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COLORADO HEALTH ACCESS FUND

THE DENVER FOUNDATION

Executive Summary

Mental Health Colorado sought to better understand the stories behind 2017 and 2018 local ballot measures that provide funding for mental health services in five Colorado counties. We collected information from publicly available documents and spoke with key informants from the counties, all of whom play leadership roles in the passing, implementation, or sustainability of their respective ballot measures. This was an effort to hear more about the work being done, what successes and challenges were experienced, what further work is in the planning stages, and how we can be better advocacy partners. We analyzed interview transcripts and reviewed public information to create profiles for each community. Key informants graciously provided feedback and reviewed their respective county's profile before drafts were finalized. We are incredibly grateful to all the individuals who participated in our research and for their efforts to advance mental health services available within their communities.

Success

Successful ballot measure passage and implementation occurred when the communities utilized collaborative outreach and community engagement. These efforts helped create buy-in throughout each county, which extended beyond voting into implementation and the continued involvement of stakeholders. Because these were local efforts, decision makers were well informed regarding specific needs and gaps within their communities and had control over where to distribute funds. Counties employed polling, continuous needs assessments, and community meetings or focus groups to set priorities and ensure their work continued to fill the gaps identified by the residents themselves.

Ballot language was incredibly important, both for measure passage and implementation, as it needed to be specific enough to be inclusive of all communities within a county, name the mental health needs that would be addressed, and prioritize mental health services. These elements were necessary in setting up a transparent roadmap for the work. However, having some flexibility allowed counties to address emergency services required to respond to the COVID-19 pandemic and other emerging needs.

Needs and Challenges

Several informants discussed the challenge of working with complex and unbalanced funding streams from the state. One of the largest remaining needs addressed by multiple county leaders included developing services related to substance use conditions and crisis response, including detoxification services. Additional needs were found within the criminal justice sector in providing jail-based services or finding alternatives to jails through co-responder or peer crisis response.

Some key informants also discussed how the state could be a better advocacy partner by implementing recommendations from the Behavioral Health Task Force as soon as possible; fixing complex funding streams and addressing high-administrative costs, mainly at the state-level; collaborating more with local communities so that they may have more input on where state funding is allocated; changing licensure regulations so that wrap-around services can be available in one facility; and addressing unequitable and unbalanced funding, as well as making resources available for different communities.

Overall Recommendations

- Begin voter and stakeholder engagement early and maintain it throughout the development of the proposed ballot measure.
- Inform the planning process with up-to-date county needs assessment.

- Inform the planning process by learning from other counties that have passed similar measures.
- Be transparent regarding the costs associated with closing gaps in services.
- Be very attentive to language in crafting the measure.
- Include specific references to communities, large and small, within the county in the measure language to signal plainly that funds generated will be distributed inclusively.
- Include an advisory board that will be responsible for allocating funding and tracking performance.
- Provide regular progress reports to the community to keep them engaged and to keep mental health as a shared concern
- Be prepared to change direction and to modify initiatives based on performance—be accountable and plan for continuous learning and adaptation.

Mental Health Colorado would like to thank the key informants for their participation in this effort. We are encouraged by the work local counties are doing to support the mental health of their communities, and plan to continue to be advocates for work such as this throughout the state.



Denver County: Caring for Denver

Caring for Denver passed
with over

70%
of votes in 2018

Community input gathered in 2019
determined 4 priority areas:

- Youth
- Care Provision
- Community-Centered Solutions
- Alternatives to Jail

Through this, a 0.25% sales and use tax increase allocates an estimated \$45 million annually to fund mental health services.

Notable Investments & Results Include

Co-responder
programs have
diverted
98%
of individuals in
crisis from the jail
system

60%
of organizations
funded are run by
a person of
color

Over
18,000
people will
receive services
and other
supports from
alternatives to jail
grants

As of August 27,
2020,
\$9.2
million
has been approved
in grants to
community-based
nonprofits

Services Funded Through Nonprofit Oversight & Community Recommendations

The Mayor, the District Attorney,
and the City Council President
worked together to appoint a 13-
person board to oversee **CARING
FOR DENVER**, a nonprofit entity
created to oversee the
distribution of funds collected by
the tax



Outside organizations
submit proposals for review
and approval by the board
of Caring for Denver



Decisions are informed by
committees (executive,
finance, personnel,
community) and are also
subject to community
reviews

Denver County: Facts and Figures

The following statistics demonstrate and contextualize Denver County mental health needs. The population of Denver has been consistently increasing for approximately the past ten years, which brings with it both unique demands and a unique landscape for development. Residents can reach both a metropolitan downtown and mountain wilderness, which provides a diverse set of opportunities for both work and pleasure.

Population: 716,492	Median Age: 34.6
Median Household Income: \$68,377	Median Property Value: \$435,100
Poverty Rate: 13.8%	9.59% of residents uninsured

Colorado faces one of the highest suicide rates in the nation, and as Denver County is the most populous area in the state, its community has a large gap in the availability of mental health resources. When polling residents of the county, Caring for Denver found that:

- 90% of individuals were concerned about mental health and substance misuse
- More than half a million residents of Colorado said they have at least 8 days of poor mental health every month
- 67% believe those with mental health and/or substance misuse needs are not currently receiving the care they need

Recent statistics demonstrated there was a rising mental health crisis in the county, as:

- Denver has 201 patients for every 1 mental health provider
- Reported suicide rates rose to 17.2 individuals per 100,000 residents
- 16.5% of people did not get the mental health care they needed within the past 12 months
- 17% of individuals ages 5+ reported poor mental health
- 24.9% of adults reported having been addicted to alcohol or drugs other than prescription painkillers or heroin

Findings from Interviews with Caring for Denver Leadership

Lorez Meinhold, Executive Director of Caring for Denver

"Part of our brand is about how everybody owns this. The reason we have handwriting on our website and storytelling on our website is that it really is meant to reflect community. And not just the board and who the ones are that get to make the decisions about grants, but what has the community told us about what they want to see this money go towards? So that really is what we bring to the board to make recommendations."

The organizers of the Caring for Denver ballot measure were in tune with the community when they drafted the initiative, as they were sure 2018 was the right time to propose a sales tax increase to fund mental health services. Mental health was at the forefront of the national conversation, the opioid epidemic was reaching an all-time high, and mental health in schools was quickly becoming a focal point for the city. Rapid buy-in and the signing on of community organizations demonstrated the accuracy of their planning – Denver was ready to make mental health a funding priority.

Community Engagement

Colorado State Representative Leslie Herod spearheaded the Caring for Denver ballot initiative after realizing the substantial lack of funding for mental health programs. This measure was designed to be entirely informed by the community, and multiple polls and meetings were held in order to achieve this goal. After the tax increase passed with over 70% of the vote, the Caring for Denver team worked with over 60 organizations, spoke with over 1600 community members, and held over 60 meetings in order to identify the issues most important to the citizens. One of the top issues raised by the community involved caring for the next generation. The team followed up with over 55 youths in order to inform their vision for investment and calls for proposals. This continuous community engagement and transparency is integral to the success of their programming.

Planned and Implemented Services
<ul style="list-style-type: none">• Engagement of over 1600 individuals in the design of how funds are used• Community meetings were held, both in person and online, and in both English and Spanish, to inform funding areas• Funding two major co-responder programs, resulting in an increase of 10 mental health professionals as first responders• Increase of 11 case managers• Majority of programs utilize peer support and peer mentors to foster connectedness• Funding youth serving organizations to prevent interaction with the criminal justice system• The R.O.C.K. project, a partnership between public safety and public schools to redirect people to services as alternatives to jail• Implementing programs aimed at reducing recidivism• Increasing availability of services to assist chronically homeless people transition and/or access treatment programs

Alternatives to Jail

Most grants distributed so far by Caring for Denver have gone to implementing alternatives to jail for individuals interfacing with the criminal justice system. Establishing co-responder programs, increasing crisis supports, and connecting recently incarcerated individuals to community services has helped to decrease recidivism and overall involvement with the justice system. Initiatives include assisting people transitioning out of jail, sending social workers and/or paramedics to 911 crisis calls, and funding youth service organizations that prevent interaction with the system. Peer mentorships foster connections and assist with transitioning out of incarceration: *"70% of the programs we funded in the alternatives to jail section use peers or mentors, or people who have lived experience, as part of care or treatment."*

23 Alternatives to Jail Grants totaling approximately \$9.2 million have been distributed to non-profit community organizations and specific county departments in an effort to transition away from a criminal justice response to a behavioral health one.

Challenges and Remaining Needs

- As Caring for Denver is entirely dependent on tax revenue, the economic downturn brought on by **COVID-19** reduced the projected budget. Initially anticipated to yield \$45 million annually, the

first year instead brought in approximately \$37-38 million in revenue, and the second is estimated to bring in \$32 million

- The **pandemic** has increased the number of stressors present throughout the community
- Building an **entirely new organization** based on 5% of revenue collected has been difficult, as it is necessary to continue to be accountable to outside systems while developing an administrative body
- Attempting to develop an efficient method of **measurement** based more on community feedback rather than statistical evidence challenged the board's evaluation methods

Words of Wisdom from Denver County

Lorez Meinhold, Executive Director of Caring for Denver:

"Keep community in your heart as you're trying to advance an initiative. Make sure you understand what the problem is that you are trying to solve, and how you engage the community that you're trying to solve for and with, so that you are really doing community-authored and also community-driven work. I think that's super important. It's hard work, but if what you're doing is easy it means you're not doing the right work."

Carl Clark, MD, Treasurer of Caring for Denver Board:

"I believe we owe it to the people of Denver to ensure they know what their money is doing. When people hear about the STAR program, where low acuity 911 calls are being answered by a social worker and a paramedic instead of police officers, or they hear about the co-responder program, where social workers are paired with police officers, they understand the Caring for Denver dollars they voted for pay for that. Many social justice issues overlap with behavioral health issues and people need to know, 'yeah, I voted for something that's making a meaningful difference in the community.'"

"We know from the school of positive psychology that the better the well-being is for any one of us, the better it is for everybody around us. There is a genuine ripple effect when we help someone who was homeless and dealing with an illness get off the streets and get better. It obviously helps the individual and it helps the people around them – it helps their families. It helps everybody in that circle. So, we need to embrace that the more we help anybody, it comes back full circle to all of us."



Eagle County: Mental Health Fund

1A passed with over

73%
of votes in 2017

A comprehensive gap analysis identified 8 critical areas Ballot Issue 1A would fund:

- Cross-Functional Behavioral Health Facility
- Provider Access and Capacity
- Coordination and Transformation
- Prevention and Education
- Crisis Response and Stabilization
- School-Based Services
- Innovation and Emerging Opportunities
- Vail Health Business Line Oversight

Through this, a 2.5% tax on the sale and growth of marijuana (which increases by 0.5% each year until tapping out at 5%) allocates around \$500K-\$700K annually for mental health services. Additionally, Vail Health committed to donating \$60 million over the next 10 years and tasked the Vail Health Foundation with fundraising an additional \$100 million to support the 8 key gaps identified above.

Notable Investments & Results Include



Services Funded Through Collaboration and Nonprofit Oversight



More information can be found at eaglevalleybh.org

Eagle County: Facts and Figures

Eagle County is filled with natural beauty, as much of the land lies within the White River National Forest or is near the Eagle River. With only 54,357 residents, Eagle can keep track of the reported rates of poor mental health; as these numbers were rising, the county decided to seek funding for increased services, and more specifically, a cross functional behavioral health facility closer to and more accessible for the valley.

Population: 54,357	Median Age: 36.5
Median Household Income: \$84,685	Median Property Value: \$538,600
Poverty Rate: 7.02%	15.5% of residents uninsured

Eagle County was facing rising rates of suicide, and this jumpstarted the campaign for increased availability of mental health services. The county's statistics that are representative of this landscape before the passage of Ballot Issue 1A are as follows:

- Eagle reported a county rate of 675 patients to every 1 mental health provider
- Suicide rates rose to 18.6 individuals per 100,000 residents

Findings from Interviews with 1A Leadership

"To be completely frank, if we had not gone forward with the campaign to create the tax and raised the awareness of how bad of a situation we were in as a community – the lack of leadership across the state and nationally for behavioral health, the lack of any strategic direction or plan, that we were losing more people to suicide than we were to car accidents in our valley – we would never have had the momentum or the interest to get the hospital to jump onboard and support behavioral health, and now own it going forward. So, that has been a huge change. Before the marijuana tax, there was no collective effort for behavioral health in our valley."

Chris Lindley, Executive Director of Eagle Valley Behavioral Health

Eagle County residents were quick to jump on board with the push for Ballot Issue 1A, otherwise known as the Mental Health Fund, as its proposition was informed by a thorough gap analysis of mental health services available in the community. Bold social media campaigns, transparency regarding funding, and community engagement were all factors that contributed to this overall positive response. The passing of 1A led to Vail Health's initial pledge of \$60 million and the creation of Eagle Valley Behavioral Health (EVBH) to assure coordination of work toward the initiatives and to greatly magnify the work that could be done with the 1A dollars.

Stigma Reduction and Buy In

Planned and Implemented Services
<ul style="list-style-type: none">• Moving forward with the building of a cross-functional behavioral health facility (land already purchased)• 35 new behavioral health providers added to the county• Provider recruitment strategies including Behavioral Health student scholarships and loan repayment programs• Olivia's Fund – a scholarship for anyone who lives or works in Eagle County to get free behavioral health care• Full time behavioral health clinician in every middle and high school• Spanish-speaking programs and clinicians• Suicide prevention training in schools and workplaces• The Eagle Hope Center was put into place, which is a 24/7 co-response crisis intervention team• Providing integrative behavioral health services at all primary care organizations• Peer support model under development

After recording increasing rates of suicide in the county, Eagle began to push for the establishment of a Mental Health Fund through Ballot Issue 1A. Buy-in began immediately with a large social media campaign, in which Snapchat was utilized to connect with younger age groups and community engagement occurred through Facebook, YouTube, and other platforms. Once the tax was passed, a landscape survey of current programs and services was conducted with the help of the Total Health Alliance, identifying eight key gaps. In order to award grants to outside organizations aiming to address those gaps, an advisory committee of community stakeholders was created to review proposals. The transparency and local control behind this process helps to implement programs in a quick and efficient manner.

Increasing Capacity

One main focus of Eagle County and the 1A tax is increasing mental health services available. Passing 1A helped to speed up the bureaucratic process and led to Vail Health creating EVBH to ensure momentum was maintained and bigger dollars were put behind the initiative. This allowed Vail Health and Eagle County to collaborate in their efforts to increase available services. By employing behavioral health counselors in schools, the county was able to expand access to younger generations; this was furthered by the establishment of integrated care throughout their medical system. Now, rather than entirely separating physical and mental health, consumers can receive both services at their primary care office. Educational resources have also been made more accessible than they were in previous years, with suicide prevention programs extended from a reach of just over 550 individuals in 2017 to training over 4,500 individuals in 2019.

Successes

The Hope Center, one of the largest initiatives started by 1A, has implemented a successful crisis co-response program. If the police receive a behavioral health call, an ambulance or other professional is sent out to assess the situation rather than solely law enforcement; this has reduced transportations to the emergency room for crisis calls by over 70%. *"It's been really helpful in terms of keeping people out of jail, which is such an awful place to go when you're in crisis."* - Kim Goodrich, Mental Health Coordinator/ESF 8 Lead

The addition of the funding from Vail Health was integral in the development of many programs and the building of a cross-functional behavioral health facility.

Challenges and Remaining Needs

- Eagle County cited the lack of **state funding and leadership** on behavioral health issues as a key gap. However, their ability to have local control has enabled processes to move forward extremely quickly.
- Despite providing services to some Spanish-speaking communities using MIRA (a renovated RV donated by Vail Health used to bring services to typically underserved areas), they still have a need for **more extensive bicultural mental health services**.
- **COVID-19** has increased the need for mental health services in Eagle County, as there has been an increase in anxiety because of the pandemic. The valley was able to transition to telehealth services effectively, maintaining the increased capacity that resulted from 1A.

Words of Wisdom from Eagle County

Jeff Shroll, County Manager:

"But if we save one life, no matter how we may have bumbled or stumbled through our way of getting the ballot initiatives passed, I think it's been worth it. I think we've done even better than one life. I think we've touched a lot of lives. I think we've raised awareness about this issue and made it a non-shameful topic to discuss, and now people of all professions can have this discussion and make sure that they can get the right help when they need it...You've got to build a strong, diverse team. When the conversation started, we brought in representatives from our teenage community. There was a group of teenagers that played a very large role in getting the ballot measure passed, and that was key. I think, it was really those partners all the way to our senior population . . . so, I think bringing everybody together, no matter what your income level is, what your social levels are in society, we try to bring them all to the table and not be afraid to have those conversations."

Kim Goodrich, Mental Health Coordinator/ESF 8 Lead:

"One thing that we learned that we've talked about more than once is that we need to seek out programs versus waiting for them to come to us. Because we had done the work of mapping out where those gaps were, we had a pretty good idea of when we needed something to fill a gap. Doing that work ahead of time, in terms of looking at the entire landscape and knowing what services exist and where those gaps are, is key."

Dana Erpelding, Operations Director of Eagle Valley Behavioral Health:

"I think the only other thing is just being really clear and transparent with voters about what they can anticipate if they do vote to implement a tax. I think that's one of the things we were successful with here in Eagle. We were really transparent with the public, and everything was really clear as far as how we would be spending the money and how the money being spent is going to successful programs. We recognize that not everything we fund might be successful, and so we have annual contracts that we either renew or don't renew based on the deliverable data that's given, so that we can share that back out to the community. So,

I'd say be really transparent, and continue to share that information. Not only does it keep the conversation at the forefront and keep people talking about behavioral health care to reduce stigma and increase access, but it also really helps the community see whether these dollars are being spent in the most effective and efficient way. It gives those talking points back to the public, and it helps either the county or whoever receives that revenue understand how to best utilize that funding source moving forward."



Larimer County: Behavioral Health Solutions

1A passed with over
61%
of votes in 2018

2019 Priority Areas determined by the Behavioral Health Policy Council

- Suicide Prevention
- Mental Illness, Substance Use Disorders
- Programming & Services
- Stigma Reduction, Public Information & Community Engagement
- Innovation, New Practice

0.25% sales and use tax increase allocates \$16 million annually to mental health services.

\$1 million
distributed to local services and grants to expand services and access in 2019

44
local organizations and agencies funded in 2020

A local facility with wrap around services broke ground on December 16, 2020, and completion is planned for fall 2022

\$2.5 million
in grant funding available in 2020 and subsequent years

Stakeholders Involved in Decision Making

TECHNICAL ADVISORY COMMITTEE is the subcommittee made up of 27 subject-matter experts that informs the policy council on what needs are in the community

BEHAVIORAL HEALTH POLICY COUNCIL is made of elected officials representing each eight municipalities and six at large members. This council was created by the ballot measure in efforts to have regional coordination and cooperation. This council has voting power and makes recommendations to the Board of County Commissioners.

BOARD OF COUNTY COMMISSIONERS made of elected officials who are the fiscal responsible party for the sales tax funding.

BEHAVIORAL HEALTH SERVICES DEPARTMENT was established from the 1A ballot initiative, serves an administrative role for distribution of funds and reporting.

Consumer Advisory Committee (CAC) had their first meeting on December 7, 2020, and will meet monthly throughout 2021 to help hear first-hand experiences about mental health gaps and needs.

More information at larimer.org/behavioralhealth

Larimer County: Facts and Figures

Named after the founder of Denver, Larimer County brings visitors interested in Rocky Mountain National Park, which covers a large amount of the area. Fort Collins and Estes Park are other popular tourist destinations in Larimer. With a larger population than smaller Colorado mountain towns, Larimer officials emphasize community engagement and feedback in an effort to hear from all these residents.

Population: 350,518	Median Age: 36.4
Median Household Income: \$71,091	Median Property Value: \$398,300
Poverty Rate: 12%	6.3% of residents uninsured

The combination of Larimer's larger population and their rates of unmet mental health needs demonstrated that the county needed to provide increased services. It was found that, in Larimer County:

- There is 1 mental health provider to every 351 patients
- There was a reported suicide rate of 21.6 individuals per 100,000 residents
- 13.4% of people did not get the mental health care they needed in the past 12 months
- 23% of adults reported that they had been addicted to alcohol or drugs other than prescription painkillers or heroin
- 13.1% of individuals ages 5+ reported having poor mental health

Findings from Interviews with Behavioral Health Services Department Leadership

"We found true success by really doing strong outreach to our community--listening sessions and hearing people and understanding the demographics and the composition of our rural communities versus our urban communities. Not so much along political lines, but honestly, you really do have to have a message that speaks to all voters' values. You can't just say this is the right thing to do, you also have to have the stories and the data to back up your desires to provide treatment in a new way in a community." - Laurie Stolen, Director of Larimer County Behavioral Health Services

The work to provide local mental health services and supports in Larimer County started as far back as 1999, during a time when the population was continuing to grow, and with it, unaddressed mental health needs due to a shortage of services combined with an overutilization of the criminal justice system to address behavioral health conditions. Similar measures were put on the ballot three separate times prior to 2018 and did not pass, but advocates in Larimer County were adamant in learning from the past, better engaging the entirety of their community, and being intentional in their ballot language to address needs and be inclusive of all municipalities.

Listening, Outreach, and Action

Planned and Implemented Services (examples)
<ul style="list-style-type: none">• One of the first Behavioral Health Facilities of its kind with wrap-around mental health and substance use services.• Behavioral Health Services Department started to oversee funding distribution.• Peer-leadership and support program for homeless men with substance use conditions.• 29 grants to local providers in 2019 to increase and expand community-based services. 34 grants will be distributed by the end of 2020.• Mind Matters travelling mental health exhibit available for free admission at the museum of Science and Discovery in Ft. Collins.• Mental health coverage for uninsured and increased capacity for crisis line response during the COVID-19 pandemic.

What made 1A in 2018 so successful was hearing from community, transparent and open communication around the ballot measure, and incorporating feedback into the ballot language. Initiating engagement prior to adding the measure to a ballot set the groundwork for continuous engagement and strong buy-in from the community. Decision-making continues to come from a collaborative approach in addressing needs and gaps in behavioral health, and to fund the services that are making the most impact.

"We're continually keeping up with where the gaps are and where the services are truly making an impact." - Laurie Stolen, Director of Larimer County Behavioral Health Services

Innovative Services

Larimer County has sought out innovating services and initiatives from other communities across the country in order to inform how to better address the unique needs of their community and think outside of the box. Services that have been funded thus far include peer-support services, mental health counseling, and providers in schools and childcare settings. Grant funding has also been used to increase

mental health literacy, a notable example being the Mind Matters travelling exhibit that is free for all visitors and has been incorporated into the curriculum of the local public schools. *"...awareness is obviously a big part of what we're trying to accomplish in addition to mental care, access and quality in the community."* - Steve Johnson, Board of County Commissioners Chair

The ballot measure has also made way for groundbreaking work. Larimer County is in the development phase of creating a Behavioral Health Campus Facility *"that will provide a full range of services from inpatient stabilization crisis care, substance abuse treatment, case management, detoxification facility. And in the future, we plan some supportive housing and other wrap-around ancillary services."* - Steve Johnson, Board of County Commissioners Chair

Construction is expected to begin in late 2021 or early 2022. *"And we actually are breaking ground here in Larimer County; there are not many other facilities that we have found around the country that are looking to do all six levels of these services in one facility."* - Laurie Stolen, Director of Larimer County Behavioral Health Services

Successes

Outreach, transparency, and collaboration have all led to having strong buy-in from stakeholders and community members. Each municipality is represented on the Behavioral Health Policy Council, there are 27 active subject matter experts on the Technical Advisory Committee, and applications are being collected for a Consumer's Advisory Committee. *"Because if they're all at the table, they're more likely to be supportive of the final product. And you're more likely to have that kind of cooperation and collaboration we had. So, set up a task force or committee of providers, of citizens, of activists in the community and include all of the different ethnics groups in your community to make sure there's wide representation."* - Steve Johnson, Board of County Commissioners Chair

The tenacity and persistence of advocates for this work and their dedication to learning from past failed measures by listening to concerned voters helped create a collaborative ballot with language that was inclusive of each municipality and clear that funding would reach all communities of Larimer County.

Challenges and Remaining Needs

- **Substance Use Services** available within the county, with services specific to opioid use conditions.
- **Detoxification services**, while these services will be provided in the new behavioral health facility, they have been nonexistent in Larimer.
- **Licensure and regulations** for the wrap around services planned in the new facility have been the biggest challenge.
- **Location** of the planned behavioral health facility was difficult to decide and caused worry with some neighbors. *"...we'll do what we can to be good neighbors and to be transparent and have good communication to help assuage their fears and any concerns that they have."* - Laurie Stolen, Director of Larimer County Behavioral Health Services
- **Transportation and internet access** continue to be a need in rural communities.
- **Crisis response** available county-wide, specifically through a mobile response unit.

Words of Wisdom from Larimer County Behavioral Health Services Department

Steve Johnson, Board of County Commissioners Chair

"Be very transparent about what you're doing. I mean, we put out a report every year: how did we spend the \$1,000,000? We said exactly how many students would go to the coffee cart in Estes Park High School and get help and counseling. We have metrics. We measured the outcomes because we know that this tax will expire in 20 years. And if you're going to go back and ask for it to be extended, the voters are going to want to know who received the money and what the results were. That's a very important lesson because you have to be very transparent with the voters and you have to be true to your ballot language too...And how you write the ballot. Language is very, very important. The second time, what we discovered was since people thought everything was going to go to Fort Collins, what we did is we listed every community in the County in the ballot language. It was a great idea. We said, 'Shall this tax go to provide mental health services in [Fort Collins, Loveland, Timnath, Estes Park, Berthoud, Wellington, Windsor, and Johnstown] - we listed every community. So, a voter in those little towns would see this ballot measure, "Hey, my community's listed here." We had a master plan at that time that would make a good read, but most people just read the ballot language obviously, but every community was mentioned. That's very important because it showed that it was inclusive of the community. And I think that was one of the big reasons we were successful."

Laurie Stolen, Director of Larimer County Behavioral Health Services

"I think that there's probably a lot to be learned from Larimer County's losing a ballot initiative and then winning a ballot initiative. I've gone around the state and actually shared a tale of two initiatives, a tale of two elections, and shared what we learned. There are tidbits, and there are ways to increase your chances of success, and I think it really starts with what is the landscape of the community trying to pass the initiative, what is their political will, what is their community's level of knowledge and awareness of the issue? ... Before you just put something on a ballot, you have to make sure you've done the right outreach with the right message, and that you've created a certain level of awareness and understanding of the issue. Any community that is interested in putting a measure like this on the ballot in the future, should reach out to other communities that were successful in passing initiatives. We worked with Denver County pretty closely in 2018, we both passed a .25% sales tax in the same year. I think there was some momentum that was created by us having common messaging and common language around what we were attempting to do."



San Miguel County: Behavioral Health Solutions

1A passed with over
66%
of votes in 2018

Local funding for behavioral health in the following 4 priority areas:

- Mental health counselors in schools
- Mental health and substance use crisis emergency response services
- Suicide prevention programs
- Alcohol, opioid, and substance misuse prevention and treatment programs

Through this, a 5.5% property tax increase allocates \$0.75 million annually to mental health services.

Notable Investments Include

4
large behavioral health organizations received a combined \$60k to provide services to those who are unable to afford them

\$100K
awarded to local school districts for the 2020-21 school year

SMC CORE
Co-responder model with local peace officers behavioral health clinicians is expanding

\$28K+
awarded directly to 21 individuals to pay for their needed behavioral health care.

Decision Making Process for Funding Approval

TRI-COUNTY HEALTH NETWORK conducts environmental scans and gap analyses, which inform the RPFs they develop and release to the community

Tri-County Health Network acts as a nonprofit administrative entity, which reviews applications and awards grants

If the entity determines an application needs to be further examined, it's given to a panel made up of county leaders and members of the public for review prior to approval

More information can be found on: www.sanmiguelbehavioralhealth.org

San Miguel County: Facts and Figures

As one of Colorado's resort counties, San Miguel attracts tourists who flock to attend the abundance of outdoor recreational opportunities year-round. Surrounded by scenic beauty, San Miguel County, especially the Telluride Region, attracts adventure seekers, but like other mountain towns in Colorado has high rates of mental health needs and suicides. The following statistics provide good context regarding the population of San Miguel and the residents' needs stemming from the current state of availability of mental health services.

Population: 7,968	Median Age: 41.5
Median Household Income: \$64,478	Median Property Value: \$491,100
Poverty Rate: 8.92%	8.01% of residents uninsured

Gap analyses of San Miguel identified key areas for increasing mental health services throughout the county. This was based on the county's realization that they were lacking accessible treatment options, and were therefore facing a unique set of unmet mental health needs:

- There is 1 mental health provider to every 382 patients
- San Miguel experiences a rate of 26.2 suicide deaths per 100,000 residents
- 12.3% of people reported that they did not get the mental health care they needed in the past 12 months
- 14.2% of individuals ages 5+ reported having poor mental health
- 21.3% of adults reported having been addicted to alcohol or drugs other than prescription painkillers or heroin

Findings from Interviews with Behavioral Health Solutions Leadership

Behavioral Health Solutions was established by San Miguel County voters who approved a new property tax to fund mental health issues. Behavioral Health Solutions addresses access barriers, workforce, and capacity development, all by identifying needs and gaps through continuous community environmental scans. A positive response from buy-in and utilizing the strengths of San Miguel County to create sustainable funding streams contributed to the successful passage of the bill measure. Continued collaboration with other counties passing similar measures, a cross-section of stakeholders, and using past similar ballot measures beyond behavioral health has facilitated the implementation of this work.

Eliminating Barriers

The initial focus of Behavioral Health Solutions was to address and eliminate barriers to behavioral health services for the people of San Miguel County. Funds were allocated to the existing Telluride Foundation's Good Neighbor Fund and provided directly to individuals in response to COVID-19, so that inability to pay for services would no longer be a barrier to needed behavioral health support. Four of the local behavioral health groups in San Miguel also received funding to provide services to individuals who are unable to pay for services. Preventative services were funded in local school districts that will include Social Emotional Learning and Proactive Behavioral Interventions and Supports. Finally, crisis response services were funded to increase the availability of co-responders in the community.

"There were already pretty good things happening in the county. However, what this ballot measure has done has been to eliminate the barriers to access." - Carol Friedrich, San Miguel County Social Services Director

Outreach, Engagement, and Buy-In

Planned and Implemented Services
<ul style="list-style-type: none"> • \$50,000 awarded to Telluride School District for Social Emotional Learning PreK-12 alignment for the 2020-21 school year. • \$50,000 awarded to Norwood Public Schools for trauma-informed Proactive Behavior Interventions and Support for the 2020-21 school year. • \$60,000 awarded to four behavioral health agencies to provide services to individuals unable to afford costs. • \$25,340 awarded to 18 individuals to fund their own needed behavioral health services or court-mandated services through the Good Neighbor Fund. • \$59,016 awarded to the County Sheriff's Office to increase co-responder crisis response services to 7 days a week. • Workforce development and capacity building funding is being planned by the board.

From the beginning, this ballot measure has been informed and continues to be informed by the people of San Miguel. Initial polling showed that nearly three-quarters of those in San Miguel supported a mill levy to improve community-based mental health and substance use services. Those who participated were generous enough to share their own experience, where 1 in 3 disclosed that they themselves or a loved one were experiencing mental health or substance use symptoms and 1 in 5 were not receiving the appropriate treatment. The initial polling and environmental scans were also used to develop the four aforementioned priority areas, and a pending scan will provide more direction for the additional funds.

Successes

Knowing the community strengths and involving the public from the start helped pass the ballot measure with strong support and maintain buy-in. Being thoughtful about the bill language, as informed by the public, helped create a roadmap for those involved in implementation efforts to continue to use. Continuing data-collection in the form of environmental scans and using media to circulate information on how tax dollars are used further helped involve community members and created transparency.

With the creation of local funding streams, San Miguel was also able to be responsive to COVID-19 and eliminated access barriers. Changing regulations due to COVID-19 has also opened up the availability of telehealth and for providers in the community to have a wider reach.

Challenges and Remaining Needs

- **Buy-In:** The Behavioral Health Solutions ballot measure was initially sued by a private citizen after passage, which stalled implementation by months.
- **COVID-19** has created some challenges to communication of services available and work completed.
- **Reliable internet connection** continues to be a barrier for many to receive telehealth services.
- **Spanish-speaking providers and jail-based professionals** are still in short supply and San Miguel continues to strategize about recruitment.
- **Medicaid and Medicare** providers needed, there are currently few providers accepting this insurance.

- **Funding sources** create inequity between school districts and areas of the county based on wealth of population.
- **Matching Funds from the State.** Funding streams also make it difficult for state funds to reach rural programs. *"Implement the recommendations from the Behavioral Health Blueprint ASAP. There is a significant amount of state funding that is not making it to programs in our rural counties. Although we now have a local source of funds, we still need matching funds from the State and other sources to adequately address the needs."* - Hilary Cooper, San Miguel County Commissioner

Words of Wisdom from Behavioral Health Solutions

Paul Reich, TriCounty Health Network

I think it's a real privilege for this panel to know that they can make some investments in the community that make a difference in people's lives. We've had that pressure on the committee, we've had some people on the panel who are like, "Hey, we're sitting on a lot of money, we need to spend, spend, spend." We've had others on the panel who have said, "We need to be measured. We need to make sure what we're spending on makes sense. We need to make sure that we've done our homework." I would just encourage communities to really give thought to what the needs are and where you can make the best investment to impact the most people.

You and I both know that paying for an individual to go get therapy is tremendously important for that individual, but you're only going to impact so many people that way. Whereas if you look at some environmental strategies, training everybody in the community in mental health first aid or safe talk, you can probably impact more people through those environmental strategies that are further upstream. Again, just make sure you know what your community wants, and try to be as specific in the ballot language as you can be without tying your hands.

Carol Friedrich, San Miguel County Social Services Director

We go back to what the ballot measure is and really make sure that we are adhering to what that language is. So that has given us a framework for what it looks like in terms of who we're going to fund and why. So that is part of our litmus test for whether it's an appropriate use of funds and whether it fits into one of those four buckets and then that has helped guide what we've been doing. And so those four buckets came out of that survey, that polling where it said what are the most important issues regarding mental health and substance abuse or whatever. And so those were the top four choices that came from the polling. And so those were the four that we put on the measure, and then those are the four that we're concentrating on. So, it's been public input from the very beginning. That has been the constant line throughout the whole effort, which I think has been helpful.

Hilary Cooper, San Miguel County Commissioner

Our success in great part was due to our partnership with a local non-profit which had been assessing the specific needs and building education efforts around our local behavioral health needs in advance. They also conducted polling which allowed us to target specific programs for the ballot language and funding.

Summit County: Strong Futures

1A passed with over
65%
of votes in 2018

Ballot Measure 1A bundled together five important voting issues and funding areas:

- Wildfire Prevention Programs
- Mental Health Services
- Recycling and Sustainability Services
- Improvements to Public Buildings
- Affordable Early Childhood Care

Through this, a 4.7% mill levy increase allocates \$2 million annually to mental health services, with a focus on enhanced navigation services and enhanced school based behavioral health services.

Notable Investments Include

3
full-time masters-
level navigators
hired

Increase of
2.65
Behavioral Health
FTE staffing in
schools from
2018/19 –
2019/20

"SMART"
teams created to
divert individuals
in crisis from jail or
prison

\$200,000
allocated in mini-
grants for
professionals
establishing a
clinical practice in
the county

Services Funded Through a Community-Led Process

An RFP describing planning or
programming is made public and
receives bids

Committee of local volunteer citizens
from **BUILDING HOPE**, a nonprofit
created from 1A, reviews proposals
and sends recommendations to the
Board of County Commissioners

Building Hope fills the role of a
grantor organization and monitors
use of funds to ensure services are
provided

Board of County Commissioners accepts
these recommendations, establishes a
contract with the selected entity, and
the services are funded

As projected, \$2 million has been allocated each year from the mill levy increase to funding for mental health, \$200,000 of which goes towards the operation of the lead nonprofit fund manager, Building Hope.

Summit County: Facts and Figures

A destination spot in the high Rocky Mountains, Summit County attracts tourists due to the natural beauty, ski resorts, and attractions in the area. However, by having a small community of 30,000 residents, Summit County can keep a finger on the pulse and provide services that are relevant to its residents.

Population: 29,722	Median Age: 39.2
Median Household Income: \$73,538	Median Property Value: \$547,700
Poverty Rate: 10.3%	21.4% of residents uninsured

Summit County faces unique challenges of unmet mental health needs and a smaller mental health workforce when compared to the state as a whole. A needs analysis of the county found that mental health and substance use conditions were the main issues for residents.

- There is 1 mental health provider to every 400 residents, 25% less than the statewide rate.
- In 2018, there was a rate of 27.1 suicide deaths per 100,000 residents, higher than the statewide rate.
- 1 in 4, or 25% of adults in the county reported binge drinking, higher than the statewide average.
- 12.4% of residents reported they were not able to get the mental health services they needed in the past year, mostly due to barriers of cost or insurance and stigma.

Findings from Interviews with 1A Leadership

"We put together a needs assessment and decided we needed more sustainable funding and we no longer wanted to jump through 700 hoops to get state funding. The way state funding works is that everything shuttles out to community mental health centers and there's very little opportunity for other providers or types of system to get funding. So, we decided we wanted local funding that we'd have local control of, we could put it towards whatever we want, and we would be the ones to decide whether it's working well or not." - Sarah Vaine, Assistant County Manager

Created by Summit County residents, the Strong Future initiative directly addresses the unique needs of Summit by using community assessments informed by consumers and providers who identified gaps in care in their current state-funded structures. Strong buy-in from stakeholders, commitment of local citizens, significant planning, and transparent communication contributed to the successful passage of the ballot measure.

Buy-In

Planned and Implemented Services
<ul style="list-style-type: none">• Stigma reduction and outreach• School-based services expanded, including screenings and 300k annual funds for therapists• Workplace mental health literacy training• Mental Health Navigators with 500+ referrals in the first year• Culturally and linguistically responsive services• \$200,000 in mini-grants to providers seeking licensing, with budget doubling this year• Scholarship program for individuals seeking care• SMART, a co-responder model to address emergencies• Clinically managed detox• Suicide Prevention Action Team with 25 stakeholders• Prenatal Group for new parents• Intensive Care services expanded

The push for Stronger Future was inspired by Patty Casey, a beloved community member who died by suicide. Her family invested in creating a group of stakeholders that mapped the critical mental health priorities identified from an extensive needs-assessment. Buy-in started immediately through conversations with various stakeholders to address concerns and continues to be built today through outreach and transparent communication. This resulted in the creation of Building Hope, a nonprofit for mental health advocacy that monitors the allocation of funds. Having stakeholders across the community engaged in the work also helps create trust. *“People think of Strong Future as community money.”* - Jen McAtamney, Building Hope Executive Director

Eliminating Barriers

A huge focus of Strong Future was not only to provide services, but to eliminate barriers to access. Navigators were hired for the purpose of guiding individuals throughout the mental health system and to ensure that all needs are met, including those that cannot be met by mental health treatment alone.

Success

Campaigning for a bundled measure was not without risk but was ultimately a success as community initiatives did not compete against one another, and voter interest in one of the services proposed resulted in a vote for all the services. *“Mental health really carried that bill, a lot of people voted for it because of that, it came out to 2 million dollars a year, which isn’t much, but we’ve been able to do a lot with that.”* - Sarah Vaine, Assistant County Manager

Laying the groundwork before the measure was even drafted provided a roadmap, clear vision, and eased implementation of needed services, thereby increasing community trust and yielding quicker and more visible outcomes. Creating an alternative funding stream to state funds that is controlled and receives input from local stakeholders offers more assurance that needs are met.

Challenges and Remaining Needs

- **Substance use treatment** has more stigma, less buy-in and available providers, making these services difficult to implement. COVID-19 has also slowed implementation of these services.

- **Transportation**, including transportation to treatment sessions and to high intensity services outside the community such as psychiatric stabilization, remains a barrier to accessing services, which Summit County is currently working to address.
- While Strong Future has a strong emphasis on providing culturally responsive services, there remains a need for a **larger bicultural and bilingual workforce**.
- Summit County had the first positive case of **COVID-19** in Colorado and has certainly been impacted by the pandemic, which slowed, but did not stop, implementation of services. While the need for mental health care has only been further highlighted, the Strong Future initiative has adapted to offer virtual services and maintain community connections.
- Enhanced **peer and recovery support services** for individuals with mental health and substance use risk

Words of Wisdom from Strong Future

Jen McAtamney, Building Hope Executive Director:

"When you're looking at a community initiative like this, it's super-duper important to understand how much money you're asking for, and where that money is going and to be able to answer those questions honestly and transparently to your community. You can see, for us, even though we didn't have a hard and fast plan, we had enough information to be able to share a pretty compelling story with our voters. It's important to be honest about how much it really costs to deliver high quality programs"

Nancy VanDeMark, Innovela Consulting Group:

"There's a can-do attitude in the county, that says, 'Let's figure out how we're going to get it done. We're not going to whine about what's not getting done, we're just going to get it done.' That's really important, the will to push through the hard stuff and you're just not going to throw up your hands and say, 'the state should do this' or 'it's too big, we'll never fix it.' You've got to have a committed group of people who are willing to move this forward."

Sarah Vaine, Assistant County Manager:

"I wouldn't go into this waiting for the money to come and then get to planning. A couple years of planning are really critical. Communities that say 'we'll see if it passes and then we'll make a plan' really struggled. We had our needs mapped out, just getting the structure in place took us more time than we thought. We had an opportunity, we did some planning, but I would say you're going to be way behind the eight ball if you don't do any community meetings, and then you campaign on it and people want to see results pretty quickly and it's been a year and a half and you don't see any programs--that's pretty frustrating for voters. We planned. COVID's a good example of how you have to pivot on how you're going to have to offer services. It's one of the good things about local control that you can be nimble, you don't have to go through fifty layers of bureaucracy. Being nimble and preparing."

Thank you to The Colorado Health Access Fund for their partnership and support



COLORADO HEALTH ACCESS FUND

THE DENVER FOUNDATION

Appendix A: Denver Documents

Caring for Denver - Ballot Title

SHALL DENVER SALES AND USE TAXES BE INCREASED BY \$45 MILLION DOLLARS ANNUALLY, BEGINNING JANUARY 1, 2019, AND BY WHATEVER

ADDITIONAL AMOUNTS ARE RAISED ANNUALLY, FROM A ONE-QUARTER OF ONE PERCENT SALES AND USE TAX RATE (25 CENTS ON A \$100-DOLLAR PURCHASE) TO BE USED TO FUND:

- **MENTAL HEALTH SERVICES AND TREATMENT FOR CHILDREN AND ADULTS;**
- **SUICIDE PREVENTION PROGRAMS;**
- **OPIOID AND SUBSTANCE ABUSE PREVENTION, TREATMENT AND RECOVERY PROGRAMS;**
- **FACILITIES AND PROGRAMS, FOR THOSE WITH MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS, INCLUDING: HOUSING, JOINT**

**EFFORTS OF FIRST-RESPONDERS AND MENTAL HEALTH EXPERTS,
AND TRAINING FOR FIRST-RESPONDERS; TO REDUCE HOMELESSNESS, IMPROVE LONG-TERM RECOVERY, AND REDUCE
THE USE OF JAILS AND EMERGENCY ROOMS,**

PROVIDED THAT THE NEW FUND SHALL NOT SUPPLANT EXISTING FUNDING

SOURCES FOR MENTAL HEALTH PROGRAMS IN DENVER; THAT NO MORE

THAN 5% OF THE TAX REVENUE IN ANY YEAR SHALL BE SPENT ON ADMINISTRATIVE EXPENSES; THAT GRANTS FROM THE NEW FUND SHALL BE

MADE THROUGH A NON-PROFIT ENTITY WHOSE BOARD MEMBERS ARE

**APPOINTED BY THE MAYOR OF DENVER, THE DENVER DISTRICT ATTORNEY,
AND THE PRESIDENT OF THE DENVER CITY COUNCIL; THAT BOARD MEMBERS SHALL BE APPOINTED DUE TO THEIR POSITIONS AS SPECIFIED
ELECTED OR APPOINTED PUBLIC OFFICIALS OR THEIR EXPERIENCE OR INTEREST IN SPECIFIC CATEGORIES OF MENTAL HEALTH SERVICES, SUBSTANCE ABUSE SERVICES, OR THE JUSTICE SYSTEM; THAT THE BOARD
SHALL BE SUBJECT TO SPECIFIC ACCOUNTABILITY AND TRANSPARENCY REQUIREMENTS; AND REQUIRING THAT REVENUES FROM THESE INCREASED
TAXES SHALL BE COLLECTED AND SPENT WITHOUT REGARD TO ANY EXPENDITURE, REVENUE-RAISING, OR OTHER LIMITATION CONTAINED WITHIN ARTICLE X, SECTION 20 OF THE COLORADO CONSTITUTION OR ANY**

OTHER LAW?

Caring for Denver - Text of Measure

BE IT ENACTED BY THE PEOPLE OF THE CITY AND COUNTY OF DENVER:

Section 1. Account Number 97000-282110 of the Fund Plan, Section 20-18, D.R.M.C., concerning apportionment of the sales, use and lodger's tax, shall be amended by the addition of a new subsection (i), to read as follows (with existing subsection (i) being re-designated as subsection (j)):

Sec. 20-18. Fund Plan.

Account No. 97000-282110

Name of account: Unapportioned sales, use and lodger's tax

Source of funds: City retail sales taxes, city use taxes and city lodger's taxes that have been collected, returned, and await apportionment

Disposition of funds: (i) Monthly, (1) allocation apportionment and transfer of only those revenues raised at the rate of .25 percent of gross taxable sales from sales and use taxes levied to the Caring for Denver Fund in the General Government Special Revenue Fund.

Section 2. Subsection (a) of section 53-27, D.R.M.C., concerning sales taxes, shall be amended to read as follows:

(a) *Tax rates.* A tax of three and ~~sixty-five-ninety~~ one-hundredths (3. ~~65-90~~) percent is imposed and levied upon all taxable sales of commodities and services except those commodities or services specified in subsection (b) of this section. In order to avoid amounts that are fractions of pennies, taxpayers shall use a rounding procedure approved by the manager when computing the tax. On those taxable sales of commodities or services specified in subsection (b) of this section, there is levied and imposed upon all taxable sales a tax in accordance with the rates set forth in subsection (b).

Section 3. Section 53-27, D.R.M.C., concerning sales taxes shall be amended by the addition of a new subsection (h) to read as follows:

(h) *Sales tax increment to fund the Caring for Denver Fund.* In addition to the sales tax otherwise imposed by this section, a tax of twenty-five one-hundredths of one percent (.25) shall be paid on all taxable sales of commodities or services, except on commodities or services specified in subsection (b) of this section, beginning January 1, 2019. The revenue from such additional tax shall be used for the sole purpose of funding the Caring for Denver Fund pursuant to article XIV of chapter 24.

Section 4. Subsection (a) of section 53-28, D.R.M.C., concerning sales taxes, shall be amended to read as follows:

Sec. 53-28. Retailer responsible for payment of tax. (a) *Amount.* Every retailer shall, irrespective of other provisions of this article, be liable and responsible for the payment of an amount equivalent to three and ~~sixty-five-ninety~~ one-hundredths (3. ~~65-90~~) percent of the retailer's gross taxable sales of commodities or services specified in this article, except: (1) Aviation and railway fuel, as to which the rate of

four cents (\$0.04) for each gallon purchased shall apply; (2) Automotive vehicles when they are for any term of thirty (30) days or less hired for use, rented, leased or transferred under a grant of a license to use, as to which a rate of taxation as set forth in section 53-27(b)(2) shall apply; and (3) Food and beverages not exempted from taxation under section 53-26(8) of this article, as to which the rate of four (4) percent shall apply, and for each of which respective rates aforesaid the retailer shall be liable for an equivalent amount; and every retailer shall on or before the twentieth day of each month pay over such amount and make a return to the manager, less one-half of one (.5) percent of such amount as a discount allowable for prompt payment. If any vendor is delinquent in remitting the tax levied by this article, other than in unusual circumstances shown to the satisfaction of the manager, the vendor shall not be allowed to retain any discount allowable for prompt payment, and the full amount shall be remitted to the manager by any such delinquent vendor, together with any other applicable penalty or interest payable under the terms of this article.

Section 5. Subsection (a) of section 53-98, D.R.M.C., concerning use taxes, shall be amended to read as follows:

(a) *Tax rates.* A tax of three and ~~sixty-five-ninety~~ one-hundredths (3. ~~65.90~~) percent is imposed and levied and there shall be collected and paid a tax upon the exercise of the privilege of storing, using, distributing or consuming in the city a service subject to the provisions of this article or any item of tangible personal property purchased at retail, or deemed to be purchased at retail, except those commodities or services specified in subsection (b) of this section. In order to avoid amounts that are fractions of pennies, taxpayers shall use a rounding procedure approved by the manager when computing the tax. On those taxable uses, consumptions, distributions and storages of commodities or services specified in subsection (b) of this section, there is levied and imposed upon the privilege of storing, using, distributing or consuming in the city a tax in accordance with the rates set forth therein.

Section 6. Section 53-98, D.R.M.C., concerning use taxes shall be amended by the addition of a new subsection (l) to read as follows:

(l) *Use tax increment to fund the Caring for Denver Fund.* In addition to the use tax otherwise imposed by this section, a tax of twenty-five one-hundredths of one percent (.25) shall be paid on all taxable uses, consumptions, distributions, and storages of commodities and services, except on commodities and services specified in subsection (b) of this section, beginning January 1, 2019. The revenue from such additional tax shall be used for the sole purpose of funding the Caring for Denver Fund pursuant to article XIV of chapter 24.

Section 7. Subsection (a) of section 53-99, D.R.M.C., concerning collection of use taxes, shall be amended to read as follows:

Sec. 53-99. Retailer responsible for payment of tax. (a) *Amount.* Every retailer shall, irrespective of other provisions of this article, be liable and responsible for the payment of an amount equivalent to three and ~~sixty-five-ninety~~ one-hundredths (3. ~~65-90~~) percent of gross taxable sales made by him of services and tangible personal property specified in this article, except: (1) aviation and railway fuel, as to which the rate of four cents (\$0.04) for each gallon purchased shall apply, (2) automotive vehicles when they are for any term of thirty (30) days or less hired for use, rented, leased or transferred under a grant of a license to use, as to which a rate of taxation as set forth in section 53-98(b) (2) shall apply, and (3) food and beverages not exempted from taxation under section 53-26(8) of the city retail sales tax article, as to which the rate of four (4) percent shall apply, and for each of which respective rates aforesaid the retailer shall be liable for an equivalent amount; and every retailer shall on or before the twentieth day of each month pay over such amount and make a return to the manager, less one-half of one (.5) percent of such amount as a discount allowable for prompt payment. If any vendor is delinquent in remitting the tax levied by this article, other than in unusual circumstances shown to the satisfaction of the manager, the vendor shall not be allowed to retain any discount allowable for prompt payment, and the full amount shall be remitted to the manager by any such delinquent vendor, together with any other applicable penalty or interest payable under the terms of this article.

Section 8. Chapter 24, D.R.M.C., concerning Health and Sanitation, shall be amended by the addition of a new Article XIV, to read as follows:

ARTICLE XIV. CARING FOR DENVER FUND

Sec. 24-700. Legislative Intent. The purpose of this Article XIV is to provide for the governance and administration of the dedicated sales and use tax increase approved by the voters on November 6, 2018, and as provided in sections 53-27 (h) and 53-98 (l) of this code (hereinafter referred to as the "Caring for Denver tax"), for the purpose of funding the Caring for Denver Fund in order to increase mental health and substance use disorder prevention, treatment, recovery, and harm reduction services available in Denver. The people hereby determine that the expenditure of the Caring for Denver tax and the establishment of the Caring for Denver Fund serve important public and municipal purposes, and are matters of local concern for which the citizens of Denver enjoy the full right of self-government. The Caring for Denver Fund shall supplement, rather than supplant the total of City, County, State and Federal annual funding for mental health and substance use disorder services collected and administered by the City and County of Denver as of June 30, 2018.

Sec. 24-701. Expenditures of Caring for Denver tax.

- (a) Expenditures of the Caring for Denver tax shall be made through the Denver Department of Public Health and Environment ("Department"). The Department shall contract with a spending agency for this purpose that meets the criteria and requirements of subsection (b) of this section.
- (b) The spending agency for this purpose shall be a non-profit corporation that, in serving as an instrumentality of the Department, meets the following criteria and requirements:
 - (1) The non-profit corporation shall be duly incorporated and in good standing under the Colorado Revised Nonprofit Corporation Act and shall, as a spending agency, possess the power to commit, through grants of tax revenue, monies collected as the Caring for Denver tax. The non-profit corporation shall have the authority to contract in its own name and to hire its own employees who shall not be considered officers or employees of the city.
 - (2) The non-profit corporation's board of directors shall be composed of thirteen
 - (13) members appointed in the following fashion:

The mayor of Denver shall appoint the following members:

1. The executive director of Denver's Department of Public Health and Environment or his or her designee;
2. The executive director of Denver's Department of Human Services or his or her designee;
3. The Denver City Attorney or his or her designee;
4. The chief executive officer of the community mental health center in Denver, as designated by the Colorado Department of Human Services Office of Behavioral Health, or his or her designee;
5. The chief executive officer of the Denver Health and Hospital Authority or his or her designee;
6. The Denver District Attorney or his or her designee.

The Denver District Attorney shall appoint the following members:

7. A representative of the juvenile justice system;
8. A person who has experienced a mental health need or substance use disorder who has been involved in the criminal justice system or a person who has advocated for those with mental health needs or substance use disorders in the criminal justice system.

The president of the Denver City Council shall appoint the following members:

9. A person who has experienced, or is in recovery from, a mental health or substance use disorder.
10. A mental health or substance use treatment provider;
11. A person with expertise in child and youth mental health services;
12. A representative of commercial business interests in the City & County of Denver with an interest in mental health or substance use disorders;
13. A person with experience addressing the mental and/or substance use needs of underserved populations.

The initial appointments made by the Mayor shall have a first term of one year, the appointments of the Denver District Attorney shall have a first term of two years. The appointments of the president of the Denver City Council shall have staggered terms, two with a first term of one year, two with a

first term of two years and one with a first term of three years. All subsequent terms shall be three years. Members of the board may serve no more than three terms in total. If an appointment remains vacant for more than sixty days, the remainder of the board, by a majority vote, shall fill the vacancy with a person that will closely represent the interests of the vacant member's seat; provided, however, that before the nonprofit corporation has been formed and, if necessary, before its status as a tax exempt entity has been approved by the Internal Revenue Service ("IRS"), it shall be sufficient that a majority of the board members has been appointed and that majority acts to achieve the aforementioned formation and IRS approval. Nothing in this section shall prevent the board from removing a member as authorized by its bylaws. City officials designated above serve at the pleasure of the mayor.

- (1) Meetings of the board shall be treated as public meetings subject to the provisions of Chapter 2, Article III, D.R.M.C. Information shared at the board meetings of the non-profit corporation and final grant awards shall be treated as public records and subject to the provisions of the Colorado Open Records Act, §§ 24-72-201, et seq., C.R.S., as amended.
- (2) Commencing January 1, 2020, not less than once annually and no later than the end of the third month of the city's fiscal year, the non-profit corporation shall report to the mayor, the city council, the auditor, and the public the following information from the prior fiscal year:
 - (i) Audited financial statements for the non-profit corporation, conducted by an independent auditor, including full reports on expenditures for the prior fiscal year and anticipated budgets and work plans for the ensuing fiscal year.
 - (ii) An annual report that sets forth, at a minimum, a strategic plan progress evaluation, the grants made in each of the funding areas identified, the names of the grantees, the dollar amounts granted to each grantee, the boards of directors and officers of each grantee, and the purposes and proposed impacts of those grants.
- (3) Once every five years, the City may issue a request for proposal to solicit a non-profit corporation that may provide spending agency services, in the most

efficient and effective manner, to meet the interests and requirements of Article XIV.

(4) In administering the Caring for Denver Fund, or expending any monies derived from the Caring for Denver tax, the non-profit corporation shall not discriminate against any person on the basis of any class listed in Sec. 28-91(b).

(5) The non-profit corporation will share its policy on conflicts of interest with the City and the public. Persons affected by the conflict of interest policy are required to abide by the City and County of Denver's conflict of interest standards as defined in Sec. 2-61, D.R.M.C. No board members shall personally benefit from any grant made by the non-profit corporation for the provision of services. A person who is employed by or serves in a governmental department, division, or agency that provides such services will not be deemed to have "personally benefited" if his or her agency receives monies from the Caring for Denver Fund.

(6) The board of the non-profit corporation shall develop a strategic plan to determine funding priorities. The strategic plan shall be updated no less than every three years and shall include public input into the use of the Caring for Denver Fund.

(7) The Caring for Denver Fund shall supplement rather than supplant the total of City, County, State and Federal annual funding for mental health and substance use disorder services collected and administered by the City and County of Denver as of June 30, 2018.

Sec 24-702. Spending limitations to be included in contract. Any contract between the city and the non-profit corporation for disbursement of the Caring for Denver tax revenues shall include the following provisions and requirements:

(1) The Caring for Denver tax revenue in any year shall be awarded for the following purposes, for expenditure by qualifying grant recipients serving people in the City and County of Denver:

- (i) Mental health services and treatment for children and adults;
- (ii) Suicide prevention programs;
- (iii) Opioid and substance use disorder prevention, treatment and recovery programs;

- (iv) Housing and case management services to reduce homelessness, improve long-term recovery, and reduce the costly use of jails and emergency rooms for those with mental health and substance use disorder needs.
- (2) At least 10% of Caring for Denver tax revenue in any year shall be directed to the City and County of Denver, as decided by the board of the non-profit corporation, for the following purposes:
- (i) Funding for a facility and staffing to create alternatives to jail for people with mental health and/or substance use disorder needs.
 - (ii) Fully funding a co-responder program for mental health experts to ride along with Denver police.
 - (iii) Training for first responders, including paramedics and fire response, on how to properly assess and handle people with mental health and/or substance use disorder needs.
- (3) In addition to the 10% specified in Sec 24-702(2), for the first two years after this ordinance becomes effective, an additional 10% of Caring for Denver tax revenue shall be directed to the City and County of Denver for developing, either by creating or expanding, a facility that creates alternatives to jail for people with mental health and/or substance use disorder needs. "Developing," in this case, may include, but is not limited to, planning, design, purchase of real estate, renovation, and or capital construction related to the establishment of a facility that creates alternatives to jail for people with mental health and/or substance use disorder needs.
- (4) No more than 5% of the Caring for Denver tax revenue in any year shall be spent on administrative expenses. For purposes of this limitation, "administrative expenses" shall mean salaries and office expenses related to any staff or employees of the non-profit corporation; any expenses reimbursed to members of the board of directors; expenses related to conducting mental health and substance use disorder needs assessments for people in the City and County of Denver; expenses related to program evaluation, development and updating of the strategic plan, and annual report; routine business expenses such as insurance, accounting, an independent audit, and legal expenses; and any similar overhead expenses

incurred by the non-profit corporation. Upon agreement between the City and County of Denver and the non-profit corporation, a portion of this 5% may be used to offset reasonable administrative expenses incurred by the City and County of Denver related to oversight and monitoring of the contract. The non-profit corporation may seek additional funding streams, such as gifts, grants, or donations, to pay for additional administrative expenses. Such non-tax funds will not reduce the 5% of Caring for Denver tax revenue that the non-profit corporation may use for administrative expenses.

Section 9. This ordinance shall be effective January 1, 2019.



Alternatives to Jail 2020 Grants

As of August 17, 2020, Caring for Denver Foundation has approved 23 grants totaling nearly \$9.2 million to community-based non-profit organizations and departments within the City and County of Denver offices.

Organization	Project Title	Project Summary
5280 High School	Recovery High School - Summit Program	5280 High School's Summit Program serves students in recovery from addiction by providing a strong pro-social peer community, specialized recovery supports, and an engaging educational environment. This grant would allow the program to expand to serve more students in Denver, including those with engagement in the legal system. The initial outcomes for the recovery program show great success in providing the environment and support teenagers need to remain clean and sober, and progress towards high school graduation.

Brain Injury Association of Colorado	Comprehensive Support for Brain Injury Survivors Who Are Justice-Involved at Denver County Jail	Brain Injury Alliance of Colorado (BIAC) will provide support to brain injury survivors who are incarcerated in Denver County Jail. As the majority of individuals incarcerated are brain injury survivors, BIAC is uniquely positioned to address their unique needs, filling gaps left by the criminal justice system. Funding will increase the well-being, resiliency, and independence of brain injury survivors who are justice-involved and ultimately reduce recidivism among repeat offenders.
The Center for Trauma & Resilience	Stepping Stones Reentry Program	The Center for Trauma & Resilience, in partnership with B-Konnected, LLC and Tribe Recovery Services, will implement and manage a wraparound offender reentry program that will offer trauma-informed and culturally/linguistically responsive clinical interventions, employment services, addiction treatment, and permanent housing to reduce recidivism among historically underserved women on parole.
Colorado Coalition for the Homeless	Housing First as Alternative to Jail	The Housing First As Alternative to Jail Program was created in 2016 through a partnership between the City and County of Denver and the Colorado Coalition for the Homeless (CCH). The aim of the program was to divert over 200 chronically homeless people who are frequent users of emergency services -- including police, jail, and courts -- into housing and intensive treatment for mental health and substance use challenges. After one year, the program exceeded goals, with a drop in jail time among participants. This proposal adds mental health and substance misuse capacity to the program.

Colorado Circles of Change (Formerly Victim Offender Reconciliation Program of Denver)	Restorative & Transformative Justice; Alternatives to the Juvenile Justice System	CCFC works in partnership with two Juvenile Justice Systems, Denver Safe City Youth Diversion and Lookout Mountain Youth Services residential facility to reduce recidivism, end mass incarceration, the school to prison pipeline and keep youth out of the juvenile/criminal justice system by providing alternatives to jail. CCFC does this by providing trauma informed, culturally rooted, transformational healing programs that include restorative justice, gender specific rites of passage, one on one mentoring, and reentry support to youth of color in Denver.
DASHR – Denver Alliance for Street Health Response	STAR Workgroup Community Facilitator	DASHR will provide community facilitation for the Support Team Assisted Response pilot program in Denver, Colorado. Facilitation will include communication with membership, scheduling meetings, community outreach, and managing logistics.
The Delores Project	Community Transitions Program	The Community Transitions Program assists women and transgender individuals who are experiencing homelessness following release from the Department of Corrections. The Delores Project provides shelter for guests who work with a Transitional Advocate to accomplish individualized goals towards a housingfocused stability plan. Funding will assist guests with behavioral health supports, linkages to longer-term mental health and recovery services, while facilitating access to housing and security deposit assistance, job readiness, and life skills to ensure successful re-entry and reintegration.
The Empowerment Program	Still They Rise	Still They Rise will be a community-based expansion of the Jail Based Behavioral Health Services (JBBS) Recovery in a Secure Environment (RISE) Program. The program recognizes and responds to the complex needs of individuals who have been in and out of the criminal legal system for much of their lives due to complex trauma and systemic barriers. This program will empower individuals to break the cycles of incarceration, homelessness, and instability by offering trauma informed transition services, care management and comprehensive behavioral health services.
Harm Reduction Action Center	Let's talk about Life: The Health and Safety of Denver's People Who Inject Drugs	Since 2002, Harm Reduction Action Center (HRAC) has been Colorado's largest public health agency specifically working with people who inject drugs (PWID). HRAC serves a population that has long been stigmatized, marginalized, and underserved. HRAC is THE expert in Denver where PWID can find resources, tools, and referrals to be healthier and safer. HRAC promotes alternatives to incarceration by reconnecting one of the most marginalized groups of people with

		their community and actively engaging them in services to prioritize their mental and physical health.
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La Raza Services, Inc	Holistic Offender Mental Health Engagement (HOME)	Servicios de La Raza (SDLR) will provide culturally and linguistically responsive behavioral health treatment and interventions services to medium to high-risk population before, during and after criminal justice involvement. The program will also provide trauma informed care, peer support, case management, in addition supports for employment and housing to eliminate barriers to achieving success. Reduced recidivism, increased social connectedness, and the ability to make decisions that promote their recovery are the long-term goals of the project.
Life-Line Colorado	Urban Impact	Urban Impact will serve high risk middle and high school youth involved in gang recruitment and affiliation using the “5 Roads of a Gansta” curriculum. The program will work collaboratively with identified schools. The program begins with a school event including a live performance and school concert. This is followed by a 5- week curriculum in which all students participate. Upon completion of that program, 10-12 students are identified through a collaborative process to receive 1:1 support throughout the year, with students engaging in no less than 3 meetings each week.
Make A Chess Move (MACM)	Make a Compassion Move	The new Make a Compassion Move (MACM) program provides curriculum and daily structure for suspended, expelled and or justice-involved students specifically designed to disrupt the school to prison pipeline by increasing positive protective factors and reducing risk factors. This program will be offered at the MACM office. The essence of MACM’s approach is: (1) positive social orientation, (2) a positive peer group, and (3) realistic planning of prosocial activities. The Make a Compassion Move will be 75% MACM curriculum and 25% case management to help with re-entry into school.
Mile-High Council on Alcoholism and Drug Abuse	Court to Community Program Expansion	Mile High Behavioral Healthcare (MHBHC) will expand and enhance two Court to Community programs for justice-system-involved individuals. Through these programs, MHBHC uses a whole-person approach and provides wraparound services to address five core needs of participants: 1) Community; 2) Co-location of services; 3) Evidence-based treatment; 4) Employment and housing support; and 5) Pro-social opportunities. MHBHC’s approach is highly successful including cutting

		recidivism rates to less than half of the national average. The expansion will serve an additional 75 people/year.
Second Chance Center	Reducing recidivism through access to integrated mental health care and peer support	SCC will serve 850-1,000 Denver residents each year with recovery programming: mental health care, one-on-one addictions counseling, individual and group mentoring, support groups, acute-detox, and cognitive behavioral change; plus extensive supportive services, including housing and employment. The strength of a peer support model lies in having “criminal justice insiders” on staff who have walked the same difficult path. SCC delivers hope with in-prison programming before clients are released, and then offers a welcoming community where staff and peers are committed to effective re-entry.
Sobriety House, Inc.	Alternatives to Jail Proposal	Sobriety House provides substance use disorder (SUD) treatment as a viable alternative to jail - treatment keeps people out of jail. The quality of care will be significantly enhanced by maintaining a recent temporarily hired psychiatrist and hiring a nurse (RN) to provide 3.7 ASAM Medically Managed Level of Care SUD treatment. This request is both a mental health and SUD improvement for the agency.
Tribe Recovery Homes	Community Navigation and Recovery Services for Post- and Pre-Justice Involved Individuals, Addressing Substance Abuse, Mental Health, and Homelessness	Tribe Recovery Homes (TRH) provides peer-based recovery support to individuals recovering from substance abuse, including structured, supervised living spaces, peer coaching, clinical counseling, and employment support, so they can seek recovery and self-sufficiency. TRH works closely with justice-involved individuals at all points of their involvement with the criminal justice system, in close collaboration with justice system agencies, to support them in becoming proactive, productive, and interdependent members of their community.

City and County of Denver, County Court	Forensic Peer Navigators	Denver County Court would like to add forensic peer navigators to better support individuals involved in the Denver County Court system. Forensic peer support can benefit individuals in every intercept of the Sequential Intercept Model. The goal is to address the potential underlying cause of behavior that brought the individual into the criminal justice system by connecting individuals to the community supports and services that can best serve them. This approach will keep individuals in the
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		community where their needs are better met and served instead of the criminal justice system.
City and County of Denver, Denver Fire Department	First Responder Training	Denver Health Paramedics and the Denver Fire Department, which comprise the Emergency Medical Services (EMS), plan to develop and pilot a training for frontline staff in identification and verbal de-escalation of mental health or substance misuse concerns. Training will be adapted from the Crisis Intervention Training provided to law-enforcement officers.
City and County of Denver, Denver Police Department	Co-Responder Program Expansion	Denver Police Department (DPD) in partnership with Mental Health Center for Denver (MHCD) plans to expand the existing co-responder program, also known as Crisis Intervention Response Unit.
City and County of Denver, Denver Police Department	STAR Program	Denver Police Department (with contractor Mental Health Center of Denver) propose adapting and piloting Eugene, Oregon's community response program for Denver. This program is designed to provide mobile crisis response to mental health or substance misuse situations that do not require law enforcement response.
City and County of Denver, Denver Sheriff	Case Management Services Expansion	Case management services at the jails in Denver allow for full implementation of the Transition from Jail to Community a data-driven industry standard to increase public safety, decrease recidivism, and care for people in the criminal justice system. Additional case managers would allow for additional people to benefit from case management services to include transition planning and a focus on working with people who have identified mental health and/or substance abuse concerns regardless of their status as pre or post sentenced inmates.
City and County of Denver, Department of Public Safety	Reaching our Communities and Kids Project	The R.O.C.K. Project will support the Alternatives to Jail goals by expanding access to community, school, home and telehealth substance use and mental health services in Far Northeast Denver (80239 & 80249) and Southwest Denver (80219 & 80223). Utilizing evidence-based interventions, youth at-risk of being referred to law enforcement or are being supervised by the Municipal or District Court Juvenile Diversion Program will be connected with services in an effort to reduce the number of referrals to law enforcement for first time offenders and increase compliance rates for Diversion youth.

City and County of Denver, District Attorney's Office	Adult Diversion	Denver District Attorney Adult Diversion's integrated focus is to reduce the number of adults in the criminal justice system by offering pre-file diversion opportunities to qualified defendants who are arrested for a non-violent felony offense. Client driven case plans are designed to increase the likelihood that participants can break away from a cycle of substance abuse, criminal activity and other self-destructive behaviors, which will reduce their risk of recidivating.
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Appendix B: Eagle Documents

District F - Four Year Term (Vote for One) <input type="radio"/> Melisa Rewold-Thuon	Without increasing taxes by this measure, shall the citizens of the Town of Eagle, Colorado, reestablish the Town's authority to provide all services restricted since 2005 by Article 27 of Title 29 of the Colorado Revised Statutes, described as "advanced services", "telecommunication services", and "cable television services", including any new and improved high bandwidth services based on future technologies, directly or indirectly, with public and/or private sector partners, to residents, businesses, schools, libraries, healthcare facilities, non-profit entities, and other users of such services located within the boundaries of the Town of Eagle?	LEVIED IN 2017 AND COLLECTED IN 2018, AND BY SUCH ADDITIONAL AMOUNTS AS MAY BE COLLECTED ANNUALLY THEREAFTER, BY INCREASING THE DISTRICT'S MILL LEVY TO RECOVER TAX REVENUE REDUCTIONS CAUSED BY DECREASES IN THE STATE-WIDE RESIDENTIAL ASSESSMENT RATIO (ARTICLE X, SECTION 3 OF THE COLORADO CONSTITUTION, COMMONLY KNOWN AS THE "GALLAGHER AMENDMENT") OCCURRING AFTER JANUARY 1, 2017, SO LONG AS THE DISTRICT'S BOARD OF TRUSTEES DETERMINES FOR ANY FISCAL YEAR THAT RECOVERY OF TAX REVENUE REDUCTIONS IS NECESSARY FOR THE MAINTENANCE OF COLLEGE SERVICES, AND SHALL THE REVENUES GENERATED BY ANY SUCH MILL LEVY INCREASE BE COLLECTED, RETAINED AND SPENT NOTWITHSTANDING ANY LIMITS PROVIDED BY LAW?
District G - Four Year Term (Vote for One) <input type="radio"/> Matthew A. Koch <input type="radio"/> Michele "Shelly" Jarrot	YES / FOR NO / AGAINST	YES / FOR NO / AGAINST
EAGLE COUNTY		
BALLOT ISSUE 1A - Funding to Support Mental Health and Substance Abuse Services in Eagle County Through the Taxation of Retail Marijuana		
SHALL EAGLE COUNTY TAXES BE INCREASED BY AN ESTIMATED \$1,200,000 IN THE FIRST FULL FISCAL YEAR, BEGINNING JANUARY 1, 2018, AND BY SUCH AMOUNTS AS ARE RAISED ANNUALLY THEREAFTER, WITH THE FIRST \$1,200,000 RAISED EACH YEAR GOING TO FUND MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, BY IMPOSING A TAX OF UP TO 5% IN 2018 ON THE SALE OF RETAIL MARIJUANA AND RETAIL MARIJUANA PRODUCTS, AND AN EXCISE TAX OF UP TO 5% IN 2018 OF THE AVERAGE MARKET RATE OR OTHER CALCULATION METHOD ALLOWED BY LAW OF UNPROCESSED RETAIL MARIJUANA UPON THE FIRST SALE OR TRANSFER BY A RETAIL MARIJUANA CULTIVATION FACILITY; AND SHALL THE RESULTING REVENUE BE ALLOWED TO BE COLLECTED AND SPENT BY THE COUNTY NOTWITHSTANDING ANY OTHER LIMITATIONS PROVIDED BY LAW? <input type="radio"/> YES / FOR <input type="radio"/> NO / AGAINST	BALLOT ISSUE 2D SHALL THE TOWN OF EAGLE'S TAXES BE INCREASED BY \$200,000.00 ANNUALLY (FIRST FULL FISCAL YEAR INCREASE) AND BY WHATEVER ADDITIONAL AMOUNTS ARE RAISED ANNUALLY THEREAFTER, BY IMPOSING A TAX OF 2.5% COMMENCING JANUARY 1, 2018 ON THE SALE OF RETAIL MARIJUANA AND RETAIL MARIJUANA PRODUCTS, AND AN EXCISE TAX OF 2.5% COMMENCING JANUARY 1, 2018 ON THE AVERAGE MARKET RATE OR OTHER CALCULATION METHOD ALLOWED BY LAW OF UNPROCESSED RETAIL MARIJUANA UPON THE FIRST SALE OR TRANSFER BY A RETAIL MARIJUANA CULTIVATION FACILITY, WITH BOTH RATES BEING ALLOWED TO INCREASE .5% EACH YEAR THEREAFTER WITHOUT FURTHER VOTER APPROVAL SO LONG AS EACH RATE DOES NOT EXCEED 5%; AND SHALL THE TOWN OF EAGLE'S OCCUPATION TAX ON RETAIL MARIJUANA BUSINESSES SET FORTH IN CHAPTER 5.16 OF THE EAGLE MUNICIPAL CODE BE REPEALED; AND SHALL THE TOWN BE AUTHORIZED TO COLLECT AND SPEND SUCH REVENUES AS A VOTER APPROVED REVENUE CHANGE, NOTWITHSTANDING ANY REVENUE OR EXPENDITURE LIMITATION CONTAINED IN ARTICLE X, SECTION 20 OF THE COLORADO CONSTITUTION, OR ANY OTHER LAW AS IT CURRENTLY EXISTS OR AS IT MAY BE AMENDED IN THE FUTURE AND WITHOUT LIMITING IN ANY YEAR THE AMOUNT OF OTHER REVENUES THAT MAY BE COLLECTED AND SPENT BY THE TOWN OF EAGLE? <input type="radio"/> YES / FOR <input type="radio"/> NO / AGAINST	YES / FOR NO / AGAINST
BALLOT QUESTION 1B - Broadband Service Authorization		
Without increasing taxes, shall Eagle County have the right to provide advanced services (high speed internet), cable television services, and telecommunications services, either directly or indirectly with public and/or private sector partners, to residents, businesses, schools, libraries, health care facilities, nonprofit entities, and other users of such services located within the boundaries of unincorporated Eagle County as expressly permitted by Title 29, Article 27 of the Colorado Revised Statutes? <input type="radio"/> YES / FOR <input type="radio"/> NO / AGAINST	TOWN OF GYPSUM BALLOT QUESTION 2E Without increasing taxes, shall the Town of Gypsum, in the exercise of its local home-ruled authority, have the right to provide advanced service (high speed internet), cable television service, or telecommunication service, directly or indirectly with public and/or private sector partners, to residents, businesses, schools, libraries, health care facilities, nonprofit entities, and other users of such services located within the boundaries of the Town of Gypsum as expressly permitted by Title 29, Article 27 of the Colorado Revised Statutes? <input type="radio"/> Yes <input type="radio"/> No	YES / FOR NO / AGAINST
EAGLE CEMETERY DISTRICT		
BALLOT ISSUE 5A		
SHALL THE EAGLE CEMETERY DISTRICT'S TAXES BE INCREASED \$40,670 ANNUALLY, COMMENCING IN 2018, OR BY SUCH AMOUNT AS MAY BE RAISED ANNUALLY BY THE IMPOSITION OF AN ADDITIONAL AD VALOREM PROPERTY TAX RATE OF 0.184 MILLS, IN ORDER TO PAY GENERAL OPERATING AND CAPITAL NEEDS OF THE DISTRICT FOR THE PURPOSE OF MAINTAINING, IMPROVING, PRESERVING AND PROTECTING THE EAGLE CEMETERY DISTRICT FOR FUTURE GENERATIONS, RESULTING IN A TOTAL DISTRICT PROPERTY TAX RATE OF 0.45 MILLS, EXCLUSIVE OF REFUNDS, ABATEMENTS OR DEBT SERVICE, (PROVIDED THAT SUCH MAXIMUM MILL LEVY SHALL BE ADJUSTED UP OR DOWN TO ACCOUNT FOR CHANGES IN LAW OR THE METHOD BY WHICH ASSESSED VALUATION IS CALCULATED OCCURRING AFTER 2017, SO THAT TO THE EXTENT POSSIBLE, THE ACTUAL TAX REVENUES GENERATED BY THE MILL LEVY, AS ADJUSTED, ARE NEITHER DIMINISHED NOR ENHANCED AS A RESULT OF SUCH CHANGES) AND SHALL THE DISTRICT BE AUTHORIZED TO COLLECT, RETAIN AND SPEND ALL REVENUES AND OTHER FUNDS RECEIVED FROM ALL SOURCES, INCLUDING WITHOUT LIMITATION GRANTS, FEES, AND THE DISTRICT'S TOTAL GENERAL OPERATING PROPERTY TAX, COMMENCING AS OF JANUARY 1, 2018 AND CONTINUING IN EACH YEAR THEREAFTER, AS AN EXCEPTION TO THE LIMITS THAT WOULD OTHERWISE APPLY UNDER ARTICLE X, SECTION 20 OF THE COLORADO CONSTITUTION OR ANY OTHER LAW, AND AS A PERMANENT WAIVER OF THE 5.5% LIMITATION UNDER SECTION 29-1-301, C.R.S.?		

Appendix C: Larimer Documents

Ballot Issue 1A 2018

Larimer County	
Ballot Issue 1A	
<p>SHALL LARIMER COUNTY TAXES BE INCREASED \$19,000,000 DOLLARS ANNUALLY (ESTIMATED FIRST FISCAL YEAR DOLLAR INCREASE IN 2019), AND BY WHATEVER ADDITIONAL AMOUNT AS MAY BE RAISED ANNUALLY THEREAFTER, FOR A PERIOD OF 20 YEARS BY THE IMPOSITION OF A .25% (25 CENTS ON 100 DOLLARS) SALES AND USE TAX, WITH ALL REVENUE FROM SUCH TAX TO BE USED IN ACCORDANCE WITH THE BOARD OF COUNTY COMMISSIONERS RESOLUTION NO. 07242018R013 FOR THE FOLLOWING MENTAL/BEHAVIORAL HEALTH CARE PURPOSES:</p>	
<ul style="list-style-type: none">• PROVIDE PREVENTATIVE, EARLY IDENTIFICATION, INTERVENTION, SUPPORT, AND TREATMENT SERVICES FOR YOUTH, ADULTS, FAMILIES, AND SENIOR CITIZENS, EITHER DIRECTLY OR INDIRECTLY, WHO ARE RESIDENTS OF LARIMER COUNTY INCLUDING BERTHOUD, ESTES PARK, FORT COLLINS, JOHNSTOWN, LOVELAND, TIMNATH, WELLINGTON, WINDSOR AND RURAL COMMUNITIES OF LARIMER COUNTY, THROUGH IN-PERSON AND OTHER DELIVERY METHODS, WHICH MAY INCLUDE TELE-SERVICES, COMMUNITY BASED SERVICES AND OTHER SERVICE OPTIONS; AND• ACQUIRE, CONSTRUCT, IMPROVE, MAINTAIN, LEASE, REMODEL, STAFF, EQUIP, AND OPERATE NEW AND/OR EXISTING MENTAL/BEHAVIORAL HEALTH FACILITIES;	
<p>AND SHALL THE COUNTY BE AUTHORIZED TO COLLECT, RETAIN AND SPEND ALL PROCEEDS OF SUCH TAX WITHOUT LIMITATION BY ARTICLE X, SECTION 20 OF THE COLORADO CONSTITUTION, AND FURTHER PROVIDED THAT AN ANNUAL REPORT SHALL BE PUBLISHED AND PROVIDED TO THE BOARD OF COUNTY COMMISSIONERS ON THE DESIGNATION OR USE OF THE REVENUES FROM THE TAX INCREASE IN THE PRECEDING CALENDAR YEAR CONSISTENT WITH ITS APPROVED PURPOSES?</p>	
<input type="radio"/> Yes/For	<input type="radio"/> No/Against



As we begin 2020 and the second year of the countywide behavioral health initiative, I'd like to take a moment to my gratitude for the multitude of people and partners made 2019 so successful. I am tremendously grateful we accomplished in our first year! Having the common purpose and alignment of community partners ensure collectively maximizing outcomes with your tax dollars forward to continued community-wide collaboration conversations and



Laurie Stolen, Director
Behavioral Health

Behavioral Health Policy Council

This advisory board is comprised of elected officials from eight municipalities and six at-large members. The Council's purpose is to foster regional coordination and cooperation in matters relating to the provision of a continuum of behavioral health services in Larimer County.

Technical Advisory Committee

This advisory board is comprised of 27 subject matter experts from diverse aspects of behavioral health service provision. The TAC provides advice on the development and implementation of programs in support of community behavioral health needs.

Learn more: larimer.org/behavioralhealth

1

We are excited to present this first edition of what will be an annual report to the community on the activities of the Behavioral Health Office. We were fortunate in November, 2018 when the voters of Larimer County approved the initiative that is now making our county the leader in Colorado in providing comprehensive mental and behavioral health services. Already work has begun on a facility that will serve our entire county. In 2019 \$1 million in services were funded in every area of the county helping our students, veterans, seniors, first responders and others struggling with behavioral health issues. In 2020 that support will grow to \$2.5 million.

From the Director: With the help of policy councils made up of city leaders, providers, clients and citizens, we are charting a course to make epic advancements in behavioral health care for Larimer County.

Steve Johnson, Chair, Board of County Commissioners

Financials and Grants



The Behavioral Health Services Department is responsible for the administration of the voter-approved 0.25% sales and use tax for behavioral healthcare purposes. The 2019 revenue for Larimer County Department of Behavioral Health Services is the direct result of the ballot initiative which funded the establishment of the department. Revenue generated also funded the grant program and the planning of a regional behavioral health services facility. Total expenses for 2019 were \$1.72 million. The department holds a fund balance which will be directed to the construction of the facility and will allow Larimer County to build the facility without incurring debt.

Distributed Services Fund

In 2019, \$1 million in inaugural funding was distributed to countywide organizations. The 29 grants awarded address critical gaps in community behavioral healthcare while laying the groundwork for the long-term distribution of community funding.

Four priority areas were defined by the Behavioral Health Policy Council for 2019:



Suicide Prevention



Stigma Reduction, Public Information
and Community Engagement



Mental Illness, Substance Use
Disorders Programming & Services



Innovation, New Practices

2019 Grant Awards

Alliance for Suicide Prevention

Boys & Girls Club

Child Safe

Crossroads Safehouse

Early Childhood Council of
Larimer County, Leap Coalition

Elderhaus

Estes Valley Fire Protection
District

Estes Park High School

Estes Park School District

Every Child Pediatrics

Family Medicine Center

Fort Collins Museum of Discovery

Grand Family Coalition

Harvest Farms

Healing Warriors Program

La Cocina

The Family Center/LaFamilia

The Matthews House

Mental Health Substance Use Alliance

NAMI

Northern Colorado Health Network

Poudre School District

Rural Estes Alliance for
Community Health

Salud Federally Qualified
Healthcare Centers

Sexual Assault Victim Advocate (SAVA)

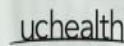
Sunrise Community Health & North
Colorado Health Alliance/CO-SLAW

The Center for Family Outreach

Thompson School District

Regional Behavioral Health Services Facility

The county's 0.25% sales and use tax generated approximately \$17.34 million in the first year. A large majority of that funding will be directed to the construction and opening of a 64-bed behavioral health facility, which is expected to cost \$28.9 million to complete. The new facility will offer six levels of service, including medical triage, thorough assessments by professionals experienced in mental illness, and substance disorder diagnosis. An additional suite of withdrawal management services will also be accessible: social detox, medically monitored levels of detox, ambulatory medication-assisted treatment, crisis stabilization, and short-term residential treatment.



MISSION

To ensure accessible behavioral health care is available when it is needed, providing the right level of care at the right time, every time.

START

2018 ▶ .25% Sales and Use Tax passed by Larimer County voters

2019

- ▶ Behavioral Health Services Department is established
- ▶ Behavioral Health Policy Council and Technical Advisory Committee established
- ▶ Funding Priority Areas Identified for 2019
- ▶ \$1 million distributed throughout the county through 29 grants
- ▶ Design and Planning for the Regional Behavioral Health Services Facility begins
- ▶ Project Contractors Selected: Ditesco and Page Southerland Page
- ▶ Facility Service Providers Selected: SummitStone and UCHealth

2020

- ▶ Construction contract to be awarded
- ▶ Ground Breaking, December 2020
- ▶ 2020 Funding Priority Areas to be identified
- ▶ Grant Funding increases to \$2.5 million

2021

- ▶ Construction of new facility underway
- ▶ Grant Funding increases to \$2.6 million

2022

- ▶ Grant Funding increases to \$2.7 million
- ▶ Anticipated opening of the Behavioral Health Facility, June 2022

2023

- ▶ Grant Funding increases to \$2.8 million
- ▶ Bridge Fund Established: Special fund to decrease barriers to care
- ▶ 5-year mark of the behavioral health initiative, \$11.6 million given back to communities through grant funding.

Appendix D: San Miguel Documents

Ballot Issue 1A Resolution

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF SAN MIGUEL COUNTY, COLORADO CONCERNED WITH SUBMITTING TO THE VOTERS OF SAN MIGUEL COUNTY A PROPOSAL TO INCREASE THE COUNTY'S AD VALOREM PROPERTY TAX REVENUES FOR THE PURPOSE OF FUNDING COMMUNITY-BASED MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES IN SAN MIGUEL COUNTY FOR THE YEAR 2019 AND THEREAFTER, AND TO INCREASE THE COUNTY'S REVENUE AND SPENDING LIMITS TO THE EXTENT OF SUCH ADDITIONAL PROPERTY TAX REVENUES RECEIVED FOR THE YEAR 2019 AND THEREAFTER, AND AUTHORIZING THE EXPENDITURE OF SUCH TAX REVENUES FOR THE PURPOSES SPECIFIED

Resolution No. 2018-__

WHEREAS, mental health and wellness are vitally important for the health, safety and welfare of the residents of San Miguel County; and

WHEREAS, mental health and substance abuse treatment services in our communities, counties, state and country are inadequate to address the needs of our residents; and

WHEREAS, mental health and well-being is a statewide issue which impacts our residents' ability to live fully productive lives:

- Over 1 million Coloradans will experience a mental health or a substance use disorder this year, and more than half of those individuals will not receive the care they need, and
- Suicide is the leading cause of death in Colorado for children and young adults aged 10-24, and
- More than a thousand Coloradans died by suicide in 2016, far above the national average; and

WHEREAS, in rural San Miguel County individuals who experience a mental health or substance use disorder have limited access to services and San Miguel County faces a shortage of mental health and substance abuse treatment and prevention programs;

- One in five of our residents reported 8 or more days of poor mental health in the past 30 days, and
- One in six of our adult residents reported binge drinking one or more times within the past 30 days, and
- One in six of the high school students in our schools reported considering suicide in the past 12 months and,
- One in five of the high school students in our schools felt sad or hopeless two weeks or more in the past 12 months, and
- San Miguel County has experienced 12 suicides since 2016; and

WHEREAS, prevention and early intervention of mental health and substance use disorders increases student graduation rates and employment rates, and reduces rates of hospitalization, incarceration, suicide and homelessness; and

WHEREAS, providing mental health and substance abuse treatment and prevention programs is a critical investment for our community. The shortage of available services and providers impacts the lives and well-being of our community members; and

WHEREAS, the San Miguel Behavioral Health Commission and Tri-County Health Network have requested voter approval at the November 2018 coordinated election in San Miguel County for a referred Ballot Measure which proposes a property tax of three-quarters of one mill (0.75) for funding community-based mental health and substance abuse treatment services in San Miguel County; and

WHEREAS, the approval of the mill levy will benefit San Miguel County residents by improving access to mental health and substance abuse programs throughout the County and will provide funding to build on existing resources and programs in the County; and

WHEREAS, the funds generated from the proposed mill levy shall be designated exclusively for funding community-based mental health and substance abuse treatment services in San Miguel County, to meet existing and future needs, including:

- Mental health counselors and programs in schools;

- Mental health and substance abuse crisis and emergency response services;
- Suicide prevention programs;
- Alcohol, opioid and substance abuse prevention and treatment programs; and

WHEREAS, such funds to be deposited into a dedicated San Miguel County fund entitled the

Mental Health Services Fund, and such funds shall not be available for any other purpose; and

WHEREAS, the funds generated from the mill levy shall be apportioned by the Board of County Commissioners in consideration of the annual recommendations of a mental health advisory panel consisting of representatives selected by the Board of County Commissioners. At a minimum, this panel will contain one San Miguel County Commissioner or his/her representative, two representatives recommended by each of the regional medical centers located in San Miguel County, one representative recommended by the regional behavioral health service provider for San Miguel County, one representative recommended jointly by the Norwood and Telluride School Districts, and two community members at large selected by the Board of County

Commissioners. The panel will make data driven decisions annually that inform the distribution of funds among various programs designed to address the specific needs of the County; and

WHEREAS, pursuant to Section 20 of Article X of the Colorado Constitution, no District may impose any property tax mill levy above that for the prior year without obtaining voter approval; and

WHEREAS, C.R.S. §29-1-301, C.R.S. requires voter approval for imposition of an additional levy that exceeds the annual authorized County property tax increase of 5.5 percent above the revenue generated in the previous year; and

WHEREAS, the proposed ballot initiative would result in an increase of **\$5.40** per year per \$100,000 of residential property value and that the total assessed valuation would generate an estimated **\$618,381.00** in additional property tax revenue each year; and

WHEREAS, the Board of County Commissioners does hereby find and determine that the health, safety and welfare of San Miguel County residents and other members of the public would benefit from the proposed mill levy if the majority of San Miguel County

electors casting ballots at the November 6, 2018 coordinated election approve such an increase in the County's property tax mill levy to be dedicated to the County's Mental Health Services Fund; and

NOW, THEREFORE, BE IT RESOLVED BY THE SAN MIGUEL COUNTY BOARD OF COMMISSIONERS AS FOLLOWS:

1. The following ballot question and title is hereby referred and submitted to the registered electors of San Miguel County, Colorado, at the November 6, 2018 election:

SHALL SAN MIGUEL COUNTY, COLORADO, TAXES BE INCREASED **\$618,381.00**

ANNUALLY THROUGH A SAN MIGUEL COUNTY 2019 AD VALOREM PROPERTY TAX MILL LEVY OF THREE - QUARTERS (0.75) OF ONE MILL, AND FOR EACH YEAR THEREAFTER BY THE AMOUNT OF THE ADDITIONAL AD VALOREM PROPERTY TAX REVENUE THAT IS GENERATED IN THOSE SUBSEQUENT YEARS, WHICH IS **\$5.40** PER ONE HUNDRED THOUSAND DOLLARS OF A HOME'S 2019 APPRAISED VALUE; TO FUND COMMUNITY-BASED MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN SAN MIGUEL COUNTY, INCLUDING:

- MENTAL HEALTH COUNSELORS AND PROGRAMS IN SCHOOLS;
- MENTAL HEALTH AND SUBSTANCE ABUSE CRISIS AND EMERGENCY RESPONSE SERVICES;
- SUICIDE PREVENTION PROGRAMS;
- ALCOHOL, OPIOID AND SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAMS;

PROVIDED THAT THE FUNDS SHALL BE BUDGETED TO A DEDICATED SAN MIGUEL COUNTY MENTAL HEALTH SERVICES FUND AND APPROPRIATED BASED ON RECOMMENDATIONS OF AN INDEPENDENT MENTAL HEALTH ADVISORY PANEL SELECTED BY THE BOARD OF COUNTY COMMISSIONERS. AT A MINIMUM, THIS PANEL WILL INCLUDE ONE SAN MIGUEL COUNTY COMMISSIONER OR HIS/HER REPRESENTATIVE, ONE REPRESENTATIVE RECOMMENDED BY EACH OF THE REGIONAL MEDICAL CENTERS LOCATED IN SAN MIGUEL COUNTY, ONE REPRESENTATIVE RECOMMENDED JOINTLY BY THE TELLURIDE AND NORWOOD SCHOOL DISTRICTS, ONE REPRESENTATIVE RECOMMENDED BY THE REGIONAL BEHAVIORAL HEALTH SERVICE PROVIDER FOR SAN MIGUEL COUNTY, AND TWO COMMUNITY MEMBERS AT LARGE TO BE SELECTED BY THE BOARD OF COUNTY COMMISSIONERS AND SHALL SAN

MIGUEL COUNTY BE AUTHORIZED TO INCREASE ITS REVENUE AND EXPENDITURE LIMITS BEYOND THOSE AUTHORIZED

BY ARTICLE X, SECTION 20 OF THE COLORADO CONSTITUTION, AND SECTION 291-301, C.R.S, FOR THE 2019 FISCAL YEAR AND EACH SUBSEQUENT YEAR THEREAFTER, TO THE EXTENT OF SUCH ADDITIONAL PROPERTY TAX REVENUES

TO BE BUDGETED AND APPROPRIATED TO THE COUNTY'S DEDICATED FUND FOR THE PURPOSES STATED HEREIN ABOVE? _____ YES _____ NO

DONE AND APPROVED by the San Miguel County Board of County Commissioners at a duly noticed public meeting held in Telluride, Colorado on this 22nd day of August, 2018.

**BOARD OF COUNTY COMMISSIONERS
SAN MIGUEL COUNTY, COLORADO**

By: _____
Kris Holstrom, Chair

ATTEST:

Hilary Cooper	Aye	Nay	Abstain	Absent
Kris Holstrom	Aye	Nay	Abstain	Absent
Joan May	Aye	Nay	Abstain	Absent

Chief Deputy Clerk to the Board

Appendix E: Summit Documents

STATE OF COLORADO J.S.S.
COUNTY OF SUMMIT
herby certify this document is a true and correct copy of the original
record in my custody. Issued in Breckenridge this 31
day of July 20 18
by Kathleen Neel
Kathleen Neel
Summit County, Colorado
Clerk and Recorder

RESOLUTION NO. 2018 - 45



**BOARD OF COUNTY COMMISSIONERS
OF THE
COUNTY OF SUMMIT
STATE OF COLORADO**

A RESOLUTION PROVIDING FOR THE SUBMISSION OF A QUESTION TO THE REGISTERED QUALIFIED ELECTORS OF SUMMIT COUNTY, COLORADO AUTHORIZING A PROPERTY TAX LEVY TO PROVIDE WILDFIRE PREVENTION PROGRAMS, MENTAL HEALTH AND SUICIDE PREVENTION SERVICES, RECYCLING AND WASTE DIVERSION SERVICES, NECESSARY REPAIRS AND IMPROVEMENTS TO EXTEND THE USEFUL LIFE AND ACCESSIBILITY OF PUBLIC BUILDINGS AND COMMUNITY FACILITIES, AND AFFORDABLE EARLY CHILDHOOD CARE AND LEARNING FOR LOCAL FAMILIES AND WORKERS

WHEREAS, the mountain pine beetle epidemic caused extensive damage to more than 140,000 acres of forest in Summit County, creating the potential for catastrophic wildfires that threaten homes, businesses, the local economy and most importantly the lives of residents and firefighters; and

WHEREAS, Summit County must be proactive with wildfire prevention and mitigation programs to reduce the likelihood of large, severe wildfires and the disastrous effects they could have on lives, homes, forests, and drinking water supplies; and

WHEREAS, the Colorado General Assembly eliminated its severe limits on the Board of County Commissioners' authority to raise revenues to prevent, control and extinguish wildfires in the County and the Board desires to raise revenues in order to expand wildfire protection efforts for the entire County; and

WHEREAS, residents and visitors are drawn to our community because of its spectacular natural beauty, undeveloped public lands and recreational opportunities, but we need to act now to combat wildfire threats and preserve our forests, waters, open spaces and other natural resources for ourselves as well as our children and grandchildren; and

WHEREAS, recent events in Summit County demonstrate that our community is not immune from the ongoing mental health and suicide crisis in our nation; that when our residents experience a mental health crisis, they struggle to find the level of treatment they need; and that by addressing this shortage of services through early mental health intervention, screening and treatment, we can provide critical support to our community, including children, adolescents, their families and their schools; and

WHEREAS, Summit County's suicide rate far exceeds the national average, and more than one in four teens in Summit County report experiencing symptoms of depression, yet most do not receive mental health services; and

WHEREAS, the first symptoms of mental illness occur, in fifty percent of cases, by the age of 14, and in seventy-five percent of cases by the age of 24; and

WHEREAS, the prevention and early intervention of mental health and substance use disorders reduce the rates of hospitalization, incarceration, unemployment, suicide, and homelessness, among other consequences; and

WHEREAS, Mental Health Colorado has provided technical assistance and strategic recommendations for Summit County to implement a program for enhanced mental health services and substance use disorder treatment and services; and

WHEREAS, the proposed ballot measure will improve our mental health and substance use disorder prevention and treatment programs and services and will provide significant funding for the above-listed issues, but shall not be used to supplant existing state or federal funding for mental health and substance use programs in Summit County; and

WHEREAS, the citizens of Summit County highly value our natural resources, including our land, air, water, climate and wildlife habitat; waste diversion is a vital strategy by which we must protect such natural resources, conserve energy and reduce our reliance on raw materials; and

WHEREAS, China, which has imported over half of all worldwide paper, plastics and metal, has effectively banned the import of all foreign recycling wastes by prohibiting imports of recycling materials with contamination rates of 0.5 percent or more; currently, recycling materials facilities typically have a 15 percent contamination rate and at best obtain a 5 percent contamination rate; and

WHEREAS, single-stream recycling is a process that results in high levels of contamination, and its economic feasibility is greatly diminished given China's contamination limit, thereby placing our current recycling practices and paradigms in long-term financial peril; and

WHEREAS, the community of Summit County desires to reduce trash volumes and double our recycling rate, and this proposal will help ensure that we are funding more robust recycling collection and processing systems despite the dramatic volatility in commodity prices for recycled materials; and

WHEREAS, repairs and improvements must be made to public buildings and facilities to extend their useful life, to save money over time, to protect past public investments, and to improve the accessibility of those facilities; and

WHEREAS, Summit County has only increased its general mill levy for County operations once in 25 years and an increase is currently needed to cope with the general upkeep of County buildings and facilities in order for the County to continue to provide its current services to a growing number of County residents, so that some additional funds must be dedicated to these important needs; and

WHEREAS, the Board recognizes the ongoing demand for and importance of providing the residents of Summit County with early childhood care that is safe, affordable and of high quality; and

WHEREAS, numerous studies have shown the lasting educational benefits of early childhood learning programs that ensure children are prepared for learning when they start kindergarten; and

WHEREAS, it is essential to our community and our quality of life that local workers are able to live in our community; however, many young families leave Summit County given the high cost of living, including early childhood care and learning; fortunately, this proposal will enable local working families to afford quality, safe early childhood care and learning for their children; and

WHEREAS, these ongoing efforts to improve early childhood care will help retain the local, vibrant character of Summit County and continue to allow local businesses to keep quality workers after those workers start a family, resulting in a stronger workforce and stronger year-round economy; and

WHEREAS, local governments and community groups have researched, analyzed and discussed these important community issues and identified programs, projects and funding requirements to address these issues; and

WHEREAS, the Board of County Commissioners of Summit County, Colorado desires to generate additional revenues for the purposes listed above, as authorized by the voters, and as deemed reasonable and necessary by the Board as part of the annual budgeting and appropriation process; provided, however, it is the firm intention of the Board of County Commissioners that during the term of this proposed measure, the revenues generated from the proposed ballot measure for the following purposes during a typical fiscal year shall be no less than as follows:

- | | |
|---|---------------|
| • wildfire | \$1 million |
| • mental health and suicide prevention | \$2 million |
| • recycling and waste diversion | \$1.7 million |
| • public building/facility repairs and improvements | \$1.6 million |
| • affordable early childhood care and learning | \$2.5 million |
- ; and

WHEREAS, the proposed ballot measure would result in a net increase of \$2.83 per month in property taxes per \$100,000 of residential property value during the first fiscal year of the new levy; and

WHEREAS, Section 20, Article 10 of the Colorado Constitution requires voter approval for the imposition of any new property tax levy; and

WHEREAS, Colorado Revised Statutes Section 29-1-301 requires voter approval for the imposition of an additional tax levy to the extent that such levy may exceed the otherwise authorized annual property tax increase of 5.5 percent for County purposes (of the amount of revenue levied in the prior year) contained therein; and

WHEREAS, because the amount of tax revenues currently authorized by law will be insufficient for the needs of Summit County, the Board of County Commissioners of Summit County, Colorado desires to place a question before the registered qualified electors of Summit County which

will authorize the imposition of a property tax levy to be used for necessary County purposes as described herein.


NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF SUMMIT, STATE OF COLORADO THAT:

1. The ballot issue title and question language contained on Exhibit A, attached and incorporated herein, shall be presented in substantially such form to the registered electors of Summit County at the coordinated election to be held on November 6, 2018, in accordance with all applicable laws. The Board of County Commissioners hereby directs that a copy of this Resolution be certified and filed in the Office of the Clerk and Recorder immediately and authorizes and directs the Clerk and Recorder to certify the ballot issue and ballot content as provided by law.
2. The name of the designated election official who will be responsible for conducting the election pursuant to the Uniform Election Code is Kathleen Neel, Summit County Clerk and Recorder.
3. The officials and employees of Summit County are hereby authorized and directed to take all actions necessary or appropriate to effect the provisions of this resolution.
4. This resolution shall take effect immediately upon its adoption so as to ensure compliance with all applicable election requirements. If any section, paragraph, clause or provision is held to be invalid or unenforceable, such invalidity or lack of enforceability shall not affect any of the remaining sections, paragraphs, clauses or provisions of this resolution.

ADOPTED THIS 31ST DAY OF JULY, 2018.



**COUNTY OF SUMMIT
STATE OF COLORADO
BY AND THROUGH ITS
BOARD OF COUNTY COMMISSIONERS**



Dan Gibbs, Chair

ATTEST:



Kathleen Neel, Clerk & Recorder

EXHIBIT A

SUMMIT COUNTY REFERRED MEASURE 1A - AUTHORIZING A TEMPORARY PROPERTY TAX LEVY TO PROVIDE WILDFIRE PREVENTION PROGRAMS, MENTAL HEALTH AND SUICIDE PREVENTION SERVICES, RECYCLING AND WASTE DIVERSION SERVICES, NECESSARY REPAIRS AND IMPROVEMENTS TO EXTEND THE USEFUL LIFE AND ACCESSIBILITY OF PUBLIC BUILDINGS AND COMMUNITY FACILITIES, AND AFFORDABLE EARLY CHILDHOOD CARE AND LEARNING FOR LOCAL FAMILIES AND WORKERS

SHALL SUMMIT COUNTY TAXES BE INCREASED EIGHT MILLION EIGHT HUNDRED THOUSAND DOLLARS ANNUALLY, AND BY WHATEVER ADDITIONAL AMOUNTS ARE RAISED ANNUALLY THEREAFTER, FROM A FOUR AND SEVEN TENTHS MILL PROPERTY TAX LEVY FOR TEN YEARS COMMENCING JANUARY 1, 2019, TO BE USED FOR PROVIDING WILDFIRE PREVENTION PROGRAMS; IMPROVING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AND SUICIDE PREVENTION PROGRAMS FOR SUMMIT COUNTY YOUTH AND ADULTS; ENSURING THAT RECYCLING AND OTHER SERVICES TO DIVERT WASTE FROM LANDFILLS ARE AVAILABLE THROUGHOUT SUMMIT COUNTY; EXTENDING THE USEFUL LIFE AND ACCESSIBILITY OF PUBLIC BUILDINGS AND COMMUNITY FACILITIES WITH NECESSARY REPAIRS AND IMPROVEMENTS; AND IMPROVING THE AFFORDABILITY AND AVAILABILITY OF QUALITY EARLY CHILDHOOD CARE AND LEARNING FOR LOCAL SUMMIT COUNTY FAMILIES AND WORKERS, INCLUDING OFFERING VOLUNTARY PRESCHOOL PROGRAMS FOR FOUR-YEAR-OLDS SO THEY ARE READY FOR SCHOOL,

WITH ALL EXPENDITURES MADE IN CONSIDERATION OF CITIZEN ADVISORY COMMITTEES' RECOMMENDATIONS AND ALSO SUBJECT TO ANNUAL FINANCIAL AUDIT, AND SHALL THE REVENUES BE COLLECTED AND SPENT AS A VOTER-APPROVED REVENUE CHANGE WITHOUT LIMITATION OR CONDITION UNDER ARTICLE X, SECTION 20 OF THE COLORADO CONSTITUTION OR ANY OTHER LAW?

Most Recent Strong Futures Report, June 2020



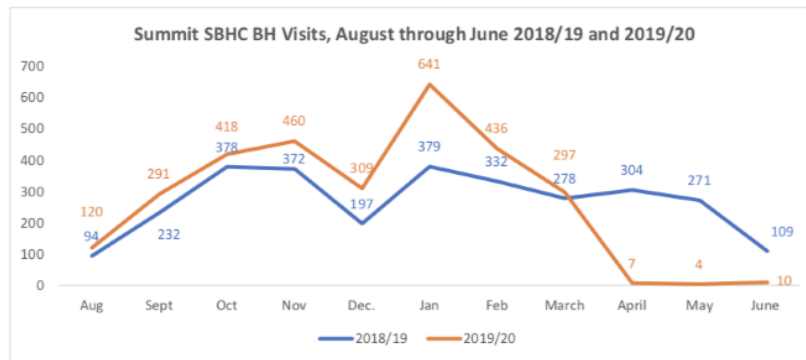
**Summit Community Care Clinic
School Based Health Centers
Strong Futures Grant Report
June 2020**

INTRODUCTION

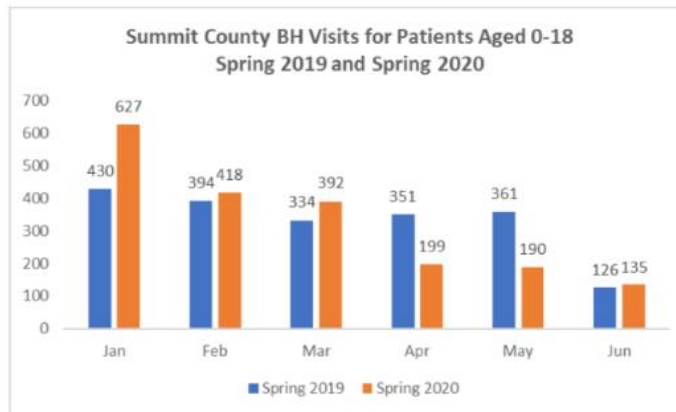
Summit Community Care Clinic is grateful for the support provided by Strong Futures for Behavioral Health (BH) services in the Summit County schools. As a result of this funding, the Care Clinic has increased BH staffing, increased students served by BH services, and increased BH visits. BH services provided by the Care Clinic address Tier 2 and Tier 3 needs of students.

TOTAL VISITS AND PATIENTS SERVED

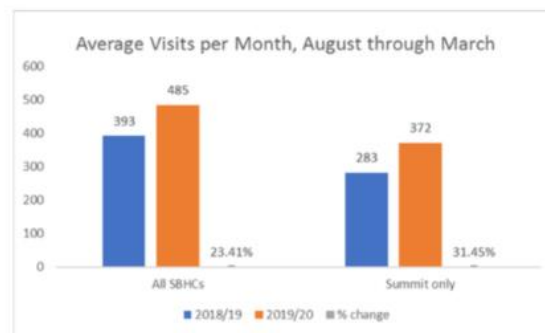
The graph below reflects Summit County school-based BH visits for the 2018/19 and 2019/20 school years. Visits were consistently higher in 2019/20 than in the prior year until the pandemic hit; service numbers were down significantly after that.



The Care Clinic tracks patients by site; as such, when the school-based sites closed, it became difficult to track data in a way that would provide an accurate comparison to the prior year. The graph below provides BH data for Summit County individuals aged 18 and under, regardless of site. Note that prior to the pandemic, 2020 visit numbers were consistently higher than those in 2019. Although numbers lagged in April and May, by June the Care Clinic was once again seeing numbers climb.



Using August through March data (given the pandemic), there were an average of 372 BH visits per month in Summit SBHCs in 2019/20 compared to 283 in 2018/19. The percentage increase in visits between the two years is more pronounced in Summit County than in the SBHC system as a whole (including Park and Lake Counties). As shown in the graph below, BH visits in Summit SBHCs grew by 31.45% in 2019/20 over 2018/19, compared to 23.41% in the SBHC system as a whole.



PANDEMIC RESPONSE

As illustrated above, BH services in the schools dropped off as soon as the schools closed in mid-March. While BH staff reached out to all students involved in school-based care, there were limited numbers of students who continued with services. Some of the challenges experienced included:

- Technology
- Difficulty in working with small children via telehealth given play therapy modalities. While middle- and high-school students are more able to engage in telehealth, the model is difficult for engaging with elementary aged children.
- Schedule coordination with parents

- Resistance from teens to engage outside of the school setting

During the shutdown, the Care Clinic converted an office in the main clinic to accommodate students and brought three clinicians into that area to see patients face-to-face, with the remainder of clinicians working remotely. All clinicians practiced telehealth to some extent. Outreach to patients and connection to community resources became an increasingly important part of the service spectrum during that time frame. Many patients were less interested in engaging in ongoing support during the shutdown. Care Clinic staff often knew that patients were anxious or otherwise struggling but found it difficult to get them to engage. Patients were more likely to engage with crisis services rather than on care that would prevent the crisis.

During the shutdown, the Care Clinic also provided support groups via Zoom for frontline FIRC, Senior Center and Summit County Government employees. This service was provided by BH staff as a means of helping to reduce stress for those involved in addressing community needs.

The Care Clinic used its professional network of Community Health Centers extensively during the shutdown to learn about practice ideas and strategies being used at other health centers.

Given uncertainty going forward, the Care Clinic will continue to work with the schools, Building Hope and other community resources to maximize service delivery. The Care Clinic is committed to hiring as many BH providers as are needed to meet community need and will continue to outreach to patients to ensure that they are knowledgeable about service options and as comfortable as possible with accessing those options. Grant funds have been requested of a collaborating foundation to support additional Health Navigation services for the schools; this staff support will help with outreach to student and with navigation between service lines as well as to community resources.

SERVICE HIGHLIGHTS FROM BEFORE PANDEMIC

Spanish language services - One of the providers hired to work within the SBHC is a Spanish speaker,. The Care Clinic also maintains a contract with a Spanish speaking therapist who is available to students; her position is covered via federal funds.

Dialectical Behavioral Therapy (DBT) -- The DBT model continues to a model of care for service delivery in the district. Through mid-March:

- 19 students/families engaged in the DBT Comprehensive program. The comprehensive program ran weekly throughout the school year. Families that engaged effectively in the program experienced improvement in relationships, emotion regulation, and awareness even if they did not graduate. Of families that struggled to engage fully, all were recommended a higher level of care. Through this observation we can gather that we are meeting the needs of higher acuity adolescents, and the highest acuity continue to need more care.
- Bi-weekly skills groups took place at Summit High School and Summit Middle School from October through March, with 6 students enrolled in each group. These groups allowed for clinicians to see more students and get students through treatment more efficiently. Students that engaged in group experienced increased skills, thus reducing their need to individual

support. Effective groups have allowed for increased capacity, in addition to reducing need for comprehensive services through prevention.

- One skills group ran and continues to run weekly for adults with 6 participants. This group has been the most well attended and the most successful during COVID, providing optimism that regardless of the state of school in the fall, SCCC will remain a strong platform for DBT services.

Immigrant Support Groups – Summit County experienced a surge of immigrants, especially from Nicaragua, Guatemala, Honduras, Mexico, Columbia, in 2019. Often, families were fleeing violence and in many cases the students had experienced significant trauma prior to arriving in the United States. Given these concerns, SCCC partnered with Summit School District, Building Hope and FIRC to create support sessions for parents/families as well as kids during the 2019-20 school year.

The focus of five parent sessions was on improving RESILIENCY through RELATIONSHIPS, RESOURCES AND emotional REGULATION. This included connecting families with each other, connecting them with community resources, and helping them develop tools to support assimilation and acculturation outside of their normal support systems. Parent sessions provided an opportunity to assess the needs of struggling parents and connect them to needed behavioral health resources. In 2019-20, approximately 160 family members were impacted by these sessions.

Work took place with students in the school setting, as well. The same goal of RESILIENCY was existed. Though therapeutic processing groups in each of the three schools, students were encouraged to connect with each other and connect with community resources and activities (eg. Pre-collegiate groups, Cycle Effect, student athletic programs, etc.). Behavioral Health staff also worked with kids to normalize and identify mental health symptoms (anxiety, depression, risk of suicide, etc.) to build coping skills, and to help them identify and actualize their interests and priorities. In 2019-20, approximately 105 students were impacted by these sessions.

Expansion of BH Sites – In 2019, the Care Clinic officially added Breckenridge, Upper Blue, Frisco and Summit Cove Elementary Schools to its scope of work, paving the way for improved access to BH services. These service sites are in addition to the School Based Health Centers.

STAFFING

BH staffing in the schools increased from 3.75 FTE in the 2018/19 school year to 6.4 FTE in the 2019/20 school year, with a total FTE increase of 2.65. Until the pandemic caused the shutdown of School Based Health Centers, clinic hours were as follows:

SITE	2018/19 HOURS	2019/20 HOURS
Summit High School	50	72
Summit Middle School/Snowy Peaks	64	72
Dillon Valley Elementary	10	32
Silverthorne Elementary	10	24
Breckenridge Elementary	0	8
Upper Blue Elementary	5	16
Frisco Elementary	5	16
Summit Cove Elementary	5	16
TOTAL	149	256

As reflected in invoices sent, Behavioral Health staffing hours for the period from January through June 2020 were as follows:

Position	Hours
Licensed Professional Counselor	746.52
Licensed Clinical Social Worker	760.83
Other Behavioral Health	2011.03
Chief Behavioral Health Officer	454
Semester Total	3972.38

CHALLENGES

Forecasting for the Future– Given the pandemic, it is particularly difficult to forecast revenues and service delivery options. The Care Clinic is working closely with the schools to maximize access to in-person, onsite services, but is also planning for the eventuality that such services may not be possible.

Staffing – Given the pandemic and the high cost of living in Summit County, there is a challenge with hiring and maintaining BH staff. This challenge of hiring is felt by majority of Summit County businesses. The cost of living, sparse availability, and rural mountain town location create a hardship in recruitment and retention of quality employees.

BH Department Leadership – The Chief Behavioral Health Officer (CBHO) position is currently open and recruitment is taking place. Seasoned school-based supervisors are in place and are providing exceptional leadership in the interim. Helen Royal, the Chief Executive Officer, is currently the Acting Chief Behavioral Health Officer.

Looking forward

As noted above, the Care Clinic is working closely with Summit School District to plan for the 2020/21 school year. The district has allowed the Care Clinic access to the schools contingent upon the evolution of the pandemic, and the Care Clinic will continue to prioritize behavioral health needs.

Through 4A funding, the school district is hiring three psychologists for the coming school year. The Care Clinic is coordinating with the district to assure a strong continuum of care to further support the student population.

CONCLUSION

The Care Clinic is grateful for the ongoing support from Strong Futures and is pleased to provide additional information, as needed, to help inform collaborative efforts. Thank you for your support.