



ADAMS COUNTY

COLORADO
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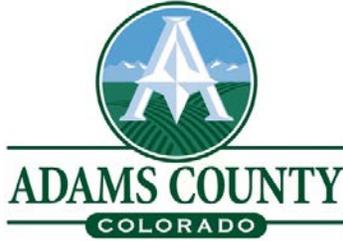
**STUDY SESSION AGENDA
TUESDAY
May 17, 2022**

ALL TIMES LISTED ON THIS AGENDA ARE SUBJECT TO CHANGE

10:45 A.M.	ATTENDEE(S):	Heidi Miller
	ITEM:	Executive Session Pursuant to C.R.S. 24-6-402(4)(b) for the Purpose of Instructing Negotiators Regarding Economic Incentive
11:15 A.M.	ATTENDEE(S):	Alisha Reis
	ITEM:	Administrative Item Review / Commissioners Communication
11:45 A.M.	ATTENDEE(S):	Kelly Weidenbach
	ITEM:	Public Health Transition - Public Health Services and Linkages to Other Adams County Departments, Review of Adams County-Funded Work at TCHD
1:15 P.M.	ATTENDEE(S):	Julie George / Alan Morse / Elisabeth Rosen
	ITEM:	2022 Legislative Session Recap
1:45 P.M.	ATTENDEE(S):	Jenni Hall / Chase Evans / Katie Keefe / Jessica DiToro
	ITEM:	Water Quality Control Commission (WQCC) Regulation 38 Rule Making Hearing Update
2:15 P.M.	ATTENDEE(S):	Jenni Hall / Chase Evans / Jen Rutter / Karl Onsager
	ITEM:	Development Standards Overhaul
2:45 P.M.	ATTENDEE(S):	Brian Staley / Janet Lundquist / Jenni Hall / Matt Rivera / Rene Valdez / Ian Cortez / Beth Torgersen / Jen Rutter
	ITEM:	Brannan Batch Plant Encroachment

(AND SUCH OTHER MATTERS OF PUBLIC BUSINESS WHICH MAY ARISE)

AGENDA IS SUBJECT TO CHANGE



STUDY SESSION ITEM SUMMARY

DATE OF STUDY SESSION: May 17, 2022
SUBJECT: Public Health Transition – Public Health Services and Linkages to Other Adams County Departments, Review of Adams County-Funded Work at TCHD
OFFICE/DEPARTMENT: County Manager’s Office
CONTACT: Kelly Weidenbach
FINACIAL IMPACT: n/a
SUPPORT/RESOURCES REQUEST: Provide an overview of public health services and opportunities for collaboration and synergies within Adams County and work being conducted to minimize redundancies. Review Adams-County funded work at TCHD for air quality and food security.
DIRECTION NEEDED: Ongoing discussion and guidance on public health services
RECOMMENDED ACTION: Use information from study session to inform health department staffing recommendations in upcoming weeks

DISCUSSION POINTS:

- Food Security Work in Adams County (Presenters: Jill Bonczynski, Lilia Chavez Bernal, Judy Fowler, and Tessa Cushman with Tri-County Health Department), 30min
 - TCHD Staff to provide an overview of Adams County-funded Food Security Specialist position and work accomplished since the position was funded in January 2020.
 - Discussion of opportunities for food security work in Adams County as new health department is formed.
- Air Quality Work in Adams County (Presenters: Kate Fury, Brian Hlavacek,), 30min
 - TCHD staff to provide an overview of Adams County-funded Air Quality Specialist and work accomplished since the position was funded in January 2020.
 - Discussion of opportunities and recommendations for air quality work as new health department is formed and collaboration with Community and Economic Development.
- Linkages to Other County Departments (Presenter: Kelly Weidenbach), 30min
 - Discussion of other considerations related to public health services and alignment with other County Departments
 - Human Services
 - Office of Emergency Management
 - ARPA and Long Term Recovery
 - Performance Excellence and Baldrige
 - Community Safety and Well-Being (more exploration needed)
 - Business Partners (Finance, P&P, ITi, Fleet and Facilities, etc)

Adams County Food Security

May 17 Board of County Commissioner Study Session

Jill Bonczynski, Director of Nutrition

Tessa Cushman, Adams County Food Security Specialist

Judy Fowler, WIC Nutrition Manager

Melanie Morrison, Food Security Programs Coordinator



Food Security Overview



- History of Food Security Work: grants and programs
- Adams County Food Security Work Plan Overview
- Project Highlights
 - Community Gardens
 - CSA Produce Boxes
 - Healthy Farmer’s Markets
 - Farmer’s Market Nutrition Program
 - Eligible but not Enrolled in Federal Nutrition Programs
 - Outreach and Partnerships
- Opportunities for the Future



TCHD and Adams County Food Security Programming and Grant History



- WIC and BFPC has been well established
- 2009 began Community Gardens
- 2010-2012 Communities Putting Prevention to Work Grant
- 2015 – 2017 CDC National WIC Association Community Partnerships for Healthy Mothers and Children – focus in Thornton
- 2017-2019 Colorado Health Foundation WIC Innovation Grant
- 2018 Healthy Farmer’s Markets Begin
- 2019 CDC Public Health Associate Program
- 2020 Received Funding from Adams County for the Food Security Specialist Position

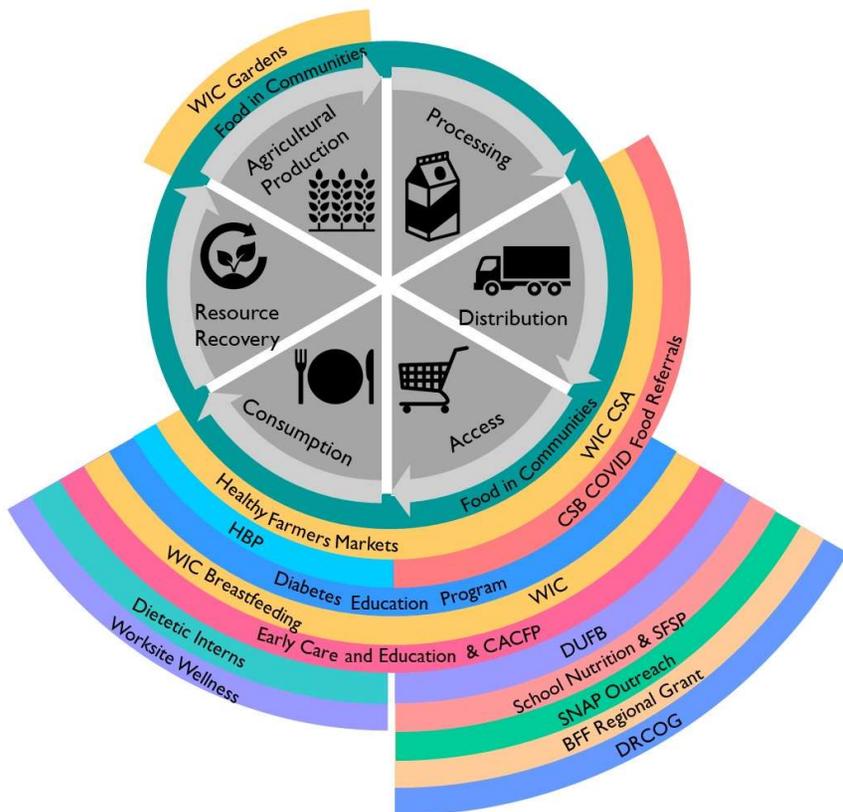


Adams County Food Security Specialist 2019 Proposal



- Increase eligible but not enrolled WIC clients, through targeted outreach to specific municipalities, communities, and medical providers within Adams County.
- Provide trainings on Food Insecurity, WIC, SNAP and the importance of healthy food access to medical providers and community organizations. Offer technical assistance to medical providers to integrate food insecurity screening and referrals in to electronic health records to increase participation in SNAP, WIC and refer to other food resources.
- Establish consistent WIC and SNAP application outreach at grocery stores and health fairs in partnership with Hunger Free Colorado.
- Facilitate expansion of WIC colocations at Salud Commerce City, Unison and Adams County Human services to additional days per week. This may include staffing time, collaboration with partners in the space as well as creation and dissemination of media to advertise the clinics. Explore further co-location sites with Clinica and OBGYN providers.
- Support continuation and expansion of Healthy Adams County Farmer's Markets and community gardens through marketing and partnerships.
- Develop internal systems to dual enroll WIC participants in SNAP. This would include staff training and supervision as well as piloting different methods of capturing eligible families when they are in the WIC clinics or other co-located service areas

The “landscape” of TCHD’s Food Security Work: 2021 -2022



Geography of the work:

- Federal- and state-funded programs dominate work implemented across all three counties
- Work in specific communities funded through local- and state-level grants

How the work relates to the food system:

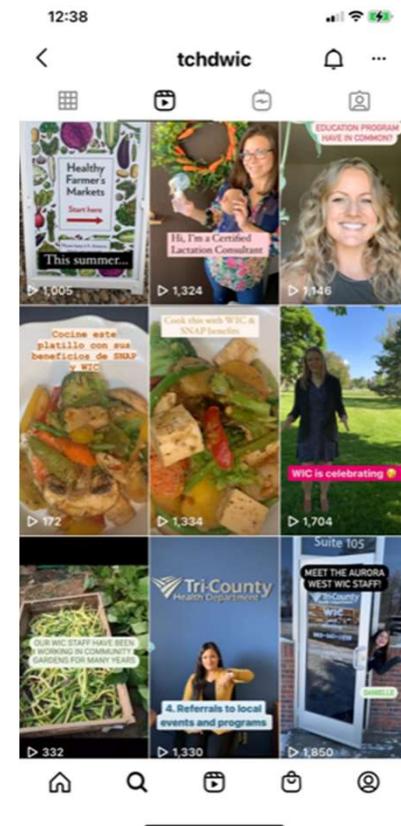
- TCHD’s niche in the food system is in access and consumption
- Some expansion of work to include distribution strategies during the pandemic
- Partnerships through Food in Communities grant in EH extends TCHD’s reach in the food system

Almost 100% of TCHD’s Food Security work is grant-based, which has limitations in terms of innovation and responsiveness.

Adams County Food Security Specialist



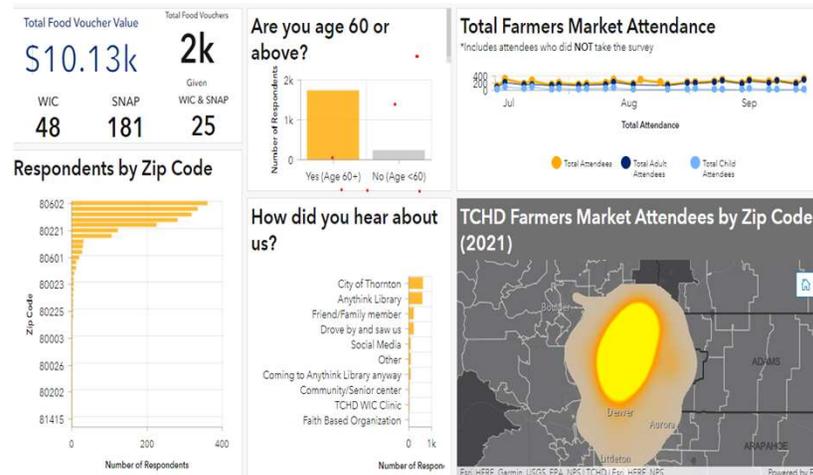
- Fresh Food Access
 - Farmer’s Markets
 - CSA Produce Boxes
- Federal Nutrition Programs
 - SNAP & WIC Outreach
 - SNAP Team Coordination
- Community Partnerships
 - Presentations
 - Hunger Free Colorado WIC Coalition
- Communications
 - Content and Social Media



Healthy Farmer's Markets



- Healthy Farmers Market was initiated in 2018 at the Anythink Huron St Library; in 2019 expanded to second location at Anythink Wright Farms
- Mission: To be an integrated community health hub within underserved communities, serving as a gathering place for residents to access affordable and culturally relevant healthy food, food & health education and preventative health care services.
- Vision: replicating the concept in other areas that are less food secure and having consistent funding to support the vouchers and a Market Manager.
- Partnerships include TCHD, the City of Thornton, the Anythink libraries, the American Heart Association, a community member, and Lulu's Farm. Bayaud was added last year.
- Vouchers varying year to year from \$5 to \$25 for WIC, SNAP and Senior population. The farmer provides DUFB.
- Data collection with GIS mapping started in 2020.
- A NACCHO Model Practice award was received in 2021



<https://tchdgis.maps.arcgis.com/apps/dashboards/ce529314626c4d4387c1ea3c122cf298>

Community Gardens



- WIC currently supports two community gardens in partnerships with 27J school district in Brighton and the Anythink Commerce City Library.
 - The 27J garden consists of 36 raised beds and several fruit trees.
 - The Commerce City garden has four community beds. This partnership was initially with Community Enterprises/Cultivando, then moved to Amazing Grace church in Thornton and now the last two years at the library.
- Intended to provide education on seeds, planting, tending and harvesting of vegetables. Education, including recipes, is provided at the garden by either a WIC staff or an Adams County Master Gardener.
- Harvested produce, which may be over 1000 pounds, is offered to community members who assist in the gardens and to local food banks.
- DUG was involved in creating the first community gardens and continues to yearly provide seeds and seedlings.



Community Supported Agriculture CSA Produce Box



- Partners with local farmers to provide free weekly food deliveries to WIC families in Adams County for 18 weeks.
- First to pilot delivery service for CSA boxes to WIC clients along with Jefferson County
- **Key Partners**
 - East Denver Food Hub in Bennet
 - Nourish Colorado
 - Bondadosa

WIC CSA			
Year	Season	\$ Alloted	# of Weekly Shares
2020	Summer/Fall	\$ 23,620.00	51
2020	Winter	\$ 7,500.00	52
2021	Spring	\$33,000.00	50
2021	Summer	\$20,000.00	48
2022	Spring/Summer	\$109,411.00	160

“It is really difficult for me to go to a nearby food pantry without a car and 2 small children. Receiving these boxes has really helped me and my family!” -WIC family, CSA recipient



Farmer's Market Nutrition Program (FNMP)



- Locally grown produce through farmers' markets to WIC participants
- Expand awareness, use of and sales at farmers' markets
- Healthy Farmers' Markets in Adams County were approved for the four WIC clinics in Adams County
- \$30 worth of vouchers for **each** WIC participant in the household

wic COLORADO

Colorado WIC Voucher Number:

2022 Farmers' Market Nutrition Program

\$5.00 Five Dollars

No Change Given

Farmer ID Number:

Pay to the order of: WIC-authorized Farmer / Farmers' Market

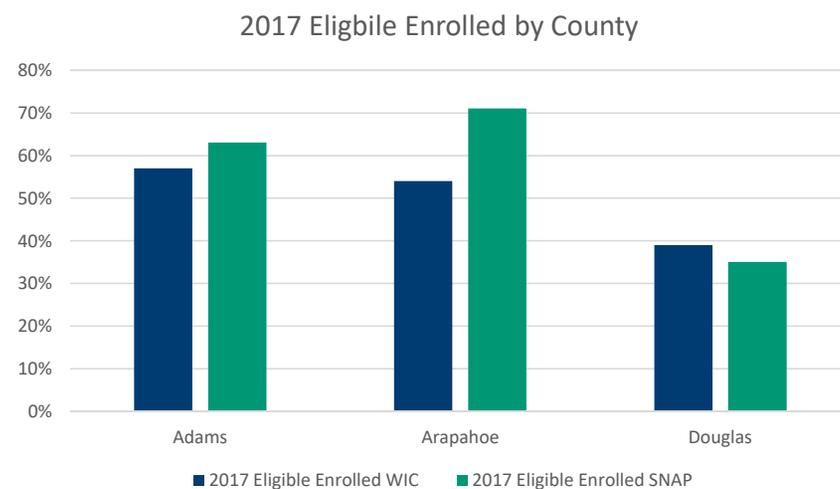
Good only for fresh fruits, vegetables, and cut herbs.

Accepted only at WIC-authorized Farmers' Markets listed on the back of this voucher. Not valid at grocery stores. Do not accept if missing Farmer ID Number. Void if deposited after November 10, 2022. Lost or stolen vouchers will not be replaced.

Eligible But Not Enrolled: Outreach and Partnerships



- Not all those who are eligible for federal nutrition programs are enrolled
- Overall, Colorado ranks 43rd in SNAP enrollment and 48th in WIC enrollment
- Partnerships and Outreach
- Communications
- Dual Enrollment in WIC and SNAP
- Blueprint to End Hunger's Cross Program Alignment grant at TCHD



Sources: CDPHE WIC Percent Eligible Enrolled Reports; Hunger Free Colorado Food Stamps Impact Report 2019

Future Opportunities

- Approach food security with a food justice lens
- Sustainability planning of markets and gardens
- Community Engagement in food security work
- Sustain work in federal nutrition programs, local food access, and partnerships with community based organizations
- Strengthen food assistance programs and food systems by influencing local, state, and federal food and nutrition policy
- Strengthen communications and messaging related to education, awareness and advocacy

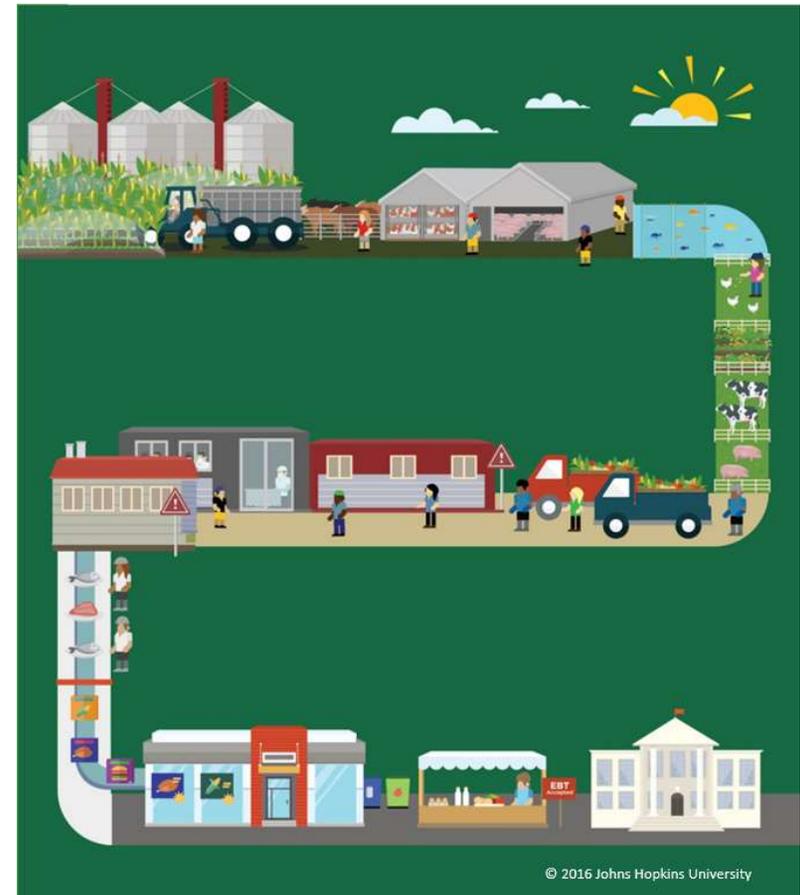


Image from Johns Hopkins University <https://www.foodspan.org/>

Questions?
Contact Us:

Jill Bonczynski: jbonzyn@tchd.org

Tessa Cushman: tcushman@tchd.org

Judy Fowler: jfowler@tchd.org

Melanie Morrison: mmorrison@tchd.org





**Public Health Transition – Proposed Study Session Schedule
April -June 2022**

BOCC Study Session Date	Topic/Purpose	Presenter
Tuesday, April 12, 2022	Initial Public Health FTE and Implementation Cost Request	Dr. Kelly Weidenbach
Tuesday, April 19, 2022	Review of Adams County Community Health Assessment Methodology and Results. Objectives: Provide base information on <ul style="list-style-type: none"> • Status of population health in Adams County • State requirements around health assessment for local health departments • Methodology of 2021-2022 Adams County Community Health Assessment conducted by TCHD • Overview of community engagement data for public health priorities available to-date 	Dr. Kelly Weidenbach (Adams) and Callie Preheim, Population Health Epidemiologist (TCHD)
Tuesday, April 26, 2022	Overview and Discussion of Mandated Public Health Services Objectives: <ul style="list-style-type: none"> • Review state requirements for local health departments for mandated services • Programmatic delivery of required services • Populations served • Projected funding sources • Initial ideas around organizational structure and staffing for these programs 	Dr. Kelly Weidenbach
Tuesday, May 3, 2022	Overview and Discussion of Voluntary/Optional Public Health Services and Programs Objectives: <ul style="list-style-type: none"> • Review common, but optional public health services and programmatic delivery 	Dr. Kelly Weidenbach



	<ul style="list-style-type: none"> • Rationale for providing these optional services • Populations served • Projected funding sources • Initial ideas around organizational structure and staffing • Opportunities to address equity and SDoH in new health department structure and resourcing • Opportunities for innovation 	
Tuesday, May 10, 2022	<p>Adams County Health Department and Linkages with Other Adams County Departments</p> <p>Objectives</p> <ul style="list-style-type: none"> • Examine opportunities for alignment/linkage/collaboration with other County Departments and programs • Examine where there may be risks for redundancies • Discuss options for synergizing efforts within the County • Identify opportunities to collaborate with external partners 	Dr. Kelly Weidenbach
Tuesday, May 17, 2022	<p>Adams County Health Department Organizational Structure and Staffing</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Review proposal organizational chart and programmatic staffing models to enable further necessary FY22 and FY23 budgeting • Develop understanding of where county general fund support will be necessary • Prioritize optional services 	Dr. Kelly Weidenbach
Tuesday, May 24, 2022	<p>Second FTE Request for FY22</p> <p>Objectives</p> <ul style="list-style-type: none"> • Review staffing needed in FY22 to implement new health department • Review hiring plan and onboarding schedule 	Dr. Kelly Weidenbach



	<ul style="list-style-type: none"> • Provide updated estimate of implementation costs – specifically around assets/equipment and office space 	
Tuesday, June 14, 2022	<p>Considerations for Adams County Board of Health</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Discuss options for Board of Health governance, size, scope • Determine BOH selection process 	Dr. Kelly Weidenbach, Mellissa Sager
Tuesday, June 28, 2022	<p>Board of Health Empanelment Preparation and Process</p> <p>Objectives</p> <ul style="list-style-type: none"> • Update BOCC on BOH selection process and empanelment considerations • Desire to have BOH members empaneled by end of July • BOH orientation and August 2022 NALBOH Conference 	Dr. Kelly Weidenbach, Mellissa Sager

*With proposed monthly study sessions for updates July-December 2022 and/or more as needed.



Tri-County Health Department 2022 Department Overview

Adams | Arapahoe | Douglas Colorado



Introduction	<ul style="list-style-type: none"> History of Tri-County Health Department Core and Foundational Public Health Services Mission, Vision, Values, and Guiding Principles
Board of Health	<ul style="list-style-type: none"> ■ Board of Health
Office of the Executive Director	<ul style="list-style-type: none"> ■ Policy and Intergovernmental Affairs ■ Strategic Communications ■ Board of Health
Administration and Finance	<ul style="list-style-type: none"> ■ Revenues ■ Budget Process ■ Basis of Budget and Accounting ■ Finance and Operations ■ Facilities ■ Vital Records
Human Resources	<ul style="list-style-type: none"> ■ Employee Recruitment ■ Employee Compensation ■ Employee Benefits ■ Employee Relations ■ Workforce Development ■ Workers' Compensation ■ Employee Wellness
Planning and Information Management	<ul style="list-style-type: none"> ■ Planning and Information Management Division Administration ■ Strategic Planning ■ Community Health Improvement Planning: Public Health Improvement Plan ■ Program Planning and Evaluation ■ Performance Management and Quality Improvement ■ Public Health Accreditation ■ Informatics Project Management ■ Information Technology and IT Project Management ■ Health Data and GIS Program ■ Medical Epidemiology
Community Health Promotion	<ul style="list-style-type: none"> ■ Community Health Promotion Division Administration ■ Tobacco Education and Prevention ■ Substance Use Prevention ■ Mental and Behavioral Health Promotion and Suicide Prevention ■ Maternal and Child Block Grant <ul style="list-style-type: none"> Child and Adolescent Health Medical Home for Children and Youth with Special Health Needs Perinatal Health ■ Healthy Eating/Active Living (HEAL) Section: Policy and Systems Change Through Advocacy and Education <ul style="list-style-type: none"> Early Childhood Health Promotion School Health Policy and Prevention Workplace Well-Being/Employer Initiatives Advancing Breastfeeding in Colorado Healthy Beverage Partnership Initiative ■ Diabetes Education Program ■ Health Equity
Emergency Preparedness, Response, and Communicable Disease Surveillance	<ul style="list-style-type: none"> ■ Emergency Preparedness and Response Program ■ Cities Readiness Initiative Program ■ Communicable Disease Surveillance Program ■ Workplace Safety and Security Program ■ Syndromic Surveillance Program ■ COVID-19 Pandemic Response and COVID-19 Programs
Environmental Health	<ul style="list-style-type: none"> ■ Environmental Health Division Administration and Informatics ■ Food Protection Program ■ Child Care Program ■ General Environmental Health Services ■ Water Program ■ Land Use Program ■ Solid and Hazardous Waste Program ■ Household Chemical Roundup ■ Industrial Hygiene ■ Rocky Mountain Arsenal Program ■ Vector Surveillance

Nursing

- Division Operations
- Immunizations and Clinical Outbreak Response
- Patient Services Call Center
- Disease Prevention and Clinical Services – Sexual Health
- Senior Dental (Arapahoe County)
- Home Visitation Programs
 - Nurse Family Partnership
 - Adams County Nurse Support Contract Program
 - Arapahoe County Nurse Support Contract Program
 - Douglas County Nurse Support Contract Program
- Child Fatality Prevention Review
- HCP – A Program for Children and Youth with Special Healthcare Needs
- Public Health Nursing Clinical Education
- Regional Health Connectors
- Healthy Communities and Health Enrollment Team
- Disease Prevention and Clinical Services – Harm Reduction and HIV Prevention Program

Nutrition

- Nutrition Division Administration
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Food Security
- Breastfeeding Peer Counselors
- Baby and Me Tobacco Free
- Dietetic Internship

Appendices

- Appendix A: Resolutions Forming TCHD
- Appendix B: TCHD Core and Foundational Services Table
- Appendix C: Code of Colorado Regulations State Board of Health Core Public Health Services



Executive Summary

The Tri-County Health Department (TCHD) serves diverse communities of approximately 1.6 million people in Adams, Arapahoe and Douglas Counties. Since 1966, TCHD's commitment to the constituents and stakeholders in each county has been guided by an awareness of both common and unique health and environmental issues among these communities. TCHD delivers a broad array of public health services and functions to the residents of Adams, Arapahoe, and Douglas County communities, including environmental health, communicable disease control, immunization, community nutrition, sexual health, tobacco and substance abuse prevention, and maternal and child health. TCHD's governance changed substantially in 2021 with the formal withdrawal of Douglas County from the TCHD district health department, and Adams and Arapahoe Counties exercised a provision that gives them the ability to leave the TCHD district health department after one year's written notice. Douglas County formed its own Board of Health in September 2021; TCHD still provides all of its programs and services through a contractual agreement through December 31, 2022, with the exception of certain COVID-19 services. Certain COVID-19-related services such as case investigation and contact tracing were shifted to Douglas County in November 2021. While all three counties conduct assessments and move forward with their planning processes, TCHD continues to deliver high-quality, essential and innovative public health services every day in all three counties.

The purpose of this report is to provide an overview of the breadth and reach of programs and services provided to Adams, Arapahoe, and Douglas Counties by TCHD. Each section of this report provides a narrative description of the Division and program, a summary of the Division-specific and/or program-specific budget, a summary of the FTE by Division and program, and relevant performance management indicators for each program, demonstrating recent trends in numbers of clients served, client visits, encounters, or interactions, etc. The indicators reported here are internal performance indicators that describe how much, to what extent, and to whom services are provided. To the extent possible county-level and multi-year data is provided. This report is organized by listing, initially describing activities of administrative and foundational Divisions and then reviewing the public-facing and client-facing Divisions and programs.



Introduction

Tri-County Health Department (TCHD) serves over 1.6 million people in diverse communities within Adams, Arapahoe and Douglas Counties, and offers over 60 programs/services ranging from birth certificates, immunizations and health care referrals, restaurant inspections, and infectious disease investigations. TCHD operates out of 11 offices in this 3,000 square mile area and includes in its jurisdiction 26 municipalities, 15 school districts with more than 360 public schools, and 12 acute care hospitals.

TCHD began operations on January 1, 1948 and initially served the 160,000 residents of Adams, Arapahoe and Jefferson Counties. Jefferson County separated from TCHD in 1958 to form its own local health department and Douglas County officially joined TCHD on January 1, 1966, creating the current jurisdictional structure. In September 2021, Douglas County formed its own Board of Health, yet TCHD continues to provide the majority of its programs and services to Douglas County residents through a contractual agreement through the end of December 2022. Both Adams and Arapahoe Counties exercised a provision that gives them the ability to leave the TCHD district health department after a one year's written notice, and both counties are currently conducting assessments and moving forward with planning processes that are expected to take through the end of 2022. TCHD will continue to provide public health services to those counties as we work together to determine the future of public health services.

Core Public Health Services

The Public Health Act provided a much-needed update and reorganization for Colorado's public health system. It provided the foundation for the adoption of the Minimum Qualifications for Public Health Director and Minimum Qualification for Medical Officer (6 CCR 1014-6) in 2009 (revised 2015), the requirement to regularly conduct Community Health Assessments and to develop Public Health Improvement Plans, and outlined the set of Core Public Health Services identified in rule initially adopted in 2011. Since its passage, TCHD has used the Core Public Health Services structure to guide and align our programs, and outlines of this alignment have been provided to our counties during the budget review process over the past several years. Appendix B includes the most recent version of this outline for FY2019. In 2018-2019, extensive work was undertaken by the Colorado Department of Public Health and Environment (CDPHE) and the Colorado Association of Local Public Health Officials (of which TCHD is a member) to assess the current public health system structure and financial constraints and to develop a new framework to update and transform public health in Colorado. This effort led to a modification of the structure of core public health services in 2019, which was adopted by Colorado's State Board of Health (6 CCR 1014-7) in April 2019 and went into effect January 2020 (Appendix C). Due to diversion of effort to respond to the COVID-19 pandemic, TCHD has not fully operationalized all of the changes in the 2020 revision to the Core Public Health Services and aligned our programs with them; therefore the agency's structure and budget still reflect the previous framework.

An additional and important rule is the Colorado Minimum Quality Standards for Public Health Services (6 CCR 1014-9) adopted in 2013. This rule addresses how governmental public health agencies should operate and seek to continuously improve services. The rule specifies that through the adoption of measurable standards for public health services, Colorado's public health system, including local and district health departments, will continuously improve the quality of its services and programs, will demonstrate accountability, and will raise public health capacity. The rule was created using national standards as developed by the Public Health Accreditation Board as a basis to direct local public health agencies across Colorado and uses a slightly different approach to defining core public health services. Because the national public health accreditation process requirement requires use of these standards, TCHD organizes its accreditation efforts (initial accreditation in 2017, re-accreditation anticipated in 2022) around this structure.

TCHD bases our approach to the provision of public health services in Adams, Arapahoe, and Douglas Counties on this statutory and regulatory foundation. The report that follows provides a description of TCHD's programs and services based on current organizational and budgetary structure.

Introduction cont.

Mission, Vision, Values, and Guiding Principles

Vision

Optimal health across the lifespan for the populations we serve.

Mission

Promote, protect and improve the lifelong health of individuals and communities in Adams, Arapahoe and Douglas Counties through the effective use of data, evidence-based prevention strategies, leadership, advocacy, partnerships, and the promotion of health equity.

Values and Guiding Principles

Values for the agency are demonstrated in the behavior and decisions of all our employees and in how we conduct our efforts in the communities we serve. TCHD, its Board and its employees have adopted these eight core values that guide behavior, organizational policy, and decision-making. These values not only apply to how we interact with each other internally, but how we treat our partners and clients externally.

Respect – We treat others with the same dignity as we wish to be treated. We honor the whole person and recognize the importance of work-life balance and diverse perspectives. We recognize the power of teamwork and appreciate the unique contributions that each member of a team can make.

Integrity – We maintain consistency in what we say and what we do. We uphold high ethical standards and maintain accountability to each other and the communities that we serve.

Courage – We stand up for what is right in the face of adversity. We communicate openly and welcome honest feedback. We advocate for those who cannot do it for themselves.

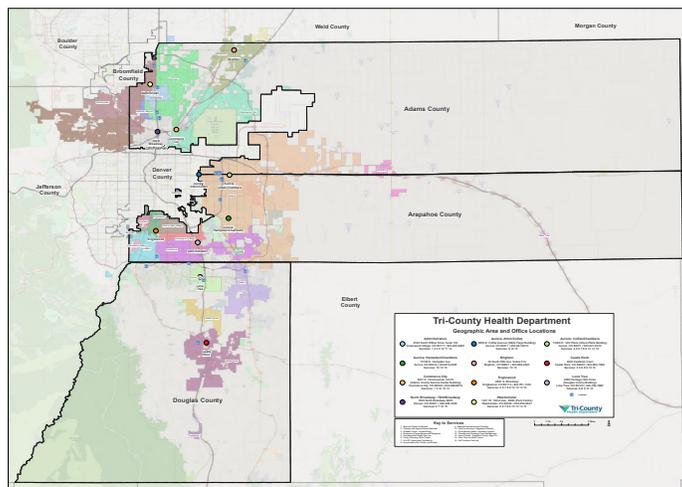
Excellence – We strive for the highest quality in everything that we do. We pursue opportunities and seek creative and innovative solutions to the challenges that face us.

Leadership – We believe that everyone can be a leader. We empower others to act; we encourage everyone to reach their fullest potential; and we model our core values.

Collaboration – We seek to sustain and enhance the reach and impact of our efforts through the respectful engagement with community partners (local, regional and state).

Stewardship – We maintain stewardship of public monies and facilities through active management and always striving to provide targeted, high quality, and cost-effective services for the community.

Innovation – We seek and encourage innovative approaches to address public health issues, reach diverse communities and improve agency operation



Board of Health

The Board of Health is the statutorily-mandated entity that oversees TCHD and is comprised of nine members: three each from Adams, Arapahoe and Douglas Counties. Board members are appointed by their respective County Commissioners and serve five-year terms. The Board of Health is responsible for hiring and evaluating the Public Health Director, providing financial oversight, policy making, acting in an advisory capacity to the Public Health Director, and adopting and revising rules and regulations related to the administration of public health laws within the District. In today's public health system, the leadership role of boards of health makes them an essential link between public health services and a healthy community. The TCHD Board of Health has played an essential role in the development of TCHD's Strategic Plan, TCHD's Public Health Improvement Plan, and Public Health Accreditation. Most notably, over the past year, TCHD's Board of Health has been heavily involved in COVID-19 pandemic response efforts including approving district-wide public health orders.

Board of Health

Funding/Revenue Source(s): General Funds

FY22 Division FTE: 0

FY22 Division Budget: \$26,000

BOARD OF HEALTH MEMBERS

Adams County

Julie Mullica, MPH,
Vice President
Term expires: January 2027

Rosanna Reyes, RN
Term expires: January 2025

Julie Schilz, BSN, MA
Term expires: January 2026

Arapahoe County

Jan Brainard, RN
Term expires: February 2023

Thomas Fawell, MD
Term expires: February 2022

Kaia Gallagher, PhD,
President
Term expires: February 2026

Executive Director

The Executive and Deputy Director are responsible for providing strategic leadership by working with the Board of Health and the Executive Management Team to establish agency goals, strategies, plans, and policies. Programs included in the Office of Executive Director include Strategic Communications and the Policy and Public Affairs Officer. They also oversee eight functional divisions: Nutrition; Community Health Promotion; Nursing; Emergency Preparedness, Response and Communicable Disease Surveillance; Environmental Health; Human Resources; Administration and Finance; and Planning and Information Management.

Office of Executive Director Division Funding/Revenue Source(s): General Funds

FY22 Division FTE: 8.09

FY22 Division Budget: \$4,203,245

**Division budget includes budget for Board of Health*

Office of Executive Director Division Funding/Revenue Source(s): General Funds

FY22 Program FTE: 5.09

FY22 Program Budget: \$1,380,036

**Includes Executive Director, Deputy Director, Policy and Intergovernmental Affairs, and Metro Denver Partnership for Health Grant.*

Policy and Intergovernmental Affairs

The Policy and Public Affairs Officer position was created as a stand-alone program in the Office of the Executive Director, reporting to the Executive Director and providing support across agency divisions and programs. The Policy and Public Affairs Officer leads agency-wide efforts addressing community-based policy development and implementation; serves as the TCHD liaison with federal, state and local elected officials; works with agency leadership, staff and the board of health to develop and implement policy; and acts as an agency spokesperson in settings related to policy and relationship building. This work is done in collaboration with subject matter expert staff and with the goal of promoting, protecting and improving the lifelong health of individuals and communities in Adams, Arapahoe and Douglas Counties. Through a wide variety of internal and external engagement with a broad range of stakeholders, the Policy and Public Affairs Officer supports efforts to inform and educate about public health issues and functions, develop public health policies, enforce public health laws, and promote strategies to improve health. To support the agency in these areas, the Policy and Public Affairs Officer:

POLICY AND INTERGOVERNMENTAL AFFAIRS AGENCY SUPPORT AREAS

- Regularly researches legislative and government affairs issues and prepares information for the Executive Director, Executive Management Team, and Board of Health.
- Provides coaching and training to agency staff working with local governments and in policy adoption and implementation.
- Develops staff resources around the policy-change process, communication with elected officials, messaging and framing, and community engagement around public health policy.
- Works with staff across the agency to coordinate efforts and make connections.
- Develops a process for agency-wide, annual, policy agenda setting.
- Seeking opportunities to promote health equity in communities through collaboration with TCHD leadership, staff, and partners.

Policy and Intergovernmental Affairs cont.

POLICY AND INTERGOVERNMENTAL AFFAIRS AGENCY SUPPORT AREAS CONT.

- Enhances relationships and builds trust with elected officials, partners, communities and institutions across the TCHD jurisdiction.
- Hosts an annual elected officials event for all elected officials in TCHD’s jurisdiction. Event speakers have included representatives from the Colorado General Assembly, the Governor’s Office, the Colorado Department of Public Health and Environment (CDPHE), the Denver Regional Council of Governments (DRCOG), the Colorado Association of Local Public Health Officials (CALPHO) and TCHD leadership and staff.

During the COVID-19 pandemic, the Policy and Public Affairs Officer provided and continues to provide very similar support within the emergency response framework related to COVID-19 policy, providing a direct connection between the state’s COVID-19 policy makers and TCHD’s leadership, staff, elected officials, partners, and stakeholders. New relationships have been made or enhanced through this work including work with businesses, schools, places of worship, parks and recreation departments, libraries, human services and other institutions.

Strategic Communications

The Office of Communications works to promote healthy behavior and reduce public health risks as well as educate the public through proven and diverse communication and marketing strategies. It also provides media and marketing training to staff. The activities of the Communications staff include; strategic communication planning; media relations; public information; adherence to brand standards; social media; measurement and evaluation of marketing and communication campaigns; media monitoring; oversight of the TCHD website and Intranet; marketing for TCHD programs and services; graphic design and production of brochures, fact sheets, collateral materials, and reports. Communications staff also work closely with regional partners such as cities and counties, schools, community partners and state and federal government to align and share public health messages.

Strategic Communications Program Funding/Revenue Source(s): General Funds

FY22 Program FTE: 3.00

FY22 Program Budget: \$397,209

Strategic Communications Metrics, 2019-2021

	2019	2020	2021
Total media campaign impressions	100,664,586	59,314,808	60,959,816
Total website hits (sessions)	329,533	3,073,951	1,985,363
Total number of social media impressions (Facebook, Twitter, and Instagram)	1,224,302	3,176,038	4,626,780

Administration and Finance

The Administration and Finance Division provides support to the 11 TCHD offices in Adams, Arapahoe, and Douglas Counties. The Division develops the organization’s annual budget and provides budgetary oversight along with the Executive Director, Deputy Director, and TCHD Division Directors.

TCHD has received an unqualified audit opinion for 2019 and for the past nine years in a row. The auditors found that the financial statements were in accordance with accounting principles generally accepted in the United States.

Administration and Finance Division Funding/Revenue Source(s): General Funds

FY22 Division FTE: 29.62

FY22 Division Budget: \$15,796,118

Revenues

Forecasted revenues for FY 2022 are estimated to be \$67.9 million. This is a decrease of 1.21% as compared to the revised revenue projection of \$68.7 million for FY 2021. This decrease in revenue is primarily changes in funding for the COVID-19 pandemic response. Additionally, as noted above, TCHD requested an increase in county funds based on a per capita rate increase of 0.07 for a per capita rate of \$7.17. This represents an overall adopted FY 2022 county appropriation increase of \$84,161 over FY 2021.

TCHD receives revenue to fund operations from a variety of sources, which are listed below.

County Appropriations – These are the funds provided by Adams, Arapahoe, and Douglas counties for core public health services through a per capita formula (currently \$7.10).

County Program Specific Funds – Funds provided by individual counties for specific programs. Funds are restricted to these programs.

Grants/Contracts – Funding from foundations and other organizations for specific programs. Funds are generally restricted to these programs.

Fees/Donations – Fees and donations collected while performing specific public health services (e.g., restaurant inspections) for the public or private businesses.

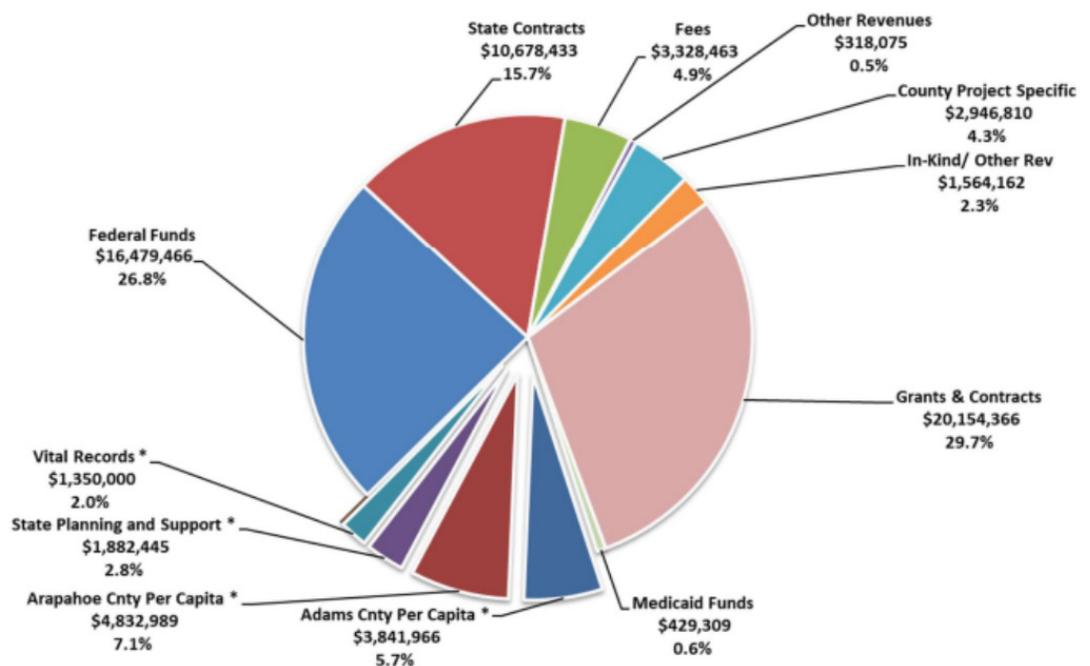
State Funds and Federal Pass through Funds – Funds received from the Colorado Department of Public Health and Environment (CDPHE) and other state agencies. This includes State Planning and Support for general public health services as well as program specific funding for programs in various TCHD divisions.

Medicaid Funds – Nursing funding provided through joint federal and state government cooperation. These funds are received from providing direct services to qualified patients.

Use of Fund Balance – Operational funding provided from the TCHD Fund Balance for capital improvement purposes (i.e., facility renovations, information technology updates, other capital replacements).

In-Kind Revenue – Non-cash income that takes the form of provided supplies or free rent. In-kind revenue is offset in the budget by an equal amount of in-kind expense.

**FYI 2022 Adopted Sources of Revenues
Total \$67,886,484**



Budget Process

Tri-County Health Department is required to adopt an annual budget per Colorado Revised Statute (CRS) Title 29, Article 1, Section 103. The budget must include: adopted expenditures and revenues for the budget year; estimated beginning and ending fund balances; and, corresponding actual figures for the prior fiscal year and estimated figures for the current fiscal year. CRS Title 29, Article 1, Section 108 requires the TCHD Board of Health to hold a public hearing on the matter of adopting the adopted budget and subsequently adopt the budget after an affirmative vote of the majority of the board. TCHD budgets annually on a calendar basis, January 1 to December 31. Budget revenues are identified by source. Expenditures are identified by agency, division, and program groups. For each of these groups, revenue and expenditures show the most recent completed and audited fiscal year, the current budget year, and the adopted budget. The budget must be balanced with expenditures not exceeding total anticipated revenue or general fund allocation ([FY22 TCHD Adopted Budget Book](#)).

Basis of Budgeting and Accounting

Tri-County Health Department uses the modified accrual basis of accounting for both budgeting and financial statements. Revenues are recognized in the accounting period when it is earned while expenses are recognized in the period when the liability is incurred. The budget is used as a legal instrument authorizing the expenditure of public funds, as an accounting framework for allocating fiscal stewardship, and as a management tool for planning the direction for utilizing revenues.

Finance and Operations Program

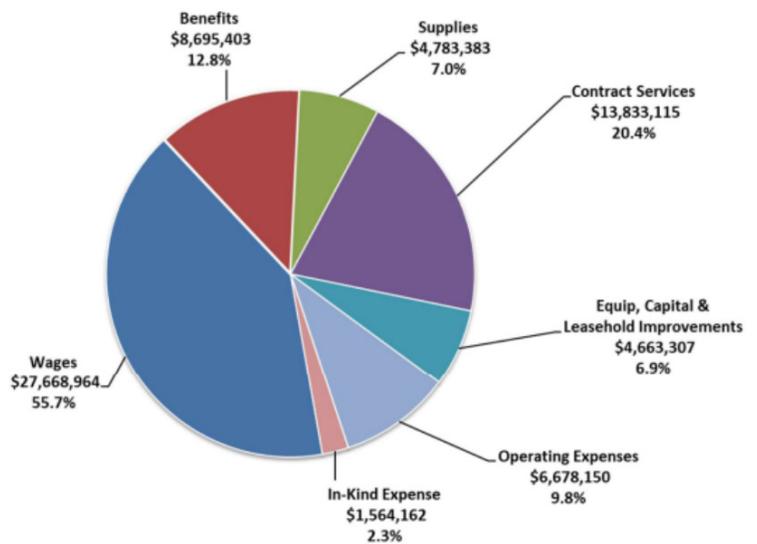
The Finance and Operations Program within the Administration and Finance Division is dedicated to the people and the purpose of TCHD. The Finance and Operations Program maintains effective management of TCHD's financial activity and provides support services to all of the organization's divisions and programs. The role of this program is to oversee all financial aspects for the organization including coordinating financial activity to ensure that TCHD conducts business in accordance with Board of Health and TCHD policy and procedures and within all guidelines of Generally Accepted Accounting Principles. TCHD experienced increases in CORA requests and legal fees in 2020 and 2021 due to COVID-19 pandemic response.

This Division is responsible for the oversight and management of all financial activities including:

FINANCIAL ACTIVITIES

Budget development, planning and management	Financial analysis, forecasting and reporting	Financial compliance with laws, regulations and policies
Annual external audit	Contracts management	Internal control policies and procedures
Accounts payable	Grants management	Payroll processing and compliance
Accounts receivable	Annual financial statement preparation	Cash and Investment management

FYI 2022 Adopted Expenditures by Type, Total \$67,886,484



*Includes accounting, contracts management, purchasing, CORA, and facilities

Finance and Operations Program Funding/Revenue Source(s): General Funds

FY22 Program FTE: 19.62

FY22 Program Budget: \$14,446,118

TCHD Financial Operations Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of grants managed	83	89	88	91	90	83
Number of purchase orders fulfilled	2536	1932	1963	2129	1654	1768
Number of purchasing cards managed	57	59	51	41	33	50
Number of annual purchasing card transactions	2,489	3,613	3,369	3,040	2,655	2904
Number of contracts managed annually	224	219	249	218	268	306
Expense Contracts	105	82	120	92	109	157
Revenue Contracts	81	84	72	78	110	88
Other Contracts*	48	53	57	48	49	60
Cost of legal review of contracts	\$40,489	\$40,118	\$23,445	\$18,943	\$10,327	\$21,485
Annual cost of litigation	\$74,706	\$71,697	\$84,799	\$69,920	\$44,202	\$53,244
Number of Colorado Open Records Access (CORA) requests	11	31	116	74	122	174
Attorney-Initiated Requests	-	-	6	13	12	40
Media-Initiated Requests	-	-	10	9	19	6
Public-Initiated Requests	-	-	88	49	91	124
Outbreak-Associated Requests**	-	-	12	3	0	4
Annual cost of CORA requests	-	\$4,433	\$5,713	\$9,119	\$19,513	\$11,818
Total amount of legal fees paid	\$138,928	\$123,917	\$117,646	\$107,657	\$199,651	\$165,857

*Other include intragovernmental agreements, memoranda of understanding, and non-denomination.

Facilities

There are currently 11 offices located throughout the Tri-County region. Each county provides at least one office for use by TCHD at no cost, but there are many expenses that are paid for by the agency to meet the needs of programs and projects located in these offices. TCHD leases the other offices, which requires the agency to negotiate the leases and pay rent out of available funding. The budget for Facilities is included in Finance and Operations Program Budget above.

Facilities Program

Funding/Revenue Source(s): General Funds

FY22 Program FTE: 3.00

FY22 Program Budget: \$450,846

FY22 In-Kind Revenue, Use of County-Owned Facilities (Rent): \$428,162

Facilities, warehouse, distribution, and purchasing operations provide efficient and timely support to TCHD staff in the following areas:

FACILITY SUPPORT OPERATIONS

Vaccine storage

Warehouse operations and delivery service

Remodel, repair, and maintenance services

Motorized and non-motorized vehicle maintenance

Strategic planning services related to office locations and space to optimize needs of the communities we serve

Facilities cont.

Facilities Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of reactive maintenance items	320	462	423	380	414	450
Number of scheduled maintenance items	28	45	26	39	37	54
Number of facilities tickets addressed and closed	348	520	440	650	408	670

FACILITY LOCATIONS

Administration (Leased)

6162 S. Willow Drive, Suite 100
Greenwood Village, CO 80111 303/220-9200

Aurora East: Colfax/Chambers

(Provided by Arapahoe County)
15400 E. 14th Place, Suite 115
Aurora, CO 80011 303/341-9370

Aurora South: Hampden/Chambers (Leased)

15192 E Hampden Avenue
Aurora, CO 80014 303/873-4400

Aurora West: Alton/Colfax WIC Services Only (Leased)

9000 E. Colfax Avenue, Suite 105
Aurora, CO 80010 303/361-6010

Brighton WIC Services Only (Leased)

30 S. 20th Avenue
Brighton, CO 80601 303/659-2335

Castle Rock (Provided by Douglas County)

410 South Wilcox
Castle Rock, CO 80109 303/663-7650

Commerce City (Provided by Adams County)

4201 E. 72nd Avenue, Suite D
Commerce City, CO 800221 303/288-6816

Englewood (Provided by Arapahoe County)

4857 S. Broadway
Englewood, CO 80113 303/761-1340

Lone Tree (Provided by Douglas County)

9350 Heritage Hills Circle
Littleton, CO 80124 303/784-7866

North Broadway Office (Leased)

7000 North Broadway #400
Denver, CO 80221 303/426-5232

Westminster (Leased)

1401 W 122nd Ave #200
Westminster, CO 80234 303/452-9547

Vital Records

TCHD is authorized by the State of Colorado to issue birth and death certificates through its Vital Records offices located in Greenwood Village, Commerce City, and Castle Rock. TCHD's 5-Star Performance Award winning Vital Records Program is able to issue birth or death certificates for the State of Colorado regardless of the county of birth or death. Certificates can be issued through a wide variety of ordering methods such as in person, online, or by mail. Vital Records is a self-funded program through fees collected from services provided. Excess revenue from the Vital Records program is used to assist programs and services that are not fully funded. In FY22, the Vital Records Program is estimated to bring in approximately \$77,000 of revenue over expenditures. The Vital Records Office in Castle Rock opened in January 2018. TCHD had a decrease in birth and an increase in death certificates provided and subsequent revenue in 2021 due to the COVID-19 pandemic.

Vital Records Program Funding/Revenue Source(s): Fees

FY22 Program FTE: 10.00

FY22 Program Budget: \$1,350,000

Vital Records Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total revenue	\$1,247,244.50	\$1,377,853.50	\$1,292,717.50	\$1,290,175.00	\$1,488,908.00	\$1,647,583.00
Commerce City	\$448,092.50	\$522,731.75	\$371,255.50	\$410,965.00	\$541,635.00	\$586,471.00
Greenwood Village	\$799,152.00	\$855,121.75	\$822,208.00	\$760,044.00	\$866,731.00	\$1,060,561.00
Castle Rock	-	-	\$99,254.00	\$119,166.00	\$80,542.00	\$551.00
Total certificates issued	86,251	95,666	87,230	84,677	99,623	110,509
Commerce City	30,123	35,745	24,550	27,165	37,048	40,015
Greenwood Village	56,128	59,921	56,362	50,265	57,605	70,464
Castle Rock	-	-	6,318	7,247	4,970	30
Death certificate revenue	\$871,328.00	\$1,029,028.00	\$889,022.00	\$851,150.00	\$1,093,435.00	\$1,206,530.00
Commerce City	\$256,011.00	\$397,831.00	\$246,368.00	\$308,715.00	\$474,702.00	\$502,513.00
Greenwood Village	\$615,317.00	\$631,197.00	\$605,551.00	\$499,793.00	\$587,786.00	\$704,017.00
Castle Rock	-	-	\$37,103.00	\$42,642.00	\$30,947.00	-
Total death certificates issued	61,870	72,968	62,971	60,180	77,497	85,656
Commerce City	17,941	27,853	17,140	21,608	33,400	35,339
Greenwood Village	43,929	45,115	43,251	35,686	41,941	50,317
Castle Rock	-	-	2,580	2,886	2,156	-
Birth certificate revenue	\$375,916.50	\$348,825.50	\$403,695.50	\$439,025.00	\$395,473.00	\$441,053.00
Commerce City	\$192,081.50	\$124,900.75	\$124,887.50	\$102,250.00	\$66,933.00	\$83,958.00
Greenwood Village	\$183,835.00	\$223,924.75	\$216,657.00	\$260,251.00	\$278,945.00	\$356,544.00
Castle Rock	-	-	\$62,151.00	\$76,524.00	\$49,595.00	\$551.00
Total birth certificates issued	24,381	22,698	24,259	24,497	22,126	24,853
Commerce City	12,182	7,892	7,410	5,557	3,648	4,676
Greenwood Village	12,199	14,806	13,111	14,579	15,664	20,147
Castle Rock	-	-	3,738	4,361	2,814	30

Human Resources Division

Human Resources manages various employee-centered programs with a commitment to support the ever-changing employee and agency needs. Human Resources services include recruitment, onboarding and orientation, benefits and retirement, compensation, compliance (Policy/Procedure/FMLA/ADA/Leaves of Absence), employee relations, employee health and wellness, employee performance management and development, employee recognition programs, and worker's compensation. The Human Resource team takes pride in providing a personal, honest, and objective approach. The team strives to be proactive, responsive, and a knowledgeable sounding board for employee needs while providing a robust array of human resource best practices.

Human Resources Division

Funding/Revenue Source(s): General Funds

FY22 Division FTE: 5.50

FY22 Division Budget: (-\$1,239,994)

Employee Recruitment

In 2019, the recruitment function moved from a manual system to an applicant tracking system resulting in a significant improvement to time to fill. TCHD recruits, hires, and orients an average of 60 employees a year. In 2020 and 2021, TCHD screened and contracted with 350 temporary employees and volunteers to support the COVID-19 response. In 2021, HR developed an internal recruiting website for employees to access first before positions are posted to the public and developed a referral bonus process for the Nursing Division.

Employee Benefits

Eighty-five percent of TCHD employees take the health and welfare benefits offered. Employees pay on average only 20% of the cost. In the last three years, TCHD has gone out to bid on various products to ensure TCHD's benefit costs are as competitive as possible while providing a high quality of care. TCHD offers employer paid life, disability, and long term care insurance. The PTO and extended illness bank accruals are excellent. TCHD has added several voluntary benefits in 2021 at employee requests such as pet insurance and identity theft insurance. TCHD has saved over \$250,000 in premium costs from 2018-2021 due to changes to contracts with vendors.

Employee Compensation

In 2019-2020, HR took the first step in a TCHD strategic plan initiative to update the competitive compensation and benefits and provide a higher level of transparency and understanding of TCHD pay practices. HR refreshed and standardized a market-based job classification framework, the TCHD Pay Plan, and developed an Employee Compensation Resource Guide. The result was an 18% jump in employee satisfaction in this area in 2020. A full market compensation review will be completed in the first quarter of 2022 to ensure we are competitive in the current market. In addition, due to high turnover in 2021, the Agency is offering a \$5,000 retention bonus for full time employees from 1/18/22-7/1/22.

Employee Relations

TCHD has been successful in achieving a low rate of employee relations issues. There have been one EEOC claims on TCHD in the last five years. HR provides ongoing employee relations support and counsel for leadership, and provides Management 101 and in 2022 an updated Performance Management training to ensure all new supervisors and managers start with essential tools to succeed in their new duties.

Workforce Development

Although the pandemic had a significant impact on staff capacity and agency goals, professional development and training remain essential at TCHD. Most in-person training has been adapted to virtual formats and ongoing content development to address evolving needs. TCHD identified professional development and training as a priority in 2019 within the agency Strategic Plan. This priority brought forward workforce development plans to promote and enhance staff learning and development opportunities. In January 2020, the agency formally introduced a Learning Management System (LMS) with a robust content library to over 400 agency staff.

In 2022, the Workforce Development Team will reconvene with a focus on providing TCHD employees opportunities for growth and enhancement of skills. The team will look at ways to provide employees with career development opportunities to help employees be ready for promotional opportunities at TCHD or elsewhere.

As Health Equity and Racial Justice became a critically important theme for the public health sector this past year, the agency prioritized training and educational strategies that specifically target these areas. All TCHD staff completed the foundational Equity Training, Introduction to Health Equity and Racial Justice by November 2021. Through this training experience, staff increased

Workforce Development cont.

familiarity with racial justice, gained an understanding of how concepts apply to aspects of agency work, gained specific historical and contemporary public policy examples to reference, and focused on relationship building with colleagues. In the first quarter of 2022, a Language Justice Training will be rolled out to expand upon past health equity training and ensure employees have the tools to speak about racial justice appropriately. These trainings are designed to be a catalyst for future initiatives for agency employees related to racial equity.

Workers' Compensation

In 2019, a new incident response reporting process was launched for workers' compensation claims, a new preventative approach to claims such as targeted ergonomic adjustments, staff education on the highest types of claims, ergonomic support to employees working remotely, and a collaborative approach to alert employees of safety issues such as needlestick prevention, falls, and ice in parking lots. A new incident investigation process was created to assess, evaluate and mitigate risk management for all TCHD claims. New accommodation measures like medical dictation software, prone workstations, remote work solutions, and ergonomic workstation setups were implemented to support injured employees returning to work sooner, allowing them to continue to support the agency with their valuable skills. These efforts, along with remote working, have had a significant impact with decreased claims in 2020 and 2021. In the last two years, claim costs have reduced approximately \$80,000, leading to lower premiums in workers' compensation insurance for TCHD.

Employee Wellness

Wellness initiatives have long been associated with improving employees' health and morale, increasing productivity, decreasing absenteeism, and controlling employer healthcare costs. TCHD's Employee Health and Wellness Program has recently focused specifically on improving employee mental wellness, increasing agency resiliency, providing stress management resources, reducing barriers to mental and medical care access, and ensuring the work environment supports active and healthy living. During 2020 and 2021, family friendly workplace policies and programs were continued, modified to ensure safety of participants. These included flexible work schedules, infant-at-work with COVID-19 specific guidance, lactation-support, free medical grade breast pump loans, and courses for families navigating pandemic-related stresses. The wellness program focused on offering trainings on the following topics: stress management, mental health awareness for leadership, compassion fatigue, secondary trauma, psychological first aid, mindfulness, meditation, resiliency, 23 EAP group support sessions, EAP individual sessions, and workplace policies to support employee wellness. The Employee Health and Wellness program produced an all staff email called "Connecting During COVID". This all staff email had a total of 61 issues and had over 6,860 clicks within the emails, averaging 105 clicks per issue. From February 2021 to May 2021 on Tuesday/Thursdays, 15 minute virtual mindfulness sessions were facilitated with over 70 sessions and over 880 staff attending. These sessions will continue in 2022.

In 2021, Employee Health and Wellness increased the emphasis on safe work practices and employee mental health wellbeing. The Employee Health and Wellness program continues to support internal agency policies and procedures related to the COVID-19 pandemic. This program created and supported implementation of an agency COVID-19 Employee Vaccination Policy, symptom screening processes, COVID-19 return to work guidelines, PPE guidance, COVID-19 clinical guidance, and mitigation protocols for workplace safety related to COVID-19.

Employee Wellness Program

Funding/Revenue Source(s): General Funds

FY22 Program FTE: 1.00

FY22 Program Budget: \$118,442

Human Resources Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total number of FTEs	249	300	288	291	334	360
Total number of individuals employed	408	417	411	385	388	390
Percent of employees retained	84%	87%	86%	87%	87%	76%
Average tenure of employees in years	-	-	7	7	8	6
Total number of open positions filled	55	76	63	72	43	71
Total number of positions posted	-	-	-	95	91	113

Planning and Information Management Division

The Planning and Information Management Division enables TCHD employees and stakeholders to access and use information and data to inform decision-making through planning and evaluation by providing timely, responsive, and effective technical assistance and customer service across the agency and by creating value through interdisciplinary collaboration, process improvement, and effective communication. Services include: data collection, analysis, data visualization to monitor health status, to prioritize health issues, and to facilitate evidence-based decision making; identify technological solutions to meet agency needs and provide IT support and IT project management; manage performance management system development and maturation; facilitate continuous quality improvement; and provide agency-wide strategic planning and population-focused planning initiatives.

Planning and Information Management Division

Funding/Revenue Source(s): General Funds

FY22 Division FTE: 16.94

FY22 Division Budget: \$3,605,067

Planning and Information Management Division Administration

This core leadership team is responsible for oversight, planning, implementation, and evaluation of programs within the Division. The Planning and Information Management Division administrative team consists of the Division Director, the Performance Management Coordinator, the Planning Initiatives Coordinator, the Program Planning and Evaluation Coordinator, and the Informatics Project Manager. The team is responsible for development and oversight of the agency's Strategic Plan and the Public Health Improvement Plan; the administration and oversight of the agency's performance management and quality improvement systems; program-focused planning and evaluation technical assistance; and assurance and oversight of the agency's large-scale technical projects through Informatics Project Management. Each function is described briefly below.

Division Administration

Funding/Revenue Source(s): General Funds

FY22 Program FTE: 4.00

FY22 Program Budget: \$570,789

**Includes Division Director, Strategic Planning, Community Health Planning, Performance Management and Quality Improvement, Program Planning and Evaluation, and Informatics Project Management.*

Strategic Planning

In 2019, TCHD adopted a six-year agency-wide [TCHD Strategic Plan](#). While much progress was made in 2020, some of TCHD's strategic efforts were paused due to the COVID-19 response. TCHD indefinitely paused its 2019-2024 Strategic Plan in November 2021 due to changes in the agency's governance with the three counties withdrawal from the TCHD health district. In 2022, planning efforts will be focused on transition of public health services to the new governance and service delivery structures.

Community Health Planning: Public Health Improvement Plan

TCHD's 2019-2024 Public Health Improvement Plan includes three primary Priority Areas and one developmental Priority Area. These include: Access to Mental and Physical Health Care Services, Mental Health, Health and Food, and the developmental priority area, Health and Housing. Activities in each priority area shifted in 2020 to focus on the impact due to COVID-19. Housing, food, access to care, and mental health have become more critical than ever during the response to COVID-19. These key drivers of health have been central to the COVID-19 human needs response as the impacts of this virus have tested economic and social structures in deep ways. These efforts will continue through 2022; a [PHIP Mid-Term Update Report](#) was published in November 2021 capturing progress made on each Priority Area. The vision for each Priority Area is listed below. [TCHD Public Health Improvement Plan](#).

TRI-COUNTY PUBLIC HEALTH IMPROVEMENT PLAN PRIORITY AREAS

Access to Mental and Physical Health Care Services

Vision: *In a healthy community, all people across the life course, regardless of their income or other circumstances, can access high quality physical health, mental health, and substance use services.*

Mental Health

Vision: *In a healthy community, positive mental health and social connections allow people to have the mental and physical energy, vitality, and resilience to live joyfully and cope with the stresses of life, work productively, and make meaningful contributions to their communities.*

Community Health Planning: Public Health Improvement Plan cont.

TRI-COUNTY PUBLIC HEALTH IMPROVEMENT PLAN PRIORITY AREAS CONT.

Health and Food

Vision: *In a healthy community, all residents can access safe, nutritious, affordable, and culturally relevant food and are able to practice healthy eating habits.*

Health and Housing

Vision: *In a healthy community, quality, attainable housing is available and people have the tools and resources to stay in their communities and feel connected to their neighborhood.*

Program Planning and Evaluation

The Planning and Information Management Division provides program planning and evaluation services to internal programs and to external partners. Staff ensure appropriate understanding and use of data for public health assessment, planning, and evaluation. This work includes writing evaluation sections of grants; creating logic models for program planning or re-assessment; correcting, analyzing, and reporting data from evaluation plans; assisting staff in designing and conducting research projects; leading internal program-area strategic planning; developing and updating targets for population health measures for Public Health Improvement Plan, Strategic Plan, and program dashboards; and working with staff to include evidence-based strategies in their program planning, assessment, and evaluation work.

Highlights of planning and evaluation projects in the past several years include:

INTERNAL WORK

- 2021 Community Health Updates, by county
- [2021 Adams County Community Health Update](#)
- [2021 Arapahoe County Community Health Update](#)
- [2021 Douglas County Community Health Update](#)
- [2018 Community Health Assessment](#)
- 2019-2024 Public Health Improvement Plan
- 2019-2024 TCHD Strategic Plan
- Healthy Eating, Active Living (HEAL) Team Strategic Planning
- Grant Writing Assistance for STI Program, Title X program, Tobacco Grant Programs, Arapahoe County Senior Dental Clinic, Alzheimer's Healthy Brain Initiative
- NEAR@Home Home Visitation Model Evaluation
- Nurse Support Program Annual Evaluation and Data Analysis
- Nurse Support Program One Key Question Analysis
- Nurse Support Program Client Survey
- Nurse Family Partnership Young Parent Engagement Survey and Report
- Partnership Tracking Tool Evaluation
- Title V Maternal and Child Health Program Strategic Planning
- Tobacco Program Logic Models

PARTNER WORK

- 2021 Community-Based Organization Partnerships around community engagement for the Community Health Assessment
- Partner with Centura Health; inform Community Health Needs Assessment (CHNA) process and facilitate prioritization discussions during community meetings
- Maternal and Child Health Data Snapshot: a BIPOC COVID-19 Pandemic Impact Report, in collaboration with Children's Hospital Colorado
- PRAMS Data to Action Success Story for CDPHE
- Adams County Health Alliance Annual Planning Survey
- Provide assessment data consultation to Broomfield County Public Health WIC Program
- Community Pharmacist Pilot Evaluation
- Douglas County School District Restorative Justice Evaluation Mapping, consultation
- Douglas County School District Sources of Strength Qualitative Data Analysis
- Early Childhood Partnership of Adams County Teen Parent Data & Resources Storymap (2016, 2021 update)
- Evaluation and Assessment for the Douglas County Youth Substance Abuse Coalition
- Evaluation Consultation with the Crisis Center
- Food Survey of Refugee Families in partnership with the Colorado African Organization
- Let's Talk Stigma Reduction Campaign Evaluation
- Metro Denver Healthy Beverage Partnership Strategic Planning Facilitation

Performance Management and Quality Improvement

The purpose of the Performance Management and Quality Improvement (PMQI) program at TCHD is to support and promote operational excellence for all people, processes, and programs throughout the agency. The PMQI program does this by providing training, coaching, and data management as well as providing its two main deliverables: the Performance Management System and Lean Process Improvement. Some of the major accomplishments of the PMQI program include the following.

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT: RECENT ACCOMPLISHMENTS

- The creation of quality improvement (Lean) training complete with standard tools that aid the agency in planning, executing, and documenting innovation.
- The creation of performance dashboards for all major programs throughout the agency that include process, outcome, and population measures. These dashboards were heavily utilized for the creation of this report.
- The creation of performance forums where programs present their progress, challenges, and innovations to their colleagues throughout the agency as a form of positive accountability and peer learning.
- The creation of the PMQI Council that includes individuals from all divisions who receive specialized training so they can serve as coaches and champions who promote a culture of quality throughout the agency.
- The completion and sustained usage of the QI Self-Assessment Tool 2.0, originally developed by the National Association of County and City Health Officials (NACCHO), so that our performance management system itself is able to be assessed and improved over time.

The PMQI program also functions as a source of consultation and project management for the agency on an ongoing basis. This often includes the facilitation of meetings and events specifically tailored to the needs of a given project (i.e. brainstorming, process mapping, root-cause analysis, etc.). Additionally, the PMQI program has provided assistance as part of TCHD's response to the COVID-19 pandemic. When establishing processes for case investigation and contact tracing, the PMQI program facilitated process mapping and documenting of standards. The PMQI program also helped lead efforts throughout the response that resulted in increased documentation and tracking.

Public Health Accreditation

The Public Health Accreditation Board (PHAB) nationally recognized Tri-County Health Department in November 2017 for demonstrating excellence in the field of public health. Earning National Accreditation for five years means that TCHD meets or exceeds the rigorous standards established by the non-profit, non-governmental PHAB. TCHD was noted for its strong quality improvement culture, for using evidence-based practices in TCHD programs and strategies as well as for TCHD's strong relationships with TCHD's community partners and the Board of Health. The achievement of National Accreditation and TCHD's annual reporting to maintain accreditation continues to help guide the agency's work to better protect, promote, and preserve the health of the people in the community. In 2022, TCHD will be applying for PHAB re-accreditation, and will be preparing required documentation for this application process in 2021-2022.



Informatics Project Management

The Informatics Project Manager's role is to identify, implement, and evaluate innovative applications of technology and information systems that address agency and public health priorities by analyzing how information is organized and used, and to provide oversight over project planning and implementation of informatics and information technology (IT) solutions. This includes establishing a project management framework along with the associated proven processes, tools, techniques. The Informatics Project Manager catalogs current information systems, identifies vulnerabilities and gaps, and recommends corrective actions. The Project Manager models business processes and workflows within projects or programs, with input from program staff and vendors, and works with program staff and stakeholders to design or procure information systems that meet user needs. For prioritized projects, the Project Manager delineates system and user requirements for cost, timeliness of access, and breadth and depth of information. This individual manages user support for certain projects and implements organizational change management techniques to assist in various application implementations.

Information Technology Program

The Information Technology (IT) Program is designed to provide a self-supporting, reliable, and secure computer operating architecture and environment at TCHD. The IT Program supports both full and part-time TCHD employees by administering account information, assisting with application software issues, and solving technical problems using an efficient Help Desk system. IT configures, implements, maintains, monitors, and administers a wide variety of network and communication services such as: cybersecurity and server equipment, personal computers, and associated peripheral hardware. Additionally, IT maintains computer equipment inventories, administers cellular phones, and ensures software license compliance. The IT team also provides and operates a reliable, robust, and secure infrastructure to support mission-critical applications software for electronic health records system, accounting system (financial, payroll, procurement, and reporting services), E-mail services, environmental health system, and Women, Infants and Children (WIC) support. Finally, they monitor, maintain, and administer IT security, Internet connectivity, and the Wide Area Network infrastructure that connects all TCHD locations to the agency's central computing resources, including a disaster recovery site/plan. IT was instrumental in implementing innovations around the COVID-19 response that allowed TCHD staff to work remotely, to support various technical aspects of the response, and in ensuring the provision of core public health services in these challenging times. TCHD's IT Program continues to improve, optimize, and streamline IT operations.

Information Technology Program Funding/Revenue Source(s): General Funds

FY22 Program FTE: 7.00
FY22 Program Budget: \$2,168,977

Cybersecurity and innovation are also critical goals of the TCHD IT Program. Cybersecurity remains a critical focus to combat emerging threats to the TCHD data and computing environments. TCHD conducted a third-party cybersecurity audit in 2019 and plans to conduct these audits biannually. Also in 2019, the TCHD IT Program implemented a cybersecurity Layered Network Security (LNS) model, ensuring no single device or system was responsible for cybersecurity alone. This model included implementing geographical protection from attackers, internal firewalls separating TCHD staff machines from critical TCHD servers, and zero-day threat emulation with endpoint protection. The LNS model won a Promising Practice Award from NACCHO. The model continues to evolve, protecting TCHD from an ever-increasing amount of cybersecurity threats each day.

Lastly, when the COVID-19 pandemic struck Colorado, the need for remote-operated call centers, remote work needs, and a shift of technological focus was required. To meet these unprecedented challenges, the TCHD IT Program implemented a new communications platform, migrating the on-premise system to a secure, HIPAA-compliant phone service. This implementation allowed for social distancing, while still meeting the needs of the populations TCHD serves. In addition, an entirely new firewall cluster was implemented, with enhanced remote work and threat prevention capabilities. This allowed for all TCHD staff to perform their work remotely, and continue to serve the public at a high level during a time when the most help was needed.

Information Technology Program cont.

Information Technology Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Percent uptime	99.11%	98.93%	98.77%	99.87%	99.67%	99.85%
Uncontrolled downtime, in hours	19.5	23.5	27	11	28.5	22
Controlled downtime, in hours	42	44	42	49.5	38	48
Number of controlled outages	13	14	12	8	13	15
Number of IT helpdesk tickets resolved	3,413	3,623	3,650	3,434	4,324	4,686

Health Data and Geographic Information System (GIS)

The Health Data and GIS Program specializes in analyzing public health data in the context of how communities, cultures, and the physical environment can influence population level health. This is accomplished through the collection, management, and analysis of health, demographic, and community data—bringing them together in a way that can communicate the complex factors around health. This involves analyzing those relationships through GIS, statistical modeling, community engagement, and by creating useful data dissemination products through thoughtful graphic design and presentation. Through these processes, the Health Data and GIS Program is committed to a forward-thinking approach to health data, analysis, and data tools used across the agency and provides data and information to TCHD programs, elected officials, county and city staff, the public, and partners with the goal of improving communities through better opportunities for health.

**Health Data and GIS Program
Funding/Revenue Source(s): General Funds**

**FY22 Program FTE: 4.96
FY22 Program Budget: \$626,015**

The Health Data and GIS Program is committed to a forward-thinking approach to health data, analysis, and data tools used across the agency and provides data and information to TCHD programs, elected officials, county and city staff, the public, and partners with the goal of improving communities through better opportunities for health.

The Health Data and GIS Program is responsible for the collection, understanding, monitoring of all health and environment datasets used in the work of a public health department. These include but are not limited to:

HEALTH AND ENVIRONMENTAL DATASETS

- | | |
|--|--|
| <ul style="list-style-type: none"> • Vital Records (birth & death certificate data) | <ul style="list-style-type: none"> • Colorado Health Observation Regional Data Service |
| <ul style="list-style-type: none"> • All routine health surveillance datasets <ul style="list-style-type: none"> • Behavioral Risk Factor Surveillance System (BRFSS) • Healthy Kids Colorado Survey • Pregnancy Risk Assessment Monitoring System (PRAMS) • National Violent Death Reporting System | <ul style="list-style-type: none"> • Colorado Immunization Information System • TCHD Facility Inspection (Restaurant) data • TCHD Onsite Waste Water Treatment System Inspection/Permitting • Colorado Division of Water Resources |
| <ul style="list-style-type: none"> • Colorado Hospital Association Data | <ul style="list-style-type: none"> • Colorado Oil & Gas Conservation Commission |
| <ul style="list-style-type: none"> • US Census and American Community Survey Datasets | |

Health Data and GIS cont.

Development of data and analytic services across the agency as needed by program staff. This includes but is not limited to:

DATA AND ANALYTIC SERVICES

• Digital data collection tools	• GIS mapping
• Analytics within the following platforms	• Data storage and management solutions
• SAS, GIS, SQL	• Web mapping tools
• Statistical modeling of health outcomes	• Dashboards (Tableau, ESRI)
• Website development for data delivery	• Creating of factsheets, infographics, page layout (Adobe Creative Suite)
	• Data automation

INFRASTRUCTURE ADMINISTRATION AND MAINTENANCE

- ArcGIS Enterprise (On Premise) / ArcGIS Online
- SQL Server
- FME Server
- Tableau Server (On Premise), Tableau Public
- Windows IIS webhosting (<https://data.tchd.org>)

CORE TECHNICAL SKILLSET OF TEAM

- Advanced statistics
- GIS
- Graphic/Website design
- Coding languages:
SAS, HTML, Python, SQL, R, Arcade,
- Data automation

The Health Data and GIS Program has taken an approach of delivering health information based on topic where the goal was to not just turn around data that may be available from the state health department or elsewhere, but to compile all the data around a topic—including non-health datasets that may influence a health outcome—and begin to tell an understandable story about what and where issues are occurring with the community. The following are a few examples of these products:

WEB-BASED DATA DELIVERY

Opioid Misuse - <https://opioid-tchdgis.opendata.arcgis.com/>

Substance Abuse - <https://substanceabuse-tchdgis.opendata.arcgis.com/>

Mental Health - <https://mentalhealth-tchdgis.opendata.arcgis.com/>

Youth Tobacco Use - <https://tobacco-tchdgis.opendata.arcgis.com/>

African American Infant Mortality - <https://infantmortality-tchdgis.hub.arcgis.com/>

Household Chemical Round-Up- <https://storymaps.arcgis.com/stories/325445a7d14045c095d3b161e12166c0>

Oil and Gas Operations - <https://tchdgis.maps.arcgis.com/apps/webappviewer/index.html?id=00008781f6834cec92386ddffa22c52e>

Health Data and GIS cont.

Health Data and GIS: Awards

PROGRAM RECOGNITION

- 2017 ESRI Special Achievement in GIS Award
- 2018 NACCHO Model Practice Award
- 2020 ESRI webinar on TCHD's COVID-19 case investigation/contact tracing system
- 2020 FME webinar on TCHD's COVID-19 data automation
- 2020 Center for Digital Government – County Government Experience Award for TCHD's COVID-19 case investigation/contact tracing system
- 2020 NACCHO webinar on TCHD's COVID-19 case investigation/contact tracing system
- 2020 Colorado Public Health Association Technical Innovation Award for TCHD's COVID-19 case investigation/contact tracing system
- 2021 ESRI Map Book showcase of TCHD's COVID-19 data work

Medical Epidemiology

TCHD's Medical Epidemiologist consults with programs throughout the agency seeking expertise in epidemiologic analyses, clinical aspects of disease, interpretation of data and research studies, disease investigations, outbreak response, and maintaining agency-specific clinical nursing protocols. Additionally, this position oversees development and implementation of epidemiology-based studies for the agency on a wide variety of public health topics. TCHD's Medical Epidemiologist has been a critical resource to staff throughout the COVID-19 pandemic response by providing infectious disease medical expertise across a multitude of topics. This position has served as a

key liaison with CDC and other valuable national committees involved with the pandemic response, while also providing TCHD emergency response staff with up-to-date guidance to support COVID-19 case and contact investigations, outbreak response, surveillance data presentation and interpretation, surveillance protocol development, vaccination efforts, and public communication.

Medical Epidemiology

Program Funding/Revenue Source(s):
General Funds

FY22 Program FTE: 1.00

FY22 Program Budget: \$239,286

HIPAA Compliance

TCHD is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and must maintain strict compliance with this Act, as the agency provides clinical services and obtains, stores, and transmits protected health information (PHI) routinely. Currently, TCHD's Director of Planning and Information Management serves as TCHD's HIPAA Privacy Officer and the IT Operations Manager serves as TCHD's HIPAA Security Officer. Collectively, they are responsible for assuring TCHD's policies, procedures, and practices are in compliance with HIPAA, are responsible for investigation potential breaches of HIPAA, and provide recurrent HIPAA training to all staff. HIPAA Compliance is provided in-kind by Planning and Information Management Division Administration.

Community Health Promotion

The Community Health Promotion (CHP) Division advances population health by promoting changes in policies, systems, and environments that support community nutrition, breastfeeding, healthy school environments, maternal and child health, mental and behavioral health, workplace wellness while preventing substance abuse, injury, diabetes, and tobacco use and exposure.

Community Health Promotion Division

Funding/Revenue Source(s): General Funds, County Restricted Funds, State Restricted Funds, Federal Restricted Funds, Other Restricted Funds, and In-Kind Revenue

FY22 Division FTE: 26.53

FY22 Division Budget: \$4,193,704

Community Health Promotion Division Administration

The CHP leadership and administrative team provides oversight and assurance for planning, implementation, performance management and quality improvement of Community Health Promotion activities and programs. Additional responsibilities include financial oversight, grants and contracts management, ensuring adherence to agency policies and processes, administrative support, and advancing prioritized efforts to support the TCHD Strategic Plan and Public Health Improvement Plan.

Community Health Promotion Division Administration

Funding/Revenue Source(s): General Funds

FY22 Program FTE: 2.40

FY22 Program Budget: \$330,811

Tobacco Education and Prevention

The Tobacco Education and Prevention Program focuses on evidence-based policy, systems, and environmental change strategies as well as community engagement and education for decreasing youth and adult tobacco and nicotine use. Efforts include policy changes to prevent youth access to and initiation of nicotine products and the elimination of secondhand smoke and nicotine aerosol exposure. Staff work through strategic partnerships to promote smoking cessation among target populations and support school districts, public housing authorities, detention facilities, youth-serving organizations, healthcare providers, municipal governments, and other community agencies. Tobacco Education and Prevention Program staff leverage efforts across multiple agency teams on interventions addressing shared risk and protective factors – factors in the community that make young people more or less likely to engage in risky behaviors including use of tobacco and other substances. This program also works toward achieving goals in the Mental Health and Housing priorities of the TCHD Public Health Improvement Plan.

TCHD regularly invests grant funding directly with community partners who choose to engage in tobacco prevention work. Through sub-grants, TCHD has funded and provided technical guidance to 13 school districts, four housing authorities, five youth-serving organizations, and two institutions of higher learning since 2013. This approach supports reinvestment of tax dollars directly into the community, builds capacity among community partners, and has helped catalyze dozens of policies and practice changes protecting hundreds of thousands of students, residents, workers, and visitors to TCHD counties. Since 2019, the Tobacco Education and Prevention team has advocated for strong tobacco control policy in municipalities in all three counties and supported the passage of four smoke-free and retail licensing ordinances across the three counties.

Tobacco Education and Prevention Program

Funding/Revenue Source(s): Restricted State Funds

FY22 Program FTE: 5.25

FY22 Program Budget: \$1,086,479

Tobacco Education and Prevention cont.

Tobacco Control Policy Work by County, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of local governments actively engaged with TCHD in tobacco control policy work	3	4	3	9	9	10
Adams	1	1	1	2	4	4
Arapahoe	1	2	1	3	2	3
Douglas	-	-	-	2	2	2
Adams/Arapahoe	1	1	1	2	1	1
Number of new or expanded municipal policies (smoke free or youth access)	2	-	-	4	3	2
Adams	-	-	-	1	1	1
Arapahoe	2	-	-	1	-	-
Douglas	-	-	-	1	-	1
Adams/Arapahoe	-	-	-	1	2	-
Number of partners funded to advance tobacco prevention, cessation, and control	16	16	16	4	5	6
Adams	7	7	7	2	2	2
Arapahoe	6	6	6	1	1	1
Douglas	1	1	1	1	1	1
Adams/Arapahoe	2	2	2	1	1	2
Number of youth-created media campaign impressions	15,695,948	22,606,193	15,804,186	7,707,589	29,206,909	35,449,263

Substance Abuse Prevention

At the request of the County Commissioners, TCHD facilitates the Tri-County Overdose Prevention Partnership (TCOPP), comprised of partners across the three counties coming together to address opiate use, prevent initial use, reduce and prevent deaths, and provide for a supportive community. TCOPP implements a seven-strategy framework focused across the continuum from primary prevention through treatment and recovery. TCHD also supports a community coalition facilitated by Douglas County School District (through a formal partnership agreement) and one in Aurora, both of which utilize SAMHSA's Strategic Prevention Framework assess community needs, plan evidence-based interventions, and evaluate success. TCHD implements the Communities That Care prevention model along the 1-70 corridor in partnership with Bennett Parks and Recreation District to prevent youth substance use as well as suicide and violence prevention. This program was implemented in Western Arapahoe County by TCHD in partnership with Sheridan Health Services through June of 2021, and is now facilitated by Sister of Color United for Education as the lead agency. This model helps local communities identify and assess locally-relevant risk and protective factors and then select from a menu of effective, evidence-based strategies to address the specific

Substance Abuse Prevention Program

Funding/Revenue Source(s): General Funds, Restricted State Funds, Restricted Federal Funds

FY22 Program FTE: 3.94

FY22 Program Budget: \$632,592

**Includes SAMSHA grant*

Substance Abuse Prevention cont.

needs of local young people. TCHD’s Substance Abuse Prevention programs partner closely, including through shared staff, with the Tobacco Education and Prevention program and the Maternal and Child Health Program on interventions addressing shared risk and protective factors – factors in the community that make young people more or less likely to engage in risky behaviors including use of tobacco and other substances as well as more or less likely to experience poor mental health and attempt suicide. Many of these programs work toward achieving goals in the Mental Health and Access to Care priorities of the TCHD Public Health Improvement Plan.

The focus for all programs is collaboration – all substance use prevention work is done through partnerships and coalitions. Staff are especially proud of the continuous growth of these TCHD-supported partnerships through new members and increased participation by new and long-time members. TCHD has been awarded three highly-competitive grant awards in the last two years for coalition development for youth substance use prevention, an acknowledgment of TCHD’s strong partnerships and engaged communities. Highlights of coalition achievements include a pilot of restorative discipline practices in one school district, youth-led community beautification projects in two communities, parent education events and webinars, and a youth-created media campaign. Additionally, this team participates in many health-influencing community events as requested and coordinates a centralized event system that ensures rapid response, resource-saving efficiencies and high partner satisfaction among a wide variety of requesting governmental agencies, community based organizations, hospitals and more.

Substance Abuse Prevention Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of Assessments Completed	1	2	3	-	4	1
Adams	-	-	-	-	1	-
Arapahoe	-	1	1	-	-	-
Douglas	1	-	-	-	-	-
Adams/Arapahoe	-	1	1	-	2	1
Adams/Arapahoe/Douglas	-	-	1	-	1	-
Number of Community Coalitions for Substance Abuse Prevention	4	6	6	6	5	5
Adams	1	1	1	1	-	-
Arapahoe	-	1	1	1	1	1
Douglas	1	1	1	1	1	1
Adams/Arapahoe	1	2	2	2	2	2
Adams/Arapahoe/Douglas	1	1	1	1	1	1
Number of partners supported with technical guidance and funding to advance youth substance abuse prevention	-	2	2	3	3	3
Adams	-	-	-	-	-	-
Arapahoe	-	1	1	1	1	1
Douglas	-	-	-	1	1	1
Adams/Arapahoe	-	1	1	1	1	1

Mental and Behavioral Health Promotion and Suicide Prevention Program

TCHD serves as a convener and backbone to collective work and where appropriate, is uniting efforts across sectors to implement the recently developed TCHD area Mental Health Promotion Framework and the TCHD area Suicide Prevention Framework. These frameworks articulate strategies across the mental health continuum from promoting positive mental health, preventing the onset or progression of mental and substance use disorders or poor mental health, to treatment interventions and recovery from disorders or poor mental health and reclamation of good mental health. Staff assess and communicate community needs, gaps, and solutions; analyze and share data, trends, and evidence-based practices; and lead identification of barriers and implementation of effective strategies. A priority is placed on reducing mental health stigma; increasing access to and utilization of services; reducing environmental, social, and economic factors that contribute to stress (e.g., increase access to affordable housing and reduce food insecurity); and building capacity within other sectors, including school districts. Throughout future implementation, community members will influence the work and strategies will aim to reduce inequities. The TCHD-initiated regional mental health campaign, Let’s Talk Colorado, which has grown to a widespread collaboration among local public health agencies and healthcare systems, was recognized as a promising practice in 2020 by the National Association of City and County Health Officials. After several years of successful paid media efforts, the Let’s Talk Colorado paused paid placements to evaluate the messages for effectiveness and reach. In November 2021, an Anti-Stigma Messaging Community Ambassadors project was launched. Trusted Ambassador Organizations serving Latinx and African American adults in the metro-Denver region are funded to increase their capacity to address mental health and related stigma, promote anti-stigma messages within Latinx and African American communities, and provide structured feedback on communications strategies to reduce mental health stigma to inform future funded activities.

Mental and Behavioral Health Promotion and Suicide Prevention Program

Funding/Revenue Source(s): General Funds

FY22 Program FTE: 3.39

FY22 Program Budget: \$608,491

**Includes NENS Referral Grant*

TCHD’s Mental Health Promotion and Suicide Prevention programs partner closely, including through shared staff, with the Substance Use Prevention programs, the Tobacco Education and Prevention program and the Maternal and Child Health Program on interventions addressing shared risk and protective factors – factors in the community that may increase risk for experiencing poor mental health or decrease risk for suicide attempts. Many of these programs work toward achieving goals in the Mental Health and Access to Care priorities of the TCHD Public Health Improvement Plan. Additional mental health promotion efforts are described throughout this report in sections including but not limited to those focused on perinatal health, child and adolescent health, substance abuse prevention, worksite wellness, and medical home for children and youth with special healthcare needs.

Let’s Talk Colorado Mental Health Campaign Metrics, 2017-2020

Year	Number of Media Impressions
2017	45,617,882
2018	55,729,056
2019	48,303,603
2020	48,161,411

Maternal and Child Health (MCH) Block Grant

Maternal and Child Health Program

Funding/Revenue Source(s): Restricted Federal Funds, Restricted State Funds

FY22 Program FTE: 5.05

FY22 Program Budget: \$1,074,000

Child and Adolescent Health

TCHD leverages funding from the Maternal and Child Health Block Grant to support a variety of efforts focused on improving child and adolescent health. Work in this area includes a focus on early childhood developmental screening and referral and reducing bullying and suicide among youth. TCHD staff work with partners across the early childhood and youth systems in all three counties to identify gaps, and improve and align support and services, for children, youth and families. Bullying and youth suicide prevention within the Community Health Promotion division has worked to examine community-level factors affecting multiple kinds of violence and injury prevention, including issues related to substance abuse prevention and physical and mental health outcomes. Strategies utilized are aimed at addressing the underlying factors that influence multiple health outcomes. Staff work across school districts to share information and community resource linkages related to preventing bullying and youth suicide using a framework of shared risk and protective factors. Additionally, through the legislatively mandated, TCHD-led Child Fatality Review Teams (CFRT), staff utilize data and partnerships to inform and improve youth suicide prevention work within communities.

A related effort, the Non-English, Non-Spanish (NENS) Referral Grant Project, is funded through the Denver Health and Hospitals Foundation to improve navigation within the Early Intervention System, which among other interventions helps ensure early intervention for social-emotional and behavioral health needs. Historically, the existing system is built in a manner that best serves English speakers, and is not easy to navigate if a family speaks another language. In response, NENS project assists patients 0-5 years through the use of linguistically and culturally responsive multilingual care navigation by ensuring NENS children and adults screened and referred for specialty care and services are able to access that care, and connecting NENS child and adult patients without a medical home. Through this project, TCHD works to create a streamlined referral-to-evaluation process for NENS children who are referred from the Denver Health Lowry clinic.

The MCH program supported a paid media buy of the Below the Surface campaign through social and digital channels. Below the Surface was created by youth for youth who feel pressured to appear as if everything is fine, but just “below the surface” struggle with feelings of isolation, stress, anxiety, and depression related to studies, drugs, alcohol, and relationships. The messaging tries to reassure young adults that it’s OK to ask for help, no one dealing with a mental health or substance use challenge is alone, and regardless of how big or small the challenge is, there is a trustworthy resource to turn to. This awareness effort run by the Colorado Department of Human Services aims to help teens connect to and get support from Colorado Crisis Services by texting “TALK” to 38255. The line allows anyone to text 24/7 with a trained counselor on a personal, free, confidential line. Between July and September 2021, the campaign generated 3,186,784 impressions, 1,105,220 video completions, and 3,156 unique website views. TCHD also worked to promote the Below the Surface campaign by sharing campaign materials with school partners and hosting a webinar on the campaign for school staff.

The majority of the program is supported financially by the Federal Maternal Child Health Block Grant (Title V). This program helps achieve objectives within the Mental Health priority in the TCHD Public Health Improvement Plan.

Child and Adolescent Health Program Metrics, 2019-2021

	2019	2020	2021
Number of children who have been impacted by developmental screening/referral	523	676	607
Number of staff who have been trained on ASQ and/or ASQ:SE and referral processes	99	144	22

Maternal and Child Health (MCH) Block Grant cont.

Medical Home for Children and Youth with Special Healthcare Needs

TCHD leverages funding from the Maternal and Child Health Block Grant to support efforts aimed at improving access to and coordination across medical care and community resources for children and youth with special healthcare needs. TCHD staff work with partners across the system of care for children and youth to remove barriers to quality care. The majority of the program is supported financially by the Federal Maternal Child Health Block grant (Title V).

Perinatal Health

TCHD leverages funding from the Maternal and Child Health Block Grant to support initiatives to improve the health of women of reproductive age. Current priorities include increasing identification, screening and referrals for women experiencing maternal mood disorders; increasing public awareness of and reducing stigma related to pregnancy-related depression; increasing support and services for women who misuse substances in the perinatal period and decreasing disparities in infant mortality. TCHD’s perinatal health initiative, including collaborative leadership with Denver Public Health, was recognized as a cutting edge practice in 2020 by the National Association of Maternal and Child Health Programs.

Part of the work includes support of Parents Thrive Colorado is a web-based platform that connects families with resources to support their mental health and emotional well-being. Parents Thrive was formed at the recommendation of the Perinatal Mental Health Action Network (PAN), a multi-disciplinary collaborative of community partners focused on perinatal mental health. PAN members elevated the need for a family-friendly tool that helps connect families to support. Parents Thrive Colorado is a no-cost, accessible, and culturally responsive website that provides supportive information, relatable peer stories, and well-organized resources that address mental health and related needs. Since its launch in February 2021, Parents Thrive has received 12,540 unique views (February - December 2021).

The majority of the program is supported financially by the Federal Maternal Child Health Block grant (Title V). This program work supports the Mental Health priority in the TCHD Public Health Improvement plan.

Perinatal Mental Health Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of referrals to Community Mental Health Center (community outreach, Adams County only)	21	70	111	114	58	68
Number of community partners utilizing pregnancy-related depression (PRD) awareness messaging in daily operations (all counties)	-	24	19	15	9	-

Healthy Eating/Active Living (HEAL) Section: Policy and Systems Change Through Advocacy and Education

Staff collaborate with early childhood entities, school districts, workplace partners and community organizations to promote sustainable, evidence-based healthy eating and active living policies and practices. Technical assistance is provided to assist organizations with assessing current practices, adopting and implementing long-term changes, and connecting with additional resources to meet identified needs, which leverages and extends grant-funded efforts. TCHD Registered Dietitians and other professionals bring a public health lens to community organization boards and committees, actively collaborate on healthy eating and active living messaging campaigns, and provide data and subject matter expertise to inform public policy and proposed regulations. TCHD works with school districts, serving on district wellness committees and engaging school leaders to advance

Advancing Breastfeeding in Colorado Program

Funding/Revenue Source(s): Restricted State Funds

FY22 Program FTE: 3.50

FY22 Program Budget: \$446,178

Healthy Eating/Active Living (HEAL) Section cont.

district priorities, communicate guidelines, and promote adoption of best practices. Other examples include serving on early childhood councils, chamber of commerce committees, parks and recreation collaboratives, and other community coalitions. Staff convene external partners and internal cross-program workgroups to enhance planning and coordination of TCHD’s advocacy and education with childcare and school sectors. Additionally, this team participates in many health-influencing community events as requested by community based organizations and governmental agencies.

Healthy Eating/Active Living (HEAL) Section—Policy and Systems Change through Advocacy and Education Program Funding/ Revenue Source(s): General Funds

Early Childhood Health Promotion

The Early Childhood Health Promotion activities aim to engage parents, early care and education as well as public health professionals around healthy eating and active living (HEAL) education, action planning, policy adoption, and resource connection to benefit the communities’ youngest residents. Projects include training sessions and conference presentations, guest speaker events at community colleges, and TCHD training for environmental health inspectors and dietetic interns. A HEAL in child care self-assessment form is promoted with early care and education programs. Follow-up and technical assistance is provided to programs completing the self-assessment regarding strengths and growth areas, as well as resource connection and support in order to achieve identified goals. Other priorities include increasing childcare provider participation in the Child and Adult Care Food Program and providing input to regulatory processes affecting HEAL in early care and education.

Comments from childcare providers attending trainings:

“Topic was well-presented; we learned how to feed our children better foods and how to encourage more physical activity”

“It’s necessary to educate ourselves with this type of topic so that it helps our health and our children’s”

“Promote more physical play and plan to join the food program (CACFP)”

“Add a drinking water filling station.”

Early Childhood Health Promotion Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Early Childhood Education providers trained*	175	199	141	180	89	43
Adams	-	7	19	13	13	0
Arapahoe	-	62	91	96	59	31
Douglas	-	130	31	71	17	12
Healthy Eating Active Living (HEAL) Best Practice Self-Assessments Collected from providers	13	12**	19**	33**	5	2
Adams	4	3	5	-	-	-
Arapahoe	8	5	7	30	5	2
Douglas	1	3	4	2	-	-

*Numbers by county are estimated and are counted by the county where the training occurred, not necessarily where the provider practices. Trainings are conducted by the Early Childhood Nutrition Specialist.

**The Early Childhood Nutrition Specialist was activated on COVID-19 response duties for the majority of 2020 and 2021 thus leading to lower numbers for these two years.

***Includes one or more assessments outside of jurisdiction.

Following training sessions, those who have opted in to receiving information through email are sent updates about HEAL topics. More than 400 individuals are on the contact list. For those filling out the self-assessment, the follow-up ranges from a one-on-one conversation or an email interaction about strengths and growth areas, to resource connection in order to achieve identified goals.

Healthy Eating/Active Living (HEAL) Section cont.

School Health Policy and Prevention

The work of TCHD’s School Health Policy and Prevention Coordinator supports healthy K-12 school environments and educational attainment as social influencers of health following the CDC’s [Whole School, Whole Community, Whole Child \(WSCC\) framework](#). Staff seek to create alignment and synergy between school district and public health priorities and address risk and protective factors for learning and health while promoting adoption of evidence-based school policies and practices. Internally, staff coordinate and help integrate TCHD’s work with schools across programs and divisions, to determine the best use of TCHD resources related to schools. The School Health Policy and Prevention Coordinator has assisted in planning statewide convenings (two in 2020 and four in 2021) for the Colorado Healthy Schools Collaborative with school-related partners such as the Colorado Department of Education and RMC Health. In 2020, TCHD’s activities and relationships with schools expanded beyond our 15 school districts to include support for some private and charter schools as the COVID response got underway. Throughout the pandemic, partnerships with all public school districts along with private and charter schools have continued to strengthen as TCHD responded to hundreds of inquiries from school leaders related to public health guidance while continuing to proactively share resources to assist schools. During the fourth quarter of 2021 the School Health Policy and Prevention Coordinator collaborated with other TCHD staff to host a Behavioral Health Support for Youth in Crisis Webinar for school leaders. An additional three part series on this topic has been scheduled for the second half of the 21/22 school year, in response to needs expressed by school partners.

School Liaison Metrics, 2019-2021

	2019	2020	2021
# District or school wellness teams with TCHD participation	14	4* (Sheridan, Englewood, Douglas County, Adams 12)	4* (Sheridan, Englewood, Douglas County, Adams 12)
# School staff/leadership receiving school communication products from TCHD	190	340	435
# School leaders registered for bi-weekly webinars	-	464 (Includes both school and childcare staff, ~150-200 per webinar)	190 (shifted to school partners only and about 80 attend per webinar)
# Newsletters/other written communications provided for districts/schools	5	21	40
# Webinars provided for school leaders	-	10	23

*TCHD School Coordinator staffing change mid-2019; position was redesigned and filled in 2020 just prior to the start of pandemic. The School Health Policy and Prevention Coordinator has continued to support the COVID response 100% throughout 2020 and 2021.

Workplace Wellbeing/Employer Initiatives

Through the Initiative for Workplace Health and Well-being (the Initiative), TCHD enhances workplace policies and practices through outreach to local and regional employers as a vital strategy to impact the health of adults in the environments where many spend the majority of their waking hours. Funding for the Initiative was provided by CDPHE’s Cancer Cardiovascular and Pulmonary Disease Grant Program from 2015 through July 2021 and a reduced staffing level is now supported with agency general funds while additional grant funding is sought. Through active facilitation of five employer coalitions and a regional advisory council, TCHD has provided training, technical advising and peer-support opportunities to assist employers in the process of implementing their wellness priorities. A health equity frame is woven through the entire program, considering the possible inequitable impact of workplace policies and practices on lower-wage workers and BIPOC community members. Over 100 employers, representing well over 100,000 employees have participated in at least one training event offered through the Initiative. Eighty of these organizations, representing

“It (the Initiative) allows those of us focused on workplace wellness to brainstorm, support each other, further our own initiatives and not reinvent the Wellness Wheel.”

-City of Thornton

“Thank you again for providing the breast pump, kits and supplies. This will be so valuable for our nursing mothers. Being recognized as a Breastfeeding Friendly Workplace is important to us and we appreciate the honor.”

-City of Aurora

Workplace Wellbeing/Employer Initiatives cont.

52,420 employees, completed the Health Links™ Healthy Business Certification. Since 2015, a total of 126 policies, systems, and environmental changes were implemented and 102 lactation rooms created. Twenty-six participating organizations achieved the state’s Breastfeeding Friendly Employer recognition, including Children’s Hospital, Cherry Creek and Douglas County School Districts, six municipalities and several local businesses and non-profit organizations. TCHD’s work with employers was recognized by the National Association of County and City Health Officials in 2014 and again in 2020 with Model Practice Awards.

The DEI Pilot was organized in response to employer requests for DEI resources. It includes 13 employers, most of whom also participate in the workplace wellness initiative. The 12-month pilot introduced employers to best practices in DEI and provided both peer and expert support for their DEI journey. A formal evaluation of the DEI pilot was completed in December 2021 showing excellent outcomes, and staff plan to continue supporting pilot employers as well as expanding this initiative with other employers, pending additional grant funding.

When asked what they found most valuable about the DEI Pilot, participating organizations responded as follows:

“It has been so helpful to share resources and feel a sense of community vs. going it alone.”

“The network, the shared tools, the well developed and organized plan and approach. You have made it “one bite of the elephant.”

When asked what they accomplished as a result of participating in the DEI Pilot, organizations responded as follows.

“We have made a lot of improvements to our policies and practices. We have changed our recruitment practice, updated our organizational language, and our involvement with our community partners”

“We have hired 2 diverse hires and have reevaluated our hiring and job posting strategies. There were several ways that this pilot has helped open my eyes to ways that we are lacking in diversity.”

“(We have) Started being more intentional about our focus on DEI, implemented training, incorporated DEI into org strategy and communications, completed organizational assessment.”

Worksite Wellness Program Metrics by County, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of unique worksites that completed a Healthy Business Certification						
Adams	5	4	7	5	2	1
Arapahoe	15	3	2	5	2	0
Douglas	15	2	2	3	1	1
Number of new unique employees reached each year with Workplace Wellness best practices (through the new worksites joining the Initiative each year)						
Adams	9,622	620	3,887	5,329	37	2000
Arapahoe	11,278	1,707	427	2,678	81	1
Douglas	13,771	233	285	209	6	249
Number of new Worksite Wellness policies adopted						
Adams	2	5	28	10	5	6
Arapahoe	5	4	10	13	6	8
Douglas	6	2	8	4	4	0
Number of worksite lactation rooms created						
Adams	-	-	1	5	6	25
Arapahoe	-	-	2	9	6	14
Douglas	-	-	1	11	22	0

Advancing Breastfeeding in Colorado

The goal of this project is to transform communities to support health by reducing barriers to breastfeeding and promoting breastfeeding-friendly environments. This initiative is part of a regional collaborative funded through CDPHE's Cancer Cardiovascular and Pulmonary Disease (CCPD) Grant Program. Partners working together to leverage resources and maximize capacity include Denver, Jefferson County, Boulder County, and Tri-County health departments. The program's target settings are childcare providers and medical offices that serve low-income families. Workplaces were added as a third setting in July of 2021 after the funding ended for the Workplace Wellbeing Initiative. The Colorado Health Institute serves as regional fiscal manager.

The process of becoming certified can take a year or more because it requires organizations to implement significant policy, environmental and cultural change. The first year of the project (2018) was focused on recruiting child care providers and developing relationships with medical offices. Technical assistance and onsite training was provided in both settings. During year two (2019) child care providers adopted policies and created lactation spaces, with ten achieving certification. Year three (2020) numbers reflect the impact of the pandemic which slowed progress for a six-month period while staff was activated on the COVID response efforts. In year four (2021), extensive outreach resulted in 4 child care providers, 1 medical office and 6 worksites achieving the Breastfeeding Friendly Certification.

Advancing Breastfeeding in Colorado Program

Funding/Revenue Source(s): Restricted State Funds

FY22 Program FTE: 1.00

FY22 Program Budget: \$106,879

Number of New (Unique) Childcare Settings Provided with Technical Assistance (TA), 2018-2021

	2018	2019	2020	2021
Adams	5	13	0	14
Arapahoe	14	8	1	30
Douglas	0	11	0	0

Number of Lactation Spaces Created in Childcare Settings, 2018-2021

	2018	2019	2020	2021
Adams	1	5	0	1
Arapahoe	1	3	2	3
Douglas	0	3	1	0

Number of Childcare Settings to Earn the Breastfeeding Friendly (BFF) Certification, 2018-2021

	2018	2019	2020	2021
Adams	0	3	2	1
Arapahoe	0	4	0	3
Douglas	0	3	0	0

Healthy Beverage Partnership Initiative

The Healthy Beverage Partnership (HBP) has been conducting efforts with funding through CDPHE's CCPD Grants Program since 2015 and the Prevention Services Block Grant since late 2020. TCHD is one of four funded metro area public health agencies collaborating regionally as the HBP to increase access to healthy food and beverages and to decrease consumption of unhealthy food and beverages. Sugary drinks are the largest source of added sugar in the U.S. diet and the single largest contributor to daily caloric intake in the U.S. diet, contributing to type 2 diabetes, obesity, heart disease, and tooth decay. Health implications of sugary drinks include disproportionate impact on low-income communities and people of color. HBP works to decrease deceptive sugary drink marketing in public spaces and restaurants, decrease targeted availability of harmful sugary drinks to children, and improve healthy norms and options for all families. Staff are working to increase community and youth coalition engagement on this issue in conjunction with key partners including Children's Hospital Colorado and American Heart Association, along with other community-based organizations. In 2018, the HBP was awarded a NACCHO Model Practice Award for its collective impact informed approach and collaborative model that included stakeholders from six public health agencies representing approximately 60% of Colorado's population. This program advances goals of the Food and Health priority of the TCHD Public Health Improvement Plan.

Healthy Beverage Partnership Initiative

Funding/Revenue Source(s): General Funds

FY22 Program FTE: 0.50

FY22 Program Budget: \$65,909

Healthy Beverage Program Metrics, 2019-2021

	2019	2020	2021
Municipal-Level Healthy Beverage Kids Meal Policies Adopted	0	0	0
Number of Municipal-Level Implementation Plans Executed	2	1	1
Number of Decision-Maker Consultations	7	17	6
Number of Signed Commitment Forms/Partnership Agreements	15	7	4
Number of trainings/presentations Conducted for Community Groups	9	8	8
Number of Youth Engaged**	0	0	8

Diabetes Education Program

The Diabetes Education Program (DEP) has implemented programming with funding through CDPHE’s Cancer, Cardiovascular, and Chronic Pulmonary Disease Grants Program since 2015. TCHD maintains relationships with 30 partners including primary care practices, community based organizations, recreational centers, businesses, and churches in order to outreach/market, recruit for, and offer the following two programs: Diabetes Self-Management Education and Support (DSMES) and the Centers for Disease Control and Prevention’s (CDC) evidenced-based National Diabetes Prevention Program (NDPP), marketed by TCHD as Journey to Wellness. TCHD is a recognized DSMES site with the American Diabetes Association and now has Full Plus Recognition from the CDC for TCHD’s NDPP program through November of 2026, indicating attainment of all updated 2021 program benchmarks and provision of evidenced-based education to the community. DSMES provides eight hours of curriculum over the course of one or two months, and NDPP provides 24 hours of curriculum over the course of a year.

Diabetes Education Program

Funding/Revenue Source(s): Restricted State Funds

FY22 Program FTE: 3.20

FY22 Program Budget: \$344,000

The DEP goals are to increase awareness of and access to participation in the programs to achieve the following outcomes: increased healthy lifestyle habits; reduced rates of prediabetes, diabetes, and diabetes-related complications; and reduced healthcare costs associated with such conditions. The program’s target population includes under- or uninsured individuals without other means of accessing these services and those at high risk of health inequities, diabetes, and other chronic diseases. The DEP’s priority geographic areas of southwest Adams County and Arapahoe County along the Colfax corridor were determined from a scan identifying vulnerable areas with the highest concentration of the above conditions, but participants from other communities also participate. Participants are screened for food and housing insecurity and offered resources and assistance with navigating the healthcare system. Of NDPP completers in 2021, 72% met or exceeded the CDC determined outcome goals of achieving a body weight loss of 5%+, weight loss of 4%+ and achieving 150 minutes of physical activity each week, or an Hgb A1c reduction of 0.2%. Average decrease in Hgb A1c for DSMES clients in 2021 was 0.7%.

TCHD provides these services in English and Spanish, and offers in-person and virtual options. Program staff also participate in state-level workgroups that influence and ensure implementation of the Colorado Diabetes Action Plan. This program supports the Food and Health priority in the TCHD Public Health Improvement Plan.

Diabetes Prevention Program Participation by County, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of new* clients enrolled in NDPP classes**						
Adams	23	66	50	80	53	40
Arapahoe	9	77	31	37	49	26
Douglas	13	50	0	2	14	12
Participants from other counties or participants who do not formally meet NDPP eligibility requirements	-	5	7	18	45	66
Number of new clients enrolled in DSMES services**						
Adams	42	72	87	34	19	25
Arapahoe	10	36	40	12	10	18
Douglas	11	11	3	1	0	5
Participants from other counties or “ineligible” participants (partners/support)	14	11	11	11	4	30

*As the NDPP is a year-long program, there is overlap of cohorts from one year to the next.

**In addition to the 24 hours of curriculum for each NDPP participant and 8 hours of curriculum offered to each participant in DSMES, staff provide 1:1 support and follow up throughout the time period of enrollment via email, phone, and in-person appointments.

Participant Success Stories:

“I was diagnosed pre-diabetic last summer. My A1C was 6.4, just .1 from being diagnosed diabetic. That was my kick in the pants! I immediately cut out my sugary drinks. Then I found the Journey to Wellness program. I knew I couldn’t change my lifestyle on my own. I am learning about nutrition, healthier choices, and have awesome encouragement from the other participants and facilitator. Now 6 months later, I have dropped 45 pounds and have a normal A1C of 5.4! This program saved me.”

“Cindy”, a worksite wellness coordinator from a municipality in a rural part of our jurisdiction, has been familiar with the NDPP program for many years, and often recommended it to others. This year, she decided to enroll herself! “Cindy” participated in sports in college, but with life and work stresses has not maintained a regular fitness regime. An early take-away for “Cindy” has been that even moderate amounts of activity are important to incorporate into your day; it doesn’t have to be a high intensity workout to “count”! Along with strategies to plan for healthier eating in her busy life, she is working at building in more consistent activity, and has seen some early success by dropping 23 pounds from her baseline weight of 350 in April.

Curtis took NDPP class 2 years ago with TCHD, and re-enrolled in 2021 to support the maintenance of his health and fitness goals. Curtis has lost 42 pounds (from 219 to 177), and has successfully been maintaining his weight loss within a few pounds. Last year, his cholesterol level was consistently below 200, and he no longer needs to take simvastatin. He recently had his A1C checked, and it is now 5.6, so he was able to stop taking metformin.

Health Equity

Equity is achieved when everyone, regardless of who they are or where they come from has the opportunity to thrive. The advancement of health equity is necessary to successfully promote, protect and improve the lifelong health of individuals in Adams, Arapahoe and Douglas Counties. Health equity has been part of TCHD's mission since 2014, and the agency continues to integrate health equity into the delivery of programs agency-wide. Through input gathered during TCHD's 2018 Community Health Assessment community members, partners, and staff told us that health in their communities is most highly influenced by social connection, opportunity, health and wellness services, neighborhood conditions, and safety. Centering equity at the heart of the Department's work requires us to see health outcomes and behaviors in the context of the social, economic, and environmental factors in TCHD's counties and communities which are the foundations for establishing a healthy life. Although health equity work is done across the agency, a formal Health Equity Initiatives Manager position has been created under the Community Health Promotion Division to coordinate and provide focus on health equity, as this work is central to TCHD's work within communities served.

Health equity work at TCHD focuses on opportunities for integrating equity best practices into the work TCHD does. As called out in the Department's Health Equity and Environmental Justice Policy this includes expanding TCHD's understanding of what creates health in communities, strengthening the capacity of communities to create their own health futures, and implementing a health in all policies approach with health equity as the goal. Since 2015, a Health Equity Workgroup has met to share learnings and champion efforts to integrate equity best practices. A snapshot of TCHD's health equity work includes:

HEALTH EQUITY ACTIVITIES INCLUDE:

- **Continuance of the Health Equity Action Team to cultivate an inclusive learning community for TCHD staff to inform and engage with agency-wide equity work through discussion, capacity building, and implementing actionable strategies.**
- **Creation of a Shared Language Guide with inclusive language best practices and recommendations on how to speak to and about the communities we serve.**
- **Prioritize Health Equity and Meaningful Community Engagement is a goal in the Department's Strategic Plan. The Strategic Plan was informed by input from TCHD staff and Board of Health members, and highlights the importance of promotion of health equity in the Department's work.**
- **Creating a foundational Health Equity and Racial Justice Training that all staff will complete in 2021. The objectives and concepts for this training were developed by a volunteer workgroup with 15 staff across the agency in summer 2020.**
- **The Earned Income Tax Credit (EITC) is cited as one of the nation's most successful antipoverty tools, promoting employment while providing valuable tax refunds to lower-to-moderate wage earners, and is an important approach to addressing health equity. The Maternal and Child Health team leads a department-wide effort to spread the word among employees and clients, with client-facing divisions being provided co-branded campaign materials from Get Ahead Colorado, talking points, and other awareness materials on EITC benefits. In 2021, the Maternal and Child Health team supported 500 EITC flyers being include in food box deliveries as part of the COVID-19 response efforts. In addition, the team worked with Bright by Text, a statewide platform that provides parents with trusted resources, to send text messages on EITC in English and Spanish to 15,056 recipients in January, March and April 2021. This also included a reminder text message to 7,392 families with children under eight in the TCHD jurisdiction. In the fall of 2021, the department increased its economic mobility efforts by spreading awareness of the Expanded Child Tax Credit. This was done through presentations to community partners, dissemination of materials to programs that provide direct services to families and by supporting CDPHE in the creation of outreach materials.**
- **The COVID-19 pandemic has highlighted in harsh detail the impact of structural inequities on health outcomes and has provided a particularly important opportunity for focused health equity work. Members of our communities of color in all three counties have been disproportionately represented among our 313,580+ cases, 14,770+ hospitalizations, and 2,653+ deaths. As outlined in our COVID Response Statistics in the EPRCDS Division below, TCHD established an entire team to respond to a range of housing, transportation, and financial support needs for persons impacted by isolation and quarantine, and have launched a Vaccine Equity Strategy to help ensure equitable access to vaccines across our counties.**

Health equity work is also happening within divisions and programs, building staff capacity and implementing quality improvements to address the factors that influence health. This explicit focus on health equity across the agency is foundational to support community members in leading their healthiest lives. The majority of health equity-related work within TCHD is provided in-kind by the staff and programs described above.

Emergency Preparedness, Response, and Communicable Disease Surveillance

The Emergency Preparedness, Response, and Communicable Disease Surveillance Division (EPRCDS) leads agency efforts to promote coordination, collaboration, and communication among all divisions within TCHD and with external partners to ensure that public health is an effective partner in safety, disease mitigation, preparedness, response, and recovery efforts. EPRCDS also supports Elbert County Health and Human Services to ensure depth of service during incident response including communicable disease efforts. The EPRCDS Divisions includes the following programs: Emergency Preparedness and Response, Communicable Disease, Syndromic Surveillance, COVID-19 and Workplace Safety and Security.

Emergency Preparedness, Response, and Communicable Disease Surveillance Division

Funding/Revenue Source(s): Restricted Federal Funds, General Funds

FY22 Division FTE: 21.22

plus COVID-19 Program staff (approx 205 FTE)

FY22 Division Budget: \$4,097,408

Emergency Preparedness, Response, and Communicable Disease Surveillance Administration

Funding/Revenue Source(s): Restricted Federal General Funds

FY22 Program FTE: 1.65

FY22 Program Budget: \$230,854

Emergency Preparedness and Response Program

The Emergency Preparedness and Response (EPR) Program provides an important core public health service and is committed to strengthening the jurisdictions health security by protecting against, responding to, and recovering from public health threats, natural, or human-made, and being part of a system for community resiliency. On a day-to-day basis, EPR is responsible for maintaining the Public Health Emergency Operations Plan (PHEOP) and all associated systems and documentation related to how TCHD, as an agency, responds to any incident impacting Adams, Arapahoe, and Douglas Counties. TCHD EPR also supports Elbert County Health and Human Services to ensure depth of service during incident response. This program is also responsible for maintaining the agency's Continuity of Operations Plan, detailing how the agency will continue to protect the public's health while it is impacted by an incident. Held to a high standard, TCHD EPR undergoes rigorous federal and state assessments, tests response capabilities through exercises, and responds to real world incidents with a focus on continual improvement.

Public Health Emergency Preparedness Program

Funding/Revenue Source(s): Restricted Federal General Funds

FY22 Program FTE: 9.62

FY22 Program Budget: \$3,875,897

TCHD may serve in one of three roles during an incident impacting the health and medical system within the counties it serves. First, for public health incidents, TCHD serves as incident command and the lead in coordinating response efforts, working with partners at the county, state, and federal level to ensure all stakeholders are integrated into the response and information is shared to maintain situational awareness. Second, during an incident with a strong public health component, TCHD serves as the subject matter expert and works in tandem with other response partners to develop and operationalize appropriate tactics. And finally, for an incident impacting the health and medical system, TCHD may be activated as the Emergency Support Function #8 (Health and Medical) Lead to coordinate information, resource requests or other needs of the response related to public health, hospitals, behavioral health, fatalities management, or other health and medical partners.

TCHD EPR actively coordinates with cross-jurisdictional and cross-discipline partners throughout the state on emergency preparedness and response planning activities. Subject matter experts work together through the North Central Region Board of Directors and a network of committees and working groups established to identify threats, recognize capability gaps, and create a consistent response framework across the ten counties in the Denver Metropolitan Area. EPR staff also participate in and lead similar efforts across the state and at the national level through leadership on the Colorado Healthcare Coalition Council, the National Association of County and City Health Officials (NACCHO) Surge Workgroup, and the Centers for Disease Control and Prevention (CDC) Center for Preparedness and Response (CPR) Board of Scientific Counselors.

In January 2017, Tri-County Health Department officially received Project Public Health Ready (PPHR) re-recognition from the National Association of County and City Health Officials (NACCHO). Local health departments seeking recognition by PPHR undergo a thorough evaluation process by peer review. PPHR required Tri-County Health Department to meet capabilities in three key areas: all-hazards preparedness planning, workforce capacity development and demonstration of readiness through exercises or real

Emergency Preparedness and Response Program cont.

events. The TCHD EPR program holds three Model Practices as recognized by the National Association of City and County Health Officials (NACCHO). In 2014, the agency was recognized for the development of the Public Health Incident Management Team, and in 2015, the program was again recognized for their work in coordinating planning efforts regarding alternate care facilities in support of large-scale medical surge operations which served as the basis for local planning efforts during the 2020-2021 response hospital surge during the COVID-19 pandemic. Additionally, in 2019, the agency received recognition for planning efforts around response to a radiological/nuclear incident impacting the TCHD jurisdiction.

Training and Exercises

Training and exercise events help the agency and TCHD’s partners better prepare for and respond to incidents impacting the jurisdiction and beyond. Because emergencies rarely impact a single jurisdiction, the integrated nature of the trainings and exercises also prepares TCHD staff and partner organizations to support each other when we have reached capacity to more effectively and efficiently respond to larger scale incidents.

Public Health Incident Management Team (PHIMT)

Using the basic tenets of the Incident Command System (ICS), TCHD EPR leads the Public Health Incident Management Team (PHIMT), providing incident management during complex or long-term incident response operations at TCHD. This cross-divisional team is made up of approximately 45 TCHD staff members trained in command and general staff responsibilities to fill vital incident response positions tasked with setting the framework, crafting the tactics, and supporting response efforts. The EPR Program manages a quarterly training cycle for the PHIMT and includes full team and position specific training as well as an exercise during each cycle. This team has been focused on the response to COVID-19 and will incorporate lessons learned for future restructuring.

Health Alert Network (HAN)

The Health Alert Network Provides a method of actively sharing information about urgent or timely public health incidents with local partners and ensures a robust platform for the rapid distribution of public health information. All Health Alert Network messages are posted on the [TCHD HAN webpage](#) (unless restricted per CDPHE/CDC from posting on a public web or social media site). These messages can be relayed to staff and partners across sectors as:

- **HAN Alert** – conveys the highest level of importance and warrants immediate action
- **HAN Advisory** – Provides important information for a specific incident
- **HAN Update** – provides updated information regarding an incident or situation
- **HAN Public Health Brief** – for your information and does not require action

Health Alert Network Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of alerts	9	4	1	4	1	8
Number of advisories	19	16	21	24	22	21
Number of updates	9	5	8	9	25	25
Number of public	2	4	4	3	1	0
Number of providers	5,115	5,176	5,167	5,170	5,171	5,216

Incidents with TCHD PHIMT Activation 2016-2021

PHIMT ACTIVATION 2016-2020

- Hepatitis A Response 2016
- Rabies Incident 2016
- Mumps Response 2017
- Officer-Involved Shooting 2017
- Water World Incident 2018
- Recycling Facility Fire 2018
- Apartment Complex Fire 2018
- Arapahoe County Fair Salmonella Outbreak and Investigation 2018
- Hepatitis A Response 2018-2020
- Spring Blizzard (Bomb Cyclone) 2019
- STEM School Shooting Highlands Ranch 2019
- Measles Response 2019
- COVID-19 Pandemic 2020-current
- Castle Pines Boil Water Order 2021
- Englewood Boil Water Order 2021

Cities Readiness Initiative (CRI) Program

The CDC's Cities Readiness Initiative (CRI) is a federally funded program designed to enhance preparedness in the nation's largest cities and metropolitan statistical areas where more than 50% of the U.S. population resides related to medical countermeasures and dispensing. Using CRI funding, state and large metropolitan public health departments develop, test, and maintain plans to quickly receive and distribute life-saving medicine and medical supplies from the nation's Strategic National Stockpile (SNS) to local communities following a large-scale public health emergency. Initially, the CRI planning scenario was based on a response to a large-scale anthrax attack; however, through continued analysis and lessons learned, it became apparent that CRI jurisdictions must be prepared to respond to other public health emergencies. The Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 emphasized an all-hazards approach to public health preparedness planning, thereby expanding the scope of the CRI planning to include natural and man-made public health threats. The Emergency Preparedness and Response program has developed plans for receipt, storage, and distribution of large quantities of medicine and medical supplies to protect the public in the event of a public health emergency.

Cities Readiness Initiative Program
Funding/Revenue Source(s): Restricted Federal Funds

FY22 Program FTE: 2.20
FY22 Program Budget: \$306,120

Communicable Disease Surveillance Program

The Communicable Disease Surveillance program works to protect the public by preventing the spread of infectious diseases. Communicable disease epidemiologists conduct ongoing epidemiologic surveillance to identify new and emerging infectious disease trends and outbreaks. The epidemiologists work to identify causes of disease, identify people who are at risk, determine how to control or stop the spread, and/or prevent it from happening again. They conduct day-to-day investigation of vaccine-preventable diseases such as pertussis and measles, enteric diseases such as E.coli and salmonella, and zoonotic diseases such as rabies and plague. They are trained in rapid response to disease outbreaks, working to identify the causative agent and putting control measures into place to prevent the spread of disease. The Communicable Disease Surveillance Program also provides education and technical expertise on disease control to both our partners and the public.

Communicable Disease Surveillance Program

Funding/Revenue Source(s): Restricted Federal Funds

FY22 Program FTE: 5.00
FY22 Program Budget: \$489,486

Disease Control Surveillance Program Metrics, 2016-2021

	2016	2017	2018	2019	2020 *	2021*
Number of notifiable disease case investigations reported	2,134	1,088	1,088	1,070	127	2,001
Adams	421	334	357	379	42	704
Arapahoe	549	515	517	500	57	885
Douglas	264	239	214	191	28	412
Number of notifiable disease case investigations interviewed (%)	1,043	994	947	974	118	124**
	85%	91%	87%	91%	93%	87%
Adams	360	316	312	347	37	47
	86%	95%	87%	92%	88%	38%
Arapahoe	459	460	449	448	53	62
	84%	89%	87%	90%	93%	50%
Douglas	224	218	186	179	28	15
	85%	91%	87%	94%	100%	12%

Communicable Disease Surveillance Program cont.

Disease Control Surveillance Program Metrics, 2016-2021 cont.

	2016	2017	2018	2019	2020 *	2021*
Total number of disease outbreaks (all types)	80	113	85	75	19	9**
Adams	32	35	25	31	6	6
Arapahoe	38	59	42	31	9	2
Douglas	10	19	18	13	4	1
Total number of child care center outbreaks	18	15	15	20	1	23**
Adams	11	4	4	6	0	10
Arapahoe	5	8	9	12	1	8
Douglas	2	3	2	2	0	5
Total number of long term care facility outbreaks	42	78	55	38	18	2**
Adams	15	25	18	14	6	1
Arapahoe	23	41	23	14	8	0
Douglas	6	12	13	10	4	1
Total number of retail food outbreaks	9	16	9	8	0	6**
Adams	2	5	1	4	0	4
Arapahoe	6	8	5	2	0	2
Douglas	1	4	2	2	0	0

**Due to the COVID-19 pandemic, the Colorado Department of Public Health and Environment took over certain types of disease investigations so that TCHD Communicable Disease Epidemiology (CDE) staff could focus on COVID-19 case investigation, contact tracing and outbreak control. TCHD has resumed routine disease investigation in 2022.*

***Data shown represents cases investigated in 2021 by TCHD CDE. Routine disease investigations were resumed in a phased approach beginning in August 2021 at partial capacity.*

Workplace Safety and Security Program

The Workplace Safety and Security Program is dedicated to developing, coordinating, and consistently applying standard workplace safety and security efforts to improve both the culture of safety and staff capabilities related to safety throughout TCHD to support both staff and the communities served by TCHD. This program also works in close coordination with designated staff that support safety and security efforts in Adams, Arapahoe and Douglas Counties to assure alignment of initiatives. Due to the COVID-19 pandemic response, workplace safety and security trainings were paused between 2020-2021 and the workplace safety annual survey was not disseminated to staff. These robust agency training and education efforts began in 2019 and will be re-established and re-initiated in 2022.

Syndromic Surveillance Program

TCHD and Denver Public Health jointly began participating in the National Syndromic Surveillance Program (NSSP) in 2013 collecting timely syndromic surveillance data for situational awareness and enhanced response to hazardous events and disease outbreaks. The TCHD Syndromic Surveillance Program serves as the site administrator for the local syndromic surveillance system for the entire State of Colorado. Counties participating in the local syndromic surveillance system include Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Larimer, La Plata, Mesa, Montezuma, Jefferson, and Pueblo counties. TCHD collaborates with hospitals and the Health Informatics Exchange (HIE) vendors to build, maintain, and expand data connectivity for syndromic surveillance.

Syndromic Surveillance Program
Funding/Revenue Source(s): Restricted Federal Funds

FY22 Program FTE: 2.75

FY22 Program Budget: \$526,524

**Includes NSSP, OD2A, and SVP*

The TCHD Syndromic Surveillance Program monitors public health hazards in Adams, Arapahoe, and Douglas counties including communicable disease trends (e.g. COVID-19, influenza), mental health-related hospital visits (e.g. suicidal ideation, suicide attempts, and sexual violence), substance overdose (e.g. opioid, heroin, and alcohol), and many other public health hazards (e.g. firearm injury and carbon monoxide poisoning). The TCHD Syndromic Surveillance Program shares timely information with both internal and external partners within the TCHD jurisdiction, including county and city emergency managers, suicide prevention teams, substance overdose prevention team, communicable disease partners, hospital/hospital system partners (e.g. infection preventionists, emergency department physicians, and emergency management staff) as well as local public health agency partners participating in Syndromic Surveillance and CDPHE. As an example, throughout the COVID-19 pandemic, TCHD continues to generate daily information for [TCHD COVID-19 Case Updates](#) and [CDPHE COVID-19 Case Data](#) along with [weekly COVID-19 notification reports](#) and shares this information broadly with cross disciplinary partners. In addition to all of the above, TCHD also shares confidential notification reports with partners when time sensitive information related to outbreaks or other incidents the TCHD jurisdiction.

The funding from the CDC to support TCHD's original syndromic surveillance efforts sunsetted at the end of August 2019. Currently, TCHD is receiving funding through the CDC Epidemiology and Laboratory Capacity (ELC) grant as well as through the CDC Overdose Data to Action (OD2A) and Syndromic Surveillance Suicide and Violence Prevention (SVP) grants to enhance the surveillance efforts related to substance overdose, suicide and violence such as developing definitions for timely monitoring, enhancing timely information sharing, and monitoring trends related to infectious diseases, substance overdose, suicidal ideation, suicide attempts, intimate partner violence, sexual violence, and gun violence. TCHD continues to onboard additional facilities and counties across the state to expand the footprint for Colorado's local syndromic surveillance network, leveraging syndromic surveillance partnerships and looking at ongoing opportunities to use data to support prevention efforts and enhancing the community of practice. The ongoing funding and enhanced partnerships allow for near real-time data to be utilized to support prevention efforts and timely situational awareness in Adams, Arapahoe, and Douglas Counties. The Syndromic Surveillance Program provided additional reporting in 2020 and 2021 due to the COVID-19 pandemic.

Syndromic Surveillance Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of Syndromic Surveillance Specific Cases Submitted to the Communicable Disease Surveillance Team	20	22	29	6	167	78
Number of Syndromic Surveillance Notification Reports Disseminated	-	3	4	4	54	52
Number of participating providers in the Colorado Syndromic Surveillance System	28	35	36	55	77	79

COVID-19 Pandemic Response and COVID-19 Programs

On March 5, 2020, the first confirmed case of SARS-CoV-2 (COVID-19) was reported to TCHD. As of March 11, 2021, Tri-County Health Department activated the Public Health Incident Management Team (PHIMT) with over 500 staff, contractors, and volunteers to work on the pandemic response and staff COVID-19 programmatic work following incident management team deactivation in September 2021. See TCHD COVID-19 Table for highlights from March 1, 2020-December 31 2021 to illustrate the impact and the preventative measures TCHD and partners took to reduce transmission and support Adams, Arapahoe, and Douglas counties.

COVID-19 Pandemic Response

Funding/Revenue Source(s): Restricted State Funds

FY22 Program FTE: 205 (Contracted through 3rd party payroll company)

FY22 Program Budget: \$15,872,428

COVID-19 Funding

As part of the COVID-19 response, the CDC is providing \$10.25 billion to states, territories, and local jurisdictions through CDC's existing Epidemiology and Laboratory Capacity (ELC) for Prevention and Control of Emerging Infectious Diseases cooperative agreement. TCHD received its portion via a federal pass through grant from CDPHE. The funding will help strengthen and support local public health agencies responding to COVID-19 by funding personnel to perform critical containment activities, such as disease surveillance, case investigation, contact tracing, testing, vaccination, case management, and equity based on jurisdictional needs. The grant also supports local responses to COVID-19 outbreaks, infection prevention efforts at health care and other settings, and promotes health equity aspects of the response. The additional funding benefits all Coloradans by providing support to every local public health agency working on behalf of Colorado communities.

TCHD COVID-19 (THROUGH DEC 31, 2021)

- 244,000+ Cases
- 2,600+ Deaths
- 14,000+ Hospitalizations
- 288,000+ COVID-19 Cases and Contacts Reported
- 3,500,000+ COVID-19 Tests Completed
- 36,611+ Call Center Calls Answered
- 976,990 Individuals Vaccinated

COVID-19 Epidemiology Program

With a long term focus on sustaining COVID-19 epidemiology efforts related to case investigation, contact tracing, outbreak management and control, infection prevention support for healthcare and other settings and community services support, the Disease Control Branch and Community Services Branch of the PHIMT were transitioned into the distinct COVID-19 Epidemiology Program under the EPRCDS Division in September 2021. This program includes the Investigation Task Force of case investigators, contact tracers and other key roles to support this efforts, as well as a long term care and other medical facility outbreak team, a school outbreak team, a community outbreak team, and a community services team.

COVID-19 Partnerships and Strategies Program

With a focus on prevention and expanding on efforts initiated as part of the PHIMT related to vaccination and testing, the COVID-19 Partnerships and Strategies Program was transitioned into a distinct program under the EPRCDS Division in September 2021. The efforts of this program were established to build upon work initiated in the fall 2020 in advance of the COVID-19 vaccine roll out. The program continues to operationalize and refine efforts as outlined in the COVID-19 Vaccine Strategy Overview along with the initial Strategy to Ensure Equitable COVID-19 Vaccine Access, using data driven information based on associated developed equity maps at TCHD to inform our tactics and utilizing county-based teams to build partnerships within the community. Tri-County Health Department staff collaborate with partners to identify opportunities and barriers to address for increasing vaccination rates and access to testing for under-resourced population groups and geographic regions. The Program staff specifically targeted efforts within seven priority neighborhoods in 2021. Strategies include the use of community based vaccine navigators at area community based organizations, TCHD staffed Vaccine Champions to provide evidence-based, culturally and linguistically appropriate COVID-19 vaccine and testing information, coordination of vaccine clinics at partner locations, and providing information to increase awareness of existing testing and vaccination resources available.

COVID-19 Pandemic Response and COVID-19 Programs cont.

CASE INVESTIGATION CONTACT TRACING INVESTIGATION STATISTICS (AS OF DECEMBER 31, 2021) BY COUNTY:	
Total COVID-19 Cases Reported	244,291
Adams	95,411
Arapahoe	104,946
Douglas	43,934
Number of completed case investigations	170,956
Adams	68,250
Arapahoe	68,716
Douglas	33,990
Number of COVID-19 contacts identified	44,033
Adams	19,043
Arapahoe	17,019
Douglas	7,971
Number of contact investigations completed	35,448
Adams	16,137
Arapahoe	13,615
Douglas	5,696
Median number of days from case report to investigation completion	0.7

COVID-19 VACCINATION DATA (AS OF DECEMBER 31, 2021) BY COUNTY:	
Total Individuals Vaccinated for COVID-19 (1+ dose)	976,990
Adams	321,881
Arapahoe	419,407
Douglas	235,772
Individuals Vaccinated at Tri-County Clinics (1+ dose, includes TCHD residents and non-residents)	22,687

GENERAL COVID-19 RESPONSE STATISTICS (AS OF DECEMBER 31, 2021) BY COUNTY:	
Number of COVID-19 related calls taken by TCHD COVID-19 Call Center	36,661
Number of referrals received by the TCHD Community Services Team by County	6,514
Adams	2,805
Arapahoe	2,928
Douglas	606
Referrals received by TCHD Community Services Team by type of referral need	
Economic	3,644
Employment	3,277
Food Resources	2,361
Health Access	808
Well-being and Mental Health	370
Other	779
Number of individuals referred to community partners for cultural navigation support due to COVID-19-related needs by county of residence (Note: The total has slight variation from county specific numbers, due to variations in individual circumstances, reporting and support (i.e. split family households, current vs reported residence, out of jurisdiction support, etc.)	810
Adams	390
Arapahoe	383
Douglas	30

COVID-19 Pandemic Response and COVID-19 Programs cont.

COVID-19 Informatics

Throughout the COVID-19 response, the data environment and expectations of data delivery shifted rapidly. Data was expected to be delivered daily through multiple mechanisms including dashboards, map layers, spreadsheets, and reports. The alignment and integration with state systems and local systems added additional layers of complexity to navigating this new landscape. However, because of the infrastructure, systems, and staffing in place within the Health Data and GIS Program, TCHD was able to successfully navigate this unprecedented challenge highlighted in the work below:

COVID-19 DATA PROCESSES

- **Automated data processes that run 24hrs a day, 7 days a week**, managing and processing case, testing, vaccine, and outbreak data.
- **49 Public facing dashboards**, which are updated daily (County, School District, Neighborhood, Census Tract).
- **26 Internal facing dashboards**.
- **15 custom live data feeds** to partners across the jurisdiction delivered via map services, Application Programming Interface (API), and spreadsheets.
- Developed **in-house case investigation/contact tracing system** used by 300+ staff, which is now adopted and used by multiple health departments across the country.
- Responded to **hundreds of COVID-19 data requests** from a multitude of stakeholders including TCHD staff, city/county staff, BOCC, school districts, water districts, healthcare providers, researchers, CDPHE, general public

COVID-19 and Health Equity

An Equity Officer position was originally created in the COVID-19 PHIMT structure and this position is now part of our longer term programmatic structure once TCHD transitioned out of the PHIMT. This position is responsible for prioritizing and integrating the principles of health equity throughout the agency's pandemic response and associated programmatic efforts. Highlights of some of the equity work across the COVID-19 programmatic efforts include:

COVID-19 HEALTH EQUITY HIGHLIGHTS

- Continuance of the Health Equity Action Team to cultivate an inclusive learning community for TCHD staff to inform and engage with agency-wide equity work through discussion, capacity building, and implementing actionable strategies.
- Creation of a Shared Language Guide with inclusive language best practices and recommendations on how to speak to and about the communities we serve.
- The TCHD COVID-19 Call Center increased staffing in early 2021, focusing on the hiring of bilingual staff to ensure equity in services. The call center was used to answer vaccine questions, help individuals navigate testing and vaccine opportunities, sign up for appointments, and to answer other inquiries from our community members. Focus was given to marketing the call center to individuals in our hardest to reach communities as well as highly impacted segments of the population. From the activation of COVID-19 Call Center on March 11, 2020 through deactivation on October 12, 2021, the call center received over 36,611 calls and emails.
- The Community Services Team, now part of the COVID-19 Epidemiology Program, initially started in May 2020 as part of the PHIMT, continues to provide support and resources to COVID-19 positive cases and contacts so individuals can safely isolate or quarantine, to include support related to a range of housing, transportation, and financial support needs.
- The COVID-19 Program staff and staff across the agency designated and funded to support COVID-19 efforts utilize a health equity approach in all coordinated efforts related to Communication, Epidemiology (Case Investigation, Contact Tracing and Outbreak Control), Community Service Support, Community Testing, Vaccination and Business Support.
- Creation and implementation of the [TCHD COVID-19 Vaccine Strategy Overview](#) and the initial Strategy to [Ensure Equitable COVID-19 Vaccine Access](#) to proactively develop partnerships and approaches to assure equitable access to COVID-19 vaccines across our communities. The strategy is leveraged by the COVID-19 Partnerships and Strategies Program to increase vaccination rates in targeted geographic regions and population groups in coordination with key internal teams across the agency and with external partners across the communities we serve.

Environmental Health

The Environmental Health (EH) Division focuses on preventing communicable disease and environmental conditions that could be harmful to health through education and consultation, response and investigation and enforcement of regulations.

Environmental Health Division

Funding/Revenue Source(s): County General Funds, State General Funds, County Restricted Funds, Federal Restricted Funds, Fees

FY22 Division FTE: 72.43

FY22 Division Budget: \$7,502,920

Environmental Health Division Administration and Informatics

Budgeted activities include the core leadership team, which is responsible for planning, implementation, management, and evaluation of all environmental health activities and programs. This division's support program is also responsible for financial oversight, data collection and management, grant and contract management, Environmental Health Informatics activities, and support staff services. Expenditures such as capital equipment, staff training, support staff services, and some local travel may be budgeted under this program to capture expected costs; however, during the course of the year, expenses are applied to the programs that actually incur the costs.

Environmental Health Division Administration and Informatics

Funding/Revenue Source(s): General Funds

FY22 Program FTE: 13.87

FY22 Program Budget: \$1,753,982

Food Protection Program

The goal of the Food Protection program is to prevent the occurrence of foodborne-illness from food prepared in licensed retail food establishments. This program is required by the Food Protection Act (C.R.S. §25-4-1601) and authority is granted to local health departments to administer the program and collect license fees. The following services are conducted for licensed facilities: risk-based inspections; investigation of complaints; review and approval of plans for new or remodeled facilities; opening inspections and approval of licenses; food safety education for restaurant operators; enforcement actions against facilities that continue to fail to meet safe food handling requirements; and assessment of damage to retail food establishments due to disasters, such as fire or flood, to ensure the maintenance of a safe food supply. All food service inspectors go through a formal "standardization" process every three years to ensure a uniform inspection approach. Continuing education is required to ensure a trained and competent workforce. This program is working to improve food safety through collaboration with state and local partners in food program data standardization efforts.

Food Protection Program

Funding/Revenue Source(s): Fees, General Funds

FY22 Program FTE: 33.91

FY22 Program Budget: \$2,977,566

Food Protection Program cont.

Food Protection Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total Retail Food Establishments						
Adams	1,556	1,621	1,658	1,588	1,742	1,761
Arapahoe	2,271	2,359	2,472	2,359	2,472	2,604
Douglas	943	955	955	967	1,002	1,022
Total Retail Food Inspections						
Adams	3,469	3,940	3,772	4,063	1,602	2,208
Arapahoe	5,631	5,305	5,730	4,892	1,613	2,621
Douglas	2,060	2,549	2,275	2,350	740	1,438
Total number of Temporary Events						
Adams	26	16	12	13	0	0
Arapahoe	23	32	22	34	0	2
Douglas	26	26	26	29	2	2
Total number of complaints						
Adams	176	278	134	118	102	100
Arapahoe	304	296	186	194	145	169
Douglas	122	103	103	111	67	62
Total Number of Voluntary Closures*						
Adams	10	10	8	15	1	3
Arapahoe	14	6	10	7	7	1
Douglas	1	0	1	1	0	2
Total Number of License Revocations						
Adams	0	0	1	2	0	0
Arapahoe	2	0	0	0	0	0
Douglas	3	0	1	0	0	0
Total Retail Food Plan Reviews						
Adams	87	97	133	159	120	155
Arapahoe	166	269	251	226	178	293
Douglas	55	70	112	74	75	81

*Temporary voluntary closure due to non-compliance, typically resolved in 1-2 business days.

**Due to the COVID-19 pandemic, Environmental Health (EH) staff were redirected to response activities for all or part of the year. Hence, EH program activities may have been scaled back or suspended resulting in data not reflecting a typical year.

Child Care Program

The goal of the Child Care program is to prevent the spread of infectious disease and minimize environmental hazards in childcare facilities, before and after school programs and other child care settings. Local health departments work with the Colorado Department of Human Services (CDHS) as well as the Colorado Department of Public Health and Environment (CDPHE) to assess and provide assistance to child care operators and staff as mandated by C.R.S. §25-1.5-101(1)h. The following services are conducted for CDHS licensed facilities: annual or biennial health inspections; investigation of complaints; disease outbreak response; review and approval of plans for newly constructed or remodeled childcare facilities; evaluate room change modifications; and offer ongoing support in answering questions and providing education. Our Child Care program staff also work in partnership with internal and external stakeholders to elevate and advocate for healthy child care environments such as healthy eating, active living, mental health support, and up-to-date vaccinations.

Child Care Program

Funding/Revenue Source(s): General funds, Fees

FY22 Program FTE: 3.00

FY22 Program Budget: \$280,424

In 2020 and 2021, our Child Care program team has been dedicated to working with our child care facilities and partners to provide updated COVID-19 guidance. Our specialized team has supported answering COVID-19 questions, offering guidance on how to handle cases, outbreaks, and exposures, and be an advocate and voice for their needs. Additionally, our Child Care team has collaborated with our TCHD COVID-19 program staff to align communications, prepare and send newsletters on changing or clarifying COVID-19 guidance, and has participated in webinar trainings specific to child care and schools.

Child Care Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total Child Care Facilities						
Adams	228	345	246	246	216	230
Arapahoe	364	370	376	371	351	361
Douglas	198	201	208	208	204	211
Total Child Care Facility Inspections						
Adams	279	289	336	289	100	190
Arapahoe	493	430	524	427	199	325
Douglas	229	206	277	198	126	152
Total Child Care Facility Routine Inspections						
Adams	225	205	230	201	96	154
Arapahoe	402	319	378	276	169	217
Douglas	195	224	203	140	115	108
Total Number of Child Care Facility Complaints						
Adams	7	3	0	3	1	1
Arapahoe	13	10	5	9	4	5
Douglas	5	7	3	5	3	4
Total Number of Child Care Facility Plan Reviews						
Adams	3	10	2	4	9	4
Arapahoe	1	3	0	6	15	8
Douglas	1	1	1	15	10	4

**Due to the COVID-19 pandemic, Environmental Health (EH) staff were redirected to response activities for all or part of the year. Hence, EH program activities may have been scaled back or suspended resulting in data not reflecting a typical year.*

General Environmental Health Services

The General Environmental Health Services category includes crosscutting Disease Prevention program activities and a combination of various division programs due to their relatively small budgets. Programs included are: Animal Control; Body Art; and Marijuana Infused Product Manufacturer. The following services are conducted: education on the risk of contracting rabies from domestic and wildlife animals; investigation of disease outbreaks and food-borne illness complaints; annual inspections of marijuana infused product manufacturers under an intergovernmental agreement with Cities of Aurora and Commerce City; annual inspection of body art facilities. Additionally, TCHD's Institutions and Public Accommodations Program includes activities concerning mobile home parks, private housing, penal institutions, and public accommodations. These program components are addressed on a complaint basis only.

General Environmental Health Services

Funding/Revenue Source(s): Fees, General Funds

FY22 Program FTE: 1.21

FY22 Program Budget: \$126,805

Body Art Inspections Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total Body Art Facilities						
Adams	21	20	20	29	27	29
Arapahoe	30	32	34	37	40	46
Douglas	9	13	14	14	13	17
Total Body Art Facility Routine Inspections						
Adams	35	34	34	41	13	13
Arapahoe	53	62	65	60	12	24
Douglas	14	24	24	18	3	14
Total Body Art Facility Complaints						
Adams	2	2	1	2	1	2
Arapahoe	2	6	2	2	3	6
Douglas	1	2	1	1	2	0

Animal Control Metrics, 2016-2020

	2016	2017	2018	2019	2020	2021
Total Animal Control-Related Complaints						
Adams	125	98	124	148	22	8
Arapahoe	141	162	188	129	2	5
Douglas	79	61	100	99	1	16
Total Number of Animal Specimens Tested for Rabies						
Adams	55	47	48	59	49	48
Arapahoe	90	84	74	45	49	67
Douglas	34	36	73	34	27	30

Water Program

The Water Program includes water quality, onsite wastewater treatment systems (OWTS, i.e., septic systems), and recreational water (pools, spray pads, spas, and beaches). The goal of this program is to prevent disease transmission introduced into ground, surface, or recreational waters. The Water program is involved in several aspects of water supply and quality including, but not limited to, drinking water, private well water, reclaimed water, gray water, storm water, and emerging contaminants such as per- and polyfluoroalkyl substances (PFAS).

Water Program

Funding/Revenue Source(s): Fees, State Restricted Funds, County Restricted Funds, General Funds

FY22 Program FTE: 8.61

FY22 Program Budget: \$881,637

The OWTS program assures that wastewater from homes and businesses not served by a public sewer is adequately treated to prevent contamination of surface and groundwater. The following services are conducted:

- Permit and inspect all new and repair OWTS
- Issue use permits after inspections are completed on existing systems by qualified wastewater professionals
- Investigate malfunctioning systems
- Consult with planning departments, homeowners, engineers, and installers
- Train and license OWTS contractors and cleaners

Recreational water features at aquatic venues and swim beaches have long been recognized as an efficient medium for the transmission of communicable diseases and are also subject to a variety of accidents/injuries. The following services are conducted:

- Bi-annual inspections of all public and semi-public swimming pools, spray pads, and spas
- Complaint investigations
- Plan reviews and opening inspections of newly constructed or remodeled pools, spray pads and spas

The following services are conducted:

- Respond to citizen complaints or concerns
- Investigate Legionella and other water related disease outbreaks
- Provide guidance/support to contamination incidents
- Participate in key watershed and stakeholder meetings
- Inspection of bio-solids land application sites
- Emerging contaminant investigations in collaboration with state and federal partners

PFAS are human-made chemicals which have heat and stain resistant properties and are found in Teflon and Scotchgard products. They were widely used in firefighting foams, which is a major source of groundwater contamination at airports and military bases where firefighting training occurs. TCHD's work in PFAS included collaborating with CDPHE, EPA, and the South Adams County Water and Sanitation District (SACWSD) in responding to PFAS discovered in the District's source wells in 2018. Sampling efforts in Adams County to date have not identified a health risk and the water being delivered by SACWSD is safe.

In 2021, TCHD partnered with CDPHE on a pilot project to investigate the potential extent of PFAS in groundwater in 11 study areas throughout Adams County. These 11 areas were selected based on the results from a 2020 CDPHE statewide PFAS drinking water sampling project, TCHD's previous sampling in Adams County and data on potential or known PFAS sources. TCHD conducted extensive outreach in these areas, including a direct mailing, social media outreach, and a door to door campaign to offer free well testing to homeowners. This outreach resulted in 10 samples being collected from private wells. Nine of the ten samples had no detection for any of the PFAS compounds tested. One sample had results of 11.5 ng/L for the compound Perfluoro-n-hexanoic acid (PFHxA) and 16.6 ng/L for the compound Perfluoro-n-pentanoic acid (PFPeA). Neither of these compounds are part of the EPA Health Advisory and there is no health information for these two compounds at this time. None of the samples had detectable levels of the PFAS compounds, PFOA or PFOS, which are included in the EPA Health Advisory of 70 ppt. CDPHE plans to build off of this pilot project, and has announced a new statewide PFAS Grants Program with a request for applications. TCHD is currently exploring applying for a grant under the new PFAS Grants Program in early 2022.

The Water Program continues to offer free private well sampling in Adams County for residences west of Imboden Road and within ½ mile of an active oil and gas well. This program has been in effect since 2018 and is funded by Adams County. In total TCHD has sampled 115 private wells as part of this program. In 2021, TCHD collected 5 samples from residential private wells. To date, no wells have shown contamination from oil and gas activities.

Water Program cont.

In 2021, TCHD also implemented a Water Conservation Grant from the Colorado Water Conservation Board. The purpose of this grant was to provide education and outreach about the need to conserve and protect groundwater resources to homeowners with private wells and septic systems. This grant consisted of a brochure mailing to 22,627 addresses within all three counties in TCHD's jurisdiction, (Adams, Arapahoe, and Douglas Counties). TCHD also hosted three public webinars to provide in depth information on private well permitting and construction, well water quality, water conservation, and onsite wastewater treatment system care and maintenance. In total 54 people registered to attend one of the three webinars. TCHD completed the grant and submitted the final report to the Colorado Water Conservation Board in December 2021.

Recreational Water Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total Recreational Water Facilities - Annual						
Adams	36	41	42	42	43	45
Arapahoe	66	66	69	74	69	72
Douglas	35	37	38	41	37	38
Total Recreational Water Facilities - Seasonal						
Adams	49	49	48	48	48	48
Arapahoe	63	63	62	61	61	61
Douglas	22	24	24	25	26	25
Total Number of Recreational Water Facility Inspections						
Adams	213	231	241	228	216	228
Arapahoe	336	323	314	326	274	292
Douglas	147	150	145	174	141	135
Total Recreational Water Facility Plan Reviews						
Adams	15	4	2	0	8	0
Arapahoe	2	6	0	9	4	6
Douglas	4	0	1	7	1	0
Total Recreational Water Facility Ordered Closures						
Adams	24	33	39	23	17	34
Arapahoe	36	37	42	35	14	26
Douglas	12	19	20	11	5	8
Total Recreational Water Facility Complaints						
Adams	6	5	2	6	2	1
Arapahoe	15	22	15	16	3	3
Douglas	7	4	5	7	1	0

* Temporary closures due to failed chemical check, typically resolved within one business day.

Water Program cont.

Waste Water Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of Waste Water Permit Applications						
Adams	482	404	403	412	422	474
Arapahoe	287	294	309	297	331	326
Douglas	748	767	714	682	807	883
Number of New Septic Permits						
Adams	203	155	111	120	94	117
Arapahoe	65	75	69	54	56	64
Douglas	139	127	131	123	132	189
Number of Expansion Permits						
Adams	0	0	2	1	2	2
Arapahoe	0	1	3	0	0	3
Douglas	7	2	3	1	9	8
Number of Repair Permits						
Adams	46	47	50	55	63	80
Arapahoe	37	39	51	49	54	64
Douglas	94	111	139	107	127	126
Number of Use Permits						
Adams	233	202	240	236	251	275
Arapahoe	185	179	186	194	170	195
Douglas	508	527	441	451	538	560
Total Waste Water Complaints						
Adams	32	33	27	29	42	32
Arapahoe	24	24	37	38	27	25
Douglas	7	18	10	9	11	11

Land Use

The goal of the Land Use and Built Environment Program is to bring effective public and environmental health strategies into the development of policy, system, and environmental changes that shape the way we build communities. Since chronic diseases associated with physical inactivity, poor nutrition, and exposure to poor air quality rank among the greatest public health risks in communities, the design of communities is one of the most strategic ways to address population health.

The Land Use and Built Environment team brings expertise in the areas of environmental health, community epidemiology, food systems analysis, air quality, and housing and homelessness to TCHD's work across the three counties. The program engages in community design discussions and processes through the development of data and informatics, the provision of technical review and assistance, the promotion of best practices and model policies, and the facilitation of cross-sector collaborations to assess TCHD's built environment and develop solutions for improvements. Through TCHD's three-county approach, TCHD has brought public health considerations and recommendations to approximately 25 comprehensive plan processes, 6 oil and gas regulations, 45 land development code reviews, 2,800 land development proposals, and 20 state policies over the last five years. In addition, the team has led the development of built environment assessment tools that have been used by local jurisdictions and community partners across the three counties including the Boomer Bond Assessment Tool and four Health Impact Assessments.

As key staff engaged in TCHD's Public Health Improvement Plan's Health and Housing work, the Land Use and Built Environment Team have assisted local communities in the development of regulations to remove barriers to housing options such as the allowance of accessory dwelling units on single-family residential properties, reviewed existing local policies across 29 jurisdictions to understand what local regulations exist to promote healthy housing, and developed community data dashboards to assist housing partners in identifying and leveraging community-based health resources.

For the coming year, the program has attracted over \$275,000 of grant funding to support program activities in the area of community-based food systems improvements, referred to as Food in Communities, and air quality education, referred to as Love My Air. In addition, the program has leveraged over \$300,000 in private and philanthropic funding for community food system improvements as a result of this team's facilitation of community-based coalitions and community food action plans over the last two years.

Food in Communities

Food in Communities (FIC) is a regional collaborative that uses community-based participatory approaches to address food insecurity and increase access to healthy, affordable, and culturally important foods. FIC works with community members, organizations, institutions, and public agencies across Adams, Denver, and Jefferson Counties to collectively cultivate and sustain neighborhood and regional changes. Community-driven priorities guide FIC's work, and FIC aims to build capacity among community leaders and food policy councils to strengthen the local and regional food system. Three local public health agencies (LPHAs) - Tri-County Health Department (TCHD), Denver Department of Public Health and Environment, and Jefferson County Public Health - convene and facilitate FIC in their respective jurisdictions using approaches that are rooted in equitable partnership. In Adams County, the TCHD FIC team works in two focus areas: NW Aurora and SW Adams County.

In 2021, the TCHD FIC team also hosted a Municipal Food Policy Training with representatives from the Adams County government and seven municipal governments. The training delved into how municipal and county policies can be used as tools to increase access to healthy, affordable, and culturally important food. The national-level facilitator also met with each jurisdiction to offer relevant local food policy case studies with respect to current and forthcoming planning and policy processes in each jurisdiction.

Land Use Program

Funding/Revenue Source(s): Restricted grant funding

FY22 Program FTE: 5.75

FY22 Program Budget: \$710,743

Land Use cont.

Love My Air

The TCHD's Love My Air (LMA) Cohort program kicked-off in March 2021. The program provides partners with low-cost sensors that measure particulate matter (PM2.5) concentration and an optional \$5,000 for programming to support community education and policy, systems, and environmental changes. A total of 14 air sensors have been deployed to partner sites throughout Adams and Arapahoe Counties, and one located at TCHD's Commerce City Office. The cohort partners include Adams County, Adams 12 Five Star Schools, Arapahoe Public Libraries, Anythink Library, the City of Northglenn, and Thornton Parks and Recreation. The cohort of partners meets monthly with the aim of providing a space to learn from one another by sharing their own air quality programming/policy updates and initiatives, listen and learn from guest speakers, and discuss air quality and health topics. TCHD staff provide technical assistance to partners as they explore strategies and initiatives for using the air sensor data to engage, educate, and inform their community members about air quality and its health impacts. Some great projects that the partners are working on include:

Data from the dashboards are publicly available to raise awareness about air quality topics and empower families and individuals to make behavior changes to protect their health and reduce pollution. The data dashboard for the sensors are live and available here: <http://www.denveraq.com/TriCounty>.

AIR QUALITY SUPPORT

- The creation of an Ozone Learning Garden and citizen science project at Anythink Library Bennett,
- Revitalizing a bike program led by the Physical Education teachers in Adams 12 Five Star Schools that allows students to rent bikes and learn more about the health benefits of bike riding,
- Using smart light bulbs to indicate the air quality level and informational kiosks in Adams County to educate the public about air quality and leverage the data for policy change.

Land Use Program Metrics, 2016-2020

	2016	2017	2018	2019	2020	2021
Total Number of Land Use Plan Reviews						
Adams	212	249	345	460	358	408
Arapahoe	101	121	139	137	106	202
Douglas	135	142	142	123	158	129
Number of Plan Review Cases Referred to TCHD from County Governments						
Adams	93	128	163	187	115	153
Arapahoe	61	79	86	69	61	89
Douglas	75	70	82	70	89	89
Number of Plan Review Cases Referred from City Governments						
Adams	119	121	182	273	243	255
Arapahoe	40	42	53	68	45	113
Douglas	60	72	60	53	69	40

Solid and Hazardous Waste Program

The goal of this program is to control the impacts of solid and hazardous wastes on human health and the environment. Local health departments are authorized by Colorado law to assist in compliance activities for solid waste sites. TCHD performs oversight of solid waste disposal sites to ensure that these facilities are properly constructed and operated to protect public health and the environment. The following services are conducted: investigate solid and hazardous waste complaints; monitor construction activities at hazardous waste disposal sites; monitor construction and operational activities at non-hazardous waste disposal sites; participate on the technical advisory committees for designated Superfund sites; serve as a community liaison to responsible parties and regulatory agencies for hazardous waste sites; respond to spills and emergencies involving hazardous materials to support local fire and law enforcement agencies 24/7; provide household chemical waste collection resources and education programs; inspection of waste tire generators; and perform methamphetamine lab cleanup oversight. The Lowry Landfill Oversight Program is included within the broader Solid and Hazardous Waste Program. TCHD has provided oversight of the Lowry Superfund site for decades in many different capacities such as responding to citizen complaints, conducting site inspections, sampling of private wells near the site for contamination, reviewing technical documents in coordination with CDPHE and the EPA, and providing input into the EPA Superfund Five-Year Review process. The Superfund Five-Year Reviews are prepared by the EPA to evaluate the implementation and performance of the site remedies to determine they remain protective of human health and the environment.

Solid and Hazardous Waste Program
Funding/Revenue Source(s): Fees, Restricted State Funds, Donations, Contract Funds, General Funds

FY22 Program FTE: 3.03
FY22 Program Budget: \$420,437

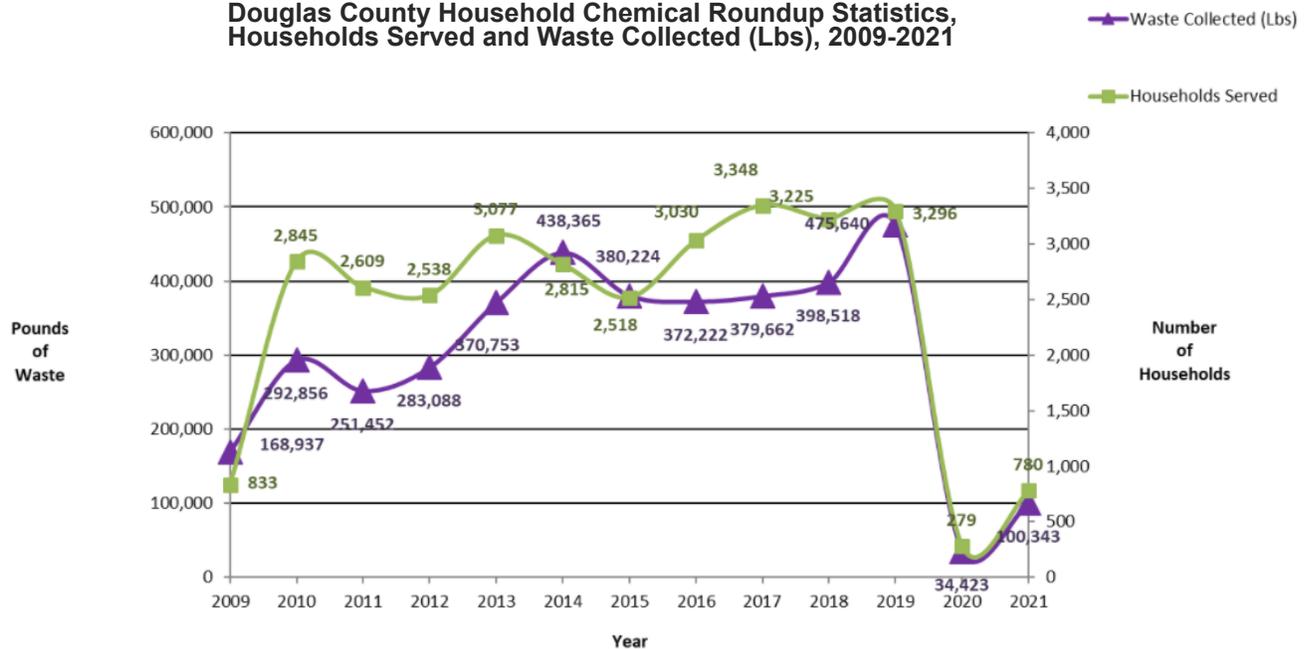
Solid and Hazardous Waste Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total Number of Landfill Inspections						
Adams	33	40	34	23	2	15
Arapahoe	1	1	1	3	0	1
Douglas	12	23	19	12	2	12
Number of Solid or Hazardous Waste Complaints						
Adams	42	36	29	34	20	36
Arapahoe	46	59	52	61	43	33
Douglas	12	22	35	20	21	19
Number of Methamphetamine Labs Cleared						
Adams	12	4	5	10	2	19
Arapahoe	12	7	12	23	15	31
Douglas	0	1	0	2	5	1
Number of Waste Tire Facility Inspections						
Adams	28	60	93	85	12	24
Arapahoe	25	29	23	43	0	13
Douglas	3	18	8	18	0	4
Number of Biosolid Facility Inspections						
Adams	5	7	14	-	4	4
Arapahoe	11	11	13	-	0	3
Douglas	0	0	0	-	0	0
Number of After-Hours Calls Received	70	165	163	193	378	190

Household Chemical Roundup

The Household Chemical Roundup (HCR) Program serves the residents of Douglas County by providing an opportunity to dispose and recycle hazardous chemicals from residents' homes in a safe, legal, and environmentally-sound manner. The Program provides an appropriate outlet for wastes that might otherwise end up in local creeks, storm water systems, sanitary sewers, and septic systems, or disposed of illegally on public or private property. Additionally, decreasing and removing hazardous products from homes reduces fire hazards and the potential for accidental poisonings. The purpose of the HCR Program is to serve the community of Douglas County by educating residents of the consequences to human health and the environment if hazardous items are improperly disposed of down the drain, on the ground, or in the trash and provide an alternative method of disposal. Throughout the year, the HCR Program provides information to the public regarding best practices in reducing the generation of household hazardous waste, including the most current methods to recycle and dispose of items to prevent improper disposal. During the COVID-19 pandemic, collection events were scaled back out of concern for safety and accommodated approximately 200 cars per event instead of the usual amount of 1,000 or more.

Douglas County Household Chemical Roundup Statistics, Households Served and Waste Collected (Lbs), 2009-2021



*Note program changed to small scale events during COVID-19 pandemic

Douglas County Household Chemical Roundup Small-Scale “Pop-Up” Events during COVID-19, Households Served and Waste Collected (Lbs), 2020-2021.

Year	Number of Households	Pounds of Waste
2020	279	43,423
2021	780	100,343

Industrial Hygiene Program

The goal of the Industrial Hygiene Program is to reduce indoor air pollution effects and events, workplace health and safety hazards, and workplace injuries and illnesses. Hazards in the workplace have been well documented, which led to the creation of the federal Occupational Safety and Health Act (OSHA) in 1970. According to the Environmental Protection Agency (EPA), indoor air pollution is one of the top five health hazards facing the general population. Major sources of indoor air pollution include combustion sources (i.e., wood and tobacco products), lead, asbestos, outdoor sources (e.g., radon), mold, and various chemicals. TCHD Industrial Hygiene oversees its regulations around methamphetamine which include closure of a property, proper assessment by certified individuals, proper decontamination and then proper clearing of the property when consulting has been complete. The following services are also conducted: investigation of complaints or inquiries; assistance in eliminating workplace health and safety hazards; follow up investigation for homes with children and high blood lead levels; and radon education and testing. For the fourth straight year, TCHD was awarded \$5,000 in grant funding from the Colorado Department of Public Health and Environment (CDPHE), which helped support the purchase of 720 at-home radon test-kits in January of 2021 to be distributed to the public. Collaboration with other radon concerned agencies like Boulder County Health Department was also performed where TCHD leveraged grant funding as part of a regional collaboration to enhance awareness and testing of homes for radon as well as work on policy related to radon resistant new construction and building codes to mitigate radon exposure. Radon has been named as the 2nd leading cause of lung cancer by the U.S. Environmental Protection Agency and the U.S. Surgeon General. The best way to protect the public from radon in residential homes is to test and provide mitigation education and resources. TCHD's Industrial Hygiene staff seek to provide this free testing to any member of the public in the TCHD jurisdiction.

Industrial Hygiene Program

Funding/Revenue Source(s): Fees, General Funds, Restricted Grant Funds

FY22 Program FTE: 0.90

FY22 Program Budget: \$90,396

During the COVID-19 pandemic, the TCHD Industrial Hygienist was activated from March 2020 - September 2021 in the Incident command structure as a Safety Officer and a Logistics Chief for Tri-County Health Department and could not respond to as many on site requests for industrial hygiene sampling. Expertise for industrial hygiene was used during the pandemic in elements of staff safety as well as providing written guidance to schools, county level offices of emergency management, executive courthouses in Arapahoe, Adams and Douglas counties and local businesses concerned about exposure to the virus. Expertise surrounding industrial hygiene basic components were applied to COVID-19 transmission control mechanisms such as respiratory protection programs, ventilation calculations, risk analysis, fit-testing N95 respirators, hazard communication for chemicals, aerosol science, hierarchy of control safety modeling, occupational health all staff guidance and technical expertise in industrial hygiene equipment maintenance and calibration.

Industrial Hygiene Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total Industrial Hygiene-Related Complaints						
Adams	85	34	39	35	20	21
Arapahoe	116	88	83	87	36	25
Douglas	39	40	23	19	15	13
Total Number of Onsite Investigations Requiring Industrial Hygiene Sampling	101	47	59	26	22	2

**Due to the COVID-19 pandemic, Environmental Health (EH) staff were redirected to response activities for all or part of the year. Hence, EH program activities may have been scaled back or suspended resulting in data not reflecting a typical year.*

Rocky Mountain Arsenal (RMA) Program Program

The goal of the RMA program is to protect the community from short and long-term environmental risks associated with the RMA's previous waste disposal activities and during ongoing operations and maintenance of the site. Off-post groundwater quality is monitored to verify there is no risk to the public through consumption of private well water and to verify that RMA cleanup efforts continue to be effective. On-post remediation oversight is provided consistent with the provisions of the Certificate of Designation issued by Adams County on September 29, 1997 and by specific agreements TCHD has with Adams County and with the Department of the Army. The following services are conducted: sample and analyze water from selected private wells in the RMA off-post study area for contaminants; oversight of completed on-site waste disposal areas, caps and covers; act as liaison with affected communities in Adams County concerning RMA related issues and the responsible parties (U.S. Army and Shell Oil Co.); and provide oversight of RMA remediation and monitoring activities.

Rocky Mountain Arsenal Program
Funding/Revenue Source(s): Restricted Federal Funds

FY22 Program FTE: 1.25
FY22 Program Budget: \$170,579

Vector Surveillance Program

The goal of the Vector Surveillance program is to reduce exposure and transmission of vector-borne diseases to the public. Vectorborne diseases have been recognized as potentially having fatal consequences. Diseases such as Arboviral Encephalitis (e.g., West Nile virus), plague, hantavirus, and tularemia are endemic in the TCHD area. Because outbreaks of vector-borne diseases are not predictable, ongoing surveillance of mosquito breeding sites is conducted. Monitoring for the presence of Western Equine Encephalitis, St. Louis Encephalitis, and West Nile virus (WNV) is accomplished through horse, mosquito, and human surveillance and mosquito testing. Prairie dog mapping and die-off investigations are conducted to determine local black-tail prairie dog colony locations and the presence of plague. The following services are conducted: surveillance for arboviruses in the environment; participation in the State Regional Encephalitis Monitoring program where TCHD maintains two sentinel mosquito trapping sites; routine mosquito light trapping and mosquito identification (June through September); collection and transport of animal specimens to the CDPHE laboratory for testing (plague, tularemia, WNV, and rabies); education to the public; prairie dog colony complaint die-off investigation; hantavirus environmental investigations; and flea collection and submission to the Centers for Disease Control and Prevention (CDC) for plague testing. Over the years, TCHD has responded to several significant and high-profile outbreaks of plague and hantavirus in all three counties, most recently was the 2019 plague outbreak amongst prairie dogs at Dicks Sporting Goods Park and the Rocky Mountain Arsenal. TCHD led efforts with state and local partners including CDPHE, Commerce City, and Fish and Wildlife Service to respond to and control the outbreak. Other significant outbreaks include a rare case of human acquired plague in Bennett in 2014 and human hantavirus investigations in Adams County in 2014 and 2012.

Vector Surveillance Program
Funding/Revenue Source(s): General Funds

FY22 Program FTE: 0.90
FY22 Program Budget: \$90,351

Vectorborne Surveillance Program Metrics, 2016-2020

	2016	2017	2018	2019	2020	2021
Total Number of Vectorborne Complaints						
Adams	59	49	35	34	36	31
Arapahoe	116	137	126	133	67	48
Douglas	42	37	24	31	13	14

The Division of Nursing focuses on promoting good health for children and adults through linkages to health insurance and health care services; nurse case management; disease prevention; and clinical, preventive, and health education programs.

Division Operations

This core leadership team is responsible for oversight, planning, implementation, and evaluation of all nursing activities and programs. This division operations team is also responsible for financial oversight, data collection and management, grant and contract management, and program evaluation. This team also assists with quality assurance and improvement processes.

Nursing Division

Funding/Revenue Source(s): General Funds, County Restricted Funds, Medicaid Reimbursement, Fees, State Restricted Funds, Federal Restricted Funds, Other Restricted Funds, and In-Kind Revenue

FY22 Division FTE: 153.26

FY22 Division Budget: \$20,631,399

Division Operations

Funding/Revenue Source(s): General Funds

FY22 Program FTE: 8.07

FY22 Program Budget: \$1,279,436

Immunizations Program and Clinical Outbreak Response

This program provides routine childhood and adult immunizations to individuals of all ages to protect them from vaccine-preventable diseases. Immunizations are available every weekday at various clinic locations and are available on at least one Saturday per month. Clinics are held in TCHD offices and at community-based sites around the three-county region. Walk-in visits are available at all clinic locations, and appointments are coordinated through the TCHD Patient Services Call Center. The Immunization Program targets persons who are uninsured or underinsured, and individuals with Medicaid or CHP+ insurance. There is no residency or income requirement; although a \$21 administration fee is requested for each immunization, nobody is turned away for inability to pay. The Immunizations Program, in partnership with the TCHD Emergency Preparedness, Response and Communicable Disease Surveillance Program, is responsible for providing clinical response to vaccine preventable disease outbreaks such as hepatitis A, meningitis, measles, and most recently COVID-19. In addition, this program monitors the compliance of Colorado Board of Health Rule 6 CCR 1009-2 related to the requirement of schools and licensed child care facilities to report aggregate immunization data to the Colorado Department of Public Health and Environment on an annual basis. Immunizations and Clinical Outbreak Response Program Funding/Revenue Source(s): Restricted Federal Funds, Restricted State Funds, General Funds, Medicaid Reimbursement, Patient Fees, Patient Donations, Private Insurance Billing

Immunizations Program

Funding/Revenue Source(s): Restricted Federal Funds, Restricted State Funds, General Funds, Medicaid Reimbursement, Patient Fees, Patient Donations, Private Insurance Billing

FY22 Program FTE: 22.9

FY22 Program Budget: \$5,670,894

FY21 In-Kind Revenue

(State-provided vaccine): \$1,040,000

FY22 COVID-19 Response Temporary

Personal Headcount: 35 (15 Immunization

Program, 20 Partnerships and Strategies)

FY22 COVID-19 Response Budget:

\$3,036,588.00

Immunization Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total Number of Clients Vaccinated						
Adams	1,998	1,878	2,088	2,375	1,435	5,502
Arapahoe	3,287	3,549	3,575	4,125	2,389	9,742
Douglas	601	675	924	1,129	894	6,974
Other*	1,580	1,775	1,601	2,358	1,143	9,575

Immunizations and Clinical Outbreak Response cont.

Immunization Program Metrics, 2016-2021 cont.

	2016	2017	2018	2019	2020	2021
Number of Clinic Visits Where Vaccines Were Administered						
Adams	2,328	2,165	2,454	2,769	1,656	8,401
Arapahoe	4,006	4,256	4,227	5,028	2,858	15,672
Douglas	778	843	1,144	1,472	1,101	11,322
Other*	1,952	2,165	1,934	2,770	1,438	15,618
Number of Adult Vaccinations Administered						
Adams	898	1,012	1,109	1,330	634	6,727
Arapahoe	2,102	2,561	2,183	2,905	1,192	13,519
Douglas	446	510	686	937	451	9,830
Other*	1,567	1,678	1,563	2,373	833	14,386
Number of Child Vaccinations Administered						
Adams	5,048	4,363	4,978	5,049	3,086	4,610
Arapahoe	8,169	8,423	8,472	9,326	5,381	6,341
Douglas	1,125	1,299	1,583	1,807	1,647	2,710
Other*	3,026	3,235	2,915	3,408	2,588	3,825
Number of Vaccination Outreach Events						
Adams	1	2	3	35	8	101
Arapahoe	18	34	11	53	11	120
Douglas	0	0	0	5	0	36
Other*	-	-	-	-	-	6

* Contractual obligation requires that vaccines are provided to individuals regardless of county of residence. There are insurance status and income guidelines to receive some of the vaccine services.

Patient Services Call Center

In April 2020 the TCHD Patient Services Call Center moved to a VoIP phone system. Due to improved phone system functionality and changing Nursing Division program needs, it was decided that each TCHD Nursing program would take individual program related calls. This transition was completed in April 2021.

The current function of the Patient Services Call Center is to schedule appointments and screen clients for program qualifications pertaining to immunization services only. Staff are responsible for pre-screening immunization records, checking insurance eligibility, accurately entering data into an electronic health record, scheduling appointments at five clinics with multiple providers, returning voicemails, and providing information about additional services and other TCHD programs.

Number of Calls Received by TCHD Call Center by Type, 2016-2020**

	2016	2017	2018	2019	2020
Total Calls	28,013	24,963	25,908	28,707	16,894
Sexual Health	13,845	12,282	11,667	13,494	10,505
Immunizations	10,825	9,945	10,937	11,825	8,972
Presumptive Eligibility (Medicaid)	2,853	2,417	2,701	2,412	1,011
Peak*	490	319	513	524	84
HIV	-	-	90	452	93

*Includes calls for sunsetted programs and services for cancer screening and prevention, cardiovascular disease screening and prevention, diabetes screening and prevention, and related medical records requests.

**Data for 2021 part of program level data

Disease Prevention and Clinical Services Program – Sexual Health

The goal of this program is to provide sexual health services and thereby prevent unintended pregnancies and transmission of HIV and sexually transmitted infections (STIs). The Sexual Health program sees people of all genders and targets at-risk populations, including those who are underserved, low-income and adolescents. The program offers reproductive health exams, contraceptive counseling and supplies, cervical cancer screening, pregnancy testing, HIV testing and STI testing and treatment. The program also offers pre-conception counseling for clients planning a pregnancy. Annually this program also helps to educate thousands of high school students within the TCHD jurisdiction about sexual health. Visit and class numbers in 2020 and 2021 were affected by the COVID-19 pandemic.

Sexual Health Program

Funding/Revenue Source(s): Restricted Federal Funds, Restricted State Funds, General Funds, Medicaid Reimbursement, Patient Fees, Patient Donation

FY22 Program FTE: 28.91

FY22 Program Budget: \$3,348,546

FY22 In-Kind Revenue

(State-provided STI tests): \$96,000

Sexual Health Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of Unduplicated Clients	5,776	5,279	5,397	5,880	3,547	3,490
Adams	2,112	1,814	1,782	1,832	1,136	1,083
Arapahoe	2,163	2,043	2,134	2,347	1,400	1,405
Douglas	292	260	293	324	182	168
Other*	1,209	1,162	1,188	1,377	829	834
Birth Control Services by County						
Adams	3,851	3,387	3,220	2,967	1,986	1,984
Arapahoe	3,789	3,565	3,532	3,612	2,233	2,377
Douglas	526	476	505	468	277	258
Other*	2,173	2,077	2,048	2,078	1,332	1,385
Prescription Services by County						
Adams	1,512	1,407	1,392	1,308	826	799
Arapahoe	1,568	1,615	1,572	1,701	981	1,094
Douglas	217	205	221	215	127	125
Other*	923	913	932	979	555	634
STI Testing Services by County						
Adams	826	836	1,074	1,310	555	723
Arapahoe	674	766	1,107	1,482	644	781
Douglas	117	124	188	247	113	112
Other*	470	479	713	1,008	431	580
LARC Insertion Visits by County	685	768	757	641	93	356
Adams	260	242	239	188	27	114
Arapahoe	272	333	314	274	38	145
Douglas	28	32	43	35	3	16
Other*	125	161	161	144	25	81

Disease Prevention and Clinical Services Program – Sexual Health cont.

Sexual Health Program Metrics, 2016-2021 cont.

	2016	2017	2018	2019	2020	2021
Sexual Health Education Classes by County	42	69	91	66	5	27
Adams	32	50	51	26	5	19
Arapahoe	8	17	41	40	0	8
Douglas	2	2	0	0	0	0
Number of Students Reached in Sexual Health Classes by County	1,333	2,478	2,589	1,960	216	750
Adams	1,073	1,753	1,363	773	216	590
Arapahoe	200	670	1,226	1,187	0	160
Douglas	60	55	0	0	0	0

** Contractual obligations require services are provided to any individual regardless of age, race, ethnicity, gender, sexual orientation, income, or residency status.*

Senior Dental (Arapahoe County)

The Senior Dental program provides preventative, restorative, and maintenance dental services to income-eligible seniors residing in Arapahoe County. Qualifying adults over 55 can receive care on a sliding fee scale with the majority of funding provided by Arapahoe County. Routine dental care improves the quality of life, general health, and well-being for senior citizens. The Senior Dental Program experienced decreases in visits in 2020 due to the COVID-19 pandemic.

Arapahoe Senior Dental Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of people served	384	334	310	284	215	194
Number of Patient Visits	1,855	1,673	1,337	1,220	752	897

Senior Dental Program

Funding/Revenue Source(s): Fees, Restricted County Funds, Restricted State Funds, Medicaid Reimbursement

FY22 Program FTE: 3.00

FY22 Program Budget: \$425,192

Home Visitation Programs

Nurse Home Visiting Program – Nurse Family Partnership

Nurse-Family Partnership (NFP) is a family support program that empowers first time, low-income mothers to create healthy and stable futures for themselves and their babies; its evidence base for cost-effectively preventing a range of adverse health and social conditions and improving family well-being is among the most impressive of any public health program.

The program aims to improve pregnancy outcomes, enhance child health and development and increase family self-sufficiency by visiting regularly with families in their home, starting early in pregnancy and continuing until their child’s second birthday. Serving as trusted resources, NFP nurses partner with families to provide education, tools, resources and support so that mothers and their partners (if involved) can safely and confidently care for their child and take steps towards achieving their education and employment goals. Promoting long term economic self-sufficiency enhances opportunities for a stable and secure future for families, and potential reduction in use of government services. Due to the ongoing COVID-19 pandemic, the Nurse- Family Partnership program continued to offer telehealth visits and judiciously resumed in person visits when they could be conducted safely.

The NFP program at TCHD expanded October 1, 2021, increasing TCHD’s capacity to serve 823 first time families in Adams, Arapahoe and Douglas Counties, and to serve as a temporary overflow site for Denver County. This rapid, unexpected expansion was a strategic response to Centura Health Systems’ decision to close their 400 family NFP site on September 30, 2021. Working in partnership with the Colorado NFP Coordination Team (Invest in Kids, Colorado Department of Human Services, the NFP National Service Office) and Centura Health, TCHD secured federal and state home visitation funding to add 275 new program slots; 200 in Adams and Denver Counties and 75 in Arapahoe and Douglas Counties. This successful endeavor ensured a seamless transition of services for over 150 existing clients, and the retention of 10 highly qualified NFP nurses from the former Centura site.

Nurse Family Partnership Program

Funding/Revenue Source(s): Restricted Federal Funds, Restricted State Funds, Medicaid Reimbursement

FY22 Program FTE: 47.55

FY22 Program Budget: \$5,488,790

Nurse Family Partnership Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total Number of Clients Served	684	790	743	708	716	862
Adams	212	218	209	204	220	306
Arapahoe	415	516	490	447	446	423
Douglas	57	56	44	57	50	49
Denver	-	-	-	-	-	61
Other	-	-	-	-	-	10
Missing County Data	-	-	-	-	-	13
Total Caseload	445	522	483	445	487	560
Adams	100	146	131	136	154	202
Arapahoe/Douglas	345	376	352	309	333	273
Douglas	-	-	-	-	-	22
Denver	-	-	-	-	-	55
Other	-	-	-	-	-	8
Total Number of Home Visits	7,567	7,996	7,821	6,692	1,346	888
Adams	2,228	2,160	2,057	1,802	379	336
Arapahoe	4,625	5,313	5,197	4,367	866	403
Douglas	714	523	567	523	101	48
Denver	-	-	-	-	-	77
Other	-	-	-	-	-	13
Missing County Data	-	-	-	-	-	11

Nurse Home Visiting Program – Nurse Family Partnership cont.

Nurse Family Partnership Program Metrics, 2016-2020 cont.

	2016	2017	2018	2019	2020	2021
Total Number of Telehealth Visits	965	1,069	1,033	757	6,447	7050
Adams	339	404	367	215	1,915	2300
Arapahoe	531	621	615	479	4,093	3963
Douglas	35	44	51	63	439	443
Denver	-	-	-	-	-	192
Other	-	-	-	-	-	192
Missing County Data	-	-	-	-	-	103
Total Number of Direct Referrals*	2,162	3,037	1,019	1,026	959	907
Adams	546	1,163	382	344	289	434
Arapahoe	1,453	1,736	575	618	604	424
Douglas	163	138	62	64	66	49
Total Number of Medicaid Referrals**	-	-	2,301	2,317	2,101	1898
Adams	-	-	631	767	554	756
Arapahoe/Douglas	-	-	1,670	1,550	1,547	958
Douglas	-	-	-	-	-	184

Changes in 2021 data reflect the transfer of clients from the former Centura Health site, which served Adams, Denver and the broader Denver Metro region.

+ Clients served: 2021 data separates out Arapahoe and Douglas Counties and includes Denver County. Source: NFP Clients Served in TimePeriod (New NOR report, 01.27.22

*Total Caseload for 2021: Reflects a year end count of all clients, including those residing in Douglas, Denver and other counties. Adams County data reflects clients served by any nurse home visitor and is not limited to Maternal Infant Early Childhood Home Visiting funded clients, as noted in previous years. Source: NFP Power BI Current Caseload Report (New NOR), 01.27.22

**Direct referral totals for 2016 and 2017 include Medicaid referrals, while the remaining years represent referrals from direct sources only. This shift in tracking referrals occurred due to a change midway through 2017, when Health Care Policy and Finance no longer filtered their Medicaid lists for only first-time mothers, therefore including multiparous women who are not eligible for the NPF Program.

*** Depicts Medicaid referrals received in later years. Unable to separate Arapahoe and Douglas County Medicaid referrals prior to 2021.

Nurse Home Visiting Program

Adams, Arapahoe and Douglas Counties recognize that public health nursing intervention can result in improved pregnancy outcomes, parenting knowledge, and enhanced family self-sufficiency. Nurse Support Program public health nurses work with families referred by county human services to provide professional assessments and collaborate with county case workers.

Adams County Nurse Support Contract Program

Funding/Revenue Source(s):
**Restricted County Funds,
 Medicaid Reimbursement**

**FY22 Program FTE: 9.51
 FY22 Program Budget:
 \$894,373**

This program is a longstanding contract with the Adams County Human Services Department (ACHSD). In 2021, ACHSD contracted with TCHD for an additional 3 FTE public health nurses to support and collaborate with Child and Family Services intake caseworkers.

Arapahoe County Nurse Support Contract Program

Funding/Revenue Source(s):
**Restricted County Funds,
 Medicaid Reimbursement**

**FY22 Program FTE: 12.75
 FY22 Program Budget:
 \$1,226,992**

This program is a longstanding contract with the Arapahoe County Department of Human Services. ACDHS also provides funds for public health nurses to work adult welfare units, to provide professional assessments, and case management for adults referred to protective services.

Douglas County Nurse Support Contract Program

Funding/Revenue Source(s):
**Restricted County Funds,
 Medicaid Reimbursement**

**FY22 Program FTE: 1.47
 FY22 Program Budget:
 \$134,352**

Douglas County Department of Human Services (DCDHS) began contracting with TCHD in 2020 to provide public health nursing intervention to families referred by DCDHS.

Nurse Home Visiting Program – Nurse Family Partnership cont.

Nurse Support Programs Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Number of Referrals Received						
Adams	83	166	229	203	135	219
Arapahoe	900	910	822	253	136	1,200
Douglas	-	-	-	-	82	52
Number of Nurse Liaison Referrals Received						
Adams	-	-	-	-	-	
Arapahoe	960	1,145	1,037	1,145	960	1,288*
Douglas	-	-	-	-	-	1,074*
Number of Home Visits Completed						
Adams	389	484	985	1,497	1,072*	1,288*
Arapahoe	1,617	1,599	1,762	1,060	1,014*	1,074*
Douglas	-	-	-	-	128*	1*

*2020 2021 services numbers reflect both in-home and telehealth visits

Child Fatality Prevention Review

The Colorado Child Fatality Prevention Act mandates local county review of all preventable child deaths. TCHD coordinates community partners, law enforcement, behavioral health and county officials in all three counties and facilitates case reviews to identify specific policy recommendations to prevent child deaths in Colorado.

The purpose of fatality review teams is to apply a public health approach to prevent child deaths by aggregating data from individual cases, describing trends and patterns of deaths and recommending prevention strategies. Strategies, like those emerging from 2020 data, may include recommendations to increase access to adolescent behavioral health treatment for suicide prevention, parental support to build awareness of warning signs of substance use, or culturally appropriate safe sleep education.

Child Fatality Prevention Review Program

Funding/Revenue Source(s): Restricted State Funds, General Funds

FY22 Program FTE: 0.70

FY22 Program Budget: \$67,042

Child Deaths Reviewed by Year, 2018-2021

	2018	2019	2020	2021
Adams	21	23	24	30
Arapahoe	19	31	20	22
Douglas	13	5	8	8

HCP - A Program for Children and Youth with Special Healthcare Needs

The HCP Program provides services to children and youth with special health care needs from birth to 21 years living in Adams, Arapahoe and Douglas County, who have or are at risk of physical, developmental, behavioral or emotional conditions. Registered nurses and a registered nutritionist provide information, referrals and coordination of care for families with children with special needs. The HCP Team engages families to identify and prioritize the needs of the family, develops a plan of care to work on shared goals, and helps family members become strong advocates for their children/youth. In 2020, all program staff were deployed to the COVID-19 response, and fewer referrals were made by busy and overwhelmed providers. In 2021, the program made a concerted effort to decrease the number of care coordination clients in order to focus more on systems-level work that will address upstream factors that influence the well-being of children and youth with special healthcare needs.

HCP Program

Funding/Revenue Source(s): Maternal Child Health Block Grant, Title V

FY22 Program FTE: 3.4

FY22 Program Budget: \$603,331

HCP Program Metrics, 2019-2020

	2019	2020	2021
Total Clients Served	243	131	91
Adams	85	44	37
Arapahoe	137	77	42
Douglas	17	18	11
Other	4	8	1
Referrals	298	155	120
Adams	119	52	45
Arapahoe	149	77	55
Douglas	25	18	17
Other	5	8	3

Public Health Nursing Clinical Education

The Public Health Nurse Clinical Education Program serves as a public health clinical placement site for nursing students pursuing Bachelor of Science in Nursing (BSN) degrees from local universities. This program is responsible for providing a wide variety of in-person, hands-on opportunities to engage with public health nurse preceptors in various programs within the Nursing Division and agency. We have also created a hybrid virtual/in-person model to sustain high-level educational instruction within evolving pandemic setting. Through a combination of didactic and experiential learning provided by experienced TCHD Nursing Division staff, students explore public health topics such as

Epidemiology, Social Determinants of Health, Domestic Violence, Motivational Interviewing, HIV prevention, Adverse Childhood Experiences (ACEs), Utilization of Data, Vaccination, Health Equity, Public Health Nursing Theory, and Reflective Practice. The goals of this program are to address the specific Public Health Accreditation Standard of ensuring and maintaining a competent public health workforce and encouraging the development of a sufficient number of qualified public health nurses, as well as to share the passion for achieving optimal health across our population consistent with our TCHD mission and vision by encouraging public health as a career development pathway for individuals entering the profession of nursing.

Public Health Nursing Clinical Education Program

Funding/Revenue Source(s): Restricted Contracts, General Funds

FY22 Program FTE: 0.50

FY22 Program Budget: \$340,027

Public Health Nursing Clinic Education Outcomes, 2019-2021

	2019	2020	2021
Total Number of Students in Program	57	42	36
Percent of Students with Increase Interest in a Public Health Career	51%	91%	91%
Percent of Students with Demonstrated Increase of Public Health Nursing Knowledge	100%	84%	90%
Percent of Students with Increased Knowledge of Public Health Role within the Community	95%	84%	95%

Access to Care Programs, Regional Health Connectors and Health Enrollment Team Program

Regional Health Connectors

The RHC program in Colorado formally began in 2016 with federal grant funding, reaching full force in 2017 to host RHCs in each of Colorado’s 21 designated health regions. In 2017, TCHD was awarded the contract to serve as the RHC host organization in the three regions of Adams, Arapahoe and Douglas with one RHC serving in each region. Effective October 2022, THCD is the host organization for the regions of Adams and Arapahoe only. Since July 2019, the program has been supported through multiple grants secured by the University of TCHD matching funds.

Regional Health Connectors (RHCs) are a community-based workforce who build and strengthen connections between the systems that keep communities healthy, including health care, public health, service organizations, and more. RHC work varies because they respond to the local needs and priorities of their Regions. The RHC program is unique because it is based on health extension models in other states that provide external support to medical practices, diffuse innovation, and share common resources including local expertise coupled with the technical resources of universities, health departments and social services agencies. RHCs:

Are **LOCALLY-ROOTED**: As residents of the communities where they work and as local host organization employees with a history of serving their communities, RHCs are uniquely positioned to identify and address the unique health issues posed in their region.

Focus on **BUILDING CONNECTIONS**: Serving as a trusted local convener, RHCs work within their region building relationships between primary care, behavioral health, social services and other community resources to form a regional and statewide network of public health and health resources.

Address **UNIQUE COMMUNITY NEEDS**: Develop locally-tailored priority projects that address health issues or barriers to health in their communities. Local priority projects in Adams and Arapahoe counties have focused on social and economic barriers to health, behavioral health, care coordination, substance use disorders, and emergency response.

Work with community **THROUGH PARTNERSHIP**: Through their network of public health, healthcare partners and community resources, RHCs are well-equipped to connect community partners with available resources and to other partners interested in reaching similar goals. RHCs also support medical practices participating in transformation efforts by partnering with clinical quality improvement teams to help practices prepare for new models of care and reach their goals.

Since inception, the RHC Program at TCHD has provided significant staff capacity to respond to agency and community strategic priorities. First, RHCs working towards the TCHD 2015 Strategic Plan Goal to Increase Interactions with the Health Care Delivery System. Second, RHCs working toward the TCHD PHIP Goal of Improving Access to Physical and Mental Health Care in addition to supporting work in the other PHIP goal areas including Food, Mental Health, and Housing. Most recently, the RHCs working toward TCHD’s COVID-19 Response from March 2020-July 2021, including leading work in community testing access, mass vaccination efforts, and community recovery efforts.

Access to Care Programs, Regional Health Connectors and Health Enrollment Team Program

Funding/Revenue Source(s): Restricted Federal Funds, Restricted State Funds, General Funds,

FY22 Program FTE: 9.80

FY22 Program Budget: \$1,113,949

Regional Health Connector Partnership Interactions by County, July 2017-June 2019

County	# Primary care practices supported by RHCs	# RHC to individual partner interactions (e.g., 1:1 meetings and phone calls)	# Group interactions with RHC participation: (e.g., convenings, alliances, and advisory boards)	% of Group Interactions where the RHC serves in a leadership role (e.g., convener and facilitator)
Adams	32	769	445	31%
Arapahoe	30	460	150	33%
Douglas	12	749	302	50%

**Unique to Arapahoe County: RHC provided direct RN services to clients in TCHD’s Immunization Program at the Aurora East clinic .2 FTE/wk, as part of larger project work focused on serving refugee and immigrant populations in Aurora*

Updated reporting can be reviewed in the following county specific links which provide a more detailed breakdown of each RHC and their contributions. The 1-pagers are regularly updated to reflect the responsiveness of these positions to emerging community priorities.

REGIONAL HEALTH CONNECTORS ADDITIONAL INFORMATION

- [Adams County RHC 1-Pager](#)
- [Arapahoe County RHC 1-Pager](#)

Access to Care Programs, Regional Health Connectors and Health Enrollment Team Program

Healthy Communities Program and Health Enrollment Team

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for all residents. Improved access is dependent on a number of important factors including adequate insurance coverage and availability of health services. For almost 30 years, the Healthy Communities Program improved access for children and pregnant women eligible for Medicaid and Child Health Plan Plus (CHP+) by providing application assistance to enroll in insurance and education and navigation on accessing medical care and non-medical services, including food, housing and transportation assistance. The Healthy Communities Program, staffed with 12.0 FTE, ended in July 2020 due to a decision by the state legislature to eliminate funding for the statewide program as part of COVID-19 budget changes.

Having health insurance is one of the 10 leading health indicators in Healthy People 2030, identified as a goal area in TCHD's PHIP, and a critical tool in combating the impact of COVID-19. Recognizing the importance of health care coverage, in July 2020, TCHD recommitted existing agency funding to sustain a smaller team of 3.0 FTE, including a 1.0 FTE cost-share position with Adams County Human Services (90/10 cost share with TCHD at 10%) focused on health insurance enrollment. This smaller team, relaunched as the Health Enrollment Team, works to increase the proportion of persons with medical insurance by providing community members with application assistance to enroll in Medicaid and CHP+. In the Fall of 2020, the team expanded to include assistance with enrollment into Connect for Health Colorado marketplace plans through a partnership with ConnectAurora. In 2021, continued availability of virtual application assistance by phone, combined with ongoing partnerships with Adams County Human Services and ConnectAurora, allowed the Health Enrollment Team to assist nearly 4.5 times as many individuals with enrolling into Medicaid and CHP+ in 2021 as compared to 2020.

THE HEALTH ENROLLMENT TEAM ACTIVITIES INCLUDE:

- Determining eligibility for different coverage programs based on income and other qualifications;
- Assisting individuals from any county with the Medicaid (including Presumptive Eligibility and Emergency Medicaid), CHP+ or Connect for Health application process, reducing the burden of navigating a complex system and ensuring individuals get coverage as quickly as possible;
- Troubleshooting application issues or barriers to help people retain their coverage during life's changes; and
- Helping thousands of people get enrolled in Medicaid or CHP+, with an average of 97% of TCHD applications getting approved by the County.

Healthy Communities Program Metrics, 2016-2019

	2016	2017	2018	2019
Number of Medicaid/CHP+ Applications	1,659	1,897	1,288	1,204
Number of Medicaid Linkage and Educational Interactions	45,252	65,401	47,912	58,184

Health Enrollment Team, 2020-2021

	2020	2021
Medicaid application assistance provided by TCHD (PE, EMK, or Adult)	206	896
Number of Medicaid enrollment assistance calls, non-application (i.e., change forms, look ups)	684	1,490

Disease Prevention – Harm Reduction and HIV Prevention Program

This program focuses on the prevention of the Human Immunodeficiency Virus (HIV) and Hepatitis C Virus. Providers in this program focus on individual screening, harm reduction strategies, community education, and outreach. Ryan White, Linkage to Care services are provided for individuals who have been newly diagnosed or have fallen out of HIV care. This program also includes syringe access services (SAS); provision of sterile syringes, syringe disposal, safe injection supplies, referrals, naloxone and overdose prevention education for individuals that use intravenous drugs. In May 2019, TCHD’s Syringe Access Program was awarded the National Association of County and City Health Officials (NACCHO) Model Practice Award. This award is granted to programs demonstrating exemplary qualities in response to a critical local public health need. In January 2020, syringe access services were expanded to serve Adams County residents. The decrease in some program numbers in 2020 and 2021 are due to COVID-19 restrictions and staffing shortages.

Harm Reduction and HIV Prevention Program

Funding/Revenue Source(s): Restricted Federal Funds, Restricted State Funds, Medicaid Reimbursement

FY22 Program FTE: 8.10

FY22 Program Budget: \$641,806

The Harm Reduction and HIV Prevention team has prioritized mobile/outreach-based interventions, actively removing barriers to care by meeting the most vulnerable residents. This program delivers testing and prevention services in public libraries, shelters, correctional facilities, treatment centers, and encampments meeting people where they are. Due to trending high opioid overdose rates, in 2021 the program was able to provide more naloxone than ever before in an effort to make “carrying” naloxone a common practice. In 2021 participants self-reported 31 overdose reversals, this means 31 lives saved.

Disease Prevention Program Metrics, 2016-2020

	2016	2017	2018	2019	2020	2021
Number of HIV Tests Performed	636	547	595	425	112	214
Adams	191	164	178	128	34	60
Arapahoe	445	383	417	297	78	143
Number of Hepatitis C Tests Performed	68	70	90	186	39	74
Adams	20	21	27	56	12	21
Arapahoe	48	49	63	130	27	48

Naloxone Reversal Rate, 2017-2020

	2017	2018	2019	2020	2021
Number of Naloxone Kits Given	129	154	191	201	398
Number of Reversals Reported	16	22	24	30	31
Naloxone Reversal Rate	12%	14%	13%	15%	8%

Harm Reduction and HIV Prevention Program cont.

Syringe Access Program Metrics, 2018-2020

	2018	2019	2020	2021
Number of unique participants	176	295	210	211
Adams	15	17	56	41
Arapahoe	52	117	143	158
Douglas	1	3	5	4
Other	108	158	6	8
Number of Syringe Access Encounters	534	1,112	1,009	977
Adams	37	102	125	162
Arapahoe	122	490	528	582
Douglas	1	11	14	13
Other	374	509	342	220
Number of Syringes Dispensed	44,151	77,645	85,574	86,491
Adams	1,550	4,850	8,499	14,780
Arapahoe	7,630	28,840	43,202	51,010
Douglas	10	340	1,130	1,297
Other	34,961	43,615	32,743	19,404
Number of Syringes Returned	39,621	68,403	80,300	80,790
Adams	1,186	3,916	8,086	14,044
Arapahoe	6,687	24,664	41,308	48,848
Douglas	0	232	1,015	1,178
Other	31,748	39,591	29,891	16,720
Percent of Syringes Returned	90%	88%	94%	93.40%
Adams	77%	81%	95%	95%
Arapahoe	88%	86%	96%	96%
Douglas	0%	68%	90%	91%
Other	91%	90%	91%	86%
Naloxone Kits Provided	154	191	201	398
Adams	12	9	38	119
Arapahoe	22	76	88	168
Douglas	1	0	3	10
Other	120	106	75	101

TCHD's Nutrition Division is comprised of seven distinct programs, including Women, Infants, and Children (WIC); Hunger Free Outreach for SNAP application assistance; Food Security; Baby and Me Tobacco Free; Breastfeeding Peer Counselors; DRCOG Accountable Health Communities and the Dietetic Internship. The Division staff serve all TCHD clinic locations and six additional sites.

Nutrition Division

Funding/Revenue Source(s): Restricted County Funds, Fees, Restricted Federal Funds, State Restricted Funds, General Funds

FY22 Division FTE: 74.05

FY22 Division Budget: \$6,436,406

Nutrition Division Administration

This director and administrative coordinator are responsible for oversight, planning, implementation, and evaluation of all Nutrition activities and programs. The Administrative team with support of other Nutrition Division program managers are responsible for financial oversight, data collection and management, grant and contract management, and program evaluation. This team also assists with quality assurance and improvement processes and leads efforts for the Public Health Improvement Plan around Health and Food. One FTE also supports office coordination efforts at the Westminster office location

Nutrition Division Administration

Funding/Revenue Source(s): County Restricted Funds, State Restricted Funds

FY22 Program FTE: 1.85

FY22 Program Budget: \$168,414

The Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The WIC program at TCHD provides monthly nutrition education, breastfeeding support, referrals and food benefits to over 20,000 women, infants, and children in TCHD's three counties through individual and group counseling sessions. There are 10 WIC clinic locations as well as a WIC presence with community partners including the Children's Health Clinic and Stride Community Health Center. Over \$12.2 million is added to the local economy of TCHD's three counties each year through the foods WIC clients purchase directly, which include fresh fruits and vegetables and whole grains. WIC increases access to fresh fruits and vegetables through two community gardens with local partners to promote healthy eating and physical activity: Adams County School District 27J in Brighton, and Anythink Library in Commerce City. TCHD also helps to host two Healthy Farmers' Markets in Adams County with Anythink Libraries, American Heart Association, City of Thornton and local farmers. The WIC program's primary focus areas are providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to community partners to healthcare and critical social services. By providing preventive health services during critical periods of growth and development, WIC helps to lower healthcare costs and improve health outcomes for its participants. In addition, by reducing the number of pre-term births and low birthweight babies, WIC is contributing to substantial healthcare cost savings. Numerous studies show that

The Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Funding/Revenue Source(s): Restricted County Funds, Restricted Federal Funds, State Restricted Funds

FY22 Program FTE: 66.65

FY22 Program Budget: \$6,010,909

**Includes WIC, WIC Central Pilot Referral Pilot, Hunger Free Colorado Outreach Program, and DRCOG Accountable Health Communities grant.*

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) cont.

WOMEN, INFANTS, AND CHILDREN (WIC) HELPS:

- Reduce premature births
- Reduce low birth weight babies
- Reduce infant deaths
- Improve maternal nutrition for healthy current and future pregnancies
- Increase breastfeeding initiation, duration and exclusivity rates
- Reduce childhood overweight and obesity
- Improve diet quality including increased consumption of produce and whole grains
- Increase healthier grocery purchasing behaviors
- Increased childhood cognitive development and academic success
- Reduce food insecurity rates

The TCHD WIC Program participates in a number of outreach programs aimed at increasing engagement and enrollment in WIC programs across the TCHD jurisdiction. Additional funding from the Colorado WIC State Office at the Colorado Department of Public Health and Environment allowed TCHD to hire and supervise WIC Engagement Specialists who aim to improve and centralize processes for referrals from healthcare and community partners that screen for food insecurity and to equitably maximize program access for eligible participants. Additionally, TCHD was awarded funding from Hunger Free Colorado to cross train two WIC Educators (2 FTE total) to assist individuals in completing SNAP applications. These WIC educators provide remote SNAP application assistance. TCHD's goal for this grant is to complete 1200 SNAP applications per year. This project aligns with TCHD's Public Health Improvement Plan (PHIP) Food Access priority area to increase enrollment in Federal nutrition programs in Adams, Arapahoe and Douglas counties. Finally, as part of the DRCOG Accountable Health Communities (AHC) project, TCHD is screening Medicaid clients seen in TCHD's Nutrition programs for health-related social needs (i.e., housing, food, utilities, transportation and safety needs). Clients are provided appropriate referrals and patient navigation services and enter data into the AHC Portal.

In 2016, TCHD's WIC program earned a NACCHO Model Practice award for its work in assessing and providing marijuana education to WIC clients. TCHD conducted a survey of WIC clients to assess marijuana use and to gain understanding regarding the educational needs around the health effects of marijuana use. As a result of the survey, TCHD developed a website with marijuana resources and information, a brochure that focuses on marijuana use during pregnancy, breastfeeding and parenting; and a resource and referral guide for TCHD staff if they receive questions from the public regarding marijuana.

WIC Benefits Spent by County and Number of Stores, TCHD Jurisdiction, 2017-2021

	2017	2018	2019	2020	2021
WIC Dollars Spent					
Adams	\$7,226,086.87	\$7,004,876.54	\$6,408,764.80	\$5,980,622.77	\$5,459,197.45
Arapahoe	\$8,122,294.98	\$8,122,294.98	\$7,380,169.25	\$7,084,995.00	\$7,575,638.70
Douglas	\$613,059.11	\$779,573.61	\$822,685.64	\$823,574.97	\$849,377.89
No. of Stores Participating					
Adams	37	37	37	37	35
Arapahoe	51	51	51	51	52
Douglas	22	22	22	22	22

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) cont.

WIC Client Caseload by Office Location, TCHD Jurisdiction, 2016-2021

Office Location	2016	2017	2018	2019	2020	2021
Westminster	3,609	3,533	3,309	3,022	3,034	3,387
Commerce City	1,881	1,796	1,784	1,676	1,431	1,485
Brighton	1,262	1,187	1,165	1,068	1,055	1,075
Every Child Pediatrics – Thornton	-	-	248	298	205	-
Salud	-	-	-	137	101	-
North Broadway	2,853	2,885	2,758	2,551	2,607	2,593
Aurora East	3,062	2,978	3,079	3,030	3,072	3,218
Englewood	1,311	1,291	1,238	1,175	1,112	946
Bennet	110	123	107	93	96	100
Aurora West	3,221	3,019	2,764	2,563	2,244	2,104
Aurora South	4,501	4,375	4,206	4,032	4,006	3,767
Aurora Stride Del Mar	-	-	-	110	127	96
Child Health Clinic	-	-	-	16	135	259
Castle Rock	469	434	479	511	524	579
Lone Tree	601	637	722	781	816	854
Elizabeth	54	56	69	57	37	6

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) cont.

WIC Clients by Race/Ethnicity, by County, 2017-2021

		2017	2018	2019	2020	2021
Total Women (Pregnant, Breastfeeding, Not Breastfeeding)						
Adams	All Races	6,433	6,536	6,044	5,972	6,184
	American Indian or Alaska Native (Non Hispanic)	95	115	105	79	99
	Asian (Non Hispanic)	231	223	193	206	206
	Black (Non Hispanic)	312	390	343	383	402
	Native Hawaiian or Pacific Islander (Non Hispanic)	31	33	34	24	27
	Hispanic (Any Race)	4,142	4,142	3,892	3,825	4,027
	Two or More Races (Non Hispanic)	61	76	65	62	61
	Unknown Race	2	0	0	0	0
	White (Non Hispanic)	1,558	1,555	1,401	1,393	1,362
Arapahoe	All Races	5,341	5,518	5,300	5,162	4,957
	American Indian or Alaska Native (Non Hispanic)	88	101	73	72	77
	Asian (Non Hispanic)	308	328	306	289	276
	Black (Non Hispanic)	1,148	1,208	1,154	1,139	1,046
	Native Hawaiian or Pacific Islander (Non Hispanic)	52	67	64	54	48
	Hispanic (Any Race)	2,217	2,267	2,218	2,215	2,287
	Two or More Races (Non Hispanic)	177	167	162	154	142
	Unknown Race	1	2	1	0	1
	White (Non Hispanic)	1,350	1,378	1,322	1,239	1,080
Douglas	All Races	504	662	609	616	619
	American Indian or Alaska Native (Non Hispanic)	3	0	0	0	0
	Asian (Non Hispanic)	22	31	37	30	31
	Black (Non Hispanic)	17	30	35	32	33
	Native Hawaiian or Pacific Islander (Non Hispanic)	2	0	0	0	0
	Hispanic (Any Race)	134	170	171	183	183
	Two or More Races (Non Hispanic)	10	16	20	21	22
	Unknown Race	0	0	0	0	0
	White (Non Hispanic)	316	402	340	341	341

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) cont.

WIC Clients by Race/Ethnicity, by County, 2017-2020 cont.

		2017	2018	2019	2020	2021
Total Infants and Children						
Adams	All Races	13,892	15,648	14,639	14,117	14,459
	American Indian or Alaska Native (Non Hispanic)	252	339	314	281	317
	Asian (Non Hispanic)	479	548	479	445	450
	Black (Non Hispanic)	671	891	874	874	938
	Native Hawaiian or Pacific Islander (Non Hispanic)	69	65	52	51	49
	Hispanic (Any Race)	9,502	10,472	9,799	9,376	9,548
	Two or More Races (Non Hispanic)	217	273	280	275	270
	Unknown Race	1	1	1	2	3
	White (Non Hispanic)	2,701	3,059	2,840	2,813	2,884
Arapahoe	All Races	11,550	13,012	12,677	12,246	11,833
	American Indian or Alaska Native (Non Hispanic)	234	301	294	288	302
	Asian (Non Hispanic)	700	733	667	622	605
	Black (Non Hispanic)	2,408	2,792	2,793	2,605	2,474
	Native Hawaiian or Pacific Islander (Non Hispanic)	97	137	134	129	105
	Hispanic (Any Race)	5,358	5,823	5,638	5,500	5,491
	Two or More Races (Non Hispanic)	565	659	644	637	624
	Unknown Race		1	1	1	1
	White (Non Hispanic)	2,188	2,566	2,506	2,464	2,231
Douglas	All Races	1,163	1,541	1,597	1,643	1,660
	American Indian or Alaska Native (Non Hispanic)	0	0	0	0	0
	Asian (Non Hispanic)	33	44	64	58	51
	Black (Non Hispanic)	34	52	69	77	93
	Native Hawaiian or Pacific Islander (Non Hispanic)	0	0	0	0	0
	Hispanic (Any Race)	369	484	518	527	531
	Two or More Races (Non Hispanic)	71	99	119	123	156
	Unknown Race	0	0	0	0	0
	White (Non Hispanic)	646	844	813	838	803
Total Participants						
Adams	All Races	20,325	22,841	20,683	20,089	20,643
Arapahoe	All Races	16,891	18,530	17,977	17,408	16,790
Douglas	All Races	1,667	2,203	2,206	2,259	2,279

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) cont.

Low Birth Weight Status (Low, Normal, High) by Prenatal WIC Participation and by County, TCHD Jurisdiction, 2019-2021

Prenatal WIC Participation	2019		2020		2021	
	# of Infants	% of Infants	# of Infants	% of Infants	# of Infants	% of Infants
Adams County						
Low	375	10.80%	404	11.65%	388	11.06%
Normal	2945	84.80%	2914	84.03%	2972	84.72%
High	153	4.41%	150	4.33%	148	4.22%
Arapahoe County						
Low	410	13.42%	398	13.07%	339	12.40%
Normal	2512	82.20%	2528	82.99%	2292	83.86%
High	134	4.38%	120	3.94%	102	3.73%
Douglas County						
Low	58	14.32%	63	15.04%	53	15.59%
Normal	332	81.98%	337	80.43%	269	79.12%
High	15	3.70%	19	4.53%	18	5.29%

Food Security

This Adams County-specific funding supports 1.0 FTE and operational costs to coordinate and participate in multiple programs to increase access to food and improve coordination and systems. 2020 and 2021, the position helped to lead and coordinate weekly produce boxes with a local farmer to an average of 52 WIC families/ per season out of the North Broadway location. A total of \$84,120 worth of fresh produce was given.

The Food Security position along with the Nutrition Manager and other Nutrition Division staff also coordinate and market the two TCHD Community Gardens and help lead, implement, coordinate the Healthy Farmer’s Markets (two locations) in collaboration with American Heart Association, Anythink Libraries, City of Thornton and Lulu’s Farms (including Adams County CARES dollars and funding through American Heart Association). The Healthy Farmer’s markets address chronic diseases with multiple resources, provide incentives for people on WIC and SNAP, and offer healthy fresh produce to the community. In 2020 The markets gave out \$55,000 in \$25.00 incentives to purchase the produce. In 2021 the markets gave out \$9,780 in \$5.00 incentives. The Healthy Farmers Markets received a NACCHO award in 2021 for this community work. The community gardens also address food security and chronic diseases while educating the participants on growing their own food.

The Food Security position is also helping with dual enrollment into WIC and SNAP through community hubs and community-based organizations and has begun work with local community colleges. This position will continue to coordinate across community based programs and aims to develop programming and services to reach community members who may be experiencing food insecurity.

Food Security Program

Funding/Revenue Source(s): Restricted County Funds

FY22 Program FTE: 1.0

FY22 Program Budget: \$80,000

Breastfeeding Peer Counselors

Breastfeeding rates among WIC participants are lower than average non-WIC participants. The Breastfeeding Peer Counselor Program continues to find innovations to provide education, resources, pumps, and tools to help WIC mothers reach their breastfeeding goals. Breastfeeding Peer Counselor programs have proven to be successful in providing breastfeeding support and increasing initiation and duration rates. In an effort to increase breastfeeding initiation and duration rates in the WIC program, TCHD began a Breastfeeding Peer Counselor Program in April 2005. Each of the 10 WIC clinics has at least one designated breastfeeding peer counselor. Peer counselors are available to support pregnant and breastfeeding mothers 24 hours a day by phone, text, email or in-person sessions. They teach breastfeeding classes, lead support groups, organize Facebook Live presentations, find community resources, and coordinate client care with WIC educators and dietitians. Peer counselors utilize an automated texting platform to send educational texts at regular intervals throughout the prenatal and postpartum periods and allows two-way texting between the peer counselors and program participants.

Breastfeeding Peer Counselors
Funding/Revenue Source(s): Restricted Federal Funds

FY22 Program FTE: 3.55
FY22 Program Budget: \$254,410

Breastfeeding Peer Counselors Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021
Total Monthly Contacts	10,523	11,124	10,664	12,726	15,136	14,499
Total Caseload	2,502	2,473	2,312	2,195	2,215	2,257
Number of Electric Breast Pumps Loaned	1,332	1,381	1,339	1,350	1,168	1,055
Number of Single User Pumps Distributed	152	125	154	168	106	96

WIC Program Breastfeeding Initiation and Duration, TCHD Jurisdiction, 2016-2021

	2016	2017	2018	2019	2020	2021
Breastfeeding initiation rate among WIC participants	84.0%	84.0%	84.0%	84.0%	84.0%	83%
Rate of breastfeeding at 3mo postpartum among WIC participants	36.0%	36.0%	38.0%	39.0%	39.0%	39%
Rate of breastfeeding at 6mo postpartum among WIC participants	26.0%	27.0%	27.0%	27.0%	29.0%	27%

Baby and Me Tobacco Free

The Baby and Me Tobacco Free Program is an evidence-based, smoking cessation program created to reduce the burden of tobacco on the pregnant and postpartum population. By providing counseling support and resources to pregnant women, the program helps women quit smoking and stay quit throughout the postpartum period and beyond, a major benefit to both themselves and their children. Program participants receive smoking cessation information at four prenatal education sessions and take a carbon monoxide breath test to verify smoking status. If a woman quits smoking before delivery, she is eligible to take a breath test monthly and receive \$50 worth of diapers each month up to six months postpartum as long as she stays quit. Participants have the option of enrolling one partner as a support person who is also eligible for \$50 worth of diapers each month as long as they stay quit. Helping women quit smoking results in improved birth outcomes and long-term positive health benefits for themselves and their families.

As of July 1, 2021, Colorado switched to a telehealth model where all prenatal and postpartum counseling is completed through a statewide facilitator and monthly breath tests are accomplished using a cell phone bluetooth device. TCHD and all local agencies now refers eligible mothers to the statewide facilitator.

Baby and Me Tobacco Free Program
Funding/Revenue Source(s): Restricted Grant Funds

FY22 Program FTE: 0.185
FY22 Program Budget: \$20,852

Baby and Me Tobacco Free cont.

Baby and Me Tobacco Free Program Metrics, 2016-2021

	2016	2017	2018	2019	2020	2021 Q1-Q2
Prenatal tobacco quit rate among participants*	88.9%	68.1%	88.7%	97.4%	79.5%	n/a
Number of new enrollments	147	115	110	72	46	27
Number of prenatal education sessions completed	433	339	310	56	161	99
Number of postpartum education sessions completed	428	269	264	76.5	203	106
Number of e-vouchers (program incentive) distributed	524	377	363	86	258	107

*Percent of women who pass CO test (≤ 6 ppm) at last prenatal session in third trimester among number of women tested in the third trimester

Dietetic Internship

The Dietetic Internship, started in 1980 and is a public health-based program accredited by the Accreditation Council for Education in Nutrition and Dietetics of the Academy of Nutrition and Dietetics. TCHD's internship is the only program in the region to offer a public health emphasis and hence has played an important role in Colorado in enhancing the public health nutritionist workforce. The ten and one half month tuition-based program trains six nutrition professionals each year, many of whom seek subsequent employment at TCHD and other Colorado health departments. Dietetic interns increase TCHD's community nutrition outreach, partnerships, and education. TCHD is proud of the 97% five year first time pass rate on the registration examination for dietitians. Graduates have career opportunities in a variety of positions in public health, community, healthcare, and business areas; hiring graduates when possible saves recruitment and training dollars. The dietetic internship has been nationally recognized for fiscal responsibility by being awarded a National Association of County and City Health Officials (NACCHO) Model Practice Award for the cost/benefit analysis of the internship and training interns on financial analysis. Six Dietetic Interns graduate each year and obtain their Registered Dietitian Nutritionist (RDN) credentials within three months of graduation. The chart below indicates the percentage of interns who work as RDN's in the public health sector after graduation. Currently, six of 30 graduates from the past five years are working for TCHD. In addition, another 14 of the 30 graduates from the past years are working in the Denver metro area at other local public health agencies, hospitals, school districts and non-profit food access organizations.

Dietetic Internship

Funding/Revenue Source(s): General Funds, Tuition/Fees, In-Kind Services

FY22 Program FTE: 1.00

FY22 Program Budget: \$143,617

Dietetic Internship and Retention in the Field of Public Health by Year, 2016-2021

	2016	2017	2018	2019	2020	2021
Percentage of interns with public health sector jobs after graduation	50%	50%	50%	33%	67%	83%

Appendix A: TCHD Core and Foundational Services

2008 Public Health Act Core Services *

Types of Tri-County Health Department Programs	Assessment, Planning and Communication	Vital Records and Statistics	Communicable Disease Prevention, Investigation and Control	Prevention and Population Health Promotion	Emergency Preparedness and Response	Environmental Health	Administration and Governance	Adopted FY19Budget		
Core Programs and Functions provided across all counties	Community Health Assessment	Vital Records	Communicable Disease Surveillance	Child Fatality Review	Emergency Preparedness and Response	Onsite Waste Water Treatment	Administration	\$39,422,152	Total \$	Total \$ by County:-
	Public Health Improvement Plan		HIV Prevention and Harm Reduction Program	Community Nutrition (Early Childhood, Schools and Community)	Safety & Security	Retail Food Safety	Accounting, Budget & Business Support			Adams: \$ 3,635,084
	Communication & Social Marketing		Immunization and Clinical Outbreak Response	Sexual Health (Family Planning and STI Screening and Treatment)		Childcare Inspections	Information Technology			Arapahoe: \$ 4,557,245
	Planning and Evaluation			Health Care Enrollment/Regional Health Connectors		Land Use Cases	Facilities & Purchasing			Douglas: \$ 2,367,338
	Assessment / Performance Improvement			Workforce Training (Nursing and Registered Dietitians)		Vector Control	Human Resources			3 County Total: 10,559,667
	Public Health Accreditation			Worksite Wellness Programs (staff and community**)		Body Art Facilities	HIPAA Compliance			
				Substance Abuse Prevention (multiple programs - mix of grant funds and general funds)		Pool and Spa Inspections	Board of Health			
				Suicide Prevention Program**						
				Mental Health Promotion		Solid and Hazardous Waste (Landfills and spills) programs				
				Syndromic Surveillance		Water Quality				
				Tobacco Education and Prevention**		Industrial Hygiene				
				Maternal Child Health Programs**		Meth Lab Clean-up Oversight				
				Nurse Family Partnership Programs**		Radon policy/ public awareness				
				Special Supplemental Nutrition Program for Women Infants and Children (WIC)**		Waste Tires**				
				Breastfeeding Peer Counselor Program**						
			Policy: Healthy Beverage Partnership; Advancing Breastfeeding**							
			Diabetes Education Program**							

Appendix A: TCHD Core and Foundational Services

2008 Public Health Act Core Services *

Types of Tri-County Health Department Programs	Assessment, Planning and Communication	Vital Records and Statistics	Communicable Disease Prevention, Investigation and Control	Prevention and Population Health Promotion	Emergency Preparedness and Response	Environmental Health	Administration and Governance	Adopted FY19Budget	
Adams County Only Programs				Nurse Support Home Visit Programs**		Food in Communities Grant (CCPD)**		Total \$ \$611,114	Total \$ by County
				Food Security**		Landfill Operation/ Construction Oversight**			Adams: \$ 611,114
				Diabetes Prevention and Self Management grant**		Air Quality**			
						Private Water Well Oil and Gas project**			
						Biosolids**			
Arapahoe County Only Programs				Nurse Support Home Visit Programs**		Lowry Landfill Superfund Site**		Total \$ \$1,937,735	Total \$ by County
				Arapahoe Senior Dental**		Food in Communities Grant (CCPD)**			Arapahoe: \$ 1,937,735
				Diabetes Prevention and Self Management grant**		Biosolids**			
						Air Quality**			
Douglas County Only Programs				Nurse Support Home Visit Program**		Household Chemical Collection**		Total \$ \$254,882	Total \$ by County
				Youth Substance Abuse Prevention (SAMHSA) grant**		Landfill Operation/Construction Oversight**			Douglas: \$ 254,882

* The 2008 Public Health Act Core Services were replaced in 2020 by Core Public Health Services that include foundational capabilities and organizational competencies

** Fully Funded with Grants, Fees or Contract Funds

~ Not all programs budget by county/ therefore county-specific figures will not match total

Appendix B: Code of Colorado Regulations State Board of Health Core Public Health Services



Code of Colorado Regulations
Secretary of State
State of Colorado

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

State Board of Health

CORE PUBLIC HEALTH SERVICES

6 CCR 1014-7

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Adopted by the Board of Health on April 17, 2019; Effective date January 1, 2020

Section 1 - Authority for Rules

1.1 This regulation is adopted pursuant to the authority in Section 25-1-503 et seq., C.R.S.

Section 2 - Definitions

2.1 All definitions that appear in Section 25-1-502, C.R.S., shall apply to these rules.

- A. "Agency" means a county or district public health agency established pursuant to Section 25-1-506, C.R.S., or a municipal public health agency established pursuant to Section 25-1-507, C.R.S.
- B. "Department" means the Colorado Department of Public Health and Environment.
- C. "Local Board of Health" means a county or district board of health established pursuant to Section 25-1-508, C.R.S., or a municipal board of health established pursuant to Section 25-1-507, C.R.S.
- D. "Public health" means the prevention of injury, disease, and premature mortality; the promotion of health in the community; and the response to public and environmental health needs and emergencies in the community and is accomplished through the provision of essential public health services and activities.
- E. "Governmental public health system" includes the Colorado Department of Public Health and Environment and all agencies as defined in Rule 2.1(A).

Section 3 - Core Public Health Services

3.1 Core public health services are comprised of foundational capabilities and foundational public health services.

- A. Foundational capabilities in Colorado shall include, but need not be limited to the following:

Appendix B: Code of Colorado Regulations State Board of Health Core Public Health Services cont.

CODE OF COLORADO REGULATIONS State Board of Health

6 CCR 1014-7

1. Assessment and Planning: Colorado's governmental public health system will apply the principles and skilled practice of epidemiology, laboratory investigation, surveillance, and program evaluation to support planning, policy and decision making in Colorado. The public health system will monitor, diagnose, and investigate health problems and hazards in communities including public health emergencies, outbreaks, and epidemics, and collect and analyze data.
2. Communications: Colorado's governmental public health system will be a trusted source of clear, consistent, accurate, and timely health and environmental information. The system will consistently use equitable, multi-directional communication strategies, interventions, and tools to support all public health goals.
3. Policy Development and Support: Colorado's governmental public health system will inform and implement policies to meet the community's changing health needs. Public health policies will aim to eliminate health disparities, reduce death and disability, and improve environmental quality and health outcomes for all people in Colorado.
4. Partnerships: Colorado's governmental public health system will create, convene, and support strategic partnerships, engage community members and cross-sectoral partners, agencies, and organizations to achieve public health goals.
5. Organizational competencies
 - a. Accountability, Performance Management and Quality Improvement: Colorado's governmental public health system will be accountable and transparent in such a way that the general public can understand the value received from investments made in the system. Accountability, organizational performance management and quality improvement are essential to creating a system that provides high-quality public health services regardless of location. To sustain the culture of quality, performance will be tied to improvements in public health outcomes and other measures, the public health system will be monitored, and public health service delivery will be tracked.
 - b. Human Resources: Colorado's governmental public health system will develop and maintain a competent workforce and provide adequate human resources support to ensure the Public Health Director meets minimum qualifications, and staff are able to perform the functions of governmental public health.
 - c. Legal Services and Analysis: Colorado's governmental public health system will access and appropriately use legal services and tools to plan, implement and analyze public health activities, including due process requirements as necessary. The system will understand, communicate and utilize appropriate entities in regards to public health's legal authority, and understand and use legal tools such as laws, rules, ordinances and litigation to carry out its duties.

Appendix B: Code of Colorado Regulations State Board of Health Core Public Health Services cont.

CODE OF COLORADO REGULATIONS State Board of Health

6 CCR 1014-7

- d. Financial Management, Contract and Procurement Services and Facilities Management: Colorado's governmental public health system will establish and maintain access to the appropriate systems and facilities necessary to deliver public health services in an efficient and effective manner. The system will establish policies and procedures, and provide financial, procurement, budgeting and auditing services in compliance with federal, state and local standards and laws.
 - e. Information Technology/Informatics (IT): Colorado's governmental public health system will maintain access to information technology, information management systems and ensure informatics capacities to store, protect, manage, analyze, and communicate data and information to support effective, efficient, and equitable public health decision making.
 - f. Leadership and governance: Colorado's governmental public health system will serve as the face of public health, lead internal and external stakeholders in consensus development, engage in policy development and adoption.
6. Emergency Preparedness and Response: Colorado's governmental public health system, in coordination with federal, state and local agencies and public and private sector partners, will have the capability and capacity to prepare for, respond to, and recover from emergencies with health, environmental and medical impacts.
 7. Health Equity/Social Determinants of Health: Colorado's governmental public health system will intentionally focus on improving systems and institutions that create or perpetuate socioeconomic disadvantage, social exclusion, racism, historical injustice, or other forms of oppression so that all people and communities in Colorado can achieve the highest level of health possible. Governmental public health will have the requisite skills, competencies, and capacities to play an essential role in creating comprehensive strategies needed to address health inequities, and social and environmental determinants of health.
- B. Foundational public health services in Colorado shall include, but need not be limited to the following:
1. Communicable Disease Prevention, Investigation and Control: Colorado's governmental public health system will carry out state and locally coordinated surveillance, disease investigation, laboratory testing, and prevention and control strategies to monitor and reduce the incidence and transmission of communicable diseases. Programs will target illnesses that are vaccine-preventable, zoonotic, vector-borne, respiratory, food- or water-borne, bloodborne, healthcare associated, and sexually transmitted as well as emerging threats. Communicable Disease Control will collaborate with national, state, and local partners to ensure mandates and guidelines are met and timely, actionable information is provided to the public and to health professionals.

Appendix B: Code of Colorado Regulations State Board of Health Core Public Health Services cont.

CODE OF COLORADO REGULATIONS State Board of Health

6 CCR 1014-7

2. Environmental Health: Colorado's governmental public health system will use evidence-informed practices to understand the cause and effect relationships between environmental changes and ecological and human health impacts, to protect, promote, and enhance the health of the community and environment. Agencies will participate in the protection and improvement of air quality, water, land, and food safety by identifying, investigating, and responding to community environmental health concerns, reducing current and emerging environmental health risks, preventing communicable diseases, and sustaining the environment in a coordinated manner with agencies at the federal, state, and local levels as well as industry stakeholders and the public.
 3. Maternal, Child, Adolescent and Family Health: Colorado's governmental public health system will develop, implement and evaluate state-wide, regional and local strategies related to maternal, child, adolescent and family health to increase health and wellbeing, reduce adverse health outcomes and advance health equity across the life course. Strategies may include but are not limited to identifying and providing information, promoting evidence-informed and multi-generational approaches, identifying community assets, advocating for needed initiatives, and convening partners.
 4. Chronic Disease and Injury Prevention and Behavioral Health Promotion: Colorado's governmental public health system focuses on common risk and protective factors that affect social, emotional and physical health and safety. To prevent chronic disease and injuries and promote behavioral health, Colorado's governmental public health system will use policy, systems and environmental change strategies to comprehensively address the root causes of poor health outcomes and advance health equity. Priority areas include, but are not limited to, nutrition, physical activity, oral health, access to care and disease management, injury prevention, violence prevention, suicide prevention, mental health and substance use (including tobacco, alcohol and other substances).
 5. Access to/Linkage with Clinical Health Care: All Coloradans should be connected with and have access to needed personal health care services that include primary care, maternal and child health care, oral health care, specialty care, and mental health care. Colorado's governmental public health system will coordinate governmental and community partners to link individuals to and ensure the provision of health care within their jurisdictions.
- C. Nothing in this section should be interpreted to limit a local agency or local board of health's ability to obtain additional resources to expand local public health services beyond the core services identified in this rule.

Section 4 - Exemption from the Provision of Core Public Health Services:

- 4.1 Pursuant to Section 25-1-506(3)(b)(iii), C.R.S., an agency has the duty 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. The agency shall be deemed to have met this requirement if the agency can demonstrate to the local board of health that:
 - A. Other providers offer core public health services that are sufficient to meet the local need as determined by a local public health plan.

Appendix B: Code of Colorado Regulations State Board of Health Core Public Health Services cont.

CODE OF COLORADO REGULATIONS
State Board of Health

6 CCR 1014-7

- 4.2 Pursuant to Section 25-1-506(3)(c), C.R.S., when a local board of health does not receive sufficient appropriations to fulfill all of the duties delineated in Section 25-1-506(3)(b), C.R.S., the local board of health shall set priorities for fulfilling the duties and shall include the list of priorities in the local public health plan submitted pursuant to Section 25-1-505, C.R.S. The local board of health may choose to limit the scope of the core public health services identified in Section 3 when:
- A. There is limited need for the core public health services in the community, or
 - B. Other providers offer core public health services that are sufficient to meet the local need.

Section 5 - Agency or Local Board of Health Unable or Unwilling to Act

- 5.1 Pursuant to Section 25-1-510(3), C.R.S., the department may reallocate monies from an agency that is not able to provide core public health services to another entity to deliver public health services in that agency's jurisdiction:
- A. If a core service is not being provided within the jurisdiction, the department will first work with the agency and the local board of health to address how the agency has prioritized the core public health services, and to ensure the statutory and regulatory requirements are understood. The department will also work with the agency, the local board of health, and as applicable, agencies in neighboring counties, local health providers, appropriate stakeholders, and other organizations to determine how best to provide or ensure core public health services and/or foundational capabilities within that agency's jurisdiction.

Editor's Notes

History

Entire rule eff. 11/30/2011.

Entire rule eff. 01/01/2020.

Appendix C: List of Partnerships and Coalitions by County



Organization Name	County	Sector	PHIP Access to Care	PHIP Mental Health	PHIP Health and Food	PHIP Health and Housing	Other Topic Areas
A Precious Child	Adams , Arapahoe	Non-Profit – Community-Based Organization					
Aetna	Statewide	Healthcare-Payers and Administrative Service Organizations					
Access Housing	Statewide	Non-Profit – Community-Based Organization					
Adams 12 Five Star Schools	Adams	Special District- School					
Adams County Collaborative Management Program	Adams	Government County					
Adams County Health Alliance	Adams	Non-Profit – Community-Based Organization					
Adams County Health and Human Services	Adams	Government County					
Adams County School District 14	Adams	Special District- School					
Adams County Sheriff's Office	Adams	Government County					
Addiction Research and Treatment Services	Adams , Arapahoe	Behavioral Health Provider					
Adventure Dental	Adams , Arapahoe	Healthcare - Medical Practice					
Adelante Community Development	Adams	Non-Profit – Community-Based Organization					
Advanced Urgent Care	Adams, Arapahoe	Healthcare - Medical Practice					
All Health Network	Arapahoe, Douglas	Community Mental Health Center					
Alliance for HPV Free Colorado	Metro-wide	Non-Profit – Community-Based Organization					
Amazing Grace Church	Adams	Non-Profit - Faith					
American Heart Association	Statewide	Non-Profit – Policy, Advocacy, Research					
American Lung Association	Statewide	Non-Profit – Policy, Advocacy, Research					
American Red Cross	Statewide	Non-Profit – Policy, Advocacy, Research					
Amigas de Mexico		Non-Profit – Community-Based Organization					
Anythink Wright Farms Library	Adams	Special District– Libraries					
Anythink Huron Street Library	Adams	Special District– Libraries					
Aurora Community Connection	Adams, Arapahoe	Non-Profit – Community-Based Organization					
Arapahoe County Department of Human Services	Arapahoe	Government County					
Arapahoe County Detention Facility	Arapahoe	Government County					
Arapahoe County Early Childhood Council	Arapahoe	Non-Profit – Community-Based Organization					
Arapahoe County Justice Coordinating Committee	Arapahoe	Government County					
Arapahoe County Libraries	Arapahoe	Government County					
Arapahoe County Sheriffs Office	Arapahoe	Government County , Law Enforcement					
Asian Pacific Development Center	Metro-wide	Non-Profit – Community-Based Organization					
Aurora Action Coalition for Community Services	Arapahoe, Adams	Non-Profit – Community-Based Organization					
Aurora Chamber of Commerce	Adams , Arapahoe, Douglas	Professional Association					
Aurora Day Resource Center	Arapahoe	Non-Profit – Community-Based Organization					
Aurora Family YMCA	Adams , Arapahoe, Douglas	Non-Profit – Community-Based Organization					
Aurora Fire Rescue	Arapahoe, Adams	Special District– other					
Aurora Health Alliance	Adams , Arapahoe, Douglas	Non-Profit – Community-Based Organization					

Appendix D: List of Partnerships and Coalitions by County cont.

Organization Name	County	Sector	PHIP Access to Care	PHIP Mental Health	PHIP Health and Food	PHIP Health and Housing	Other Topic Areas
Aurora Housing Authority	Adams , Arapahoe, Douglas	Government Municipal					
Aurora Interfaith Community Services	Adams, Arapahoe	Non-Profit – Community-Based Organization					
Aurora Mental Health Center	Adams , Arapahoe, Douglas	Healthcare-Medical Practice					
Aurora Public Schools	Adams , Arapahoe	Special District- School					
Aurora Partners for Thriving Youth	Adams, Arapahoe	Community Coalition					
Aurora Youth Options	Adams, Arapahoe	Non-Profit – Community-Based Organization					
Benefits in Action	Adams, Arapahoe	Non-Profit – Community-Based Organization					
Bennet Parks and Recreation Distrcit	Adams, Arapahoe	Government Local					
Bennett School District 29J	Adams, Arapahoe	Special District- School					
Bondadosa	Adams, Denver, Jefferson	Non-Profit – Community-Based Organization					
Boulder County Department of Housing and Human Services	Boulder	Government County					
Boulder County Public Health	Boulder	Government Local					
Boys and Girls Clubs of Metro Denver	Metro-wide	Non-Profit – Community-Based Organization					
Brighton Housing Authority	Adams	Non-Profit – Community-Based Organization					
Brighton Pediatrics	Adams, Denver, Jefferson	Healthcare-Medical Practice					
Brighton School District 27J	Adams	Special District- School					
Brighton Shares the Harvest	Adams	Non-Profit – Community-Based Organization					
Broomfield Pediatrics	Broomfield	Healthcare-Medical Practice					
Broomfield Public Health and Enviroment	Broomfield	Government Local					
Buckley Air Force Base	Arapahoe	Government Federal					
Byers School District 32J	Arapahoe	Special District- School					
Care Coordination-Community Engagement Task Force	Statewide	Non-Profit – Community-Based Organization					
Caring for Colorado Foundation	Statewide	Non-Profit – Community-Based Organization					
Catholic Charities of Central Colorado	Douglas	Non-Profit – Community-Based Organization					
Castle Rock Adventist Hospital	Douglas	Healthcare - Hospital					
Castle Rock Pediatrics	Douglas	Healthcare-Medical Practice					
Catholic Health Initiatives		Non-Profit – Community-Based Organization					
Center for African American Health	Metro-wide	Non-Profit – Community-Based Organization					
Center for Health Progress		Non-Profit – Policy, Advocacy, Research					
Center for Public Health Practice	Adams , Arapahoe, Douglas	Special District- School					
Center Pointe Family Medical Group	Douglas	Healthcare-Medical Practice					
Central Recreation Center	Arapahoe	Community-based Organization CBO					
Centura Health	Adams , Arapahoe, Douglas	Healthcare – Hospital					
Cherry Creek School District	Arapahoe	Special District- School					
Cherry Hills Community Church	Arapahoe, Douglas	Non-Profit - Faith					
Child Health Advocacy Institute	Statewide	Healthcare – Hospital					
Child Health Clinic	Statewide	Healthcare – Hospital					
Children’s Hospital Colorado	Adams	Healthcare – Hospital					
City of Aurora	Adams , Arapahoe, Douglas	Government Local					
City of Brighton	Adams	Government Local					
City of Commerce City	Adams	Government Local					
City of Englewood	Arapahoe	Government Local					
City of Littleton	Arapahoe	Government Local					

Appendix C: List of Partnerships and Coalitions by County cont.

Organization Name	County	Sector	PHIP Access to Care	PHIP Mental Health	PHIP Health and Food	PHIP Health and Housing	Other Topic Areas
City of Lone Tree	Douglas	Government Local					
City of Northglenn	Adams	Government Local					
City of Sheridan	Arapahoe	Government Local					
City of Thornton	Adams	Government Local					
City of Westminster	Adams	Government Local					
Civic Canopy	Statewide	Non-Profit – Community-Based Organization					
Clayton Early Learning Center	Statewide	Non-Profit – Community-Based Organization					
Clinica Family Health	Adams	Healthcare-Medical Practice					
Colorado Academy of Family Physicians	Statewide	Professional Association					
Colorado Access	Adams , Arapahoe, Douglas	Government State , Practice Transformation Organization PTO , Medical Services Organization MSO					
Colorado African Organization	Statewide	Non-Profit – Community-Based Organization					
Colorado Association of Local Public Health Officials	Statewide	Professional Association					
Colorado Blueprint to End Hunger	Statewide	Non-Profit-Policy Advocacy, Research					
Colorado Breastfeeding Coalition	Statewide	Non-Profit – Community-Based Organization					
Colorado Center for Nursing Excellence	Statewide	Non-Profit-Policy Advocacy, Research					
Colorado Center on Law and Policy	Statewide	Community-based Organization CBO					
Colorado Childrens Healthcare Access Program	Statewide	Non-Profit-Policy Advocacy, Research					
Colorado Consortium for Prescription Drug Abuse	Statewide	Non-Profit-Policy Advocacy, Research					
Colorado Cosumer Health Initiative	Statewide	Non-Profit-Policy Advocacy, Research					
Colorado Crime Survivors Network, Inc	Adams, Arapahoe	Healthcare-Behavioral Health, Non-Profit-Community Based Organization, Non-Profit-Policy, Advocacy, Research					
Colorado Criminal Justice Reform Coalition	Statewide	Non-Profit – Policy, Advocacy, Research					
Colorado Department of Education	Statewide	Government State					
Colorado Department of Health Care Policy and Fi	Statewide	Government State					
Colorado Department of Human Services	Statewide	Government State					
Colorado Department of Local Affairs, State Demography Office	Statewide	Government State					
Colorado Department of Public Health and Environ	Statewide	Government State					
Colorado Children’s Immunization Coalition	Statewide	Non-profit - Policy, Advocacy, Research					
Colorado Department of Transportation (CDOT)	Statewide	Government State					
Colorado Health Foundation	Statewide	Non-Profit – Foundation					
Colorado Health Institute (CHI)	Statewide	Non-Profit – Community-Based Organization					
Colorado Healthy Schools	Statewide	Non-Profit – Community-Based Organization					
Colorado Hospital Association	Statewide	Professional Association					
Colorado North Central Region Healthcare Coalition	Adams , Arapahoe, Douglas	Non-Profit – Community-Based Organization					
Colorado Parks and Wildlife	Adams , Arapahoe, Douglas	Public – State Government					
Colorado Perinatal Care Quality Collaborative	Statewide	Non-Profit – Community-Based Organization					
Colorado Primary Care Clinic	Arapahoe	Healthcare-Medical Practice					
Colorado Refugee Services Program	Adams, Arapahoe, Douglas	Government State					
Colorado School of Public Health	Statewide	Special District- School					
Colorado Trust	Statewide	Non-profit - Policy, Advocacy, Research					
Community College of Aurora	Arapahoe	Special District- School					
Community Reach Center	Adams	Healthcare – Specialty					
Community Resource Network	Adams	Non-Profit – Community-Based Organization					

Appendix C: List of Partnerships and Coalitions by County cont.

Organization Name	County	Sector	PHIP Access to Care	PHIP Mental Health	PHIP Health and Food	PHIP Health and Housing	Other Topic Areas
Community Resources & Housing Development Corpor	Adams	Non-Profit – Community-Based Organization					
Connect for Health Colorado	Statewide	Non-Profit – Community-Based Organization					
Cooking Matters Colorado	Statewide	Non-Profit – Community-Based Organization					
CORHIO	Statewide	Non-Profit – Community-Based Organization					
Covering Kids and Families	Statewide	Non-Profit – Community-Based Organization					
CovidCheckColorado	Metro-wide	Healthcare – Specialty					
Creative Options	Adams, Arapahoe, Denver	Child Care, Special District-School					
Creative Treatment Options	Adams	Behavioral Health Provider					
Cultivando	Adams	Non-Profit – Community-Based Organization					
Deer Trail School District 26J	Arapahoe	Special District- School					
Delta Dental of Colorado Foundation	Statewide	Non-Profit – Foundation					
Denver Department of Public Health and Environment	Denver	Government State					
Denver Health and Hospitals	Denver	Healthcare – Hospital					
Denver Public Health	Denver	Government Local					
Denver Regional Council of Governments (DRCOG)	Metro-wide	Government Local					
Denver South Economic Development Partnership	Arapahoe, Douglas	Community Coalition					
Denver Springs	Adams, Arapahoe, Douglas	Healthcare-Medical Practice					
Department of Housing and Urban Development (HUD	Statewide	Government Federal					
Developmental Pathways	Arapahoe, Douglas	Non-Profit – Community-Based Organization					
Doctors Care	Arapahoe, Douglas	Non-Profit – Community-Based Organization					
Douglas County Child Care Association	Douglas	Professional Association					
Douglas County Collaborative Management Program	Douglas	Community Coalition					
Douglas County Department of Human Services	Douglas	Government County					
Douglas County Early Childhood Council	Douglas	Non-Profit – Community-Based Organization					
Douglas County Health Alliance	Douglas	Non-Profit – Community-Based Organization					
Douglas County Health Youth Coalition	Douglas	Community Coalition					
Douglas County Housing Partnership	Douglas	Housing Authority					
Douglas County Mental Health Initiative	Douglas	Community Coalition					
Douglas County School District	Douglas	Special District- School					
Douglas County Sheriffs Office	Douglas	Government County					
Douglas Senior Council (Council on Aging)	Douglas	Community Coalition					
DTC Greenwood Village Chamber of Commerce	Arapahoe	Government Local					
Eagle Point Recreation Center	Adams	Non-Profit – Community-Based Organization					
Early Childhood Partnership of Adams County	Adams	Non-Profit – Community-Based Organization					
East Denver Food Hub	Statewide	Private Sector- Business					
Elbert County Government	Elbert	Government County					
Elena Anisimova, MD, PC	Arapahoe, Denver	Healthcare-Medical Practice					
Englewood Housing Authority	Arapahoe	Housing Authority					
Englewood Leadership Academy	Arapahoe	Special District- School					
Englewood High School	Arapahoe	Special District- School					
Englewood Schools	Arapahoe	Special District- School					
Enterprise Community Partners, Inc.	National	Non-Profit – Community-Based Organization					
Euclid Middle School	Arapahoe	Special District- School					
Every Child Pediatrics	Adams	Medical Practice					
Falck Rocky Mountain	Arapahoe, Adams	Private Sector – Business					

Appendix C: List of Partnerships and Coalitions by County cont.

Organization Name	County	Sector	PHIP Access to Care	PHIP Mental Health	PHIP Health and Food	PHIP Health and Housing	Other Topic Areas
Families Forward Resource Center	Arapahoe, Adams	Non-Profit – Community-Based Organization					
Food in Communities	Adams, Arapahoe	Non-Profit – Community-Based Organization					
Front Range Community College	Adams	Special District- School					
Get Ahead Colorado	Statewide	Non-profit - Policy, Advocacy, Research					
Giving Heart	Arapahoe	Non-Profit – Community-Based Organization					
Glendale Sports Center YMCA	Arapahoe	Non-Profit – Community-Based Organization					
Growing Home	Statewide	Non-Profit – Community-Based Organization					
Gunnison County Government	Gunnison	Government County					
Health Integration Action Team	Adams	Community Coalition					
Health Links	National	Non-profit - Policy, Advocacy, Research					
Healthier Colorado	Statewide	Non-profit - Policy, Advocacy, Research					
Healthier Child Care Colorado	Statewide	Non-profit - Policy, Advocacy, Research					
Healthy Schools Successful Student Collaborative	Statewide	Community Coalition					
Heart-Centered Counseling	Adams , Arapahoe, Douglas	Healthcare - Specialty					
Heartlight Family Clinic Castle Rock	Douglas	Healthcare - Medical Practice					
Hermanas de Color	Arapahoe	Non-Profit - Community Based Organization					
Home Instruction for Parents of Preschool Youngsters (HIPPPY)	Adams	Non-Profit – Community-Based Organization					
Hunger Free Colorado	Statewide	Non-Profit – Policy, Advocacy, Research					
Hyland Hills Park and Recreation	Adams	Government Local					
Illuminate Colorado	Statewide	Non-Profit- Policy, Advocacy					
Immunize Colorado	Adams, Arapahoe, Douglas	Non-Profit – Policy, Advocacy, Research					
Impact Charitable	Adams	Foundation					
Integrated Nutrition Education Program	National	Non-Profit – Policy, Advocacy, Research					
Invest in Kids	Statewide	Non-Profit – Community-Based Organization					
Jefferson County Public Health	Jefferson	Government Local , Health Department					
Jewish Family Services	Statewide	Non-Profit – Community-Based Organization					
Just Between Friends Douglas County	Douglas	Non-Profit – Community-Based Organization					
John Snow, Inc (JSI)	Statewide	Private Sector - Business					
Joshua Early Childhood Center	Arapahoe	Child Care					
Kaiser Permanente	National	Healthcare - Hospital, Healthcare - Payers					
Kids First Health Care	Adams	Healthcare – Medical Practice					
Larimer County Department of Health and Environment	Larimer	Government Local , Health Department					
Littleton Adventist Hospital	Statewide	Healthcare-Hospital					
Littleton Public Schools	Arapahoe, Douglas	Special District- School					
LiveWell Colorado (Now called Nourish)	Adams	Non-Profit – Community-Based Organization					
Lulu's Farms	Adams	Private Sector - Business					
Mainstreet Pediatrics	Douglas	Healthcare-Medical Practice					
Maiker Housing Partners	Adams	Government - Housing Authority					
Mako Medical	Statewide	Private Sector - Business					
Mapleton Public Schools	Adams	Special District- School					
Margaret Carpenter Recreation Center	Adams	Government Local					
Medical Center of Aurora	Arapahoe	Healthcare - Hospital					
Mental Health Colorado	Metro-wide	Non-Profit – Policy, Advocacy, Research					
Metro Area Health Alliances	Metro-wide	Non-Profit – Policy, Advocacy, Research					
Metro Denver Homeless Initiative (MDHI)	Metro-wide	Non-Profit – Community-Based Organization					

Appendix C: List of Partnerships and Coalitions by County cont.

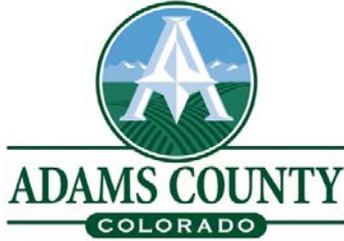
Organization Name	County	Sector	PHIP Access to Care	PHIP Mental Health	PHIP Health and Food	PHIP Health and Housing	Other Topic Areas
Metro Denver Partnership for Health	Metro-wide	Non-Profit – Policy, Advocacy, Research					
Mile High Behavioral Healthcare	Adams	Healthcare-Medical Practice					
Mile High Health Alliance	Denver	Non-Profit - Community Based Organization					
Mile High United Way	Metro-wide	Non-Profit – Community-Based Organization					
Moorhead Recreation Center	Arapahoe	Non-Profit – Community-Based Organization					
Mother’s Milk Bank	National	Non-Profit - Foundation					
Mountainland Pediatrics	Adams	Healthcare - Medical Practice					
New Legacy Charter School	Adams, Arapahoe	Special District- School					
North Suburban Medical Center	Adams	Healthcare – Hospital					
Northglenn High School	Adams	Special District - School					
Northglenn Recreation Center	Adams	Community-based Organization CBO					
Office of eHealth Innovation	Statewide	Government State					
OMNI Institute	Adams , Arapahoe, Douglas	Private Sector - Consultant					
Operation Nehemiah West	Arapahoe	Non-Profit – Community-Based Organization					
Parker Adventist Hospital	Douglas	Healthcare - Hospital					
Peak Vista Strasburg Community Health Center	Adams , Arapahoe	Medical Practice					
Peak Vista Strasburg Community Health Center	Arapahoe, Adams, Elbert	Healthcare - Medical Practice					
Pediatric Care Network	Statewide	Healthcare - Medical Practice, Healthcare Practice-Transformation Organization (PTO)					
Perl Mack Community Center	Adams	Government Local					
Platte Valley Medical Center	Arapahoe	Healthcare - Hospital					
Ponderosa Family Physicians	Arapahoe	Medical Practice					
Potomac Square Family Medicine	Adams, Arapahoe, Boulder, Douglas, Jefferson	Healthcare - Medical Practice					
Project Angel Heart	Adams , Arapahoe, Douglas	Non-Profit – Community-Based Organization					
Project Worthmore Dental Clinic	Adams, Arapahoe	Healthcare - Dental					
Rise Above Colorado	Statewide	Non-Profit – Community-Based Organization					
RK Mechanical	Adams, Arapahoe, Denver, Douglas	Private Sector – Business, Private Sector - Developer					
RMC Health	Statewide	Non-Profit – Community-Based Organization					
Rocky Mountain Health Centers Pediatrics	Statewide	Healthcare - Medical Practice					
Rocky Mountain Poison and Drug Center	Statewide	Non-Profit – Community-Based Organization					
Rose Medical Center	Adams , Arapahoe	Healthcare - Hospital					
Rocky Mountain Urgent Care and Family Medicine	Adams	Healthcare-Medical Practice					
Rotary Club of Aurora	Adams, Arapahoe	Non-Profit – Foundation					
Rocky Mountain Welcome Center	Adams, Arapahoe	Non-Profit – Community-Based Organization					
Rocky Mountain Partnership (Formerly “Cradle to Career Partnership”)	Adams	Non-Profit – Community-Based Organization					
Thornton Active Adult Center	Adams	Non-Profit – Community-Based Organization					
Safe Kids Colorado	Statewide	Non-Profit – Community-Based Organization					
Saint Joseph Hospital	Statewide	Healthcare - Hospital					
Salud Family Health Centers	Statewide	Healthcare – Medical Practice					
SDOH Learning Network	Adams, Arapahoe, Douglas	Non-profit - Policy, Advocacy, Research					
SECORCares	Douglas	Non-Profit – Community-Based Organization					
Senior Hub	Adams, Arapahoe	Non-Profit – Community-Based Organization					
Seniors’ Council Douglas County	Douglas	Non-Profit – Community-Based Organization					

Appendix C: List of Partnerships and Coalitions by County cont.

Organization Name	County	Sector	PHIP Access to Care	PHIP Mental Health	PHIP Health and Food	PHIP Health and Housing	Other Topic Areas
Servicios De La Raza	Adams, Arapahoe, Douglas	Non-Profit – Community-Based Organization					
Sheridan CANDO	Arapahoe	Government, Local					
Sheridan Health Services	Arapahoe	Healthcare – Medical Practice					
Sheridan SOAR Academy	Arapahoe	Special District- School					
Sheridan School District No. 2	Arapahoe	Special District- School					
Signal Behavioral Health Network		Behavioral Health Provider					
Sky Ridge Medical Center	Douglas	Healthcare - Hospital					
Sky Ridge Adult and Pediatric Advisory Councils	Douglas	Non-profit - Policy, Advocacy, Research					
South Metro Denver Chamber	Arapahoe, Douglas	Professional Association					
South Metro Fire Rescue Authority	Arapahoe, Douglas	Government Local					
South Metro Housing Options	Arapahoe	Government Local					
Spark Policy Institute	Statewide	Non-Profit – Community-Based Organization					
Spring Institute for Intercultural Learning	Adams, Arapahoe, Douglas	Non-Profit – Community-Based Organization					
St. Anthony North Health Campus	Adams	Healthcare - Hospital					
Stapleton Foundation for Sustainable Urban Communities	Statewide	Non-profit - Policy, Advocacy, Research					
Strasburg School District 31J	Adams	Special District- School					
STRIDE Community Health Center	Metro-wide	Medical Practice					
Swedish Medical Center	Arapahoe	Healthcare - Hospital					
Boulder County Substance Use Advisory Group Meeting	Boulder	Community Coalition					
Telligen	Statewide	Private Sector - Business					
Thornton Active Adult Center	Adams	Non-Profit – Community-Based Organization					
Thornton Fire Department	Adams	Public – Municipal Government					
Town of Bennett	Adams, Arapahoe	Government Local					
Town of Castle Rock	Douglas	Government Local					
Trailhead Institute	Statewide	Non-Profit - Foundation					
Tri-County Overdose Prevention Partnership	Adams , Arapahoe, Douglas	Non-Profit – Community-Based Organization					
UHealth	Statewide	Healthcare - Hospital					
Unison Housing Partners NOW MAIKER - LISTED ABOVE	Adams	Non-Profit – Community-Based Organization					
Unite US	Statewide	Private Sector - Business					
University of CO School of Medicine, Harris Program	Statewide	Special District- School					
University of CO Skaggs School of Pharmacy	Statewide	Special District- School					
University of CO Practice Innovation Program	Statewide	Special District- School					
Village Exchange Center	Adams, Arapahoe	Non-Profit – Community-Based Organization					
We Don't Waste	Adams, Arapahoe, Denver, Jefferson	Non-Profit - Community Based Organization					
Weld County Department of Public Health and Environment	Weld	Government Local , Health Department					
Westminster 50 School District	Adams	Special District- School					
Westminster Fire Department	Adams	Government Local					
Westminster Medical Clinic	Adams, Jefferson	Healthcare - Medical Practice					
Westminster Swim and Fitness	Adams	Special District – Recreation					
Whitman Secondary Options School	Arapahoe	Special District - School					
Workplace Wellbeing - Adams Employers	Adams	Non-profit - Policy, Advocacy, Research					
Workplace Wellbeing - Advisory Council	Statewide	Non-profit - Policy, Advocacy, Research					
Workplace Wellbeing - Aurora Employers	Arapahoe	Non-profit - Policy, Advocacy, Research					
Workplace Wellbeing - Government Employers	Statewide	Non-profit - Policy, Advocacy, Research					

Appendix C: List of Partnerships and Coalitions by County cont.

Organization Name	County	Sector	PHIP Access to Care	PHIP Mental Health	PHIP Health and Food	PHIP Health and Housing	Other Topic Areas
Workplace Wellbeing - South Employers	Arapahoe, Denver, Douglas	Non-profit - Policy, Advocacy, Research					
Workplace Wellbeing - Workgroup Employers	Metro-wide	Non-profit - Policy, Advocacy, Research					
Wynn Health Group	Statewide	Private Sector - Consultant					
Yaweh Health Care Castle Rock	Douglas	Healthcare - Medical Practice					
Youth Initiative of Adams County	Adams	Non-Profit - Community Based Organization					



STUDY SESSION ITEM SUMMARY

DATE OF STUDY SESSION: 5\17\2022
SUBJECT: 2022 Legislative Session Recap
OFFICE/DEPARTMENT: County Manager
CONTACT: Julie George
FINACIAL IMPACT: None
SUPPORT/RESOURCES REQUEST: None
DIRECTION NEEDED: Thoughts for 2023 legislative session
RECOMMENDED ACTION: None

DISCUSSION POINTS:

1. Highlights of 2022 session – will provide a status sheet handout
2. Bills that passed with grant opportunities the county may want to apply for
3. Looking ahead- August dinner with Adams County legislators
4. 2023 Bills – Treasurer bill; TIF bill

2022 Adams County End of Session Wrap-up

Prepared by: Elisabeth Rosen and Alan Morse

2022 Session Summary

- The 2022 session started and ended on time for the first time in since 2019, meeting for exactly 120 days.
- Democratic majorities were able to pass a number of high priority bills for the caucus
- Democrats had a few disappointments stemming from intraparty struggles, election year anxiety, calendar mismanagement, and Republican filibusters.
- Of 650 bills, roughly 400 were successfully passed and most were bipartisan.

Adams County Priorities

- Adams County Board of County Commissioners took positions on 34 bills this session.
- Of the bills we took a support, amend or oppose position on, the vast majority ended with the outcome we wanted.
- Adams County was able to take a supporting role in the lobbying of many significant bills such as collective bargaining, human services legislation, and environmental issues.

Landmark Legislation

The most controversial and debated bills of the session:

- **Abortion Access:** HB 1279 codifies access to abortion and contraception in Colorado law and was THE most controversial of the session.
- **Fentanyl Accountability & Prevention:** HB 1236 is lawmakers' response creating much stricter penalties for possession and creating treatment and harm reduction strategies.
- **TABOR & Property Tax:** SB 233 restructures TABOR refunds so all Coloradans will get \$500 checks this summer. SB. 238 reduces property taxes by \$700 million for 2023, fending off a ballot initiative to reduce them further (Adams County will be backfilled roughly 65%).

New State- level Departments

Polis claimed victory on his highest priority this session— creating two new state-level departments:

- HB 1295 creates the new Department of Early Childhood (DEC) and offers 10 hours of universal preschool per week at no cost.
- HB 1278 creates the new Behavioral Health Administration which will house all state behavioral health services.

Workers' Rights & Employment

Two large workers' rights were significantly amended and narrowed from the original drafts:

- **SB 230** will allow employees of most Colorado counties to collectively bargain. Adams County was able to secure changes to the original bill on their 3 highest priorities.
- **HB 1367** updates the Colorado Anti-discrimination Act to include protections for domestic workers and increase damages for age discrimination cases. This was supposed to be the POWR Act.
- Two workforces have a new minimum wage of \$15/hour which the State will help pay: home care & nursing home workers.

Energy & Environment Bills

The environmental space saw several key pieces of legislation passed:

- **SB 193** creates several new programs totaling \$100 million aimed at reducing air pollution
- **HB 1244** sets up new monitoring sites for toxic industrial emissions and creates a study on which toxins should have stricter limits.
- **HB 1355** charges dues on producers of recyclable materials in order to fund statewide recycling by 2026, if approved by the JBC.
- **HB 1362** will require new construction to follow one of two environmentally friendly building codes.

Transportation Bills

A relatively light year for transportation measures:

- **HB 1351** postpones the new gas tax passed last year until April 2023. The legislature is spending \$45 million to backfill the lost revenue.
- **HB 1026** creates a tax credit for companies that start a ride-share program for employees.
- **SB 180** will allow RTD to offer free transit rides in August of 2022 and 2023 when ozone levels are highest.
- **SB 151** creates a fund grants to pay for wildlife road crossings

Human Services Bills

- **HB 1278** creates the Behavioral Health Administration which is first tasked with spending half a billion dollars in ARPA funds on new programs.
- **HB 1259** makes several modifications to Colorado's TANF program. Many changes were made to quell concerns from local governments including Adams County that would have driven up costs to the county.
- **HB 1131** aims to reduce justice-involvement for young children aged 10 to 13. While the bill as passed has some issues still, many concerns were addressed in amendments.

Health Care Bills

2022 was a relatively quiet year for health care but there were a few important bills passed:

- **HB 1285** will bar hospitals from taking debt collection actions against patients if the hospital is not in compliance with transparency rules.
- **HB 1284** will prevent hospitals from surprise billing
- **HB 1370** aims to reduce the costs of prescription drugs by passing through manufacturer rebates to consumers

ARPA Behavioral Health Grant Opportunities

- [Senate Bill 147](#) allocates \$11.2 million for behavioral health programs for children, including bolstering services in schools.
- [Senate Bill 148](#) allocates \$5 million to grant Native American tribes development a behavioral health facility.
- [Senate Bill 181](#) allocates \$72 million to help stabilize the state's behavioral health care workforce, including creating a training curriculum for the Colorado Community College system.
- [House Bill 1281](#) allocates \$90 million for a grant program for local governments and nonprofits to use for existing community-based behavioral health programs.
- [House Bill 1283](#) allocates \$54 million for intensive residential and outpatient treatment for young people and their families.
- [House bill 1303](#) allocates \$65 million to expand inpatient and residential treatment options in Colorado, including supporting the addition of 16 beds at the Colorado Mental Health Institute and 125 other residential treatment beds across the state.

ARPA Affordable Housing Grant Opportunities

- [Senate Bill 159](#) allocates \$150 million to create a revolving loan fund to provide flexible, low-interest and below-market-rate loans for investments in affordable housing. The program is set up to be self-funding in the long-term.
- [Senate Bill 160](#) allocates \$35 million to help mobile home residents, through loans and grants, buy their land under their homes and create resident-owned communities.
- [House Bill 1282](#) allocates \$40 million to encourage construction of “innovative forms” of affordable housing in Colorado, including modular, prefabricated and manufactured homes.
- [House Bill 1304](#) allocates \$163 million for grants to certain governmental entities or nonprofit organizations for affordable housing initiatives, including developing housing infrastructure, providing gap financing, maintaining existing and building new affordable housing stock, and land banking.
- [House Bill 1377](#) allocates \$105 million to help communities address homelessness including by funding grant programs for local governments.

State Budget

\$36.4 million state budget signed into law .

- 12% increase in discretionary spending compared to last year.
- Large surplus was due to the economic rebound from COVID-19 and an influx of federal stimulus dollars.
- The budget is now constrained from growing much more due to TABOR limits.
- Highlights from the budget:
 - 3% increase for state employee salaries
 - 2% increase for community provider rates
 - \$157 million in fee relief for residents and businesses
 - \$250 million buydown of the K-12 budget stabilization factor
 - \$223 million to cap tuition hikes at 2% at higher education institutions.
 - \$43 million for air quality control
 - \$29 million for rural emergency services
 - Increasing the state's reserve from 7.5% to 15%

Looking Ahead

- With session in the rear-view, most legislators will now turn their attention to the November 2022 election
 - . All 65 House members, one-third of Senate members and the Governor are all up for reelection.
 - The Democrats will be fighting to maintain their current majorities, with Republicans focusing on retaking the Senate.
- The Joint Budget Committee will hear the June 2022 Economic Forecast on June 21, 2022.
- The 2023 legislative session begins on Monday, January 9, 2023.



STUDY SESSION ITEM SUMMARY

DATE OF STUDY SESSION: May 17, 2022
SUBJECT: Water Quality Control Commission Regulation 38 Rulemaking Hearing (“RMH”) Update
OFFICE/DEPARTMENT: Community & Economic Development
CONTACT: Katie Keefe, Environmental Programs Manager; Chase Evans, Deputy Director; Jenni Hall, Director
FINACIAL IMPACT: None
SUPPORT/RESOURCES REQUEST: None
DIRECTION NEEDED: Support for proposed level of participation in rulemaking as presented.
RECOMMENDED ACTION: Direct staff to submit written public comments as part of the rulemaking hearing.

DISCUSSION POINTS:

- Primer on water quality regulations
- Background leading to the current Regulation 38 RMH
- RMH process and timeline for Regulation 38
- Staff recommendation on path for county participation in the RMH process

WQCC Regulation 38 2022 Rulemaking Hearing

Community & Economic Development Department

May 17, 2022

Presented by: Katie Keefe, Environmental Program Manager

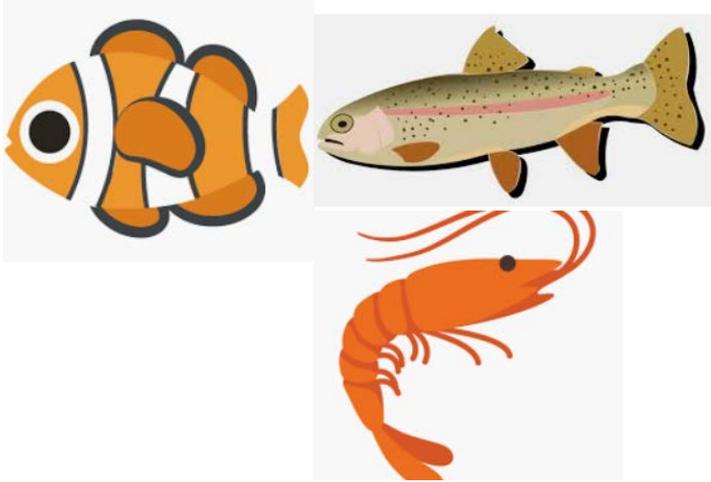


ADAMS COUNTY
COLORADO

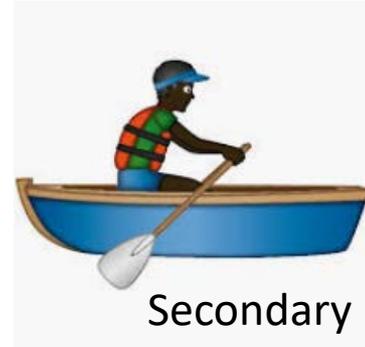
Water Quality Regulations Primer

- Beneficial Use Classifications
- Basic Water Quality Standards (Reg 31)
- Stream Designations (Reg 31.6)
- Antidegradation Rule (Reg 31.8)
- Basin-specific classifications & standards (Reg 38)

Aquatic Life



Recreation



Water Supply



Agriculture



Stream Designations (Reg 31)

Outstanding Waters

- Exceptional recreational and ecological significance
- Allows no degradation at all and quality must be maintained at existing quality
- Antidegradation controls **do** apply

Use-Protected Waters

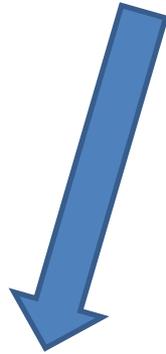
- Existing quality does not meet at least three WQSs (listed in Reg. 31.8)
- Substantial natural or irreversible human induced pollution (now sunset 12/31/31)
- Protects the beneficial uses – Nothing extra...
- Antidegradation controls do **not** apply

Reviewable Waters

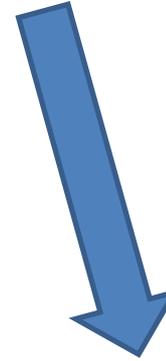
- All other waters that do not meet the above two definitions
- Allows use of assimilative capacity only after review
- Antidegradation controls **do** apply



Numeric or Narrative Standards



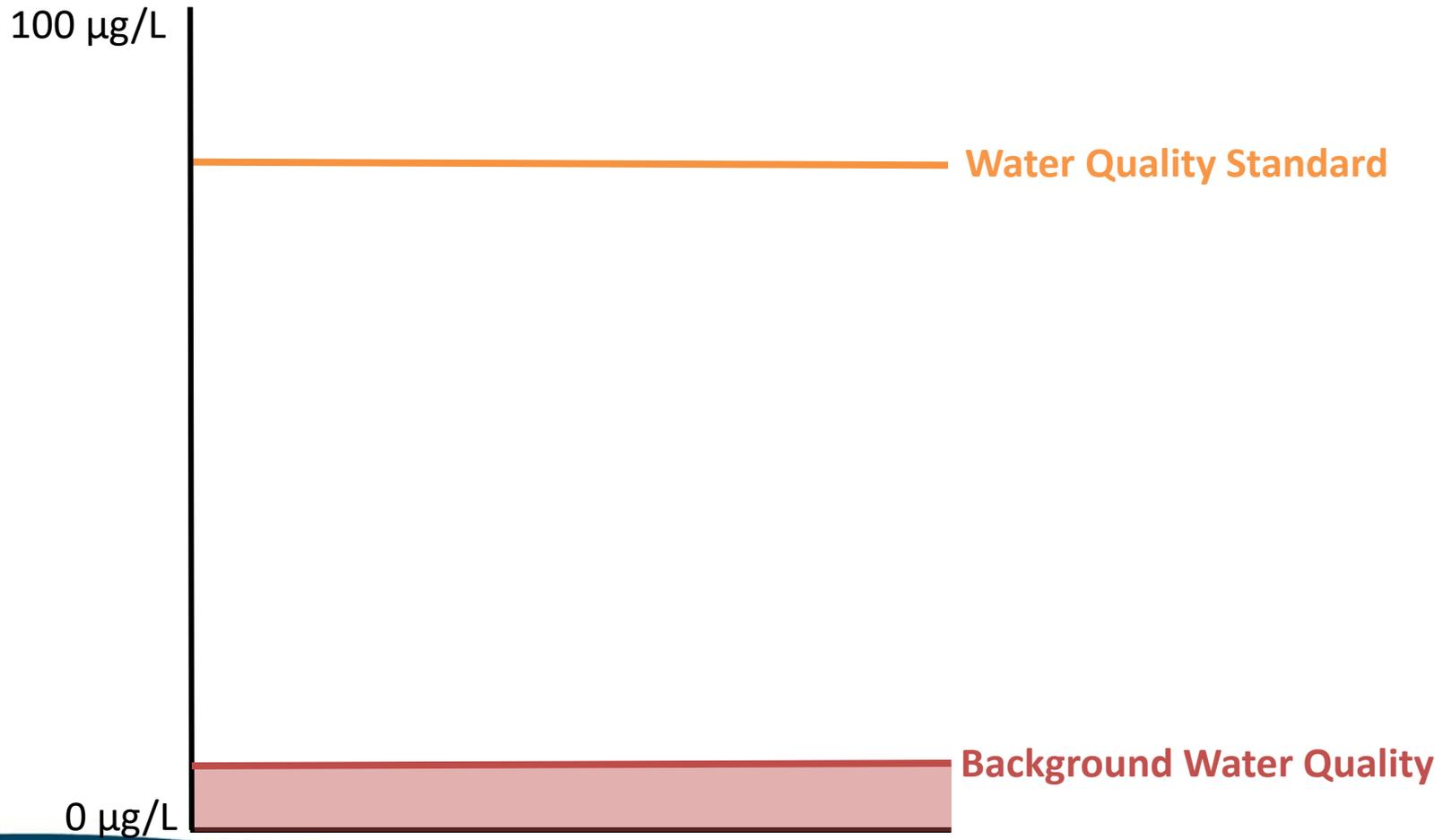
**Specifies a precise measurable level of some parameter:
e.g., Maximum Pollutant Concentration Levels**



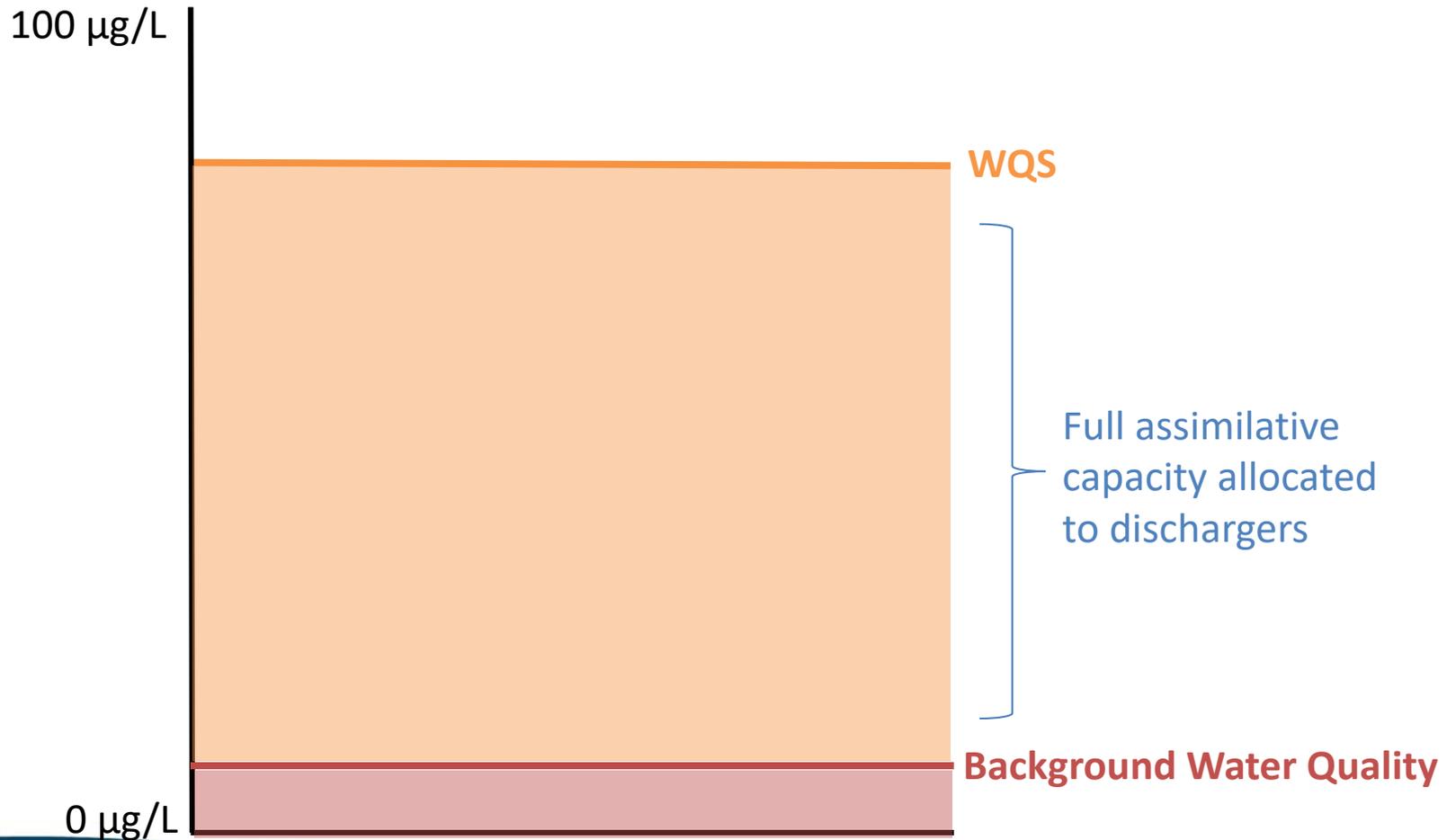
**Provides a qualitative benchmark to assess water quality:
e.g., “Free from” certain negative conditions**



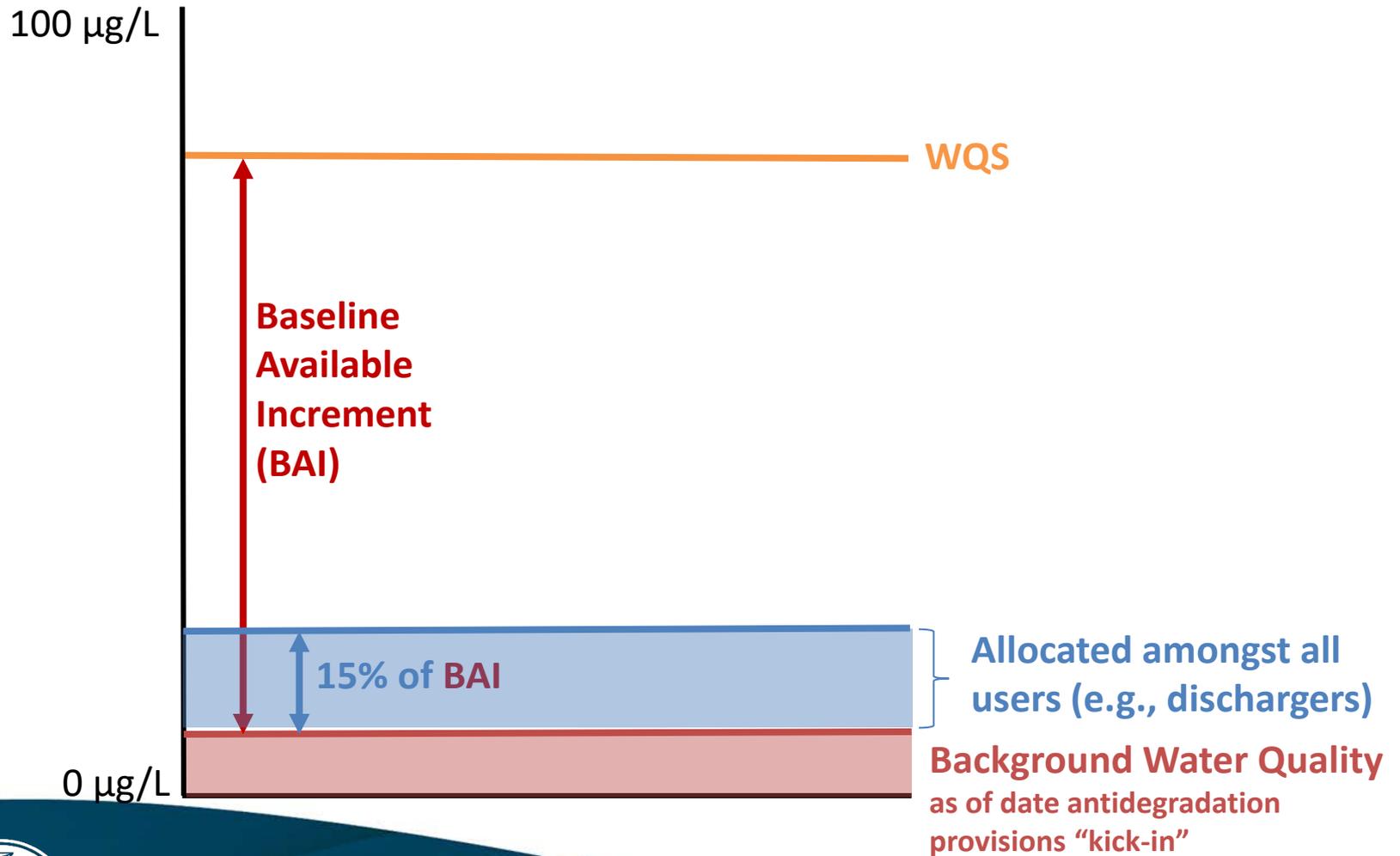
“Use-Protected” Waters:



“Use-Protected” Waters:



“Reviewable” Waters:



Determining Stream Designations

Reg 31.8 Antidegradation Rule:

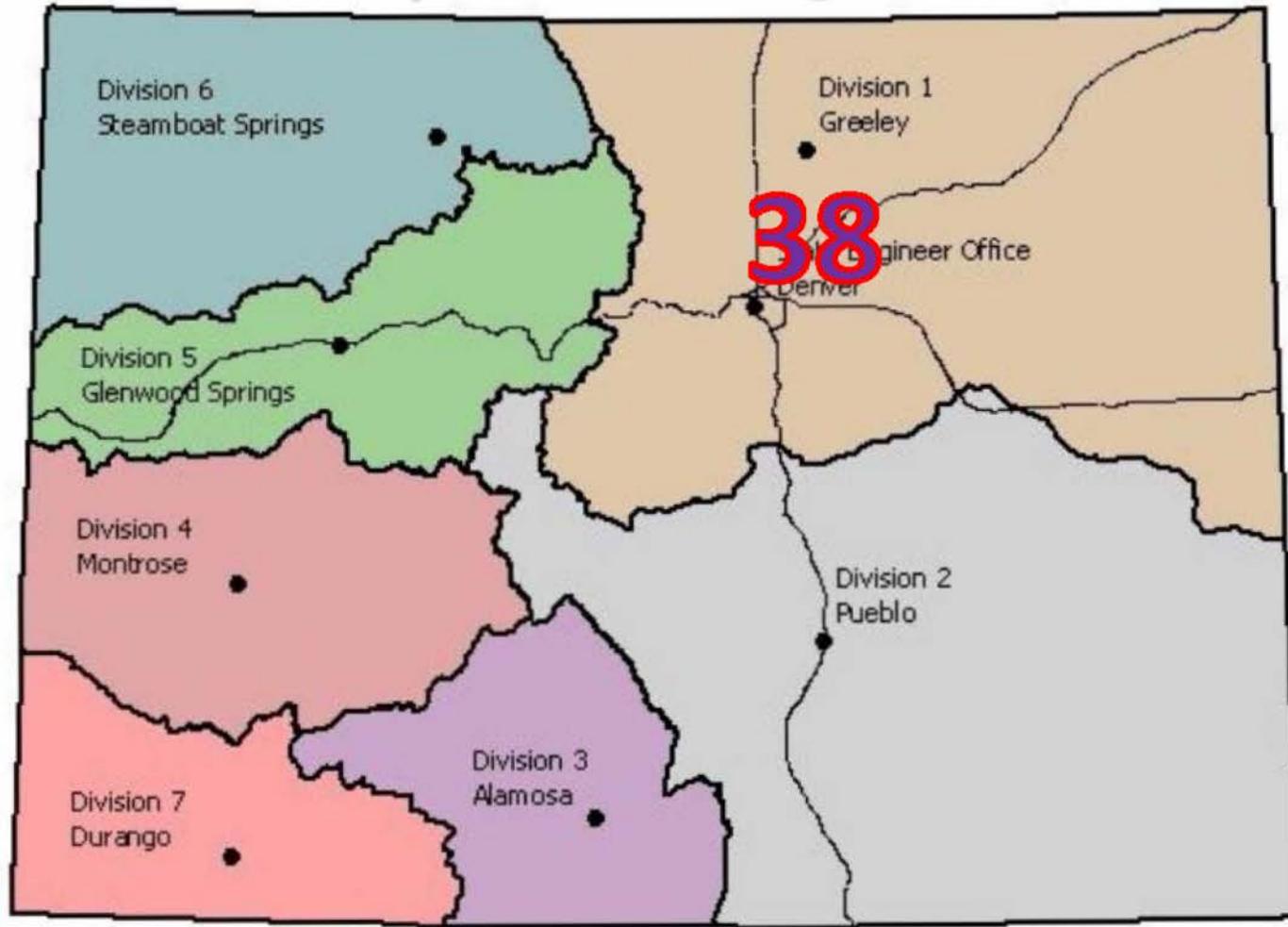
➤ 12 Parameters Test 31.8(2)(b)(i)(B)

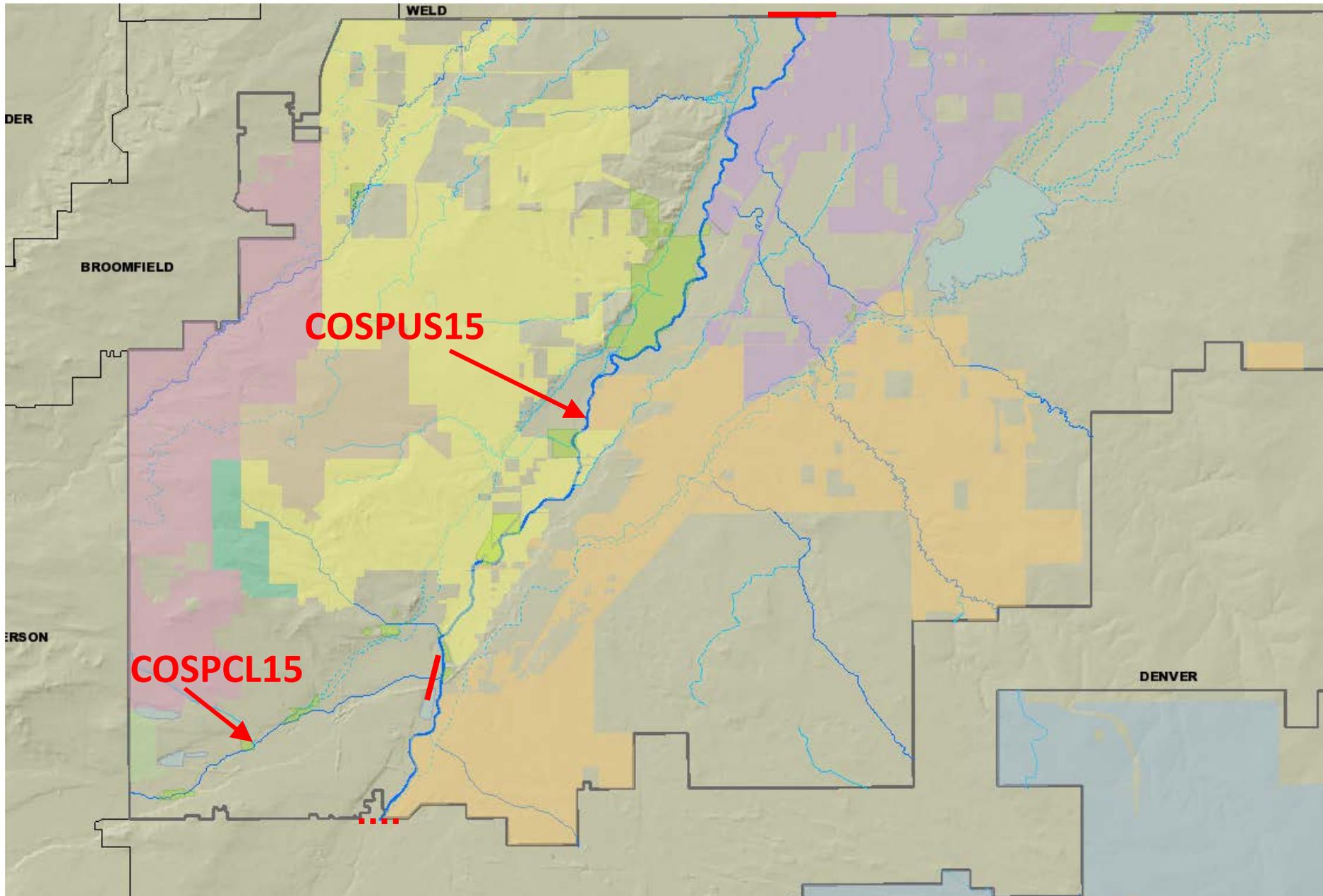
➤ Warm 2 Test 31.8(2)(b)(i)(A)

N/A for SPUS15 and SPCL15

➤ Discretionary Test 31.8(2)(b)(ii)

Basin Specific Regulations





COSPUS15 = South Platte Upper Stem Segment 15
COSPCL15 = South Platte Clear Creek Segment 15

2021 Petition Background

2020 Reg 38 Rulemaking Hearing:

- Division Proposal:
 - Redesignate South Platte US15 & MS01a to Reviewable
 - Maintain Clear Creek CL15 as Reviewable
 - 12-Parameter test supports proposal for all 3 segments
- Opponents Alternative Proposal:
 - Maintain Use-Protected designations
 - Downgrade Clear Creek to Use-Protected
- WQCC Ruling against Division proposal
 - Used “Discretionary Test” as basis for decision [Reg31.8(2)(b)(ii)]
 - Maintain UP designations
 - Downgrade CL15 to Use-Protected

Directed the Division to address perceived “misalignment” between Act & Regulation during Reg 31 RMH



Water Quality Control Act Statutory Language 25-8-209(4): *“Use-protected waters. Use-protected waters shall be those waters with **existing quality** that is not better than necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water. The quality of waters designated as use-protected may be altered if that quality provided for in applicable water quality classifications and standards is maintained.”*

WQCC Perceived misalignment: Act specifies “existing quality” while Regulation discusses reversibility of the pollution.

Regulation 31 Discretionary Test Language 31.8(2)(b)(ii): *“In addition, waters may be designated use protected even though none of the preceding criteria apply if the Commission determines that due to the presence of **substantial natural or irreversible human induced pollution** for parameters other than those listed in section 31.8(2)(b)(i)(B) the quality of the waters in question should not be considered better than necessary to support aquatic life class 1 and/or recreation class P uses. In making such a determination about a use protected designation, the Commission may take into account evidence of exceedances of one or more of the parameters listed in section 31.8(2)(b)(i)(B).”*



2021 Petition Background

2021 Reg 31 RMH & Antidegradation Rule

- Division proposed 2 options to address misalignment
- WQCC adopted proposal #2:
 - Discretionary test will sunset in 2031
 - 10-years for Division to develop & propose replacement
 - 12 parameter test remains primary basis for UP designation

2021 Petition filed for review of 2020 Reg 38 Ruling

- 2020 Reg 38 ruling incongruent with 2021 Reg 31 ruling
- Adams County letter of support
- Stakeholders opposed: Metro, Suncor, Molson-Coors, CWWUC

2022 Reg 38 RMH (September)

Regulation 38 Petition RMH Schedule

Proponent = Petitioners

1. Notice Issued – March 3, 2022
2. Proponent's Prehearing Statement – June 2, 2022
3. Party Status Requests Due – June 15, 2022
4. Responsive Prehearing Statement (RPHS) – July 7, 2022
5. Rebuttal Statements – August 3, 2022
6. Prehearing Conference – August 15, 2022 (1PM)
7. **Public Comments Due – August 31, 2022**
8. **Rulemaking Hearing – September 12, 2022 (9AM)**
9. Draft Final Action Released – Late September 2022

Staff recommendation



STUDY SESSION ITEM SUMMARY

DATE OF STUDY SESSION: May 17, 2022
SUBJECT: Development Standards Overhaul
OFFICE/DEPARTMENT: Community & Economic Development Department
CONTACT: Karl Onsager, Senior Implementation Planner
FINANCIAL IMPACT: None
SUPPORT/RESOURCES REQUEST: n/a
DIRECTION NEEDED: Update
RECOMMENDED ACTION: Approve staff to move forward a request for proposal and outlined project plan.

DISCUSSION POINTS:

The updated community vision through the draft Advancing Adams Comprehensive Plan poses an opportunity to ensure the Adams County Zoning, Subdivision, and Development Standards can effectively achieve that vision.

In this presentation, staff will discuss the proposed RFP:

- Scope of Work and Services Requested
- Expectations
- Update and coordination with Muni-Code



Community & Economic Development Department

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MEMORANDUM

TO: Alisha Reis, Interim County Manager
Byron Fanning, Interim Deputy County Manager

FROM: Jenni Hall, CED Director
Chase Evans, CED Deputy Director
Jen Rutter, Planning & Development Manager
Karl Onsager, Senior Implementation Planner

DATE: 05.17.22

RE: Development Standards Overhaul Request for Proposal

The pending adoption of the Advancing Adams Comprehensive Plan renews community vision for land-uses, housing, agricultural preservation, and economic development. The Board of County Commissioners (BoCC) has previously approved a budget request to make substantial improvements to the County's Development Standards & Regulations (DSR), and align the regulations to meet the community vision and needs. One central outcome is to ensure the DSR does not frustrate or cause undue cost, delay, and risk for desired land-use outcomes. The following highlights the outline of the request for proposal (RFP) and seeks to provide additional context for proposed topics.

Batch I is proposed to address commercial and industrial standards. Currently, the county has 855 acres in commercial zones and 6,697 acres in industrial zones, comprising 0.13% and 1.03% of unincorporated land respectively. The county has six commercial zones ranging from C-0, as the least intense, to C-5, as the most intense. For uses listed in the land-use table, 27% are not allowed in commercial zones, 25% are permitted in some commercial zones, 19% are either conditional or permitted in some commercial zones, 30% are only conditional in some commercial zones. Of those uses that are allowed in some way, 41% have definitions. In comparison, only 6% of uses are not allowed in the industrial zones, 62% is permitted in some industrial zones, 14% are either conditional or permitted, and 18% are only conditional in some industrial zones. Of those uses that are allowed in some way, only 37% have definitions.

Aligning uses, definitions, and processes in industrial and commercial areas is key to ensuring the values of equity, sustainability, and livability are reinforced. A particular area that a consultant may focus on is the restriction of a single primary use per lot. Staff has received community feedback that this provision poses a number of questions and complications for commercial and industrial users, especially in situations with multiple tenants and various uses, especially when those uses are complimentary and permitted in that zone district. A consultant may guide concepts to shift the focus from a use-based regulation to performance standards to allow for flexibility while maintaining a cohesive development and land-use pattern that remains compatible with the area context. In addition to updated performance standards, a consultant may evaluate applicable public hearing processes to determine whether processes add undue project or business risk that undermine County goals.

Batch II is proposed to address the housing and subdivision standards in the DSR. Adams County is

projected to be the third largest county in the metro area by 2050. While much of the population growth will occur in incorporated areas, the County plans to accommodate approximately 40,000 people. Housing availability, choice, and attainability are existing concerns. Review of residential standards in the DSR will identify strategies to focus residential developments to support the 20-minute community model while promoting equity and livability. Strategies may range to include mixing housing types and comparable densities without reliance on PUDs. Additional consultant focus will confirm the DSR is in compliance with Federal Fair Housing requirements. Specifically, proposals are anticipated to address the definition of 'Family' as identified in the *2020 Analysis of Impediments to Fair Housing Choice in Adams County* Root Policy report, accommodations for disabilities, group living, recovery residences, and other aspects of the code out of compliance.

In addition to residential standards, the DSO anticipates a review of County subdivision regulations. While required to create legal lots of record, the subdivision process, can add cost, time, and burden to projects. The additional time and process can burden smaller, infill projects disproportionately. The DSO anticipates consultant review and proposals for subdivision regulations to conform to best-practices, industry standards, processes that support county goals, and standards to ensure public infrastructure continues to meet community needs.

Batch III of the DSO is anticipated to focus on landscaping and sustainability standards. Staff expects proposals to consider best-practices for sustainable landscaping to include criteria that supports biodiversity, native plant and pollinator friendly selections, and water-smart plantings. It is possible this Batch may include proposed regulations that support development in transit areas and land-use transitions on key corridors.

Batch IV is anticipated to synthesize all regulations to eliminate any contradictions, conflicts, or gaps. While there will be adoptable batches of regulations throughout the DSO process, this final phase will be the final check and resolution for an improved, clear, and administrable code.

Staff is grateful for the opportunity to answer any questions or considerations to provide the most accurate direction during the RFP process.

Anticipated timeline for next steps:

- Public announcement of project and initial community engagement – Early June
- Launch RFP – Early June
- Procurement process finalized – August
- Monthly update memos on process and progress – After consultant is on-boarded
- Anticipated six months for first adoptable code

Development Standards Overhaul

BoCC Study Session

Community & Economic Development Department

May 17, 2022

Presented by: Karl Onsager, Senior Implementation Planner

Objectives for Study Session

- Review RFP for the DSO
- Confirm expectations
- Confirm direction and next steps

Scope of Work and Services Requested

a. Improve development outcomes:

- Clarifying expectations
- Removing conflicting standards
- Improve process
- Align standards with the comprehensive plan;

b. Identify and remove redundancies where possible;

c. Increase housing choice;

d. Comply with applicable Federal and State law;

e. Address climate change through environmental and sustainability regulations;

f. Enhance economic resiliency and employment in the county; and

g. Incorporate data-driven decisions into the drafting process.

(Fun Fact: DSR has 341 land uses and 58% do not have a specific definition.)

Scope of Work and Services Requested

A successful consultant team will be able to qualitatively and quantitatively analyze the expected impacts of proposed regulations to:

- Current and future land-use entitlements
- Market feasibility and development constraints
- Scope of impact
- Anticipated outcomes

Expectations

- Process should take 18 months
 - Adoption ‘off-ramps’ will be built into the process where feasible
- The DSO will make the development standards work better
 - Within constraints
- Muni-Code and an opportunity to reformat the code.



Development Standards and Regulations

0 results.

- CHAPTER 1 ADMINISTRATION
 - 1-01 INTRODUCTION
 - 1-01-01 FINDINGS
 - 1-01-02 AUTHORITY
 - 1-01-03 PURPOSE AND INTENT
 - 1-01-04 TITLE
 - 1-01-05 APPLICABILITY
 - 1-01-06 RELATIONSHIP TO OTHER LAWS AND PREVIOUS
 - 1-01-07 RELATIONSHIP TO COVENANTS
 - 1-01-08 SEVERABILITY
 - 1-01-09 INTERPRETATION
- CHAPTER 4 DESIGN REQUIREMENTS AND PERFORMANCE STANDARDS
 - 4-01 DESIGN REQUIREMENTS AND PERFORMANCE STANDARDS
 - 4-02 GENERAL PERFORMANCE STANDARDS
 - 4-03 ACCESSORY USES PERFORMANCE STANDARDS
 - 4-03-01 GENERAL PROVISIONS
 - 4-03-02 ACCESSORY USES, AGRICULTURAL

26. Other accessory uses approved by the Director of Community and Economic Development. The Director of Community and Economic Development shall establish performance standards for similar uses permitted by these standards and regulations.

4-03-02-02 PERFORMANCE STANDARDS FOR THE GENERAL ACCESSORY USES

4-03-02-02-01 BARNs

1. Setback from Residence on Property: All barns shall be set back twenty-five (25) feet from any residence on the property.
2. Setback from Adjacent Property: All barns shall be set back one hundred (100) feet from any dwelling or property line.
3. Height Restrictions: All barns shall meet the height restrictions for the zone district in which the barn will be located.

4-03-02-02-02 COMMUNICATION TOWER, NON-COMMERCIAL

1. Maximum Height: Non-commercial communication towers shall be a maximum of ninety (90) feet in height.
2. Maximum Number of Antennae: A maximum of two (2) antennae may be mounted on a non-commercial communication tower.
3. Setback Encroachment Prohibited: No portion of the non-commercial tower or its antennae may encroach upon any public right-of-way or property setback from all lot lines or zoning lot lines a minimum of the height of the tower.
4. Marking of Cables and Wires: Cables, ropes, or wires used to secure the tower shall be appropriately and conspicuously marked with reflective material on any public rights-of-way or properties not owned by the same property owner as the property on which the tower is located.

4-03-02-02-03 FARM EMPLOYEE DWELLING

1. Mobile Home as Farm Employee Dwellings (Temporary or Seasonal)
 - a. Permit Required: A Special Use Permit shall be required for the use of a mobile home as a farm employee dwelling.

Discussion

- Questions?



STUDY SESSION ITEM SUMMARY

DATE OF STUDY SESSION: May 17, 2022
SUBJECT: Brannan Batch Plant Encroachment
OFFICE/DEPARTMENT: Public Works
CONTACT: Ian Cortez
FINACIAL IMPACT: Yes
SUPPORT/RESOURCES REQUEST:
DIRECTION NEEDED: Advisement of how to proceed with encroachment of Brannan batch plant equipment in County easement.
RECOMMENDED ACTION: Continue working with property owner and business owner to develop an encroachment agreement to serve the interest of the residents of Adams County

DISCUSSION POINTS:

- During the engineering design of the W. 62nd Avenue Improvement Project, the Public Works Department determined an encroachment of a concrete batch plant owned by Brannan Companies into the County's 60-foot wide drainage easement.
- Public Works needs the easement to construct new storm drain facilities in conjunction with the 62nd Avenue improvement project.
- Brannan is requesting to enter an encroachment agreement with the County to allow portions of the batch plant to remain in the easement and the County to modify the storm drain design to accommodate the encroachment.
- Discussion with the Community & Economic Development Department and Community Safety & Well-Being revealed that underlying parcel is in violation of 3 zoning requirements.

BRANNAN BATCH PLANT ENCROACHMENT

May 2022

TIMELINE

December 1999: The parcel in question was created as Lot 3 of Midwest Hauler's Subdivision.

1999-2002: Batch plant was erected

2008: NWP Holdings acquired Lot 3

Oct 2021: PW informed Brannon and NWP Holdings of encroachment

Dec 2021: Brannon met with PW and County Manager to consideration of encroachment of plant in the easement

Apr 2022: PW met with the Deputy County Attorney to discuss proposed encroachment agreement

Apr 2022: PW met with CED & CSWB to discuss batch plant encroachment and potential zoning violations

Apr 2022: CSWB issued zoning violations

ACRONYMS

CED – Community & Economic Development

CSWB-Community Safety & Well-Being

PW – Public Works

ROW – Right-of-Way

SUPPORTING STAFF

Jennifer Shi, Public Works Senior Engineer
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BACKGROUND

During the engineering design of the W. 62nd Avenue Improvement Project, the Public Works Department (PW) determined an encroachment of a concrete batch plant owned by Brannon Companies on a 60' wide public drainage easement at 655 W. 62nd Avenue. PW determined the need to utilize the easement for the construction of a new storm drain facility. The Brannon team has requested to enter with the County an encroachment agreement to allow portions of the batch plant to remain in the easement due to the cost of removing and resetting their batch plant on the property. They have further requested the County to modify a portion of the storm drain design to accommodate their proposed encroachment. The Community and Economic Development (CED) team have noted that the property has not been issued a building or change in use permit to support current operations on the site. The Community Safety & Wellbeing (CSWB) team has issued three zoning violations on this property related to the principle use of the property and unpermitted structures on the property.

Ownership

- The property in question is owned by NWP Holdings, LLC. NWP Holdings leases approximately 2.4 acres to Brannon Companies for concrete batch plant purposes

Proposed Encroachment Agreement

- The proposed encroachment agreement would allow Brannon to make certain improvements in the easement area. To prevent removal of the encroachments, Brannon and NWP would be required to pay all increased design, construction, maintenance, and replacement costs necessitated by the Encroachments

Impacts to County

- The batch plant encroachment limits the available space necessary to construct, maintain and repair the new storm drain facilities
- The location and size of the underground batch plant structural components are unknown
- If the batch plant improvements remain in the easement area and over the drainage facilities, vibrations and the loads could cause damage to the County's improvements
- The construction schedule will be impacted by waiting on Brannon concrete delivery season and approval of new design
- Access to new storm drain facilities will be impaired by Brannon batch plant improvements or equipment

STAFF RECOMMENDATION

Continue to work with Brannon & NWP Holdings to evaluate the potential of an encroachment agreement. Analyze negative impacts of the encroachment on public infrastructure and determine if mitigation measures may be taken before making a final recommendation to the board.

