may be warranted to start smaller and expand, the County should strive to ensure all core public health services are available.

Otowi Group recommends that community members be engaged in the selection, design, and delivery of public health services. Trust in public health has deteriorated over the past few years. This calls for deliberate and methodological community engagement.

Otowi Group also recommends that La Plata County explore creative mechanisms for offering services to rural communities in the County (services provided in community versus at a single location in a population center).

*Key informant interviewees highlighted the value of engaging community members in visioning for the public health agency as an opportunity to rebuild trust.*

*Key informant interviewees urged the La Plata County Public Health to think creatively about how to bring services to residents in rural areas.*

**Staffing and Competencies**

The La Plata County Board of Health and Public Health Director will need to determine the right level of staffing and expertise necessary to implement public health services. Organizational capacities such as finance, legal services, human resources, policy analysis, and communications exist within the County infrastructure and can support the new public health department. There will be limits to the amount of support La Plata County will be able to provide. There is value in hiring additional staff in these areas to manage the unique aspects of public health such as managing multiple budgets on multiple timelines, hiring and managing medical staff, and lawsuits arising from public health regulatory action like closing a restaurant.

Otowi Group recommends that La Plata County hires or contracts staff to work for the local public health agency who have specific organizational and public health competencies. This report is agnostic to where the competency lies in the organizational structure, and it is likely that some staff members will hold multiple competencies (Figure 9).

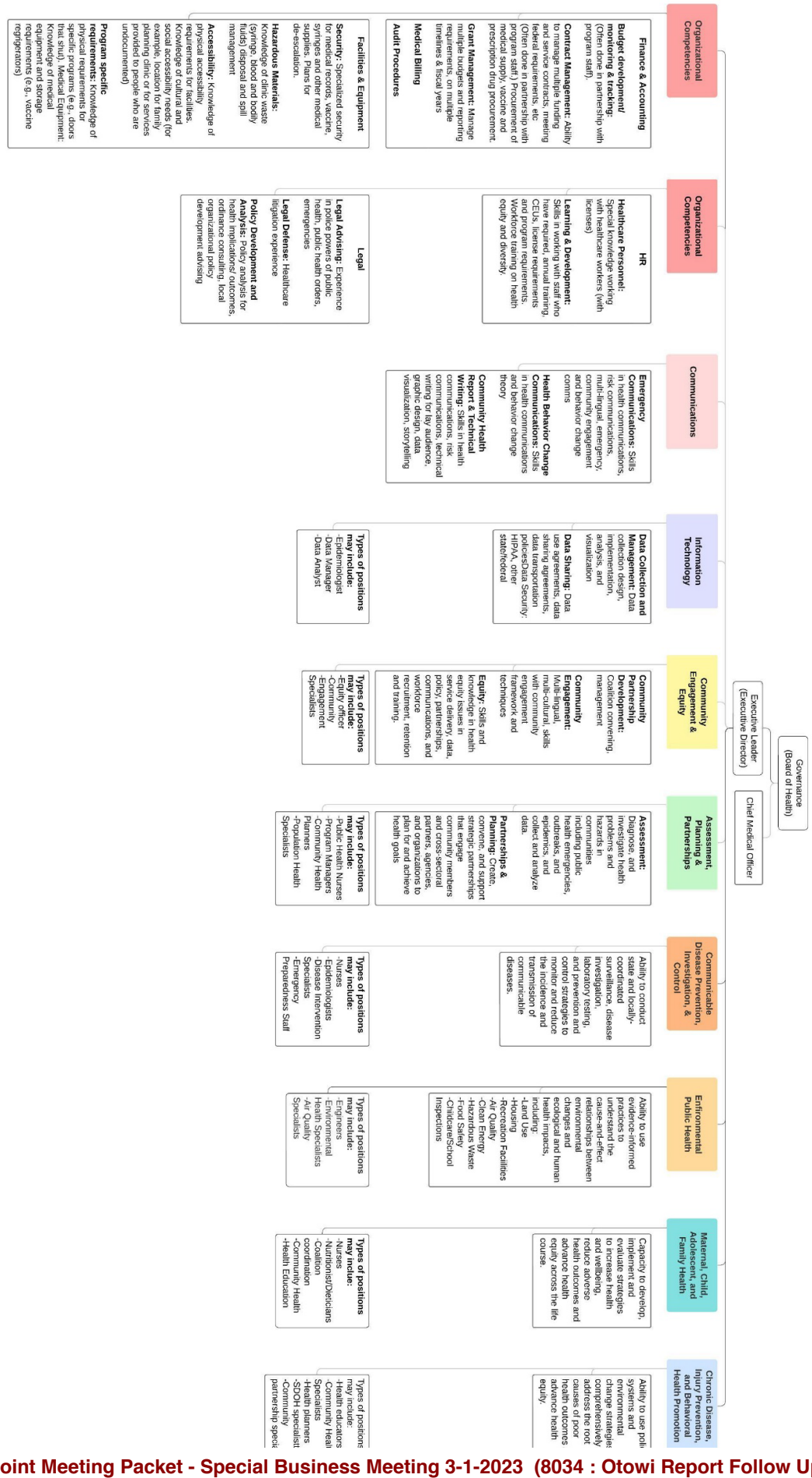


Figure 9: Organizational and Staff Competencies for Public Health

### Forecasted Revenues and Expenditures

The financial modeling used to project revenues and expenditures interprets features of SJBPH’s current operations. The goal of the modeling was to build a representation of a potential budget for La Plata County Public Health. This was accomplished by combining key accounting, finance, and business metrics to build an abstract representation, or model. The models are intended to be used as decision-making tools and may also elicit more questions.

The analysis and estimated forecast are based on what currently exists in terms of programs, staff, infrastructure, and systems within SJBPH. Assumptions were made to create a usable analysis, and these are listed below. Any attempt to reproduce these analyses should be informed by these and other assumptions. Every effort has been made to verify the accuracy of the information used to complete this report (See Attachment C for details on data sources and assumptions).

The following charts articulate anticipated revenues and expenditures for a single county public health agency scenario for La Plata County for 2024. For more accurate budgeting and forecasting, La Plata County will need to apply their own staff, infrastructure and systems information and costs.

#### Forecasted Revenues

Revenues are forecasted for one year and based on a compilation of SJBPH budget, contract, expenditure, and revenue information (Figure 10). This scenario includes:

- A single county public health agency, with services reduced to those for which La Plata County Public Health could obtain funding currently held by SJBPH
- The forecasted revenues are estimated to be \$4,817,218
- The current La Plata County contribution is assumed the same at \$1,147,145 (4.19%)
- Funding streams for which the new public health agency would have to compete are not included in the revenue forecast. This includes Amendment 35 (tobacco tax) funds

### Revenue Forecast: La Plata County Public Health by Type

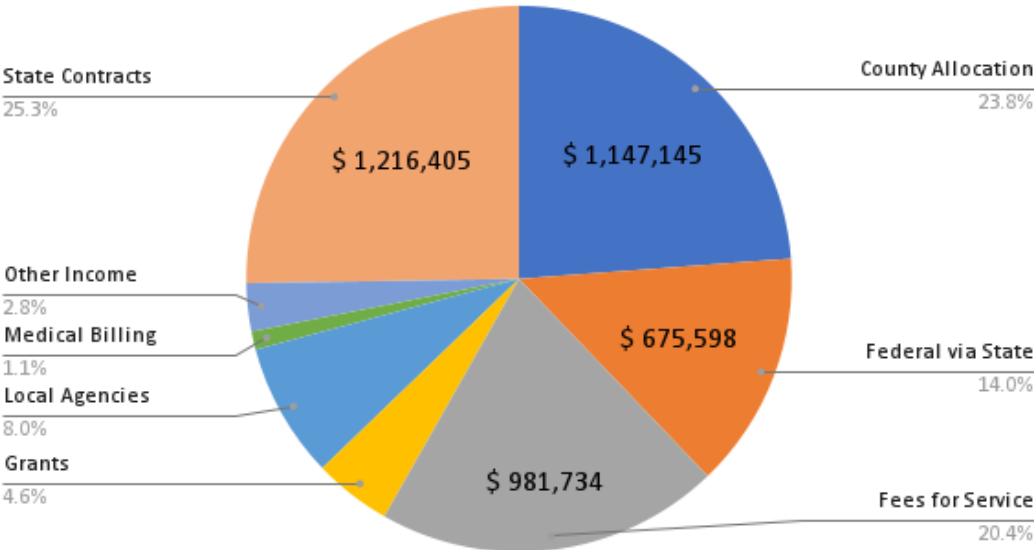


Figure 10

Attachment: Joint Meeting Packet - Special Business Meeting 3-1-2023 (8034 : Otowi Report Follow Up Presentation)

### Forecasted Expenses

Expenses are forecasted for one year and based on a compilation of SJBPH budget, contract, expenditure, and revenue information (Figure 11). If La Plata County were to continue exact services equivalent to San Juan Basin Public Health, the forecasted expenditures are estimated to be \$5,210,122, including approximately 47 FTEs.

- This report does not adjust any current salaries or benefits for the scenario.
- If funding for a service or program was competitive or ending, it was assumed that service would not be provided and therefore expenses were removed)
- Some of the programs implemented by SJBPH are supplemented with an unrestricted fund balance, which accounts for the difference between revenues and expenditures in this forecast.
- It was unclear which staff were being supported by the unrestricted funds. This report may include some of those staff and staffing related expenses in the forecast.
- Some administrative, human resources, legal and IT costs were removed because they may be duplicated at the county level, but they were not replaced with corresponding costs that would be incurred by the county.
- Staffing costs are not adjusted for La Plata County salary ranges.

La Plata County will need to determine the actual cost for FTE and public health agency specific requirements to their existing infrastructure and add these costs to those listed here.

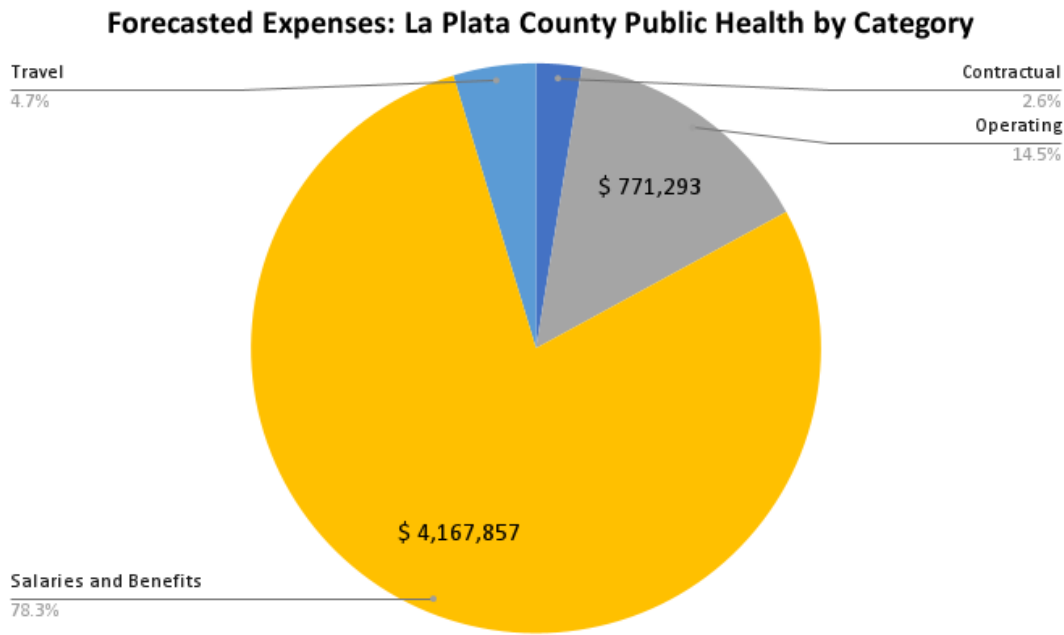


Figure 11



**Revenues and Expenditure Comparison**

Another way to look at forecasted financial need is by comparing revenues to expenditures for SJBPH and La Plata County Public Health (Figure 12). Forecasting used data directly derived from SJBPH. For 2022 and 2023, as shown in the SJBPH annual reports, expenditures exceed revenues. Fund balances were used to make up this difference. This report’s forecasting shows that same scenario of revenues to expenses. If La Plata County Public Health was to keep the same spending patterns, an additional \$468,093 would be needed to balance the budget.

**Revenues and Expenses: San Juan Basin Public Health (actual FY2022) compared to La Plata Public Health Department (forecast FY2024)**

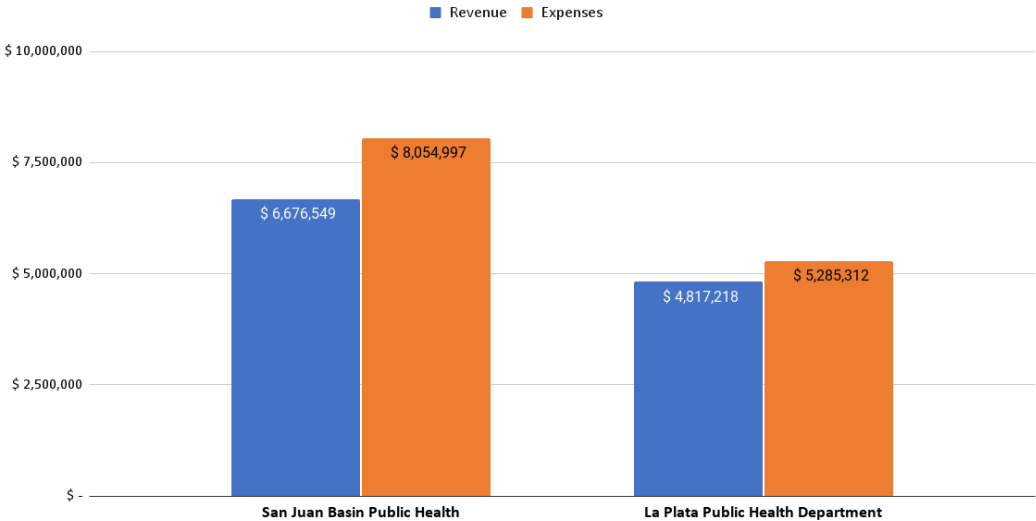


Figure 12

**Other Fiscal Implications**

This forecast assumes all services and costs remain the same for the new La Plata County Public Health. It does remove programs, such as Amendment 35 programs, that were deemed fully competitive in nature and would not be able to be continued at the new public health department without new applications. Factors that will influence the budget story for the future will include:

- Understanding actual costs for employees as they are hired at the county
- Understanding which program services are prioritized and maintained in the county
- Calculation of the actual negotiated indirect costs for the county

Attachment: Joint Meeting Packet - Special Business Meeting 3-1-2023 (8034 : Otowi Report Follow Up Presentation)

### Transition Planning and Costs

Setting up a local public health agency is a lot of work, requiring multiple skill sets and aggressive project management. Otowi Group has provided a detailed transition timeline to La Plata County staff. A summary of the transition timeline is on the La Plata County Public Health website at [https://www.co.laplata.co.us/departments/public\\_health/index.php](https://www.co.laplata.co.us/departments/public_health/index.php).

It is important to understand potential, and real, transition costs, or up-front costs, are needed because of this separation. Transition costs are the reasonable costs and the expenditures, labor, and materials that would be incurred through the separation. Otowi Group worked with La Plata County staff to assist in the prediction of these costs. The anticipated transition costs, for La Plata County only and identified at the time of this report were predicted to be approximately \$891,000. This would include approximately \$516,000 in Personnel/Staffing Expenditures and approximately \$375,000 in Operating Expenditures. La Plata County Commissioners approved a budget of \$940,000.

The following costs were not included in transition cost forecasting and require consideration:

- Attorney fees for transition
- Office equipment leases and vehicle leases
- Disruption costs associated with change such as lost productivity, cost of personnel changes, etc.

## Recommended Next Steps

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This report only informs the beginning of this complex process. La Plata County and La Plata County Public Health must discuss what infrastructure and internal resources are available, the public health specific resources they need and desire, and understand any additional costs of recruitment, hiring and training the necessary staff to perform the public health services.

**Otowi Group recommends the following next steps:**

- **Continue to identify key positions and hire public health staff**
  - Hire an Executive Director
  - Engage a Chief Medical Officer
  - Engage transition support staff and/or contractors
  - Identify key areas of staff efficiencies within La Plata County, including Legal, HR, Emergency Preparedness, etc.
  
- **Identify services and programs to be provided**
  - Educate the La Plata County Board of Health on current services and programs
  - Acquire data from the current community health assessment process as early as possible as feasible.
  - Implement a strategic decision-making process to support identification of services and programs to be provided
  - Implement a robust community engagement and outreach process to identify needs of those impacted by services

→ **Understand, acquire, and negotiate revenues for FY 2024**

- Identify funding available to La Plata County Public Health that was not available to SJBPH
- Prioritize what funding is in alignment with program priorities identified
- Secure funding commitments as soon as possible
- Conduct financial data analysis using equivalencies of county costs-i.e., staffing bands
- Work with funders of prioritized programs to determine workload and FTE requirements.
- Acquire negotiated indirect rate and risk assessments with the State of Colorado

# Attachments

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Attachment A: Core Public Health Services and Services in Statute

Attachment B: Program Requirements

Attachment C: Financial Analysis Assumptions and Data Sources

Attachment: Joint Meeting Packet - Special Business Meeting 3-1-2023 (8034 : Otowi Report Follow Up Presentation)

Program or Service	Included in statute?	Included in core services?	Description of Service taken from <u>Core Services Operational Definitions Manual</u>
Vital Statistics	Y	Y	Record and report vital events (e.g., births and deaths) and act as the local registrar of vital statistics or ensure provision of the responsibility of registrar for each jurisdiction.
Communicable Disease Prevention, Investigation and Control	Y	Y	Conduct state and locally coordinated surveillance, disease investigation, laboratory testing and prevention and control strategies to monitor and reduce the incidence and transmission of communicable diseases.  Programs target illnesses that are vaccine-preventable, zoonotic, vector-borne, respiratory food- or water-borne, bloodborne, healthcare associated, and sexually transmitted as well as emerging threats.
Environmental Health	Y	Y	Use evidence-informed practices to understand the cause-and-effect relationships between environmental changes and ecological and human health impacts.  Participate in land use and sustainable development decision making processes to encourage practices that promote positive public health outcomes (e.g., consideration of housing, development approaches, recreational facilities and transportation systems), and that protect and improve air and water quality, promote water conservation, effectively manage solid and hazardous waste and promote energy efficiency and clean energy resources.  Participate in the protection and improvement of air quality, water, land, and food safety by identifying, investigating, and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment in a coordinated manner with agencies at the federal, state, and local levels as well as industry stakeholders and the public.
Maternal, Child, Adolescent, and Family Health		Y	Develop, implement, and evaluate state-wide, regional and local strategies related to maternal, child, adolescent and family health to increase health and wellbeing, reduce adverse health outcomes and advance health equity across the life course. Strategies may include but are not limited to identifying and providing information, promoting evidence-informed and multi-generational approaches, identifying community assets, advocating for needed initiatives, and convening partners.
Child fatality review	Y		Not discussed in Core Public Health Services Manual

Chronic Disease, Injury Prevention, and Behavioral Health Promotion	Y		Use policy, systems and environmental change strategies to comprehensively address the root causes of poor health outcomes and advance health equity. Priority areas include, but are not limited to, nutrition, physical activity, oral health, access to care and disease management, injury prevention, violence prevention, suicide prevention, mental health and substance use (including tobacco, alcohol and other substances).
Access to and Linkage with Health Care	Y		Coordinate governmental and community partners to link individuals to and ensure the provision of health care within their jurisdictions. Ensure all Coloradans have access to needed personal health care services that include primary care, maternal and child health care, oral health care, specialty care, and mental health care.
Immunizations	Y	Y	Promote and provide immunization through evidence-informed strategies and in collaboration with schools, health care providers and other community partners to increase vaccination rates.
Assessment and Planning	Y	Y	Monitor, diagnose, and investigate health problems and hazards in communities including public health emergencies, outbreaks, and epidemics, and collect and analyze data.
Communications	Y		Complete a comprehensive community health assessment (CHA) at a minimum every five years and develop a public health improvement plan informed by the assessment.
Partnerships	Y		Serve as a trusted source of clear, consistent, accurate, and timely health and environmental information. Consistently use equitable, multi-directional communication strategies, interventions, and tools to support all public health goals.
Policy Development and Support	Y		Create, convene, and support strategic partnerships that engage community members and cross-sectoral partners, agencies, and organizations to achieve public health goals
Emergency Preparedness & Response	Y		Inform and implement policies to meet the community's changing health needs. Public health policies will aim to eliminate health disparities, reduce death and disability, and improve environmental quality and health outcomes for all people in Colorado. In collaboration with public and private sector partners, prepare for, respond to, and recover from emergencies with health, environmental and medical impacts.

<p>Health Equity and the Social Determinants of Health</p>	<p>Y</p>	<p>Improve systems and institutions that create or perpetuate socioeconomic disadvantage, social exclusion, racism, historical injustice, or other forms of oppression so that all people and communities can achieve the highest level of health possible.</p> <p>Governmental public health will have the requisite skills, competencies, and capacities to play an essential role in creating comprehensive strategies needed to address health inequities, and social and environmental determinants of health</p>
<p>Organizational Competencies</p>	<p>Y</p>	<p>Leadership and Governance                      Human Resources:                      Legal Services and Analysis                      Financial Management, Contract and Procurement Services, and Facilities Management                      Information technology                      Accountability, performance management, and quality improvement</p>

REQUIRED & SPECIALIZED PUBLIC HEALTH PROGRAMMING NEEDS							
Following are the known, required and specialized needs for public health programming. It is assumed that all employees will have access to standard computer setups, printers, office space and meeting rooms as well as standard training and professional development. It is assumed that all other basic elements of public administration (finance, HR, facilities, IT, etc. will be in place). *This may not be a complete list of all programs that LCPH may provide. All requirements noted should be verified with appropriate funder/regulator of said program.							
	Licensed Staff	Specialized Training/Knowledge	Process to provide service	Billing/Invoicing	Software	Hardware	
						Equipment	
						Space	
<b>NUTRITION</b>							
<b>WIC</b>	Registered Dietitians	required state training; multi-lingual; cultural humility and competence. lived experience is ideal.	Must apply to CDPHE to become provider. Strong preference to LPHAs. Must meet federal requirements.	Medicaid (required). CDPHE.	required state cloudware	specific WIC laptops printers	closed door offices required to sessions
<b>WIC Breastfeeding Support Peer Counseling</b>	Certified Lactation Counselors. Trained Peer Counselors	required state/federal training multi-lingual; cultural humility and competence. lived experience is essential.	Must apply to CDPHE to become provider. Strong preference to LPHAs. Must meet federal requirements.	Medicaid. CDPHE.	required state cloudware	specific WIC laptops	closed door offices required to sessions
<b>PUBLIC HEALTH NURSING</b>							
<b>Family Planning/Contraception</b>	Nurse Practitioners Registered Nurses Medical Assistants	LARC insertion certification. counseling patients. multi-lingual. Nurses must be supervised by nurses with higher experience/education and certification. Nurse practitioners must be supervised by nurse practitioners.	Must apply to CDPHE to become provider. Available to LPHAs and medical providers (FQHC, clinics).	Medicaid. CDPHE. Other insurance. Individual pay.	electronic health record	Exam room equipment and furniture. Medical equipment and supplies	youth focused counseling space required. women's medical exam rooms. closed door counseling rooms. pharmaceutical storage. medical supplies storage. if no EHR, medical records stor
<b>STI/HIV Testing</b>	Nurse Practitioner, Registered Nurses, Medical Assistants	Nurses must be supervised by nurses with higher experience/education and certification. Nurse practitioners must be supervised by nurse practitioners.		Medicaid. Other insurance. Individual pay.	electronic health record	Exam room equipment and furniture. Medical equipment and supplies	reception area. closed door counseling space. medical supplies storage. hazardous waste storage. if no EHR, medical records stor
<b>Child immunization</b>	Nurse Practitioners, Registered Nurses, Medical Assistants	Skills and experience counseling parents, understanding vaccine requirements and schedules (this is complex and very specialized), giving shots to squirmly children and babies	Must apply to CDPHE to become provider. Strong preference to LPHAs. Must meet federal requirements.	Medicaid (required). CDPHE. Other insurance. Individual pay.	electronic health record that connects to state system or manual entry into state system. Individual pay billing system. Insurance billing system.	Vaccine refrigerators of an exact, approved type. Vaccine fridge monitoring systems of an exact, approved type. Anaphylaxis kits. Basic medical supplies.	child focused exam rooms. family focused waiting rooms. medical supplies storage. vaccine supply storage. hazardous waste/sharps stor if no EHR, medical records stor
<b>Adult immunization</b>	Nurse Practitioners, Registered Nurses, Medical Assistants	Skills and experience counseling adults (especially if providing travel immunizations), understanding adult vaccine schedules	Must apply to CDPHE to become provider. Strong preference to LPHAs. Must meet federal requirements.	Medicaid. Other insurers. Individual pay.	electronic health record that connects to state system or manual entry into state system. Individual pay billing system. Insurance billing system.	Vaccine refrigerators of an exact, approved type. Vaccine fridge monitoring systems of an exact, approved type. Anaphylaxis kits. Basic medical supplies.	medical supplies storage. vaccine supply storage. hazardous waste/sharps stor if no EHR, medical records stor
<b>HEALTH PROMOTION</b>							
<b>MCH Title V</b>		Knowledge and experience working with MCH population. Specific skills related to workplan.	Must apply to CDPHE	CDPHE. Grant management systems.			
<b>Tobacco Use Prevention</b>	credentials available	Knowledge and experience working with behavior change. Specific skills related to workplan.	Submit workplan to CDPHE for noncompetitive funding. Apply to CDPHE for competitive funding.	CDPHE. Grant management systems.			
<b>Health insurance assistance</b>	credentials available	Training required for Connect for Health assister program and from HCPF for Health First Colorado (Medicaid)	Training		state cloudware		
<b>Chronic disease programs</b>	Depends on program. May include nurses, certified health educators, program-specific certifications	Depends on program	Depends on program. Some disease-specific programs have application requirements.	CDPHE. Other funders. Grant management systems	Depends on program	Depends on program	
<b>Syringe exchange</b>		Experience with target population. Lived experience is ideal.	Work with local stakeholders	CDPHE. Other funders.			medical supplies storage
<b>ENVIRONMENTAL HEALTH</b>							



REQUIRED & SPECIALIZED PUBLIC HEALTH PROGRAMMING NEEDS						
Following are the known, required and specialized needs for public health programming. It is assumed that all employees will have access to standard computer setups, printers, office space and meeting rooms as well as standard training and professional development. It is assumed that all other basic elements of public administration (finance, HR, facilities, IT, etc. will be in place). *This may not be a complete list of all programs that LCPH may provide. All requirements noted should be verified with appropriate funder/regulator of said program.						
	Licensed Staff	Specialized Training/Knowledge	Process to provide service	Billing/Invoicing	Software	Hardware
Childcare Inspections		required state training (from CDPHE-DEHS)	Contract with CDPHE (delegated authority from CDPHE)	CDPHE. Invoice to childcare centers.	billing system and workflow management system needed	Laptop or tablet
School Inspections		required state training (from CDPHE-DEHS)	Contract with CDPHE (delegated authority from CDPHE)		billing system and workflow management system needed	Laptop or tablet
Retail Food Licensing/Inspection	credentials available	required state training (from CDPHE-DEHS)	Contract with CDPHE (delegated authority from CDPHE). Complete training.	CDPHE. Invoice to retail food establishments.	either use state cloudware or must connect to state system.	Laptop or tablet
Body Art Licensing/Inspection			Adopt local regulations	Invoices to body art establishments.	billing system and workflow management system needed	Laptop or tablet
Recreational Water Inspection	credentials available		n/a	Invoices to recreational water facilities	billing system and workflow management system needed	Laptop or tablet
Onsite Wastewater Licensing/Inspection	credentials available		Agreement to provide with CDPHE. Adopt local regulations	CDPHE. Invoices to septic installers/owners.	billing system and workflow management system needed	Laptop or tablet
General Environmental Health Response	credentials available		n/a	Depends on services. Invoices to individuals and entities receiving services. Other funders (for grants).	Customer contact management system needed	
Land Use Planning Response			n/a	Invoices to municipalities requesting service. (Some counties waive fees.)	billing system and workflow management system needed	
<b>COMMUNICABLE DISEASE</b>						
Communicable Disease Surveillance and Management		required state training	Agreement with CDPHE. Complete registration and training.	None	Access to state managed cloudware. Data analysis software. Data visualization software.	
<b>EMERGENCY PREPAREDNESS AND RESPONSE</b>						
Emergency Preparedness		FEMA and other required trainings	Agreement with CDPHE.	CDPHE.	Incident command software aligned with county.	Various response equipment including communications, uniforms, signage, PPE, medical supplies, etc.
<b>VITAL RECORDS</b>						
Vital records	state certified registrar	required state training	Apply to CDPHE to be a provider Complete certification and training	Point of service payment by individuals	access to state managed cloudware	Laptops Reception and service counter Secure records storage.
<b>ORGANIZATIONAL CAPABILITIES</b>						
<b>LEGAL SERVICES AND ANALYSIS</b>						
Legal advising	Colorado licensed attorney	Attorney with experience in police powers of public health, public health orders, emergencies	n/a	None		
Legal defense	Colorado licensed attorney	Attorney with healthcare litigation experience	n/a	None		
Policy development and analysis		Policy analysis for health implications/outcomes, ordinance consulting, local organizational policy development advising	Could apply for grants to support	Grant management systems		

REQUIRED & SPECIALIZED PUBLIC HEALTH PROGRAMMING NEEDS						
Following are the known, required and specialized needs for public health programming. It is assumed that all employees will have access to standard computer setups, printers, office space and meeting rooms as well as standard training and professional development. It is assumed that all other basic elements of public administration (finance, HR, facilities, IT, etc. will be in place). *This may not be a complete list of all programs that LCPH may provide. All requirements noted should be verified with appropriate funder/regulator of said program.						
Licensed Staff	Specialized Training/Knowledge	Process to provide service	Billing/Invoicing	Software	Hardware	Equipment
Space						
<b>COMMUNICATIONS</b>						
Emergency communications	Skills in health communications, risk communications, multi-lingual, emergency, community engagement and behavior change comms	Could apply for grants to support	Grant management systems			
Health and behavior change communication	Skills in health communications and behavior change theory	Could apply for grants to support	Grant management systems	Graphic design software, data visualization		
Community health report and technical report writing	Skills in health communications, risk communications, technical writing for lay audience, graphic design, data visualization, storytelling					
<b>INFORMATION TECHNOLOGY</b>						
Data collection and management	Data collection, data privacy and visualization skills	n/a	None	Data collection, survey software, group polling, data analysis, data visualization, GIS		
Data sharing	Data use agreements, data sharing agreements, data transportation policies	n/a				
Data security	HIPPA and security certifications	n/a	None	Data security systems		
<b>COMMUNITY AND PARTNERSHIPS</b>						
Health equity	Skills and knowledge in health equity issues in data, policy, partnerships, communications, and workforce recruitment, retention and training	Could apply for grants to support	Other funders			
Community engagement	Multi-lingual, multi-cultural, skills with community engagement framework and techniques	Could apply for grants to support	Other funders	Group polling, community engagement online systems, video conferencing/webinar software		
Community partnership development	Skills in coalition management	Could apply for grants to support	Other funders	Partner relationship management system		
<b>FINANCIAL MANAGEMENT</b>						
Financial management	Specialized knowledge in federal flow-through, billing, medical billing, ability to manage multiple budgets on multiple timelines, financial reporting across multiple fiscal years	Federal audits may be required. FRMS audit process required by CDPHE. Individual funders may have specific requirements.	None	Grant management and financial reporting systems		
Grant writing	Knowledge of grant strategy for different funder types (federal, federal pass-thru, state, foundation, etc)	n/a	None			
Contract Administration	Attorney	n/a	None	Contract workflow management system		
Procurement	Medical supply, vaccine and prescription drug procurement. Contractor procurement.			Procurement management system		
<b>FACILITIES MANAGEMENT and OPERATIONS</b>						

REQUIRED & SPECIALIZED PUBLIC HEALTH PROGRAMMING NEEDS								
Following are the known, required and specialized needs for public health programming. It is assumed that all employees will have access to standard computer setups, printers, office space and meeting rooms as well as standard training and professional development. It is assumed that all other basic elements of public administration (finance, HR, facilities, IT, etc. will be in place). *This may not be a complete list of all programs that LCPH may provide. All requirements noted should be verified with appropriate funder/regulator of said program.								
	Licensed Staff	Specialized Training/Knowledge	Process to provide service	Billing/Invoicing	Software	Hardware	Equipment	Space
<b>Hazardous waste management</b>	credentials available	Knowledge of clinic waste (syringe, blood and bodily fluids) disposal and spill management	n/a	None				
<b>Accessibility</b>		Knowledge of physical accessibility requirements for facilities. Knowledge of cultural and social accessibility needs (for example, location for family planning clinic or for services provided to people who are undocumented)						
<b>Security</b>	credentials available	Specialized security for medical records, vaccine, syringes and other medical supplies. Plans for de-escalation.	n/a	None		ID card system, door scanners		
<b>HUMAN RESOURCES</b>								
<b>General HR</b>	credentials available	Specialized knowledge in working with health care workers and part-time licensed staff	n/a	None	Timesheet tracking system			
<b>Learning and Development</b>		Skills in working with staff who have required, annual training, CEUs, license requirements and program requirements. Workforce training on health equity and diversity.	n/a	None	Learning management system, license tracking system, training tracking system			
<b>LEADERSHIP AND GOVERNANCE</b>								
<b>Board of Health</b>		Knowledge in open records, sunshine meeting laws, meeting noticing and minutes	n/a	None	Online location for public recordings, agendas and minutes			Meeting space with public acc
<b>Chief Medical Officer</b>	MD or DO. Licensed to practice in Colorado.	Preventive medicine or infectious disease background. Skills in family planning and other public health clinical services.	Contract or hire Medicaid, Rx and other registration numbers	None				
<b>EVALUATION AND PERFORMANCE IMPROVEMENT</b>								
<b>Performance Management and Quality Improvement</b>					Performance data tracking system			
<b>Community Health Assessment and Community Health Improvement Planning</b>					Similar to community engagement and data collection and management requirements			
<b>Program Evaluation</b>		Knowledge of specific program/grant requirements for evaluation and reporting			Data collection, data analysis, graphic design			

**Attachment C: Financial Analysis Assumptions and Data Sources**

**Overall Financial Analysis Assumptions**

- 1. SJBPH financial data supplied was accurate
- 2. Discrepancies less than .001% of revenues of the total budget were deemed non substantial
- 3. Current programs are already built and provide an adequate level of service and are running efficiently
- 4. Single county forecasts based on a similar level of service as currently provided by SJBPH

**Revenue Projections and Funding Formulas**

Data sources

- 1. 2020, 2021, partial 2022 SJBPH income statements, balance sheets and expenditures
- 2. 2023 SJBPH Adopted Budget
- 3. Data gathered from SJBPH leadership; this included funding sources, current staffing patterns and costs
- 4. State funding data provided by CDPHE
- 5. SJBPH provided detailed information about existing contracts, funding sources and any formula information

Assumptions

- 6. Competitive grants are not transferable to single county agencies
- 7. Funding formulas, provided by the state and others, were accurate
- 8. The analysis did not include the longer-term viability of future funding
- 9. Funding sources ending in 2023 were not included
- 10. Some revenue would not be available to single counties

Methods

- 1. Each funding source was assessed to determine if that funding would likely be obtained by the county
- 2. When funding formulas were located for related sources, they were used to determine a more precise estimate of program revenue (i.e., Public Health Emergency Preparedness)
- 3. For programs with more than one funding source, the same percentage distribution used to estimate total funding was used to estimate funding by source
- 4. Upon completion of analysis, financial numbers were rounded to whole numbers

**Expenditures**

Data sources

- 1. A combination of 2021-2023 SJBPH income statements, balance sheets and expenditures
- 2. 2022 SJBPH Adopted Budget
- 3. Current SJBPH vendor contracts

Assumptions

- 1. SJBPH expenditures in 2022 are reasonable and accurate

Attachment: Joint Meeting Packet - Special Business Meeting 3-1-2023 (8034 : Otowi Report Follow Up Presentation)

Methods

1. A combination of 2021-2023 SJBPH expenditures were used to model the forecasted Single County Public Health Agency.
2. FTE needs were determined by a review of existing program staffing patterns at SJBPH and proportionally reduced based on service area and population.
3. In general, travel, supplies, and operating costs were adjusted based on percentage FTE for each program
4. Supply expenditures that could be directly attributable to program services were adjusted to the number of clients served
5. Upon completion of analysis, financial numbers were rounded to whole numbers

**Human Resource Allocation**

Data sources

1. SJBPH existing personnel data including position title, division, program, FTE and annualized salaries

Assumptions

1. Programs were assigned individual staff positions in a way that prioritized using whole individuals (full FTE) and assigned varying position levels (associate, senior, etc.) and varying roles (nurse, admin, etc.)
2. For larger, more complex programs, a percentage of the whole team was designated based on the work anticipated to run an equivalent program in the county
3. Where some staff positions were budgeted but are not currently filled, Otowi Group removed that position
4. Public health director and medical officer required

Methods

1. Salaries and staffing levels were based on current SJBPH operations
2. Information was cross matched with existing SJBPH human resources information about every employee's assigned program and current salary
3. Some positions were not included because the counties already have some staff in areas such as human resources, IT, communications and finance

La Plata County Board of Health

Staff Report: Update on staff work to secure 2024 funding

Date: 2/24/2023

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**BACKGROUND**

On June 7, 2022, San Juan Basin Public Health (SJBPH) formally recommended its own dissolution to La Plata County and Archuleta County. The Board of County Commissioners of La Plata County (BoCC) considered the recommendation and agreed that the dual-county structure of SJBPH was fundamentally challenged to meet the divergent needs of citizens within each County. A Board of Health focused on La Plata County needs is best positioned to align public health service delivery with the needs and values of La Plata County citizens.

Upon receiving SJBPH’s recommendation in June 2022, and subsequent direction from the La Plata County Board of County Commissioners (BoCC), the La Plata County staff team began preparing to transition from serving public health needs via a multi-county agency to serving public health needs via a single-county department. Amongst other activities, staff retained the Otowi group to assist in planning activities and provide support services to the legal team.

**COUNTY TEAM COMPANION WORK**

1. County staff conducted discussions with staff at other counties who have a BoH that is separate from BoCC. Key takeaways from other counties with separate BoH:
  - a. One county expressed their wish for an operating agreement between the health department and the county to create clear expectations about shared services.
  - b. A western slope county described the importance of their operating agreement.
  - c. A front range county emphasized the importance of their internal collaboration and relationships between the health department and the other county departments. Their County leader, attorneys, and the Health Director worked together on many issues and had strong relationships. When the pandemic occurred, they attributed their successful response to the trust and alignment between their County leadership and the health department leadership
  - d. One county shared a lesson-learned about emergency management. The public health emergency management team within their health department had been siloed and wasn’t connected closely to the county’s regular emergency management team. As a result, the health emergency response team didn’t have opportunities to practice skills or engage in actual response to wildfire and similar. During the pandemic, they had to rapidly combine the two teams to be effective. Now, that county has one combined response team at the county-wide level and there is only a small emergency planning function focused on disease and similar emergencies within the health department.
2. County staff also talked with Adams and Arapahoe counties about their experience and strategies in dissolving TriCounty. Key models we found useful:
  - a. Staffing strategy (similar to the model presented by LPC’s HR Director on 2/23)
  - b. Staff sharing model (as set forth in IGA)
  - c. Appointment of Receiver to wind up and transfer assets (enacted by BoCC in 2022)
  - d. Recommendation to establish a transition team, transition board, and start-up budget

Attachment: 2023\_0222\_Staff report outline Otowi companion (8034 : Otowi Report Follow Up Presentation)

**HOW COUNTY TEAM IS WORKING TO SECURE 2024 FUNDING**

The Otowi report provides a forecast of revenues for La Plata County Health Department by type. Based on review of the early Otowi work product, discussions with SJBPH, and discussions with CDPHE, staff recognized a need to begin efforts in fall 2022 to secure 2024 funding and/or ensure the most significant 2024 funding options remain open and available to the new La Plata County health department for 2024. The County staff team is aware that there are some smaller funding opportunities that still require attention, but the **largest and most critical funding sources have been prioritized.**

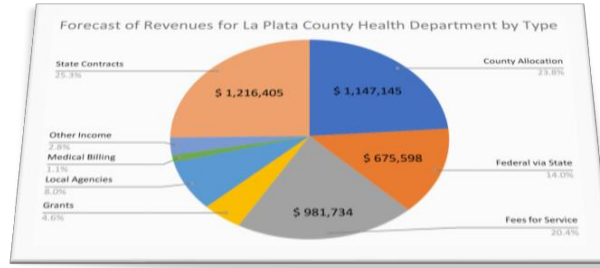


Figure 1: See detailed forecast in Otowi's report

The following table communicates County staff team efforts and the status of the 2024 forecasted funding sources, by type.

Funding Source	Approx. %	Status
State Contracts	~25%	<b>On Track.</b> Work with CDPHE to secure state funding for the new County Health Department is a long lead-time activity. County has been meeting monthly with CDHPE since fall 2022. CDPHE will brief the BoH 3/23. Work on CDPHE’s financial assurance requirements is ongoing and we expect to be entering a Master Agreement with CDPHE in Q2.
County Allocation	~24%	<b>On Track.</b> County team or Director will assist BoH to prepare budget for BoCC consideration in Q3
Fees	~20%	<b>On Track.</b> County staff team and Director will assist BoH to adopt fees this fall.
Federal via state	~14%	<b>On Track.</b> The WIC program is an important component of this funding and is a long lead-time activity. WIC is administered via CDPHE and County staff has been in planning discussions with WIC staff at CDPHE since Q4 2022. County staff team and/or Director expect to undertake program preparation activities in Q2.
Local Agencies	~8%	County DHS funded activities are expected to continue. Other local agency funding will need to be evaluated as program decisions are being made.
Grants	~5%	County Staff have begun and will continue conferring with SJBPH to understand SJBPH’s new and existing grants that extend beyond 2023 and collaborate on contracting matters. SJBPH team is providing LPC staff with contact information for funders.
Other income	~3%	Not evaluated yet.
Medical Billing	~1%	<b>On Track.</b> County Staff or Director will secure staff or contract resource to perform medical billing.

Attachment: 2023\_0222\_Staff report outline Otowi companion (8034 : Otowi Report Follow Up Presentation)

**HOW STAFF IS IMPLEMENTING OTOWI’S RECOMMENDED NEXT STEPS**

The Otowi report recommends important next-steps for La Plata County to consider as it creates a new single county health department, focused on effectively meeting the needs of the people living and working within the jurisdiction. La Plata County staff team have some of this work in progress:

Otowi Recommendation	Team’s Recommended Plan
Hire Health Department Director	Described in 2/23 report titled Staffing Strategy
Engage a Medical officer	Staff and Director will address this need in approximately Q3, after it is determined whether the Director is a medical doctor.
Engage transition support staff and/or contractors	<p><b>In Progress</b></p> <ul style="list-style-type: none"> <li>BoH authorized the Otowi consulting contract on 2/23</li> <li>County staff team anticipates there might be a need for administrative/clerking support to the BoH and a program coordinator function. Evaluation is underway to determine whether to recommend hiring staff resources or secure consultant support for these functions.</li> </ul>
Identify key areas of efficiencies within La Plata County	<p><b>Done</b></p> <p>Operating Agreement is in place.</p>
Educate BoH on current services and programs	<p><b>In progress</b></p> <ul style="list-style-type: none"> <li>Otowi’s landscape report presenting on 3/1</li> <li>CDPHE required board trainings will be completed prior to 1/1/2024</li> <li>SJBPH staff presentations on current programs are archived for Board self-study. SJBPH staff live presentations can be arranged in Q2.</li> <li>BoH authorized consultant contract to provide up to six 1-hour training sessions on specific public health topics</li> <li>BoH will tour the SJBPH Durango office in Q2</li> </ul>
Implement a strategic decision-making process to support identification of services and programs to be provided	<p><b>Started</b></p> <ul style="list-style-type: none"> <li>Otowi’s Decision-Making and Guidepost exercise began 2/23 and is continuing.</li> <li>County team is preparing to recommend a process, work is started but not finished.</li> </ul>
Implement robust community engagement and outreach process to identify needs of those receiving services.	For BoH discussion and direction at an upcoming meeting
Acquire new Community Health Assessment Data for LPC as soon as possible	<p><b>In Progress</b></p> <p>Staff team coordinated with SJBPH. SJBPH data collection is designed to be easily separated into the two counties. Initial information is expected in Summer 2023.</p>
Acquire and negotiate revenues	See Page 2 above for status of funding efforts.

Attachment: 2023\_0222\_Staff report outline Otowi companion (8034 : Otowi Report Follow Up Presentation)