

Background

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.¹

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

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

¹ La Plata County Website: 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

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 opportunity²**

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

² 2018 Community Health Assessments: 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 diseases³

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).⁴

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

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

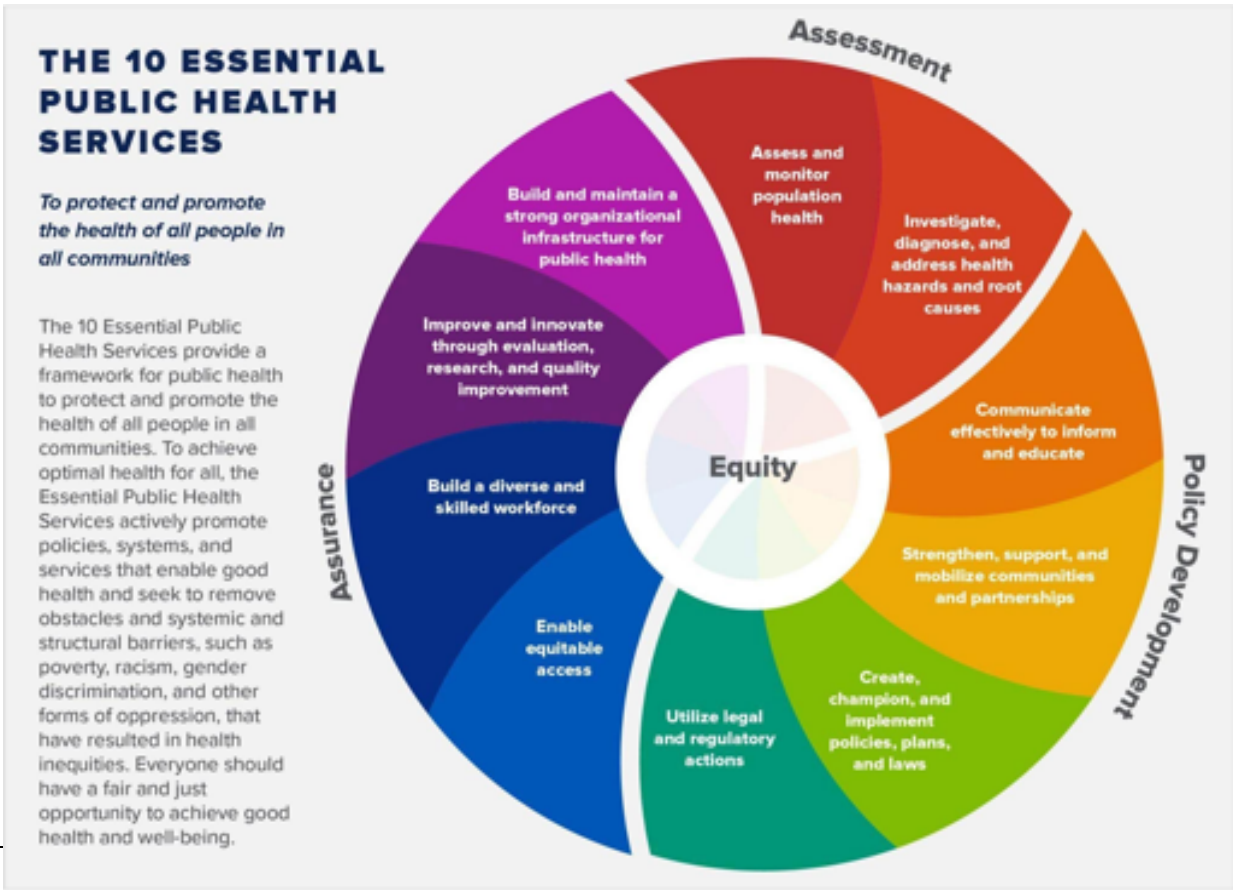
⁴ 2022 CHR&R CO State Report: <https://www.countyhealthrankings.org/reports/state-reports/2022-colorado-state-report>

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.⁶ 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 spending⁷

Figure 5



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

⁷ *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.⁸

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.

⁸ 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.⁹

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.

⁹ <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)

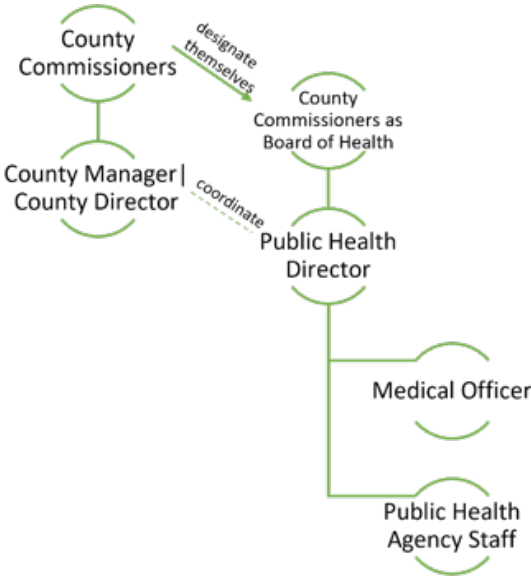


Figure 6

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).

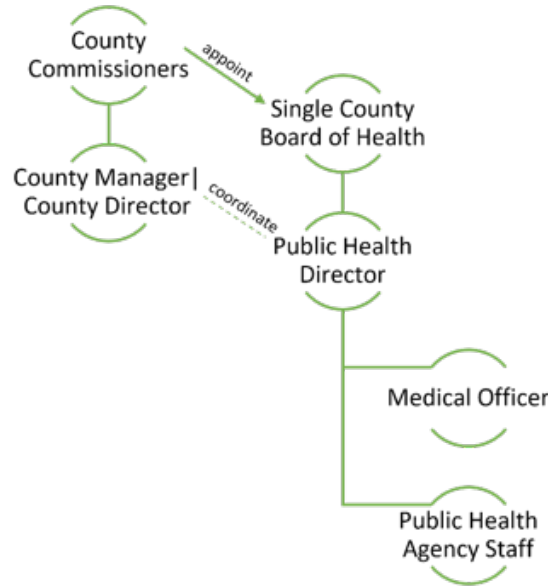


Figure 7

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).

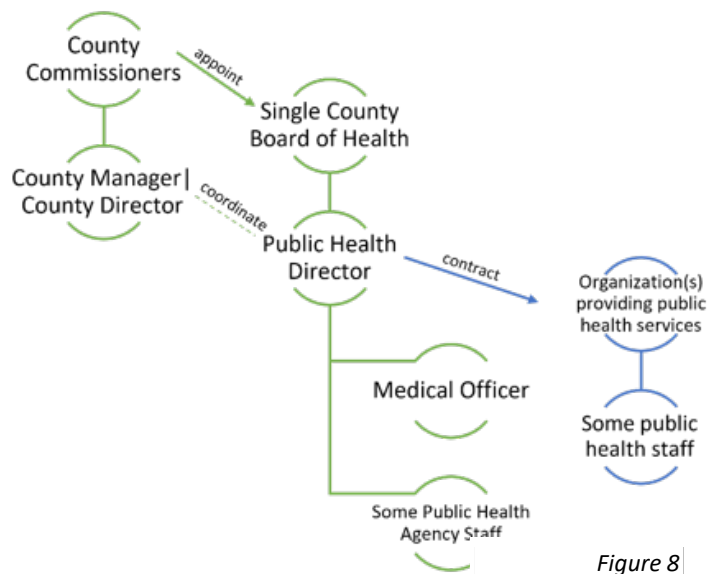


Figure 8

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.”¹⁰

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.

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.

¹⁰ 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

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.¹¹ 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%.¹²

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.

¹¹ https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-infrastructure/NACCHO_2019_Profile_final.pdf

¹² <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
COMMUNITY INFORMATION							
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
PUBLIC HEALTH STRUCTURE AND FUNDING							
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.

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

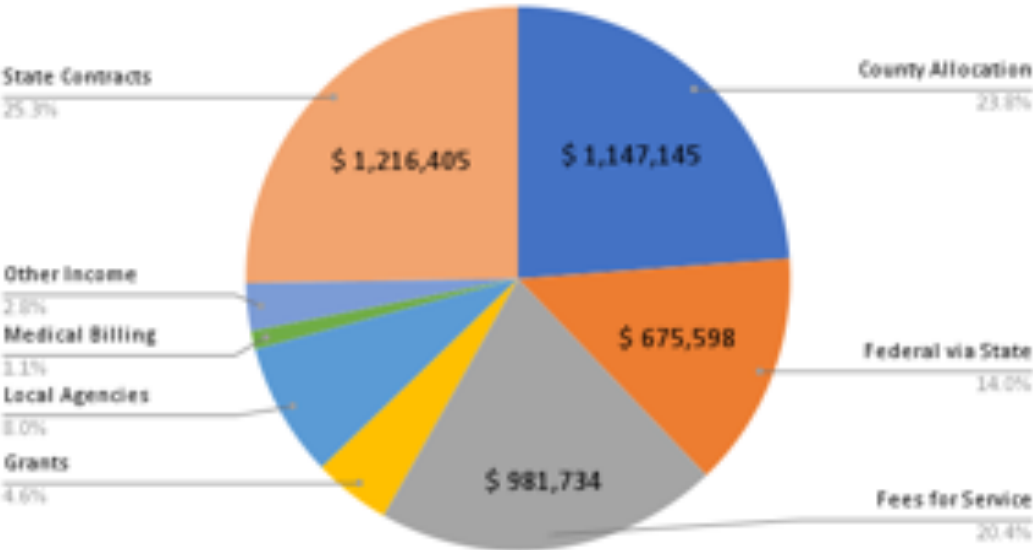


Figure 10

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.

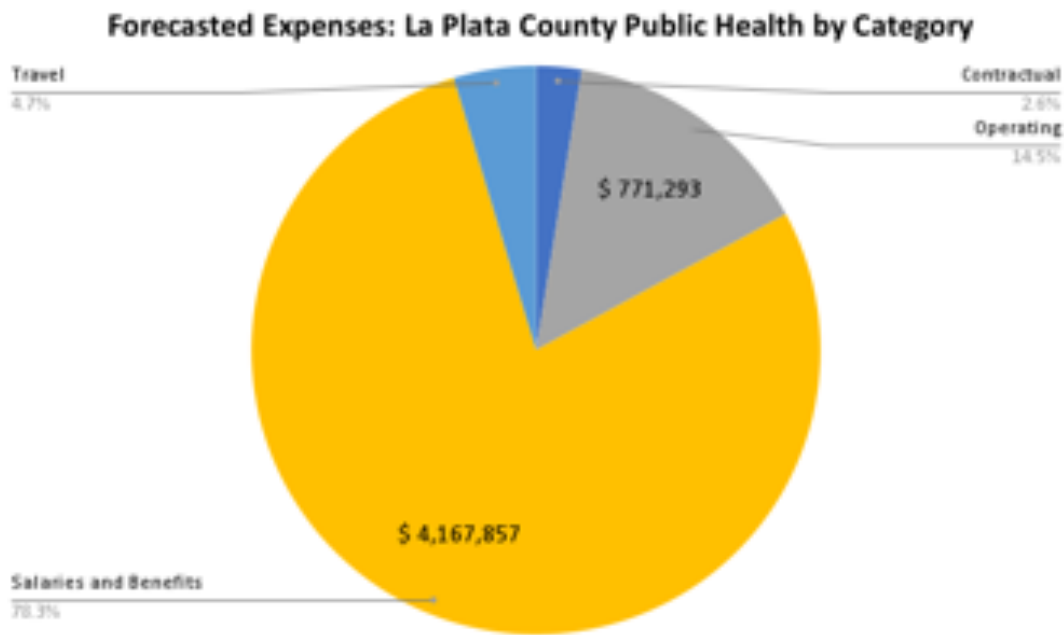


Figure 11

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.

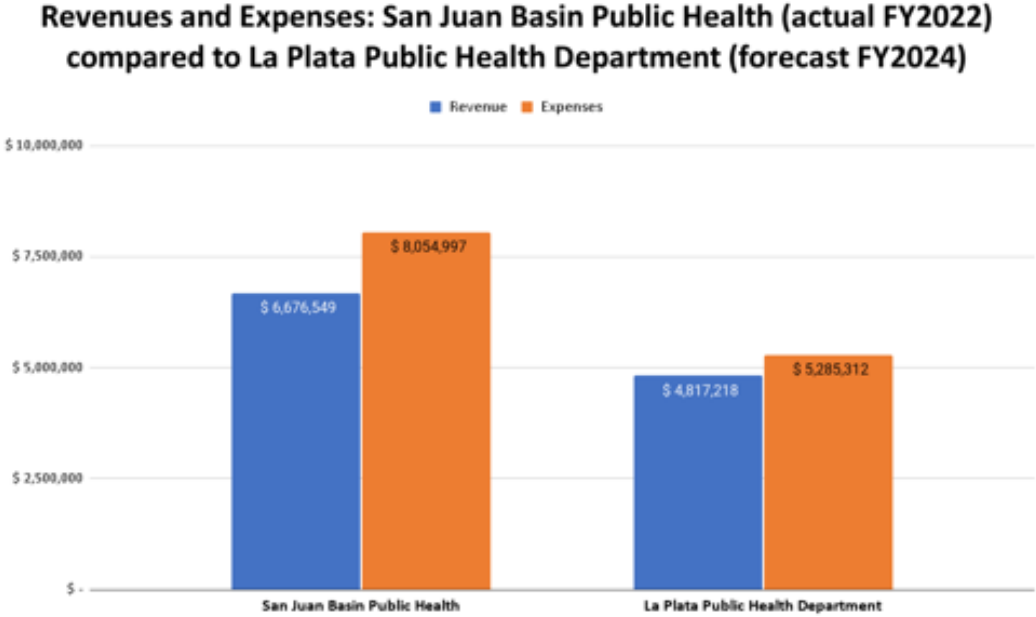


Figure 12

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.

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

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

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>