

**AMENDED JOINT RESOLUTION BY AND BETWEEN HINSDALE COUNTY AND
MINERAL COUNTY OF THE STATE OF COLORADO
ESTABLISHING A DISTRICT PUBLIC HEALTH AGENCY**

**HINSDALE COUNTY RESOLUTION NO. 22, SERIES 2020
MINERAL COUNTY RESOLUTION NO. 19, SERIES 2020**

WHEREAS, C.R.S. § 29-1-201, *et seq.*, authorizes governmental entities to enter into cooperative agreements to provide any function, service or facility authorized by law; and

WHEREAS, C.R.S. § 25-1-506, *et seq.*, requires each county in the State of Colorado to establish and maintain a county public health agency or to participate in a district public health agency between two or more contiguous counties; and

WHEREAS, the parties hereto desire to establish a district public health agency and desire that this Resolution and intergovernmental agreement provide the formal written understanding between the parties; and

WHEREAS, the parties hereto desire to reduce their understanding and agreement to writing to fully comply with C.R.S. 29-1-201, *et seq.*, and C.R.S. 25-1-506, *et seq.*; and

WHEREAS, this Resolution is in the best interests of the public health, safety and welfare of Hinsdale County and Mineral County.

NOW, THEREFORE, BE IT RESOLVED that the parties hereto, in consideration of the mutual obligations contained herein, do agree as follows:

Section 1. Name. The parties hereto shall maintain the Silver Thread Public Health District (“Health District”) as a district public health agency.

Section 2. Parties. Hinsdale County and Mineral County shall comprise the Health District.

Section 3. Effective date. This Amended Resolution shall be effective as of January 1, 2021 and amends the initial Resolution that created the Health District and that was dated effective September 1, 2016 (“Initial Resolution”).

Section 4. Fiscal year. The first fiscal year shall be from September 1, 2016 through June 30, 2017. Thereafter, the fiscal year will begin July 1st of each year to coincide with the State of Colorado fiscal year.

Section 5. Governance. A district board of health (“Health District Board”) shall govern the Health District. It is the intention of the parties that the Health District be autonomous and not subject to the direction of either parties’ Boards of County Commissioners.

Section 6. Health District Board. The members of the Health District Board shall be appointed by an appointments committee composed of one member of each of the boards of county commissioners of the counties comprising the Health District. The Health District Board shall consist of two county commissioners, (or appointees), and, two at large members from each County. The appointments committee shall also establish staggered terms for the initial

appointments to the Health District Board. Thereafter, full-term appointments shall be for five (5) years. Each member of the Health District Board shall be a resident of Hinsdale County or Mineral County. Appointments shall be made to the Health District Board so that no business or professional group or governmental entity shall constitute a majority of the Health District Board. The appointments committee shall fill any vacancy on the Health District Board by the appointment of a qualified person for the remainder of the unexpired term.

Section 7. Public Health Director. Pursuant to C.R.S. § 25-1-508, *et seq.*, the Health District Board shall appoint a public health director and a medical officer for the Health District. The public health director shall possess such minimum qualifications as may be prescribed by the state board of health. A public health director may be a physician, a public health nurse, or other qualified public health professional. A public health director may practice medicine or nursing within his or her license and scope of practice, as necessary, to carry out the functions of the office of the public health director. The qualifications shall reflect the resources and needs of the counties covered by the Health District. If the public health director is not a physician, the Health District Board shall employ or contract with at least one medical officer to advise the public health director on medical decisions. The public health director shall maintain an office location designated by the Health District Board and shall be the custodian of all property and records of the Health District. The public health director shall make periodic reports to the parties' Boards of County Commissioners as deemed appropriate.

Section 8. Officers. The Health District Board, at its organizational meeting, shall elect from its members a president and other officers as it shall determine. The public health director, at the discretion of the Health District Board, may serve as secretary but shall not be a member of the Health District Board. All officers and the public health director shall hold their positions at the pleasure of the Health District Board.

Section 9. Meetings. Regular meetings of the Health District Board shall be held at least once every three (3) months at such times as may be established by resolution of the Health District Board. Special meetings of the Health District Board may be called by the president, by the public health director, or by a majority of the members of the Health District Board at any time on three days' prior notice; except than, in case of an emergency, 24 hours' notice shall be sufficient.

Section 10 Bylaws. The Health District Board may adopt, and at any time may amend, bylaws in relations to its meetings and the transaction of its business. A majority of the Health District Board shall constitute a quorum. Members of the Health District Board shall serve without compensation, but shall be reimbursed for their actual and necessary travel and sustenance expenses to attend meetings.

Section 11. Board Powers. The Health District Board shall have and exercise the following powers and duties (*see*, C.R.S. § 25-1-508(5)):

- a. To develop and promote the public policies needed to secure the conditions necessary for a healthy community;
- b. To approve the local public health plan completed by the Health District, and to submit the local plan to the state board of health for review;

c. To provide, equip, and maintain suitable offices and all necessary facilities for the proper administration and provision of core public health services, as defined by the state board;

d. To determine general policies to be followed by the public health director in administering and enforcing public health laws, order, and rules of the Health District Board, and orders, rules, and standards of the state board;

e. To issue orders and adopt rules neither inconsistent with the public health laws of the State of Colorado, nor with the orders or rules of the state board as the Health District Board may deem necessary for the proper exercise of the powers and duties vested in or imposed upon an agency or district board of health by the Colorado Public Health Act of 2008;

f. To act in an advisory capacity to the public health director on all matters pertaining to public health;

g. To hold hearings, administer oaths, subpoena witnesses and take testimony on all matters relating to the exercise and performance of the powers and duties vested in or imposed on a district board;

h. To provide environmental health services and to assess fees to offset the actual, direct costs of such services; and

i. To accept, and through the public health director, to use, disburse, and administer all federal aid, state aid, or other property, services, or moneys allotted to the Health District for public health functions or allotted without designation of a specific agency for purposes that are within the functions of the Health District, and to prescribe, by rule consistent with the laws of the State of Colorado, the conditions under which the property, services or moneys shall be accepted and administered. The Health District Board is empowered to make agreements that may be required to receive such moneys or other assistance.

Section 12. Provision of Services. The Health District, subject to available appropriations, shall provide or arrange for the provision of services necessary to carry out the public health laws and rules of the state board of health, the state water quality control commission, and the state solid and hazardous waste commission according to the specific needs and resources available within the communities as determined by the Health District Board and as set out in both the comprehensive, statewide public health improvement plan developed pursuant to C.R.S. § 25-1-504 and the Health District’s plan developed, or to be developed, pursuant to C.R.S. § 25-1-505.

Section 13. District Duties. In addition to other powers and duties, the Health District shall have the following duties (see, C.R.S. § 25-1-506(3)):

a. To complete a community health assessment and to create the Health District’s public health plan at least every five (5) years under the direction of the Health District Board and to submit the plan to the Health District Board and state board of health for review;

b. To advise the Health District Board on public policy issues necessary to protect public health and the environment;

c. To provide or arrange for the provision of quality, core public health services deemed essential by the state board and the comprehensive, statewide public health improvement plan; except that the Health District shall be deemed to have met this requirement if the Health District can demonstrate to the Health District Board that other providers offer core public health services that are sufficient to meet the local needs as determined by the plan;

d. To the extent authorized by applicable provisions of Colorado law, to administer and enforce the laws pertaining to public health, air pollution, solid and hazardous waste and water quality, vital statistics, and the orders, rules and standards of the state board of health and any other type 1 agency created pursuant to the provisions of Title 25 of the Colorado Revised Statutes, including the Health District;

e. To investigate and control the causes of epidemic or communicable diseases and conditions affecting public health;

f. To establish, maintain, and enforce isolation and quarantine, and in pursuance thereof, and for this purpose only, to exercise physical control over property and over the persons of the people within the jurisdiction of the Health District as the Health District may find necessary for the protection of public health;

g. To close schools and public places and to prohibit gatherings of people when necessary to protect public health;

h. To investigate and abate nuisances when necessary in order to eliminate sources of epidemic or communicable diseases and conditions affecting public health;

i. To establish, maintain, or make available chemical, bacteriological, and biological laboratories, and to conduct such laboratory investigations and examinations as it may deem necessary or proper for the protection of public health;

j. To purchase and distribute to licensed physicians and veterinarians, with or without charge, as the Health District Board may determine upon considerations of emergency or need, approved biological or therapeutic products necessary for the protection of public health;

k. To initiate and carry out health programs consistent with state law that are necessary or desirable by the Health District Board to protect public health and the environment;

l. To collect, compile, and tabulate reports of marriages, dissolutions, of marriage, and declarations of invalidity of marriage, births, deaths, and morbidity, and to require any person having such information with regard to the same to make such reports and submit such information as is required by law or the rules of the state board;

m. To make necessary sanitation and health investigations and inspections, on its own initiative or in cooperation with the state department, for matters affecting public health that are within the jurisdiction and control of the Health District;

n. To collaborate with the state department and the state board in all matters pertaining to public health, the water quality control commission in all matters pertaining to water quality, the air quality control commission and the division of

administration of the state department in all matters pertaining to air pollution, and the solid and hazardous waste commission in all matters pertaining to solid and hazardous waste; and

o. To establish or arrange for the establishment of, subject to available appropriations, a local or regional child fatality prevention team pursuant to C.R.S. § 25-20.5-404.

Section 14. Priority of Health District Duties. If the Health District Board does not receive sufficient appropriations to fulfill all duties described in Section 11 above, the Health District Board shall set priorities for fulfilling the duties and shall include the list of priorities in its district health plan submitted pursuant to C.R.S. § 25-1-505.

Section 15. Member Counties. To provide for economy of obtaining services, supplies, or other property, the Health District Board and the member counties may agree to have one or more of the member counties acquire property or contract on behalf of the Health District Board for the acquisition of such services, supplies or other property. If a public health emergency arises, the Health District Board may recommend to and request that the member counties agree to provide emergency funding, over and above the amounts described in the following section, to address such public health emergency. The member counties are obligated to obtain and maintain insurance coverage for the property and functions of the Health District.

Section 16. Budget. The Health District Board, before September 1 of each year, shall estimate the total cost of maintaining the Health District for the ensuing fiscal year and the monies that may be available from an unexpended surplus, from state or federal funds, or other grants or donations. Said estimate shall then be submitted in the form of a budget to the boards of county commissioners of both counties that are party to this agreement. The cost of maintaining the Health District, over-estimated monies from surpluses, grants, or donations, shall be apportioned among the counties by agreement. It is the intent of the parties that initially the costs associated with the Public Health Director, the Health District fiscal agent and administrative costs as determined by the Public Health Director be apportioned equally. All costs of providing services, after accounting for state or federal funds, other grants or donations, shall be paid by the county where those services are provided as determined by the Public Health Director. The Health District shall invoice Mineral County and/or Hinsdale County monthly for such charges which will be promptly paid by Mineral County and/or Hinsdale County to the Health District to be deposited into an account for the Health District maintained by the fiscal agent. The boards of county commissioners of the respective counties are authorized to provide any moneys necessary to cover the proportionate shares of their counties by an appropriation from the county general fund.

Section 17. Health District Treasurer. Pursuant to C.R.S. § 25-1-511, the county treasurer of Hinsdale County, as a part of his or her official duties, shall serve as treasurer of the Health District, and the treasurer's official bond as county treasurer shall extend to and cover his or her duties as treasurer for the Health District. The treasurer may appoint a Health District fiscal agent to assist him or her.

Section 18. Employees. Employees of the Health District shall be employees of the Health District and shall be paid through the fiscal agent. Such employees will be subject to any Health District policies and procedures and will be eligible for any benefits provided by the fiscal agent pursuant to its eligibility rules.

Section 19. Dissolution of County Public Health Agencies. Upon adoption of this agreement and at its effective date, the existing Public Health Agencies for Hinsdale and Mineral Counties shall be dissolved.

Section 20. Amendment. This agreement may be amended by majority vote of the boards of county commissioners of the member counties, but no proposed amendment shall be acted upon until the proposed amendment has been reviewed at a regular or special meeting of the Health District Board and a written recommendation, either in favor of or against such amendment, is provided to the member boards of county commissioners with the reasons for such recommendation. The Health District Board shall act on any such proposed amendment within 45 days after the proposed amendment is first made. An amendment may be proposed by either the Health District Board, or the board of county commissioners of either member county. The county commissioners of each county must vote on the same amendment without revising the same, unless such revision is agreed upon by the other board of county commissioners. Any proposed amendment shall contain a provision as to its effective date. This agreement shall be reviewed bi-annually by the Health Board and the boards of county commissioners of both member counties. Any further amendments may be suggested at such bi-annual reviews but, can be made with the approval of both Boards of Commissioners between reviews.

Section 21. Termination. This agreement shall continue in full force and effect indefinitely or such time as the member counties, by appropriate resolution, terminate this agreement and the Health District. Individual counties may unilaterally withdraw from the Health District by appropriate resolution of the county commissioners of said county. However, pursuant to C.R.S. § 25-1-513, a county may not withdraw from the Health District within two (2) years following the establishment of the Health District. Also, a county may only withdraw from the Health District after providing one (1) year's written notice to the Health District. Upon the withdrawal by one of the member counties from the Health District, the Health District shall dissolve, and any moneys that had been appropriated by either county shall be returned. Each county shall establish a county public health agency or join another public health district agency in the event the Health District that is subject to the agreement is dissolved.

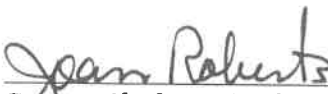
MOVED, SECONDED AND APPROVED, this day of December, 2020.

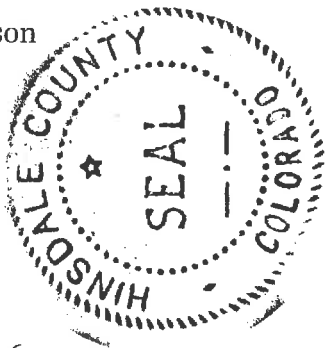
BOARD OF COUNTY COMMISSIONERS OF THE
COUNTY OF HINSDALE, STATE OF COLORADO

By: 

_____, Chairperson

ATTEST:


County Clerk – Hinsdale County



MOVED, SECONDED AND APPROVED, this ^{22nd} day of December, 2020.

BOARD OF COUNTY COMMISSIONERS OF THE
COUNTY OF MINERAL, STATE OF COLORADO

By: *Jesse Albright*
Jesse Albright, Chairperson

ATTEST:

Eryn K Wintz
County Clerk – Mineral County

