



# **BOARD OF DIRECTORS SPECIAL MEETING**

**April 9, 2019  
4:00 pm**

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





**BOARD OF DIRECTORS SPECIAL MEETING (Policy)**

**April 9, 2018**

**4:00 pm**

Health District, 1<sup>st</sup> Floor Conference Room

**AGENDA**

**4:00 p.m. Board Refreshments**

**4:05 p.m. Call to Order; Introductions; Approval of Agenda**.....Michael Liggett

**4:08 p.m. PUBLIC COMMENT**

Note: If you choose to comment, please follow the “Guidelines for Public Comment” provided on the back of the agenda.

**4:10 p.m. DISCUSSION & ACTIONS**

Policy ..... Alyson Williams

- Policy 01-2: Electronic Publication of Legislative and Public Policy Analyses and Resolutions
- State Legislative Proposals
  - SB19-195: Child and Youth Behavioral Health System Enhancements
  - HB19-1239: Census Outreach Grant Program
  - HB19-1237: Licensing Behavioral Health Entities
  - HB19-1203: School Nurse Grant Program
  - HB19-1269: Mental Health Parity Insurance Medicaid
  - HB19-1287: Treatment for Opioids and Substance Use Disorders
  - SB19-222: Individuals at Risk of Institutionalization
  - Other: updates on bills where board has taken previous positions
  - Late breaking news (De-Brucing, etc.)

**5:00 p.m. UPDATES**

- Miscellaneous Updates..... Carol Plock

**5:05 p.m. PUBLIC COMMENT (2<sup>nd</sup> opportunity).** See Note above.

**5:10 p.m. CONSENT AGENDA (OR DECISIONS)**

- Approval of February 12 and February 26, 2019 Board Meeting Minutes

**5:12 p.m. ANNOUNCEMENTS**

- April 23, 4:00 pm – Board of Directors Regular Meeting
- May 28, 4:00 pm – Board of Directors Regular Meeting

**5:15 p.m. ADJOURN**

## ■ MISSION ■

**The Mission of the Health District of Northern Larimer County is to enhance the health of our community.**

## ■ VISION ■

- District residents will live long and well.
- Our community will excel in health assessment, access, promotion and policy development.
  - Our practice of **assessment** will enable individuals and organizations to make informed decisions regarding health practices.
  - All Health District residents will have timely **access** to basic health services.
  - Our community will embrace the **promotion** of responsible, healthy lifestyles, detection of treatable disease, and the **prevention** of injury, disability and early death.
  - Citizens and leaders will be engaged in the creation and implementation of ongoing **systems and health policy development** at local, state, and national levels.
  - Like-minded communities across the country will emulate our successes.

## ■ STRATEGY ■

The Health District will take a leadership role to:

- Provide exceptional health services that address unmet needs and opportunities in our community,
- Systematically assess the health of our community, noting areas of highest priority for improvement,
- Facilitate community-wide planning and implementation of comprehensive programs,
- Educate the community and individuals about health issues,
- Use Health District funds and resources to leverage other funds and resources for prioritized projects, and avoid unnecessary duplication of services,
- Promote health policy and system improvements at the local, state and national level,
- Continuously evaluate its programs and services for quality, value, and impact on the health of the community,
- Share our approaches, strategies, and results, and
- Oversee and maintain the agreements between Poudre Valley Health System, University of Colorado Health and the Health District on behalf of the community.

## ■ VALUES ■

- Dignity and respect for all people
- Emphasis on innovation, prevention and education
- Shared responsibility and focused collaborative action to improve health
- Information-driven and evidence-based decision making
- Fiscal responsibility/stewardship
- An informed community makes better decisions concerning health

### GUIDELINES FOR PUBLIC COMMENT

The Health District of Northern Larimer County Board welcomes and invites comments from the public. If you choose to make comments about any agenda item or about any other topic not on the agenda, please use the following guidelines.

- **Before you begin your comments please:** Identify yourself – spell your name – state your address. Tell us whether you are addressing an agenda item, or another topic.
- **Limit your comments to five (5) minutes.**

## **01-2 Pol: ELECTRONIC PUBLICATION OF LEGISLATIVE AND PUBLIC POLICY ANALYSES AND RESOLUTIONS**

ADOPTED August 28, 2001

AMENDED April 9, 2019

### **PURPOSE**

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Provides for an objective source of health and special district related policy information for the community by directing staff to electronically publish legislative and public policy documents created by staff and presented to the Board as well as any Board resolutions concerning legislative, public policy, or electoral issues.

### **INTRODUCTION**

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Staff routinely prepares a variety of background documents intended to assist the Board in conducting its business. Among these documents, which together comprise the "Board Packet," are analyses, briefs, and summaries of health and special district related policy issues. These documents include, but are not limited to, analyses of:

- Specific bills pending before the Colorado State General Assembly
- Other state, local, or national legislative or policy matters
- Health concerns that are the subject of local, state, or national policy debate
- Ballot issues of official concern

While these documents are primarily designed to assist the Board in determining whether to take an official stand on an issue, the Board believes they can and should enjoy a wider audience, and that the Health District website provides an ideal medium for dissemination.

The Board believes that publishing these policy documents electronically provides an objective source of policy information to the community and potentially contributes to a more informed electorate. This practice is also consistent with one of the Board's strategies for fulfilling the mission of the Health District, which includes promoting "health policy and system improvements at the local, state, and national level."

Additionally, the Board occasionally passes resolutions supporting or opposing certain public policy concerns including, but not limited to, matters that come before the electorate. The Board believes that publishing such resolutions electronically helps inform the community of the Board's positions regarding these issues.

This policy pertains only to the electronic publication of policy documents and/or resolutions and does not govern the use of such publications for lobbying or other purposes. Any such use shall be undertaken in compliance with the provisions of the Fair Campaign Practices Act, other state law and regulations, as well as federal law and regulations, as now codified or as hereafter amended.

## DEFINITIONS

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- **Official Concern:** Limited to issues that appear on an election ballot within the jurisdiction of the Health District.

## POLICY

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Staff will reproduce electronically on the Internet all policy documents that:

- are included in the packet prepared for the Board's public meetings; and/or
- are presented to the Board at a Board meeting; AND
- result in the Board taking a position on said policy issue.

Resolutions concerning matters of health or other public policy, including advocacy resolutions that are adopted by the Board, will be reproduced on the Internet.

### Posting on the Health District Website

Policy documents and resolutions will be published in a separate section on the Health District's web site ([www.healthdistrict.org](http://www.healthdistrict.org)) that is linked to the home or main page.

Within the two business days following the Board meeting when the Board has taken a position, staff must post the document, the title of the issue, a brief summary of the issue, the position taken by the Board, and the date the position was taken.

Individuals wishing to receive Health District policy documents may request to be placed on an automatic transmission list to receive these documents by email after they are posted on the website.

Nothing set forth in this Policy 01-2 shall be deemed to waive any "work product" exceptions that are contained in C.R.S. § 24-72-101 et seq.

ADOPTED, this 28<sup>th</sup> day of August, A.D., 2001

RATIFIED, this 24<sup>th</sup> day of February, A.D., 2004

AMENDED, this 15<sup>th</sup> day of February, A.D., 2006

AMENDED, this 9<sup>th</sup> day of April, A.D., 2019

Attest:

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NAME, President

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NAME, Vice President

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NAME, Secretary

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NAME, Treasurer

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NAME, Liaison to PVHS Board



# 01-2 Pol: ELECTRONIC PUBLICATION OF LEGISLATIVE AND PUBLIC POLICY ANALYSES AND RESOLUTIONS

ADOPTED August 28, 2001

AMENDED ~~MONTH~~ April ##9, 20198

## PURPOSE

Provides for an objective source of health ~~and special district related policy -related~~ information for the community by directing staff to electronically publish ~~all~~ legislative and public policy ~~analyses documents~~ created by staff and presented to the Board as well as any Board resolutions concerning legislative, ~~electoral public policy,~~ or ~~public policy electoral~~ issues.

## INTRODUCTION

Staff routinely prepares a variety of background documents intended to assist the Board in conducting its business. Among these documents, which together comprise the "Board Packet," are analyses, ~~briefs, and summaries~~ of health ~~and special district-~~ related policy issues. These documents include, but are not limited to, analyses of:

- Specific bills pending before the Colorado ~~State Legislature~~ General Assembly
- Other state, local, or national legislative or policy matters
- ~~Health concerns that are the subject of state local, local state,~~ or national policy debate
- ~~Ballot issues of official concern~~

While these documents are primarily designed to assist the Board in determining ~~whether or not whether~~ to take an official stand on an issue, the Board believes they can and should enjoy a wider audience, and that the ~~Internet—Health District website~~ provides an ideal medium for ~~dissemination that~~.

The Board believes that publishing these ~~analyses—policy documents~~ electronically provides an objective source of ~~health-related policy~~ information to the community and potentially contributes to a more informed electorate. This practice is also consistent with one of the Board's strategies for fulfilling the mission of the Health District, which includes promoting "~~changes in~~ health policy and system improvements at the local, state, and national level."

Additionally, the Board ~~sometimes—occasionally~~ passes resolutions supporting or opposing certain public policy concerns including, but not limited to, matters that come before the electorate. The Board believes that publishing such resolutions electronically helps inform the community of the Board's positions regarding these issues.

This policy pertains only to the electronic publication of ~~legislative and~~ policy ~~analyses documents~~ and/or resolutions and does not govern the use of such publications for lobbying or other purposes. Any such use shall be undertaken in compliance ~~with the~~ with the provisions of the Fair Campaign Practices Act, ~~other state law and regulations, as well as federal law and regulations,~~ as now codified or as hereafter amended.

## DEFINITIONS

- Official Concern: Limited to issues that appear on an election ballot within the jurisdiction of the Health District.

## POLICY

Staff will reproduce electronically on the Internet all ~~legislative, electoral and public policy analyses~~ policy documents that:

- are included in the packet prepared for the Board's public meetings; and/or
- are presented to the Board at a Board meeting; AND
- result in the Board ~~supporting, opposing or monitoring~~ taking a position on said ~~legislation, ballot issue or~~ policy issue.

2.—Resolutions concerning matters of health or other public policy, including advocacy ~~resolutions,~~ that resolutions that are adopted by the Board, will be reproduced on the Internet.

### Posting on the Health District Website

#### Policy

3.—Documents and resolutions will be published in a separate section on the Health District's web site ([www.healthdistrict.org](http://www.healthdistrict.org)) that is linked to the home or main page.

4.—~~Documents will be published~~ within the ~~next~~ two business days following the Board meeting when ~~the document is originally reviewed~~ the Board has taken a position by the Board, staff must post the document, along with the title of the issue, a brief summary of the issue, the decision position made taken by the Board, and the date the position was taken.

6.—Individuals wishing to receive all Health District ~~analyses~~ policy documents may request to be placed on an automatic transmission list to receive ~~analyses~~ these documents by email ~~at the same time that~~ after they are posted on the web-site.

7.—— Nothing set forth in this Policy 01-2 shall be deemed to waive any "work product" exceptions that are contained in C.R.S. § 24-72-101 et seq.

~~This is if there needs to be any subsections to the policy, in HEADING 2  
Here is the information about the policy in NORMAL paragraph type. If there are any lists, they  
can be BULLETED or NUMBERED.~~

ADOPTED, this 28<sup>th</sup> day of August, A.D., 2001

RATIFIED, this 24<sup>th</sup> day of February, A.D., 2004

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AMENDED, this ~~9th~~ day of ~~April~~, A.D., 201~~8~~9

Attest:

\_\_\_\_\_  
NAME, President

\_\_\_\_\_  
NAME, Vice President

\_\_\_\_\_  
NAME, Secretary

\_\_\_\_\_  
NAME, Treasurer

\_\_\_\_\_  
NAME, Liaison to PVHS Board



## HB19-1239: CENSUS OUTREACH GRANT PROGRAM

Concerning the promotion of an accurate count in the decennial census by creating a census outreach program.

### Details

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<b>Bill Sponsors:</b>	House – <i>Tipper (D) and Caraveo (D)</i> Senate – <i>Priola (R) and Winter (D)</i>
<b>Committee:</b>	House State, Veterans, & Military Affairs House Appropriations
<b>Bill History:</b>	3/12/2019- Introduced in House 3/26/2019- House State, Veterans, & Military Affairs Refer Amended to Appropriations
<b>Next Action:</b>	Hearing in Appropriations
<b>Fiscal Note:</b>	<u><a href="#">3/20/2019 Version</a></u>

### Bill Summary

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The bill creates a census outreach grant program administered by the Department of Local Affairs (DOLA). The purpose of the grant program is to provide financial assistance to local governments, intergovernmental agencies, councils of government, housing authorities, school districts, nonprofit organizations, and the Southern Ute Indian Tribe and Ute Mountain Ute Tribe in order to support accurate counting of the residents of Colorado in the 2020 Census.

In partnership with a special committee, the Department will review applications with a set of minimum guidelines and expectations created by the Department and the Committee. Those committee must review applications and make recommendations considering if the applicant conducts outreach in hard-to-count communities; and, the geographic and demographic diversity of those communities. The bill defines “hard-to-count” communities explicitly as “communities and populations that have been historically undercounted by previous decennial censuses, including, but not necessarily limited to, children under 5 years, racial and ethnic minorities, people with disabilities, people with low incomes, immigrants, people who speak and understand limited amounts of English, people living in rural areas of the state, people in the state without sufficient internet access, adults age 60 and over, and people who are transient or homeless.”

The bill appropriates \$12 million to the Department to distribute in grants. There is no specified minimum/maximum award that grantees can receive. No closing date is set for applications, but the bill requires that the committee must award grants no later than November 1, 2019 and awarded funds must be distributed within 30 days. Finally, the bill does not have a sunset date but requires a strategic plan to be completed on or before May 1, 2026, and every ten years thereafter.

### Issue Summary

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#### Changes to the 2020 Census at the Federal Level

The Federal Government has made large changes to the 2020 Census. While there is enough funding to administer the decennial survey, the U.S. Census Bureau is operating almost half a billion dollars below

estimated needs, leading to reduced staffing and limited funds for outreach.<sup>1</sup> There have been operational and methodology changes to the census. This will be the first census to utilize the internet as the primary response method, and to provide a call-in option.<sup>2</sup> There still will be a paper option available. Reports indicate that the Census Bureau is opening only half of the local offices that it did in 2010.<sup>3</sup> This could pose a challenge to ensure that census workers can visit households that have not responded to the census through the primary method, the internet. The most publicized change to the 2020 Census is the Commerce Department's decision to include a "citizenship question" that some argue may dissuade minority and immigrant populations from responding to the survey.<sup>4</sup> Budget reductions at the federal level could impact the quality of the data and increase the potential for cybersecurity breaches.

### Hard-to-Count Communities

Hard-to-count communities are critical to the accurate reporting of demographic information in the census. These communities are typically defined by any population that are hard to locate, contact, persuade, and/or interview. These populations may be deterred by language barriers, low-mobility, home insecurity, lower literacy and education levels, or live in multi-family housing units that are unidentified by the Census Bureau.<sup>5</sup> In Colorado, this may include those in rural/frontier areas that have limited or no access to internet and in those areas the households that only receive mail through Post Office boxes and do not get mail delivered directly to the home.

### Impact to Funding

There are a number of ways that the decennial census is utilized to determine funding decisions at all levels of government. The census is used to determine which populations may be eligible for programs, which organizations are eligible to receive grants, and how different communities are classified to determine priorities for certain project funds (i.e. rural community grants and community development block grants).

In particular, the census has an impact on funding distribution for health care. Medicaid, Child Health Plan Plus (CHP+), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) are all census-guided<sup>6</sup> programs and depend on accurate counts to provide accurate funding. In sum, the federal government used census data to guide the distribution of an estimated \$620 billion in funding to states during fiscal year 2016.<sup>7</sup>

A few years into the decade, when Census numbers are released, the population has already changed. The release of county level data for the 2010 Census happened in 2011. From 2010 to 2011, the population of Larimer County had increased by about 5,000 people, or 1.5 percent.<sup>8</sup> Similarly, from 2010 to 2012, there was a 3 percent change in population. Overall, for Larimer County, the population has grown by an estimated 10.7 percent from 2010 to 2015. However, federal reimbursements rarely keep up with pace of population change. Because of this problem, it is critical to have the most accurate (and the highest)

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<sup>1</sup> Farmer, A. (2019). "Funding the Census." *Brennan Center for Justice*. Retrieved from <https://www.brennancenter.org/funding-census>.

<sup>2</sup> Potyondy, P.R. (July 2018) 2020 Census: Everyone Should Be Counted, But How?. *National Conference of State Legislatures*. Retrieved from <http://www.ncsl.org/research/elections-and-campaigns/2020-census-everyone-should-be-counted-but-how.aspx>

<sup>3</sup> Wnag, H.L. (March 12, 2019). Census Bureau to Have Far Fewer Local Offices in 2020 than Last National Count. *National Public Radio*. Retrieved from <https://www.npr.org/2019/03/12/702735052/census-bureau-to-have-far-fewer-local-offices-in-2020-than-last-national-count>.

<sup>4</sup> Vann, N.R. (July 31, 2018). The 2020 Census is Already in Big Trouble. *The Atlantic*. Retrieved from <https://www.theatlantic.com/politics/archive/2018/07/census-2020-russia-citizenship/566384/>.

<sup>5</sup> Tourangeau, Roger. (2014). "1 – Defining hard-to-survey populations." In *Hard-to-Survey Populations*. Cambridge University Press. Retrieved from <https://doi.org/10.1017/CBO9781139381635.003>.

<sup>6</sup> Programs that rely on Census-derived statistics to determine program eligibility and/or allocate funds to states and localities

<sup>7</sup> Hart, N and Meron, Y. (Nov. 21, 2018). "Why an Accurate Census Count in 2020 Matters." *Bipartisan Policy Center*. Retrieved from <https://bipartisanpolicy.org/blog/why-an-accurate-census-count-in-2020-matters/>.

<sup>8</sup> Note: this is an adjusted and retrospective estimate by Colorado Demography Office.CO Department of Local Affairs (2019). *Population Totals for Colorado Counties*. Retrieved from <https://demography.dola.colorado.gov/population/population-totals-counties/#population-totals-for-colorado-counties>

response rate in the community possible. If the initial survey is undercounted, it makes it progressively more difficult to keep up with population changes.<sup>5</sup> The estimate of per capita worth<sup>9</sup>, in regards to federal funding, of every life counted in Larimer County (not missed) is \$1,481; that value times the 360,000 estimated population<sup>10</sup> equals a total valued population of Larimer County of over \$533 million. Put simply, for every life we undercount, the County loses almost \$1,500 in federal funding value in the first year of the Census.

### Impact to Research

The Census not only determines distribution rates for government programs, but also the results of the survey are critical to the accuracy of research. Academic institutions, medical facilities, and governments rely on the census to guide internal and external research that affects and may direct organizational resources.<sup>11</sup>

The Health District's Community Health Survey is critical to tailoring our resources and programs to our community; accurately counting hard-to-reach members of our community will make our survey more accurate and our services more useful. The Health District currently has two hard-to-count census tracts in our boundaries, both directly west and southwest of Colorado State's main campus.<sup>12</sup>

### Other States

Other states have established funding to encourage accurate Census counting. California, Georgia, Illinois, Maryland, Michigan, and Virginia have funded different types of activities for the 2020 census.<sup>13</sup> For example, California has dedicated more than \$100 million to perform outreach, update addresses, as well as conduct other activities under the state's census program.

### Supporters

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- Colorado Association of Local Public Health Officials (CALPHO)
  - Colorado Center on Law and Policy
  - Colorado Children's Campaign
  - Colorado Counties, Inc.
  - Colorado Fiscal Institute
  - Colorado Hospital Association
  - Colorado Municipal League
  - Colorado Nonprofit Association
  - Colorado Rural Health Center
  - Colorado Senior Lobby
  - Common Cause
  - League of Women Voters of Colorado

### Opponents

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

### About this Brief

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This brief was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and

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<sup>9</sup> The per capita calculation is derived from the total fiscal year 2015 obligations for 16 large federal assistance programs divided by the population as of July 1, 2015 (as calculated by the Census Bureau). More information at: <https://gwipp.gwu.edu/sites/g/files/zaxdzs2181/f/downloads/Colorado%2008-18-17.pdf>

<sup>10</sup> Note: this is an adjusted and retrospective estimate by Colorado Demography Office.CO Department of Local Affairs (2019). *Population Totals for Colorado Counties*. Retrieved from <https://demography.dola.colorado.gov/population/population-totals-counties/#population-totals-for-colorado-counties>

<sup>11</sup> National League of Cities. (7 November 2018). "Cities Count: Preparing for the 2020 Census." *NLC*. Retrieved from <https://www.nlc.org/resource/cities-count-preparing-for-the-2020-census>.

<sup>12</sup> CUNY Mapping Service at the Center for Urban Research. (2019). "Hard-to-Count 2020 Map." *CUNY Graduate Center*. Retrieved from <https://www.censushardtcountmaps2020.us/>.

<sup>13</sup> Underhill, Wendy and Christi Zamarripa. (March 26, 2019). "2020 Census Resources and Legislation." *National Conference of State Legislatures*. Retrieved from <http://www.ncsl.org/research/redistricting/2020-census-resources-and-legislation.aspx>.

governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This brief is not a complete analysis of this policy issue. This brief is accurate to staff knowledge as of date printed. For more information about this summary or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at [awilliams@healthdistrict.org](mailto:awilliams@healthdistrict.org).

# Memo

To: Board of Directors, Health District of Northern Larimer County  
From: Alyson Williams, Policy Coordinator  
Date: April 5, 2019  
Re: Staff Recommendation on HB19-1239: Census Outreach Grant Program

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The Health District Public Policy Strategy Team recommends the Board of Directors strongly support HB19-1239.



## HB19-1203: SCHOOL NURSE GRANT PROGRAM

Concerning the creation of a grant program to increase the number of school nurses.

### Details

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<b>Bill Sponsors:</b>	House – <i>Mullica (D)</i> Senate – <i>Todd (D)</i>
<b>Committee:</b>	House Education House Appropriations
<b>Bill History:</b>	2/20/2019 – Introduced 3/5/2019 – House Education Refer Amended to House Appropriations
<b>Next Action:</b>	Hearing in House Appropriations
<b>Fiscal Note:</b>	<u>2/28/2019 Version</u>

### Bill Summary

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The school nurse grant program is created within the Colorado Department of Education (CDE). The program is to award grants on a 5-year cycle to local education providers in order to increase the number of school nurses in the state. A local education provider that is awarded a grant is to use the funds to hire school nurses in the selected school(s). The grant is intended to supplement and not replace the existing local funding for the positions and school health services. A small rural district or rural district that is awarded the grant is to make reasonable efforts to use the funding to hire a school nurses for the selected school(s). If the district demonstrates to CDE that they cannot find an individual to fill the position, the district can use the funds to contract with a local public health agency, federally qualified health center, or community health provider to provide services in the school(s). The person contracted must meet/exceed the academic and professional qualifications of a school nurse. In the grant application the local education provider must comply with the process and requires set by the CDE or State Board of Education and include specific information outlined within the bill.

Subject to available appropriations, the State Board is to award up to \$3 million annually. Each grant has an initial term of one year and renewed annually for an additional four years if the school nurse is retained in the position and the local education provider continues to use the funds for authorized purposes. The Board can fund more than one position per grant recipient. The grant amount must cover the cost of hiring school nurse position(s) in the selected school(s). At the end of the initial five-year grant cycle, and each subsequent cycle, CDE is to solicit and review applications as well as award new grants. CDE is to review applications and make recommendations to the Board about the awarding of grants. In awarding grants, the Board can establish through rulemaking additional selection criteria, but is to give preference to a small rural district or rural district or is eligible to receive funds through Title I of the Elementary and Secondary Education Act<sup>1</sup>.

In any fiscal year there is an appropriation to the CDE for the grant program, each grant recipient is to provide information to the CDE by June 30 about the number of positions hired, number of students served, an explanation of services provided, and the impact of the position on the local education provider and the students it serves. By September 1, 2020 and every September 1 in each fiscal year in which the Board has awarded grants the prior fiscal year, CDE is to submit a report to the House Education, House Health and

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<sup>1</sup> 20 U.S.C. SEC. 6301 Et Seq. This program provides financial assistance to local educational agencies and schools with high numbers/percentages of children from low-income families. More information at: <https://www2.ed.gov/programs/titleiparta/index.html>

Insurance, Senate Education, and Senate Health and Human Services Committees including (at a minimum) the information reported by the grant recipients in June.

The bill is effective upon the Governor's signature or if the Governor allows it to become law without their signature.

## Issue Summary

### School Nurses

School nurses have served a number of roles in student health: (1) direct health care for students with acute injuries, illnesses, or long-term health management needs; (2) health expert for the school; (3) screening and referral for health conditions; (4) promotes healthy behaviors for the school environment on the whole; (5) promotes individual health and self-care for students, faculty, and employees; (6) leader for school health program development; and, (7) liaison between school personnel, family, health care professionals, and the community. School nurses frequently serve as the link between students and their other health care points of contact including teachers, parents, health providers, and community resources. School nurses can also serve as the first point of referral for students experiencing mental and behavioral health crises.<sup>2</sup>

The American Association of Pediatrics once recommended a ratio of 750 students for every one school nurse; however, it has since revised that recommendation to instead advocate for a full-time nurse in every school.<sup>3</sup> A lower school nurse to student ratio has shown numerous benefits, including better care for students with chronic conditions and more counseling services for students experiencing social problems. Further, schools with lower nurse-to-student ratios had more follow-ups for student health issues, including corrective lenses for students with vision problems, care for school-related injuries, and for the counseling services mentioned before.<sup>4</sup> Researchers have found that a full-time school nurses reduced absenteeism and the number of visits to emergency rooms.<sup>5</sup> Reducing absenteeism and ER visits is better for school, family, and community economic and social costs.

### School Nurses in Colorado

Colorado's estimated nurse-to-student ratio is 1428:1.<sup>6</sup> The state has frequently been at the bottom of national rankings due to this high ratio.<sup>7</sup> Few school districts in Colorado can gather the funds to put a nurse in every school, or even have a nurse on the school campus for just part of a single day during the week. The funding for school nurses comes from a variety of sources including the general fund of school districts, Medicaid reimbursement for schools<sup>8</sup>, and the state's School Health Professional Grant Program. The School Health Professional Grant Program not only provides funding for school nurses but also school psychologists,

<sup>2</sup> Council on School Health. (2008). "Role of the School Nurse in Providing School Health Services." *American Academy of Pediatrics*. Retrieved from <https://pediatrics.aappublications.org/content/121/5/1052>.

<sup>3</sup> American Academy of Pediatrics (May 23, 2016). *AAP Policy Statement Recommends Full Time Nurse in Every School*. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Policy-Statement-Recommends-Full-Time-Nurse-in-Every-School.aspx>

<sup>4</sup> Guttu, M, Engelke, M.K., and Swanson, M. (2009). "Does the School Nurse-to-Student Ratio Make a Difference?" *Journal for School Health for the American School Health Association*. Retrieved from <https://onlinelibrary-wiley-com.ezproxy2.library.colostate.edu/doi/abs/10.1111/j.1746-1561.2004.tb06593.x>.

<sup>5</sup> Rodriguez, E, Rivera, D.A., Perlroth, D., Becker, E., Wang, N.E., and Landau, M. (2013). "School Nurses' Role in Asthma Management, School Absenteeism, and Cost Savings: A Demonstration Project." *Journal of School Health for the American School Health Association*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24261518>.

<sup>6</sup> Colorado Children's Campaign. (2019). *HB19-1203 (Mullica/Todd) School Nurse Grant Program*. Retrieved from <https://www.coloradokids.org/advocacy/at-the-capitol/capitol-updates/hb19-1203-mullica-todd-school-nurse-grant-program/>

<sup>7</sup> National Education Association (n.d.) *A National Look at the School Nurse Shortage*. Retrieved from <http://www.nea.org/home/35691.htm>; Jones, R. (Jan. 24, 2011). A dose of reality: more sick kids, fewer school nurses. *Chalkbeat*. Retrieved from <https://www.chalkbeat.org/posts/co/2011/01/24/a-dose-of-reality-more-sick-kids-fewer-school-nurses/>

<sup>8</sup> Department of Health Care Policy and Financing (Nov. 1, 2016). *Letter to Joint Budget Committee*. Retrieved from <https://www.colorado.gov/pacific/sites/default/files/Health%20Care%20Policy%20and%20Financing%20FY%202016-17%20RFI%205.pdf>

school social workers, and school counselors.<sup>9</sup> This program provides funding for a variety of school health positions, not just school nurses, and tends to focus on the impact that the funded positions would have on student behavioral health and substance use.

### School Nurses in Poudre School District

Poudre School District (PSD) currently has a team of 14 school nurses that cover all of the 50 schools in the district as well as 1 nurse that exclusively serves the Early Head Start program. This means that besides the nurse that serves the Early Head Start Program, each of the nurses must cover multiple schools throughout the week. The total count in PSD was reported to be 30,463 students in the 2018-2019 school year.<sup>10</sup> Therefore, a nurse-to-student ratio is estimated at one nurse for every 2,030 students.

### Supporters

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- American Academy of Pediatrics
- American Federation of Teachers Colorado
- Children's Hospital Colorado
- Colorado Association of Nurse Anesthetists
- Colorado Association of School Nurses
- Colorado Children's Immunization Coalition
- Colorado Education Association
- Colorado Nurses Association
- Poudre School District

### Opponents

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- Any opposition has not been made public at this time.

### About this Brief

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

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<sup>9</sup> Department of Education (n.d.). *School Professional Grant Program*. Retrieved from <https://www.cde.state.co.us/healthandwellness/spgp>

<sup>10</sup> Poudre School District (2018). *2018-19 Enrollment*. Retrieved from <https://www.psdschools.org/your-district/about-psd/enrollment-demographics>

# Memo

To: Board of Directors, Health District of Northern Larimer County  
From: Alyson Williams, Policy Coordinator  
Date: April 5, 2019  
Re: Staff Recommendation on HB19-1203: School Nurse Grant Program

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The Health District Public Policy Strategy Team recommends the Board of Directors support HB19-1203.

## HB19-1287: TREATMENT FOR OPIOIDS AND SUBSTANCE USE DISORDERS

Concerning methods to increase access to treatment for behavioral health disorders.

### Details

<b>Bill Sponsors:</b>	House – <i>Esgar (D) and Wilson (R)</i> Senate – <i>Pettersen (D) and Priola (R)</i>
<b>Committee:</b>	House Health & Insurance
<b>Bill History:</b>	3/28/2019- Introduced
<b>Next Action:</b>	4/16/2019- Hearing in House Health & Insurance
<b>Fiscal Note:</b>	Not available.

### Bill Summary

The bill creates a capacity tracking system for providers and facilities to input program slot and facility bed availability in order for families, law enforcement, counties, court personnel, and emergency room professionals to locate available substance use disorder (SUD) treatment. A statewide care navigation is established to assist individuals in accessing SUD treatment. The bill creates a grant program to award up to \$5 million annually in grants to increase capacity and services in rural and frontier communities.

### Issue Summary

#### Treatment in Colorado

The Colorado Health Institute’s (CHI) 2017 report for the Colorado Department of Health Care Policy and Financing (HCPF) detailed many aspects about the landscape of residential and inpatient treatment for substance use disorders (SUDs) within the state.<sup>1</sup> From 2010 to 2014, approximately 10.9 percent of Coloradans who needed treatment for an alcohol use disorder (AUD) received it while 15.7 percent of those with an illicit SUD received needed treatment. More than half of respondents (54.1 percent) to CHI’s Community Health Access Survey (CHAS) who indicated a substance use issue reported not getting the treatment they need due to cost. Similarly, 52.8 percent responded that they did not think their insurance would cover the treatment services. The 2017 report illustrated the number of beds for SUD treatment as of 2015. Twenty-eight counties do not have licensed residential and inpatient SUD treatment facilities, community mental health centers, opioid treatment programs (OTPs), medication-assisted treatment (MAT) providers or Special Connections<sup>2</sup> providers. These counties include areas of the San Luis Valley, southeast Colorado and northern Colorado.

**Table 3. Number of Beds for Substance Use Treatment, 2015**

Residential		Inpatient	
Number of Facilities	Range of Beds Reported	Number of Facilities	Range of Beds Reported
15	0 to 12	5	0 to 10
9	13 to 18	3	16 to 21
13	19 to 28	2	22 to 34
6	29 to 47	1	35+
6	48+	Min to Max Range	127 to 216
Min to Max Range	826 to 1,276		

Source: N-SSATS, 2015

<sup>1</sup> Colorado Health Institute (2017). *Exploring Options for Residential and Inpatient Treatment of Substance Use Disorder in Health First Colorado*. Retrieved from <https://www.colorado.gov/pacific/sites/default/files/HCPF%202017%20Inpatient%20SUD%20Treatment%20Report.pdf> . Accessed on Dec 6, 2017

<sup>2</sup> The Special Connections program provides case management, counseling and health education to pregnant Medicaid enrollees with substance use problems.

CHI has released an analysis that details that lack of access to MAT in Colorado.<sup>3</sup> More than half a million Coloradans have little or no access to MAT in the counties where they reside. The Keystone Policy Center report noted that broad access to MAT is developing slowly in Colorado due to inability to pay for the treatment, provider discomfort, and lack of information about administration.<sup>4</sup> A suggestion made in the report included expanding the payment methodology for MAT. In Larimer County there are approximately thirteen clinics and providers that are serving residents with MAT services. Of these, approximately three provide Vivitrol®, the brand name of the injectable version of the drug naltrexone. Conversely, almost all of the thirteen entities and providers prescribe Suboxone®, the brand name of the combination buprenorphine and naloxone. One entity in Larimer County is licensed to provide methadone, which has much higher licensing requirements..

### Care Coordination

Care coordination is frequently important during the treatment and recovery of individuals with SUDs as care delivery is typically fragmented between different providers, organizations, and government agencies.<sup>5</sup> Often it is difficult for a consumer to find care, or to determine which care would be right for their needs. Care coordination can assist in connecting the consumer to the right level of care (when it exists). Since substance use disorder can be a chronic disease, care coordination can help the consumer understand when a different level is more appropriate based on their current situation. It can also prevent redundant care processes, with the intent of not wasting the time and resources of the patient or the health care system. Consumers have reported feeling overwhelmed and bewildered when working to access behavioral health service across providers and sectors.<sup>6</sup>

### Colorado Opioid Synergy – Larimer and Weld (CO-SLAW)

The Colorado Opioid Synergy – Larimer and Weld (CO-SLAW) project is a collaborative initiative between the North Colorado Health Alliance and 8 diverse treatment sites, including 2 OTPs and 1 syringe access site, currently delivering MAT services in Larimer and Weld Counties. CO-SLAW is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded program that is working to expand and enhance access to MAT services for persons with an opioid use disorder (OUD) seeking or currently receiving MAT, over the three-year funding period. The program is a phased approach to a northern Colorado Hub & Spoke model of SUD treatment. One goal of the program is to increase capacity to provide MAT to individuals with OUD in northern Colorado through specific and deliberate collaboration and coordination among CO-SLAW MAT treatment sites, including OTPs, and shared care management of persons treated with MAT.

## This Legislation

### Capacity Tracking System

In this proposed bill, the General Assembly declares that there is a shortage of available beds for psychiatric emergencies, withdrawal management (i.e. detox) for SUDs, and intensive residential inpatient and outpatient behavioral health services. It finds that the creation of a behavioral health capacity tracking system for available treatment would help families, law enforcement, counties, court personnel and emergency room professionals to locate appropriate treatment for those in crisis. The system could decrease the time that individuals wait in emergency rooms, ensure that existing resources are maximized, and

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<sup>3</sup> Colorado Health Institute (May 2017). *Miles Away from Help: The Opioid Epidemic and Medication-Assisted Treatment in Colorado*. Retrieved from [https://www.coloradohealthinstitute.org/sites/default/files/file\\_attachments/2017%20MAT%20report.pdf](https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20MAT%20report.pdf) . Accessed on December 7, 2017.

<sup>4</sup> Keystone Policy Center (Feb 2017). *Bridging the Divide: Addressing Colorado's Substance Use Disorder Needs*. Retrieved from <http://leg.colorado.gov/sites/default/files/17opioid0801attachh.pdf> . Accessed on Dec 5, 2017.

<sup>5</sup> Institute of Medicine Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. (2006) *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*. Washington (DC): National Academies Press; *Coordinating Care for Better Mental, Substance-Use, and General Health*. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK19833/care-co>

increase the likelihood that those in crisis receive services that are closer to their community. The General Assembly declares that the creation of the tracking system is an important tool to address crises, which includes connecting individuals to treatment for opioids and other substance use disorders.

The bill defines “consistent noncompliance” as when a provider does not complete daily required capacity updates for two or more consecutive days or has five or more noncompliance days within a given month.

The Department of Human Services (DHS) is to create and implement a behavioral health tracking system. The system must have 24-hour access on a web-based platform, including online access for health professional, law enforcement, and court personnel. There must be coordination with the crisis telephone system. Capacity updates are required daily, unless it is a residential facility and the capacity remains unchanged. There must be a penalty for consistent noncompliance. Opioid treatment programs (OTPs) are only required to update daily whether they are accepting new clients. Capacity report is required throughout the state for the following facilities and providers:

- Facilities that provide evaluation and treatment for individuals held under an emergency commitment, involuntary commitment, or civil commitment. This includes crisis stabilization units (CSUs), acute treatment units (ATUs), community mental health centers (CMHCs), hospitals, and the state mental health institutes
- Inpatient treatment facilities
- Residential treatment facilities
- Medical detoxification facilities
- Medically managed and clinically managed withdrawal management facilities
- Opioid treatment programs<sup>7</sup>

The tracking system may allow, with prior approval from DHS, medical providers that provide treatment as a part of their practice.

To the extent possible, the system should be designed to collect the following information:

- Name, address, website, and phone number of the facility or program
- Information regarding the process for confirming the availability and reserving the bed or slot in the facility or program
- The license type of the facility or program and its licensed capacity
- The number of beds/slots currently available and staffed
- The admission and exclusion criteria- including gender, age, acuity level, medical complications, diagnoses, or behaviors that are excluded (i.e. intellectual or developmental disabilities, aggression, SUDs, traumatic brain injury, history of violence or aggression)
- Type of substance that the facility or program provides treatment
- If the facility serves involuntary clients
- Payer sources accepted
- Time and date of last system update for the facility or program
- Link to a stable location map

The system is to be designed to provide immediate and accurate information about the availability of facilities and programs, but not to guarantee availability. The user is to be directed to contact the entity directly to confirm its capacity and arrange placement.

Before contracting or implementation begins, DHS is to convene a stakeholder process to identify an efficient and effective design. The process will include DHS receiving input regarding existing information and reporting systems that may be able to be expanded upon for the system, issues relating to data collection by

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<sup>7</sup> Including any other facilities that are licensed pursuant to C.R.S. 27-80-204

facilities and providers, and the most effective interface for users. The stakeholder group is to include any people or organizations identified by DHS, Department of Public Health and Environment (CDPHE), emergency medical service providers, contractors that operate existing information and report systems in Colorado, and facilities that would be required to report to the system. DHS is to report on the stakeholder process to the Opioid and Other Substance Use Disorders Study Committee during the interim that precedes the 2020 legislative session.

By January 1, 2021, DHS must implement the tracking system. The contractor of the crisis telephone system is to use the tracking system. By January 1, 2022, DHS is to ensure that appropriate tracking system information is available to the public. DHS can adopt rules necessary to develop and implement the system.

### **Care Navigation System**

The General Assembly declares that many individuals with SUDs that need treatment must wait weeks or months to access residential or outpatient services. Further, any delay in starting treatment could mean life or death for the individual. The General Assembly finds that care navigation services that help those who are ready to begin treatment to gain timely access are vital to the wellbeing of many in crisis.

The bill defines “engaged client” as an individual who is interested and willing to engage in SUD treatment services or other treatment services either for the individual or an affected family member or friend.

By January 1, 2020, DHS is to implement a care navigation system to assist engaged clients in obtaining SUD treatment. At a minimum, the services must include independent screening using nationally recognized screening criteria in order to determine the appropriate level of care, the identification of licensed or accredited treatment options, and the availability of treatment options for the client. In order to implement the care navigation system, the Office of Behavioral Health (OBH) is to issue a request for proposals for services. The selected contractor must provide services statewide, 24-hours a day, and accessible through various formats. To ensure integrated and coordinated service delivery, the contractor is to coordinate with other navigation services and the behavioral health response systems. The bill encourages the use of peer support specialists. The contractor is to assist the client with accessing treatment and is to provide services regardless of the client’s payer source or if they are uninsured. Once the client has initiated treatment, the contractor is no longer responsible for care navigation for that episode. Clients enrolled in Medicaid are to be provided with contact information for their managed care entity. The contractor is to conduct ongoing outreach to inform behavioral health providers, counties, county departments of human or social services, jails, law enforcement, health professionals, and other interested persons about the care navigation services.

The contractor is to enter into a memorandum of understanding (MoU) with the Ombudsman for Behavioral Health Access to Care. If the contractor believes that a health plan is in violation of state and federal parity laws, rules, or regulations, the contractor is to assist the client, with their written permission, with reporting the alleged violation to the Ombudsman.

The contractor is to collect and transmit to DHS the following data and information relating to the clients served:

- Demographic characteristics, including age, sex, ethnicity, and county of residence
- Type of substance for which the individual is seeking treatment
- Whether they were able to secure treatment and where, and if not, the reasons why
- Length of time the contractor provided services to the individual
- Whether the client had private or public insurance or was eligible for services due to income
- Number of suspected parity violation reports to the Ombudsman for Behavioral Health Access to Care

- Services or treatment options that were not available within the individual’s community, including recovery services, housing, transportation, and other supports
- Number of family members or friends calling on behalf of an individual with a SUD

The State Board of Human Services can promulgate necessary rules to implement the care navigation system. By September 1, 2020, and each September 1 thereafter, DHS is to submit an annual report to the Joint Budget Committee, House Public Health Care and Human Services Committee, House Health and Insurance Committee, and Senate Health and Human Services Committee. The report is to address the utilization of care navigation services, including the above information from the contractor.

### **Building Treatment Capacity**

The “Building SUD Treatment Capacity in Underserved Communities” grant program is created within DHS. Subject to available appropriations, DHS is to award up to \$5 million annually in grants to increase capacity and services in rural and frontier communities. Each managed service organization area that consists of at least 50 percent rural or frontier counties shall receive an equal proportion of the grant program funds to disburse in local grants. A grant committee is to review and award local grants. The grant committee is to include two members that are appointed by the county commissioners of each county within the MSO as well as two members that represent DHS and are appointed by the department’s executive director. Funding awards must be approved by a majority of the committee. In awarding grants, the committee is to prioritize geographic areas that are unserved or underserved. After grants are approved for each MSO area, DHS is to disburse the funds to the MSO to distribute to the grantees. The grants must be used to ensure that communities have access to a continuum of SUD treatment services, including medical or clinical detoxification, residential treatment, recovery support, and intensive outpatient treatment. Local governments, counties, schools, law enforcement agencies, primary care providers, and SUD treatment providers (the providers can be within or outside the MSO’s network of providers. This section of the bill is repealed July 1, 2024.

The bill is effective upon the Governor’s signature or if the Governor allows it to become law without their signature.

### **Reasons to Support**

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The capacity tracking system could allow entities, families, and individuals to locate possible treatment options. This could aid in improving timely access to care, though individuals may need to travel to access those open beds and program slots. The care navigation system may help with navigation to care in times of behavioral health crisis. Establishing a grant program that increases the capacity for all types of SUD treatment, not just one form, in rural and frontier counties can assist in increasing the availability of care and geographic diversity of treatment programs in Colorado.

### **Supporters**

- Colorado Cross-Disability Coalition
- Colorado Municipal League

### **Reasons to Oppose**

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Some may assert that this bill is a piecemeal approach to addressing the treatment gaps in Colorado, and does not address the biggest issue, which is that more funding is needed to expand effective substance use treatment in the state. The care navigation system may be helpful in directing individuals to care; however, the service will not be useful if there are not enough available treatment options within the state. Care coordinators throughout the state report that they are well aware of what their clients need; there are just not enough options for treatment (and particularly affordable treatment) for those with substance use

disorders. Also, having one entity responsible for care coordination throughout the state may not be the most effective way to help people in local communities, because a statewide service may not have adequate familiarity with local communities. For a person with a chronic disorder, it is also more effective to have care coordination that is continuous, not episode-based. Some may assert that this funding could be used far more effectively to increase SUD treatment capacity.

**Opponents**

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

**Other Considerations**

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After the completion of the facility built pursuant to the 1A ballot measure in Larimer County, it would be required to participate in the capacity tracking system. This could mean that available beds in the facility would be posted to the tracking system and the facility that is being developed by local taxes could be filled by people from outside the county.

**About this Analysis**

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