



ADAMS COUNTY

COLORADO
BOARD OF COUNTY COMMISSIONERS

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STUDY SESSION AGENDA
TUESDAY
April 6, 2021

ALL TIMES LISTED ON THIS AGENDA ARE SUBJECT TO CHANGE

10:00 A.M.	ATTENDEE(S): ITEM:	Jeff Bowman / Sean Braden Purchasing Policy 1071 – Recommended Revisions
10:30 A.M.	ATTENDEE(S): ITEM:	Adam Burg Legislative Update
11:10 A.M.	ATTENDEE(S): ITEM:	Brian Staley / Chris Chovan Public Works Review of State Highway Devolution Considerations
11:40 A.M.	ATTENDEE(S): ITEM:	Brian Staley / Chris Chovan Regional Transportation Projects Update
12:40 P.M.	ATTENDEE(S): ITEM:	Dr. John Douglas, Executive Director, Tri-County Health Department / Sara Carrington, Tri-County Health Department Tri-County Health Department Update
1:40 P.M.	ATTENDEE(S): ITEM:	Raymond Gonzales Administrative Item Review / Commissioners Communication

TO WATCH THE MEETING:

- Watch the virtual Zoom Study Session through our [You Tube Channel](#)

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

AGENDA IS SUBJECT TO CHANGE



STUDY SESSION ITEM SUMMARY

DATE OF STUDY SESSION: April 6, 2021
SUBJECT: Purchasing Policy 1071 – Recommended Revisions
OFFICE/DEPARTMENT: Facilities & Fleet Management
CONTACT: Sean Braden; Manager of Planning, Design & Construction
FINACIAL IMPACT: None
SUPPORT/RESOURCES REQUEST: None
DIRECTION NEEDED: None at this time
RECOMMENDED ACTION: Approval of Revision to increase Value to which Policy Applies

DISCUSSION POINTS:

- Review the Purpose and history of Policy 1071
 - Policy language
 - Applies to \$1M and over
 - 2018 Best Practices Audit
 - 2019 Industry Survey / BoCC Study Session on Selection Equity
- Primary purpose for the Recommendation (increase of Value for which Policy Applies)
 - Currently at \$1M in value
 - Impacts to “Time to Market”
 - Impacts to “Major Maintenance”
 - Reflection of Market Conditions
 - Recommendation to increase to \$5M in value



INTEROFFICE MEMORANDUM

Date: March 16, 2021

To: Alisha Reis; Deputy County Manager

From: Seán Braden; Manager of Planning, Design & Construction

RE: Recommendation for update to Purchasing Policy 1071
Specific to “large” capital projects and dollar value limit of the Policy

Background:

In 2014, the Board of County Commissioners (BoCC) adopted Purchasing Policy 1071 – Procurement of New Building Construction and Major Improvement/Remodeling. The primary purpose of the policy is to enhance the quality of work on large capital investments (buildings or similar facilities) by the County by requiring a two stage procurement effort. Currently this policy applies to any Facilities project (construction or renovation) that is \$1M or more in construction value.

Supplemental Information:

In 2018, Facilities and Fleet Management requested an “audit” on compliance and best practices related to #1071. The BoCC supported this request and an audit was conducted by Eide Bailey. In short, the audit found full compliance by Facilities and made several other recommendations to improve/streamline that process. One recommendation was to consider the dollar value of the construction project at which this policy is effective.

As a follow up to that third-party assessment, Facilities conducted their own survey and feedback review in Q3/Q4 of 2019. We invited any vendor who had participated in a solicitation under Policy 1071 since 2014 to respond to a brief survey on the procurement process. While most contractors were supportive of our process, there were a couple items that were recommended by contractors. The first was “timing” of the procurement – specifically that for smaller projects, the procurement time was taking longer than the actual construction and the “time to market” was adversely affecting our pricing and interest. In some cases, the County has had projects that take as long or longer to procure than they do to construct. Examples include the GC Space Utilization Phase I.

The second item identified by contractors, and directly related to the first, was “dollar value” for projects that this Policy applied to was considered ‘low’ in the market. Most contractors currently see ‘large projects’ occurring at \$5M to \$10M in value or above.

Over the past 5 years, the Front Range of Colorado has been one of the most active construction markets in the entire country. Population growth and significant loss of skilled labor pool from 2008-2012 (recession years) have resulted in escalation costs that have increased 5% per year or more (in 2019 it was approximately 10%) for several years. The recent impacts of COVID to the construction market have leveled this increase but have not produced a ‘decrease’ in overall construction costs. In fact, according to Engineering News Record (ENR) who tracks construction economics, there has only been 1 year in the last 100 years that construction costs have had a net decrease in total (2009 during Great Recession).

As an example, using rough estimates for actual escalation costs, construction costs have increased between 40% to 50% total since the time the policy was written:

Year	2014	2015	2016	2017	2018	2019	2020	2021
Escalation	-----	3.00%	4.00%	5.00%	6.00%	10.00%	5.00%	3.00%
Value	\$1.00	\$1.03	\$1.07	\$1.12	\$1.19	\$1.31	\$1.38	\$1.42

Recommendation:

Based on the above information, experience with the implementation of the Policy, and market feedback, our recommendation is that the BoCC support the following:

1. Amend the value of Capital Construction or Renovation Projects to a minimum of \$5M for this policy to apply.
 - a. This will bring ‘smaller’ projects to market much quicker and therefore minimize cost escalation impacts.
 - b. Major maintenance projects have escalated in cost such that they could be considered to require this procurement. Roof replacements and mechanical units are two examples that would drastically slow down if required to go through this procurement method.
 - c. There is nothing that precludes the County from implementing the framework of the policy for smaller projects, but it becomes a project specific choice (based on project needs and scope).
2. Based on the myriad of market changes in the past 7 years since adoption, as well as the recommendations from the audit review in 2018, that Policy 1071 undergo additional review collectively between Purchasing (Budget & Finance) and Facilities & Fleet Management. Purpose and focus of that review is to maintain the positive impacts of the policy (quality) yet streamline the process and improve procurement times. A future Study Session to review staff findings and recommendations will be scheduled at that time.

End of Memorandum

Cc: Mike Holub; FFM Director
 Jennifer Tierney-Hammer; Procurement & Contracts Manager



STUDY SESSION ITEM SUMMARY

DATE OF STUDY SESSION: April 6, 2021
SUBJECT: Public Works Review of State Highway Devolution Considerations
OFFICE/DEPARTMENT: Public Works Department
CONTACT: Brian Staley, Public Works Director
FINANCIAL IMPACT: N/A
SUPPORT/RESOURCES REQUEST:
DIRECTION NEEDED: Whether to formally pursue devolution or continue to monitor opportunities
RECOMMENDED ACTION: Staff recommends a monitor position while pursuing state and federal funding for improvements on these corridors

DISCUSSION POINTS:

At the Board's request, staff has completed an exercise to analyze the possibility of devolution of control of three segments of CDOT controlled state highways in Unincorporated Adams County:

- SH-287/Federal Blvd.
- SH-44/E. 104th Ave.
- SH-224/E. 74th Ave.

This session will present a comprehensive analysis of considerations associated with the devolution of these corridors. The session will include a cost/benefits analysis, a review of the budget impact of actions, and opportunities for future actions on these corridors.

State Highway Devolution Considerations

SH-287 / Federal Blvd.

SH-44 / E. 104th Ave.

SH-224 / E. 74th Ave.



Benefits of Devolution

Local Control of Maintenance



Local control will allow the Adams County team to respond to public concerns in a timely fashion

Surface Treatment Scheduling



The Adams County team would be able to prioritize these essential routes for resurfacing and repair of concrete facilities

Multimodal & ADA-Compliant Infrastructure



These corridors generally lack adequate sidewalks, bike lanes, medians, crosswalks, etc. Local control will allow the Adams County team to prioritize investment and reconstruction of these essential roadway features



Drawbacks of Devolution

Upfront Infrastructure Investments



Estimate of upfront infrastructure investments for each corridor:

SH-287: \$26.8M

SH-44: \$8.0M

SH-224: \$37.5M

Maintenance & Staffing Consideration



The Adams County team would need to assess current team capacity and request an increase in FTE staffing to perform regular maintenance on these corridors

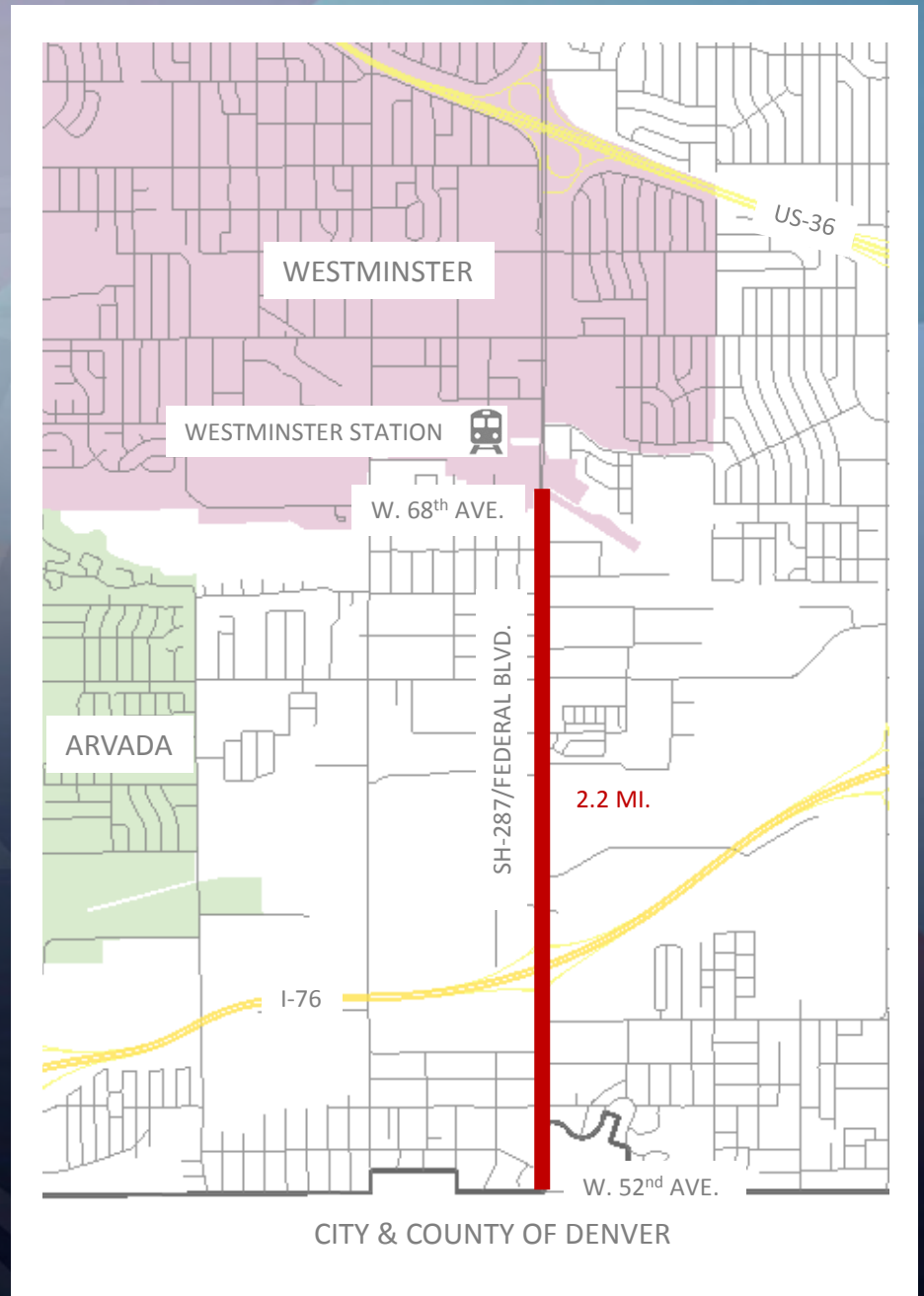
Limited Funding Opportunities



If devolved, these corridors would become ineligible for federal funds that are now directly allocated to the subregional entity (ADCOG Subregional Forum)



SH-287 / Federal Blvd. Corridor Summary



SH-287 / Federal Blvd. Corridor Projects

City of Westminster

Little Dry Creek Trail
connection at W. 67th Pl.

Completion: June 2021

Federal Blvd. Corridor Study

Adams County, City of Westminster, and City of Federal Heights

This project will produce a comprehensive analysis of traffic conditions and potential multimodal transportation improvements for the Federal Blvd. Corridor.

Completion: December 2021

Advancing Adams

Adams County

This project will produce an update to the Transportation Master Plan and has identified Federal Blvd. as one of five key corridors for review as part of the final plan

Completion: 2022



CDOT

US-36 Interchange Improvements

This project will replace traffic signal poles at entrance ramps to US36, equipment upgrades at 74th Ave., pedestrian safety improvements, ADA

curb ramp upgrades

Completion: Fall 2021



SH-287 / Federal Blvd. Corridor

Flood Plain Concerns



Clear Creek overtops Federal Blvd. in the 100 yr. flood event model

Major & Minor Structures



Major bridge structure over Clear Creek is functionally obsolete (requires replacement)

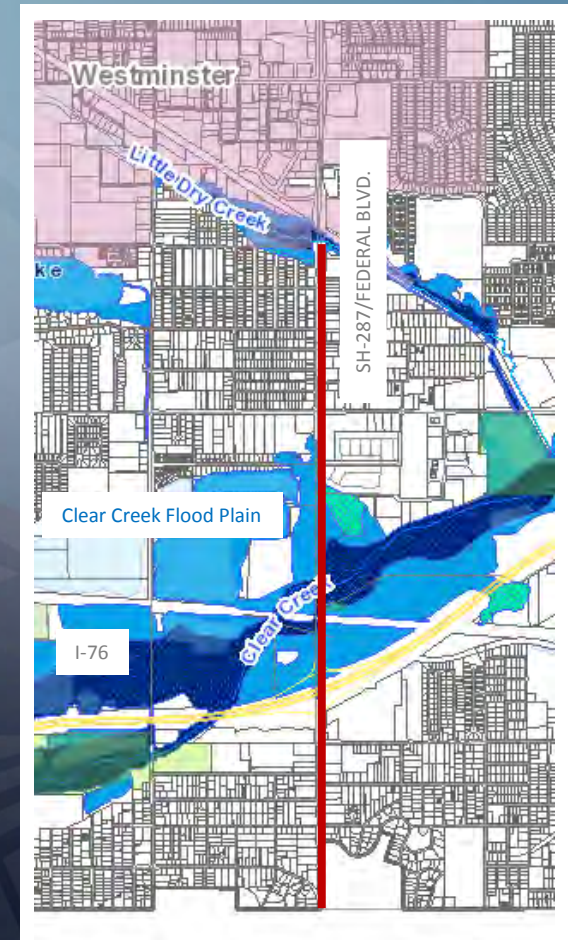
10,000 ft. of storm sewer infrastructure in unknown condition

Limit Proliferation of Driveways & Access Points

Mill & Overlay Maintenance Costs



Estimated \$6M every 10 years



SH-287 / Federal Blvd. Corridor

Major & Minor Structures



Major bridge structure over Clear Creek functionally obsolete (requires replacement for approximately \$6.8M)

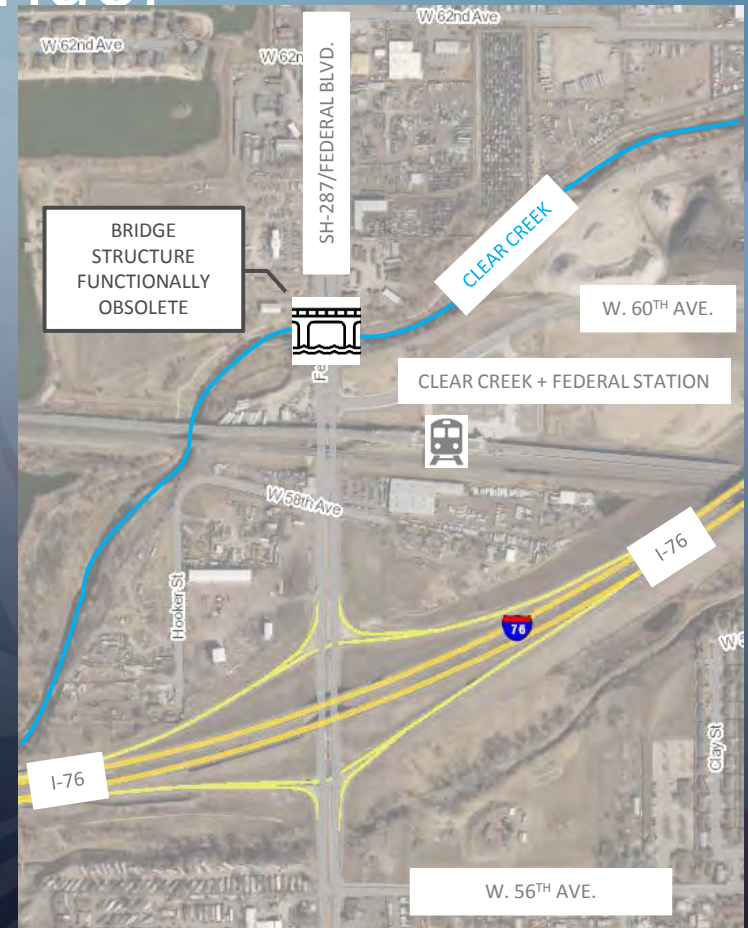
10,000 ft. of storm sewer infrastructure in unknown condition

Limit proliferation of driveways & access points

Aesthetics



If controlled by Adams County, we can better set streetscaping requirements for this corridor in coordination with our adjacent municipalities of Denver and Westminster to provide a better aesthetic for this corridor



SH-287 / Federal Blvd. Corridor

Corridor Visioning



The Federal Blvd. Corridor Study will present a unified set of recommendations for improvements to the corridor. These will include potential cross sections and multimodal transportation initiatives as were developed in the SH-7 Corridor Study.

Figure 3.1 Managed Lane Cross-Section



Source: Felsburg Holt & Ullevig, 2016

Figure 3.2 Reversible Transit Lane Cross-Section



Source: Felsburg Holt & Ullevig, 2016

Sample cross section alternatives presented in the SH-7 Planning & Environmental Linkages (PEL) Report (Felsburg, Holt, Ullevig, 2018)



SH-287 / Federal Blvd. Corridor

ADA-Compliant Sidewalk Infrastructure



Corridor lacks adequate sidewalks, medians, crosswalks, etc. Major investment and reconstruction will be required to make it a safe multi-modal corridor

Snow Removal Maintenance



22 Lane-Miles of additional priority 1 roadway
Assessment of staffing resources will be required

Operations & Maintenance Costs



Approximately \$50K/yr. in additional maintenance budget
22 Lane-Miles of Roadway
5-7 New Traffic Signals



SH-287 / Federal Blvd. Financial Summary

Expenses

Construction Investment

Clear Creek Bridge	\$ (6,800,000.00)
Sidewalk Gaps & ADA Compliant Curb Ramps	\$ (20,000,000.00)
	<hr/>
	\$ (26,800,000.00) investment

Maintenance

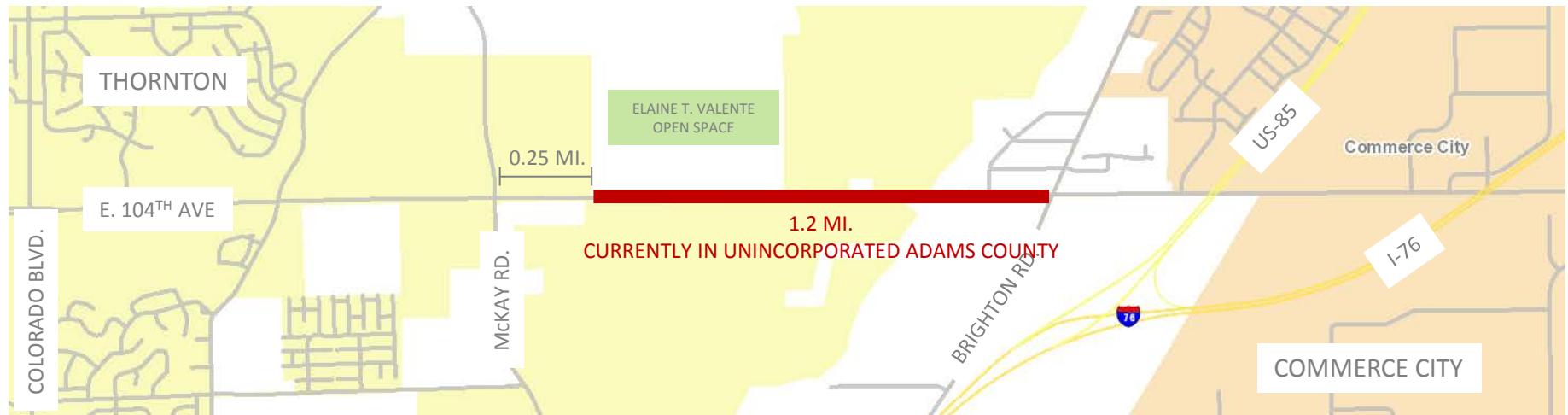
Resurfacing	\$ (600,000.00)/year
Storm Sewers	\$ (175,000.00)/year
Highway Operations	\$ (50,000.00)/year
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	\$ (825,000.00)/year

Income

Highway Users Tax Fund (HUTF)	\$ 124,544.00/year
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SH-44 / E. 104th Ave. Corridor Summary

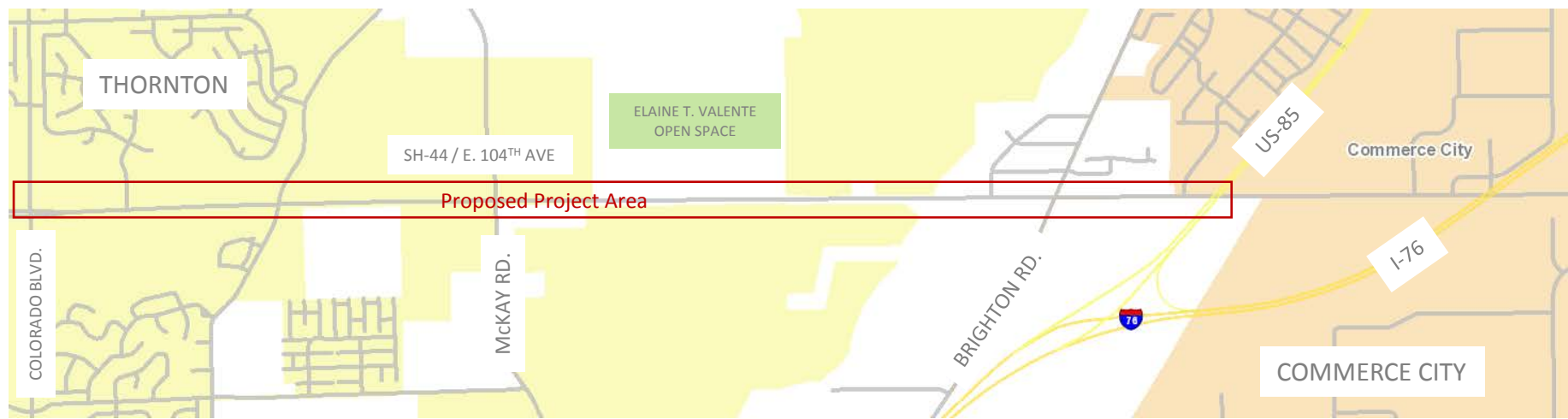


SH-44 / E. 104th Ave. Projects

E. 104th Ave. CIP – 30% Plans for 104th Widening (Between Colorado Blvd. & US-85)

City of Thornton, City of Commerce City, Adams County

The City of Thornton is leading a grant-funded project through DRCOG to support this effort in the amount of \$1.6M, with a local match from Adams County (\$100K), Commerce City (\$100K), and Thornton (\$200K)



Project Scope (Design Only):

- Widen to two lanes in each direction plus a center turn lane/median
- Detached recreation trails
- On-street bicycle lanes
- Reconstruct bridge over the Fulton Ditch
- Installation of fiber optic infrastructure for intelligent transportation system and connected vehicle applications

Advancing Adams

Adams County

This project will produce an update to the Transportation Master Plan and has identified SH-44/E. 104th Ave. as one of five key corridors for review as part of the final plan
Completion: 2022



SH-44 / E. 104th Ave. Corridor

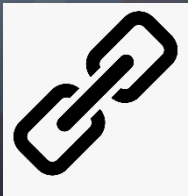
Jurisdiction Coordination



This corridor currently runs through three jurisdictions in vicinity to Adams County

- Unincorporated Adams County
- City of Thornton
- City of Commerce City

Contiguity of Operations



The segment of this corridor in Unincorporated Adams County is not contiguous to any other roads maintained by the County. Coordination of devolution will require negotiation with the cities to consider annexation of the unincorporated segment.



SH-44 / E. 104th Ave. Corridor

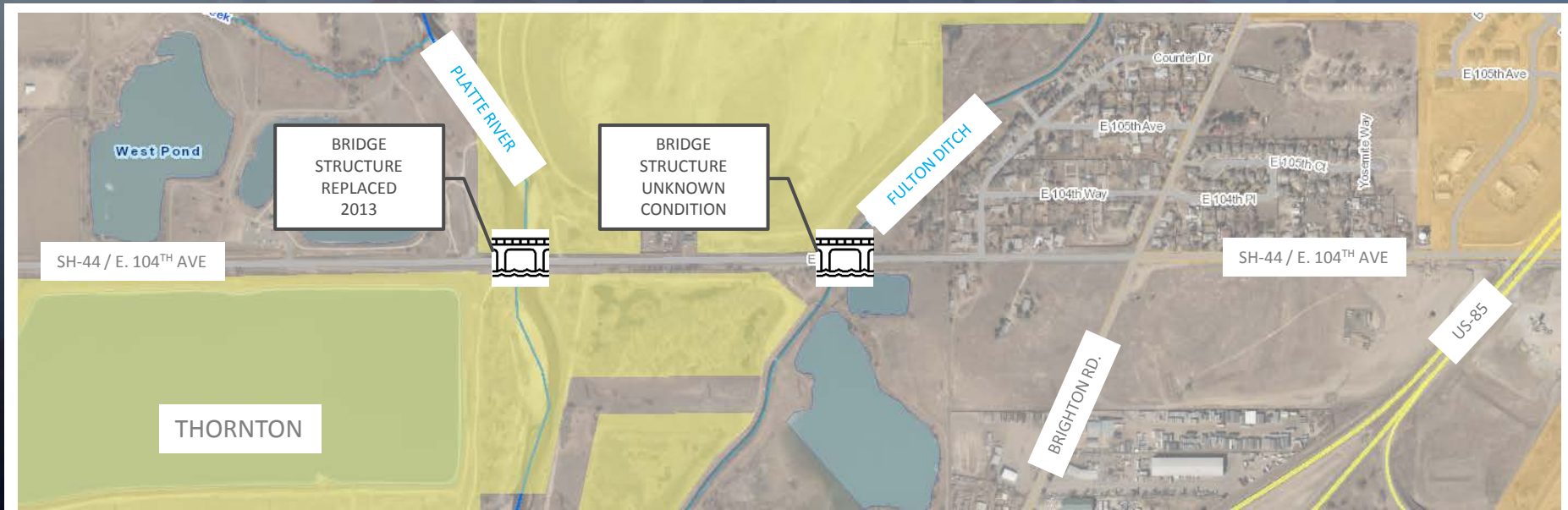
Major & Minor Structures



Major bridge structure over Platte River replaced in 2013

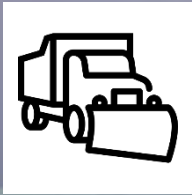
Major bridge structure over Fulton Ditch in unknown condition

600 ft. of storm sewer infrastructure in unknown condition



SH-44 / E. 104th Ave. Corridor

Snow Removal Maintenance (Cities)



1.2 lane-miles of additional
priority 1 roadway

Operations & Maintenance Costs (Cities)



Approximately \$11K/yr. in additional
maintenance budget
4.8 lane-miles of roadway

Mill & Overlay Maintenance Costs (Cities)



Estimated \$2M every 10 years



SH-44 / E. 104th Ave. Financial Summary

Expenses

Construction Investment

Fulton Ditch Bridge	\$ (3,740,000.00)
Capital Improvement Project	\$ (4,260,000.00)
	<u>\$ (8,000,000.00) investment</u>

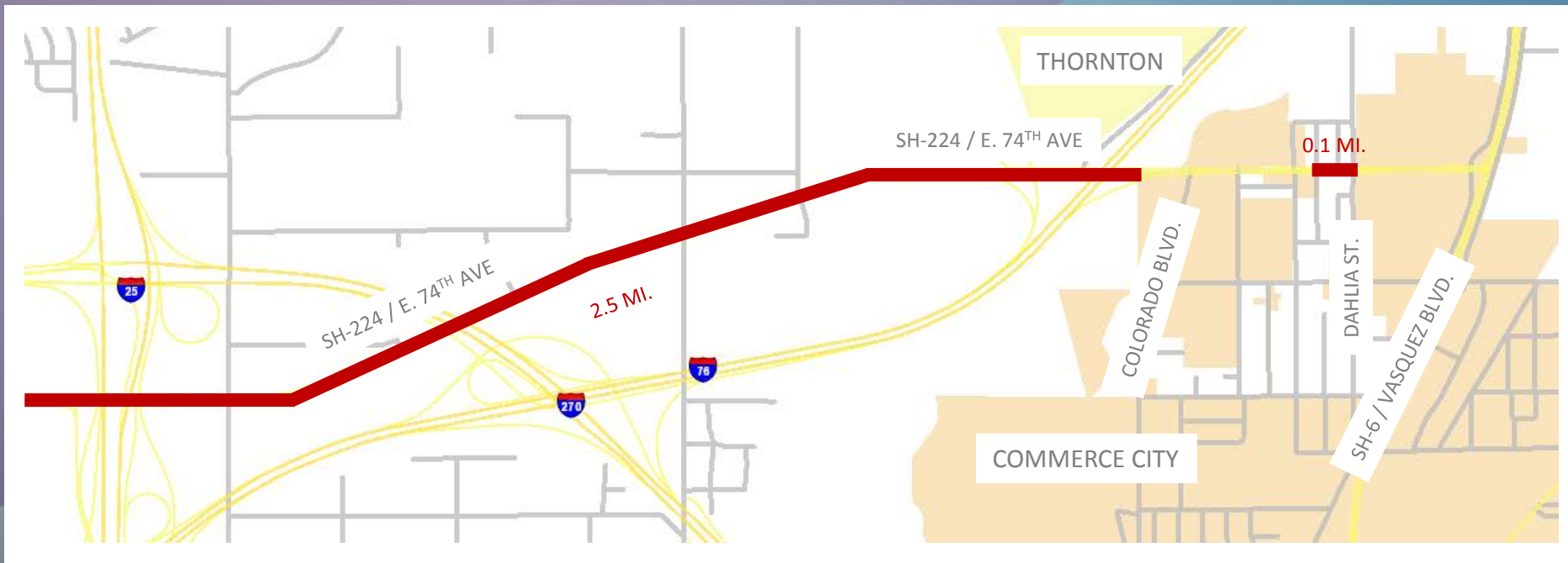
Maintenance

Resurfacing	\$ (200,000.00)/year
Storm Sewers	\$ (10,500.00)/year
Highway Operations	\$ (11,000.00)/year
	<u>\$ (1,174,250)/year</u>

Income

Highway Users Tax Fund (HUTF)	\$ 27,804.00/year
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SH-224 / E. 74th Ave. Corridor Summary

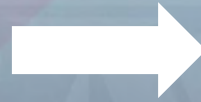


SH-224 / E. 74th Ave. CDOT Projects

SH-224 Improvements (Shelf Project) CDOT

This project included design work for roadway improvements, center median rehabilitation, street lighting, and traffic signals for the SH-224 Corridor and Broadway from 70th Ave. to the US-36 interchange.

Completion: N/A



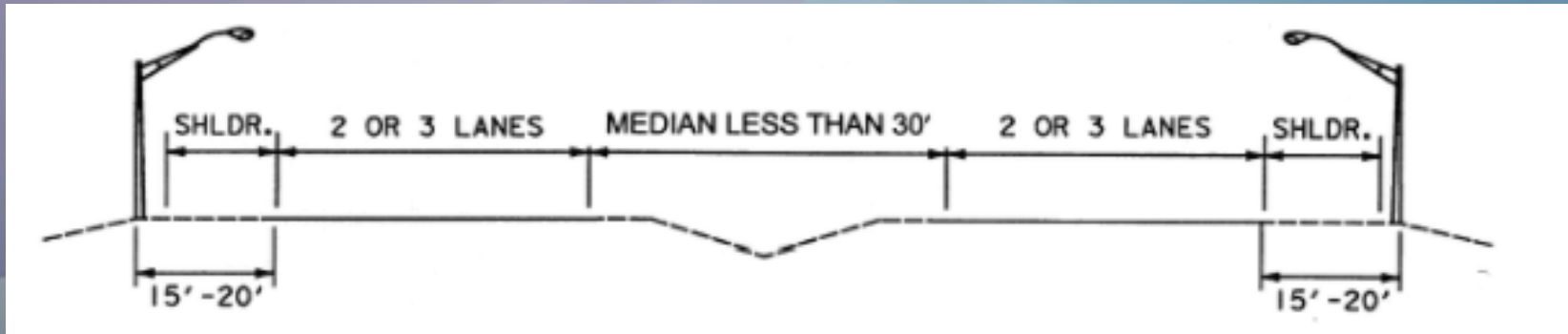
SH-224 Resurfacing Improvements CDOT

This project will include resurfacing SH-224 as well as street lighting improvements pulled from the Shelf Project and Traffic Signal Improvements at York St. and Vasquez Blvd.

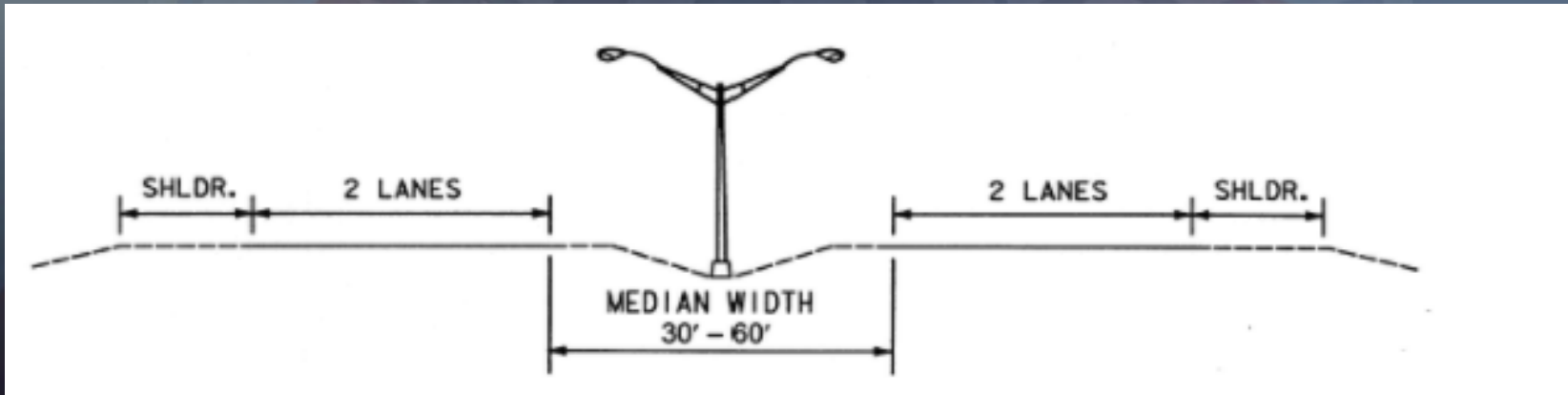
Completion: Est. 2022



SH-224 / E. 74th Ave. Street Lighting



CDOT Standard: Road Edge (Recommended for installation in residential areas)
(Typical Sample Image from Federal Highway Administration)



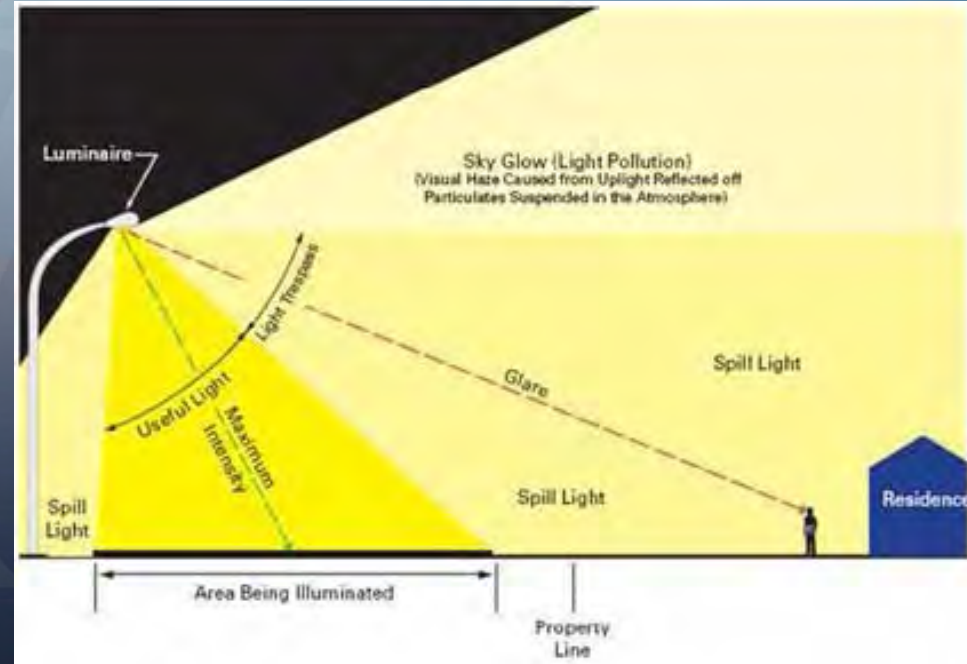
Commerce City Request: Median Lighting
(Typical Sample Image from Federal Highway Administration)



SH-224 / E. 74th Ave. Street Lighting

Median vs. Road Edge Considerations

- No Difference in Light Quality on Roadway
- Median Placement Reduces number of Pole Foundations, Increases Foundation Size
- Median Placement Increases Issues with Spill Light Reaching Residential Properties (Known as Light Trespass)



Sample Image of Potential Spill Light Effect on Residential Properties (TDOT)



SH-224 / E. 74th Ave. Adams County Project

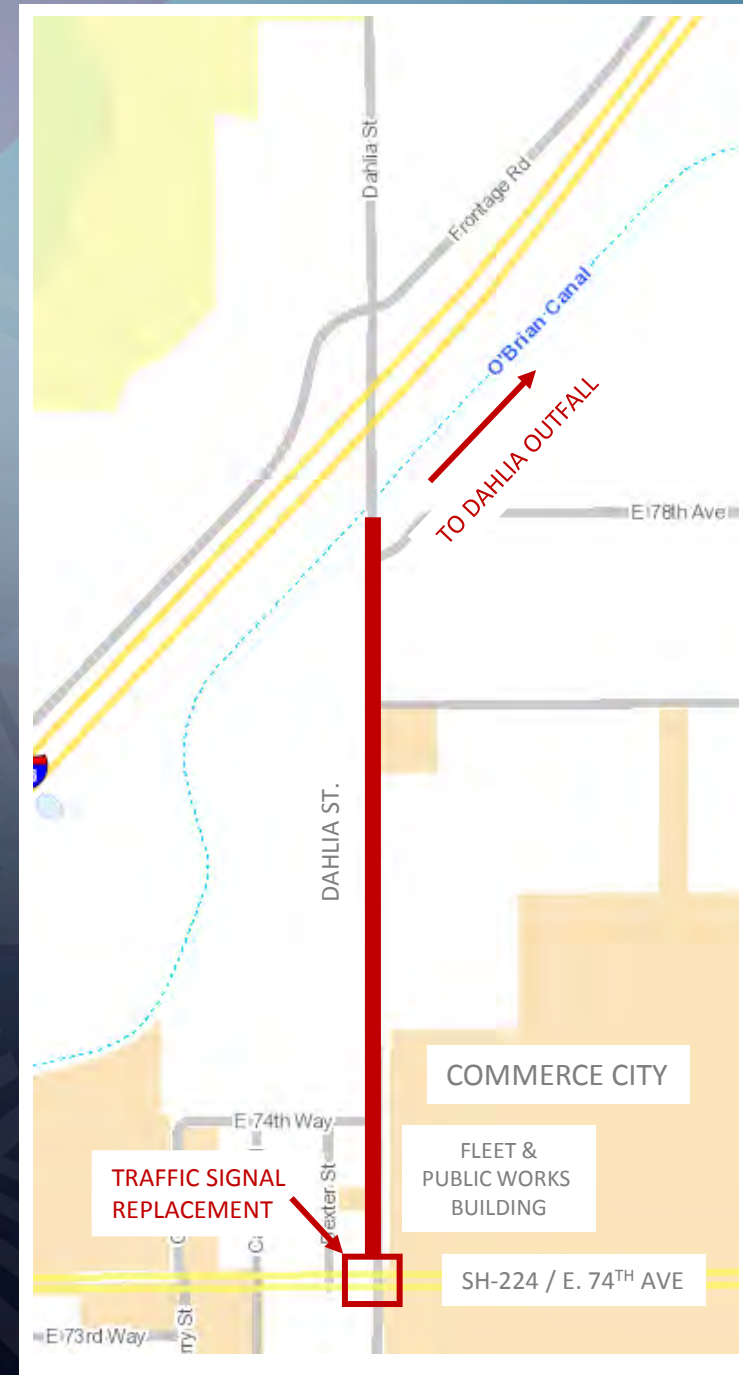
Dahlia St. Capital Improvement Project

Adams County & CDOT

Completion: December 2021

Project Scope:

- Widening/reconstructing to three lanes
- Add bicycle lanes on-street
- Install curb and gutter, sidewalks, and ADA ramps
- Collaborate with CDOT to improve the intersection at SH 224 and Dahlia Street with an upgraded traffic signal for enhanced pedestrian, bicycle, & motorist safety
- Improve drainage systems with a storm sewer trunk line from SH 224 to the Dahlia Outfall
- Safety improvements
- Install street lighting



SH-224 / E. 74th Ave. Corridor

Condition of Corridor



The shoulders, median structures, and traffic signals on this corridor are in a state of extreme disrepair. Significant investment beyond that which CDOT is currently planning would be necessary to address these issues

Jurisdiction Coordination



This Corridor Runs Through Two Jurisdictions in vicinity to Adams County

- Unincorporated Adams County
- City of Commerce City



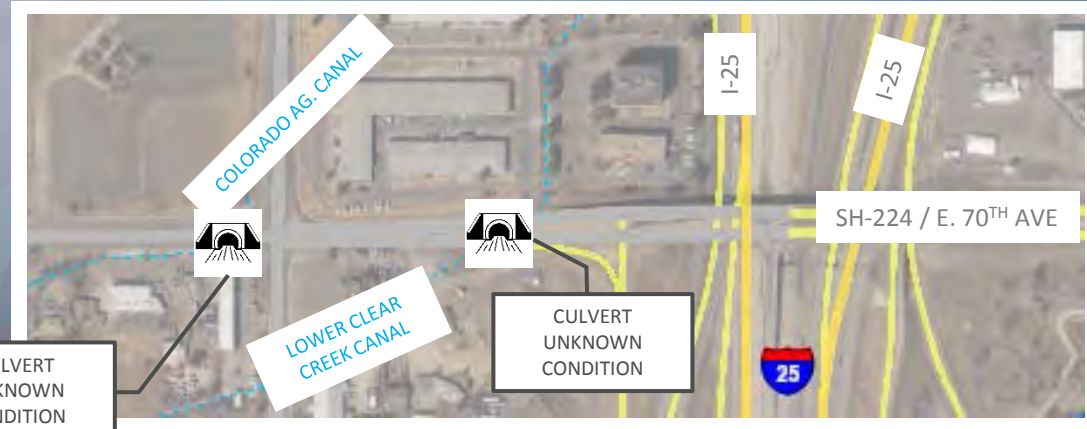
SH-224 / E. 74th Ave. Corridor

Major & Minor Structures



Culverts:

- Colorado Agricultural Canal
- Lower Clear Creek Canal

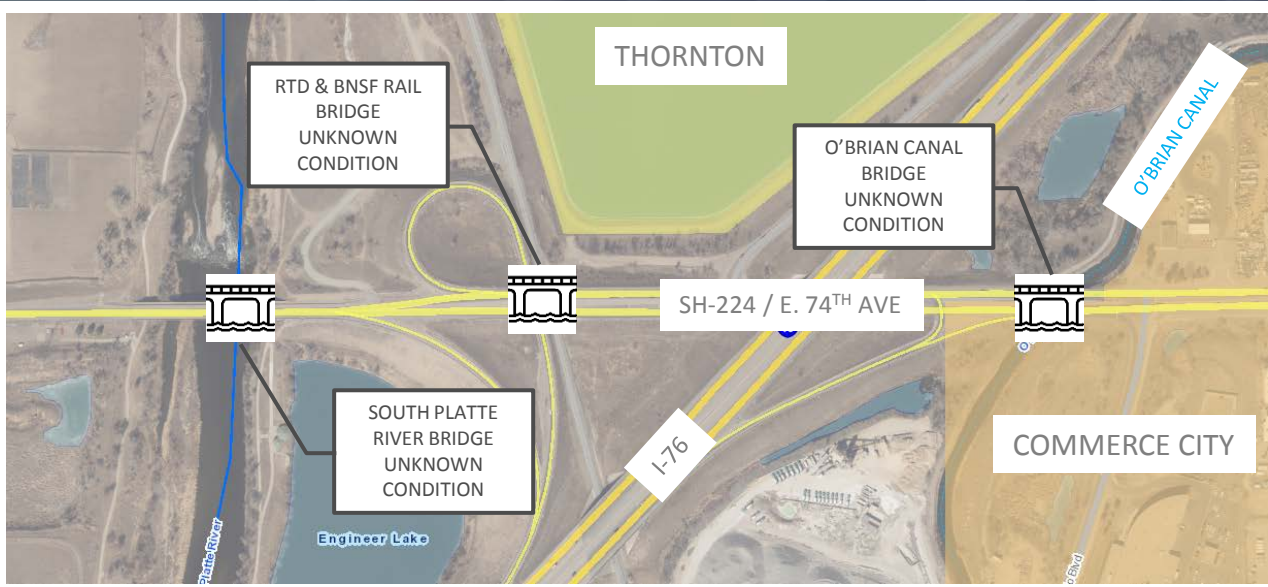


CULVERT
UNKNOWN
CONDITION

CULVERT
UNKNOWN
CONDITION

Bridges:

- South Platte River
- O'BRIAN Canal
- RTD & BNSF Rail
- 1,500 ft. of Storm Sewer Infrastructure in Unknown Condition



RTD & BNSF RAIL
BRIDGE
UNKNOWN
CONDITION

SOUTH PLATTE
RIVER BRIDGE
UNKNOWN
CONDITION

O'BRIAN CANAL
BRIDGE
UNKNOWN
CONDITION

THORNTON

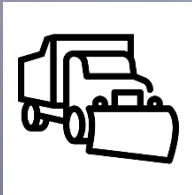
COMMERCE CITY

SH-224 / E. 74TH AVE

I-76

SH-224 / E. 74th Ave. Corridor

Snow Removal Maintenance



21.25 Lane-Miles of Additional
Priority 1 Roadway

Operations & Maintenance Costs



Approximately \$48K/yr. in
additional maintenance budget
21.25 Lane-Miles of Roadway

Mill & Overlay Maintenance Costs



Estimated \$11M every 10 years



SH-224 / E. 74th Ave. Financial Summary

Expenses

Construction Investment

Colorado Agricultural Ditch	\$ (500,000.00)
South Platte River	\$ (8,330,000.00)
RTD/BNSF Rail Bridge	\$ (5,950,000.00)
O'Brian Canal	\$ (2,720,000.00)
Capital Improvement Project	<u>\$ (20,000,000.00)</u>
	\$ (37,500,000.00) investment

Maintenance

Resurfacing	\$ (1,100,000.00)/year
Storm Sewers	\$ (26,250.00)/year
Highway Operations	<u>\$ (48,000.00)/year</u>
	\$ (1,174,250)/year

Income

Highway Users Tax Fund (HUTF)	\$ 77,898.00/year
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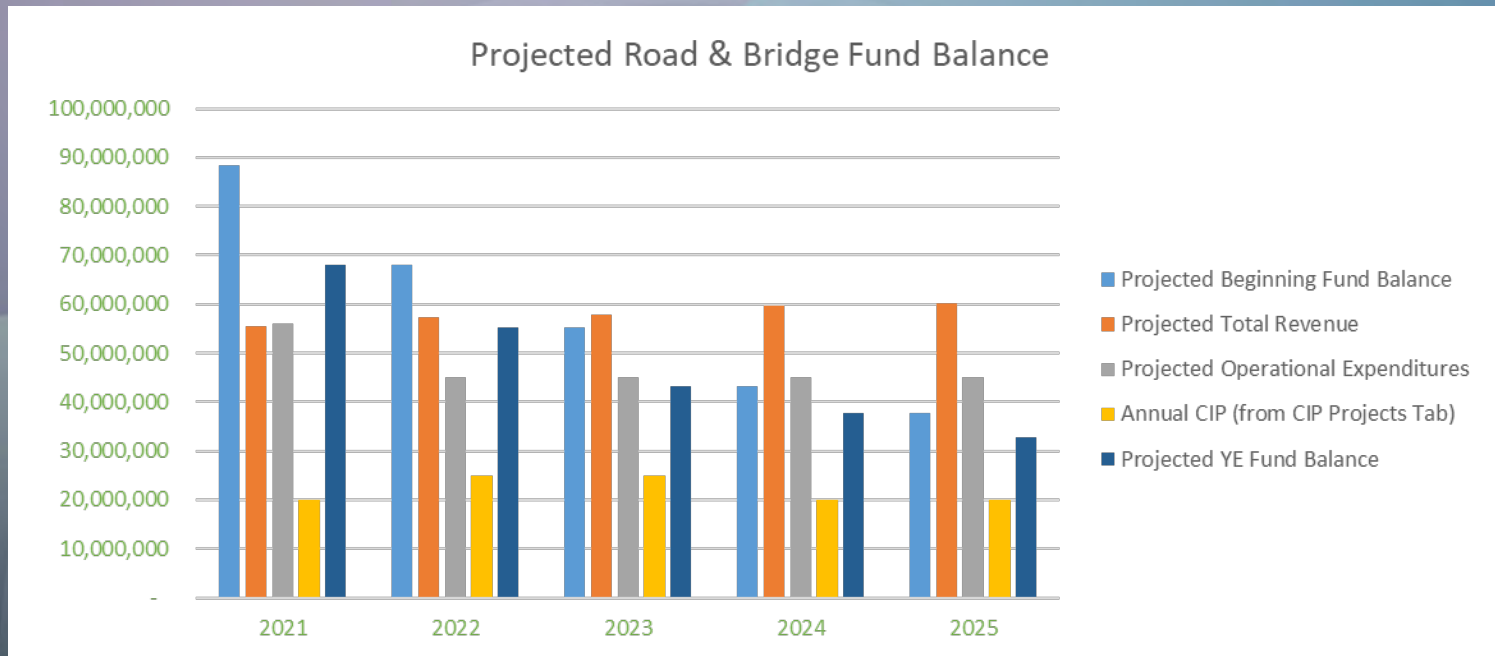


Funding Sources Available for State Highways

- DRCOG TIP Call for Projects
 - Could also include “off-cycle” allocations/reprogramming
- Stimulus Funding
 - Most recently, Federal CARES Act
- INFRA
- BUILD
- Safer Main Streets
 - Potential reallocation or new funding (CDOT/DRCOG)
- FASTER Transit Funds (CDOT)
- RTD Funding Contribution
- Other Local Governments



Road & Bridge Fund Balance Projections



	2021	2022	2023	2024	2025
Projected	\$68,049,597	\$55,290,500	\$43,103,812	\$37,651,523	\$32,794,711
Committed	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000
Available	\$53,049,597	\$40,290,500	\$28,103,812	\$22,651,523	\$17,794,711



CDOT Findings

Transportation Commission Findings (2011)

Colorado Revised Statute § 43-2- 101.5

Based on the results concluded from the study regarding “Commuter Highways” within MPO boundaries, the Transportation Commission does not recommend any of the eligible segments to be devolved.

Statewide Transportation Plan (2020)

Colorado Main Street Program Introduced

This program demonstrates a CDOT priority for supporting community-led downtown revitalization by integrating multimodal transportation options with the main streets of towns in Colorado where people live, work, shop, and visit.



Recommendations

1. Adams County Staff advises continuing to monitor the condition of these corridors and,
2. The team will present regional and sub-regional funding opportunities to the board to address safety and structural deficiencies on the subject corridors.
3. The Public Works Department will continue to look for opportunities to partner with CDOT and other Jurisdictions on developing jointly beneficial projects on these corridors as in the example of the Dahlia St. Phase I project.





STUDY SESSION ITEM SUMMARY

DATE OF STUDY SESSION: April 6, 2021
SUBJECT: Regional Transportation Projects Update
OFFICE/DEPARTMENT: Public Works
CONTACT: Brian Staley, PE, PTOE, Director; Chris Chovan, Senior Transportation and Mobility Planner
FINACIAL IMPACT: None
SUPPORT/RESOURCES REQUEST: None
DIRECTION NEEDED: None
RECOMMENDED ACTION: Information update session

DISCUSSION POINTS:

- The purpose of this update is for staff to provide a summary of regional transportation projects, plans, and programs in which Adams County is participating.
- Staff will also provide an overview of our current financial commitments to regional transportation projects.

Regional Transportation Update

Board of Commissioners Study Session
April 6, 2021

Public Works

Brian Staley, Director

Chris W. Chovan, Senior Transportation and Mobility Planner



Federal Boulevard Multimodal Study

- Development of recommendations
- Preparing for public outreach activities
- Continued coordination with CDOT repaving project
- Further details to be presented in a separate Study Session

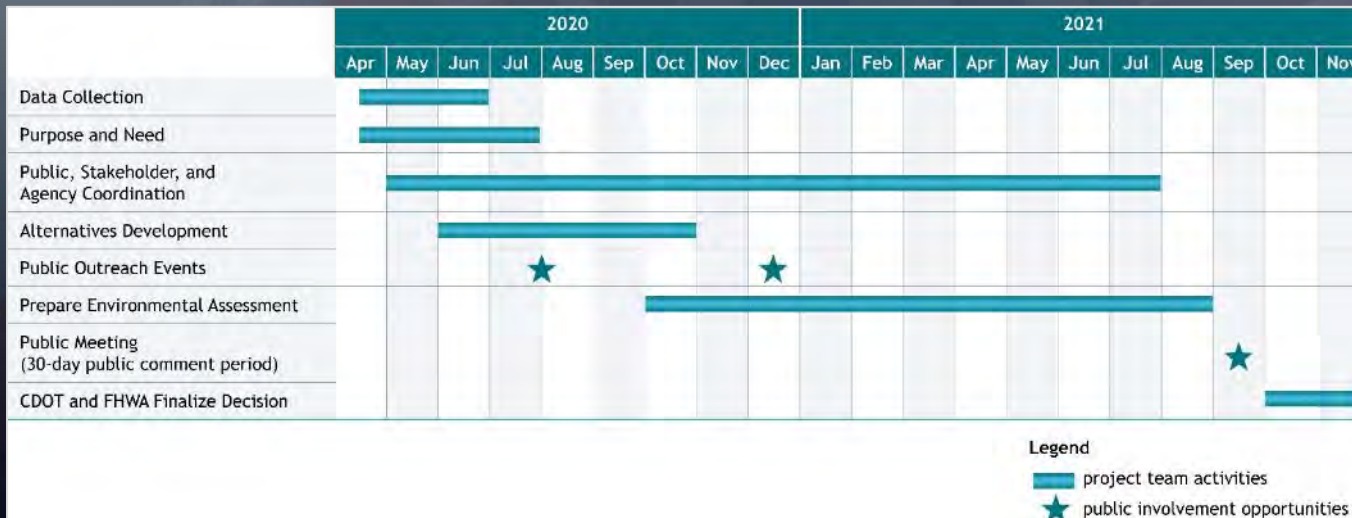


I-270 Environmental Assessment (EA)



Adams County: \$2,500,000
 Commerce City: \$1,000,000
 CDOT/Federal Grant: \$1,800,000

CDOT is pursuing a Federal INFRA grant to fully fund construction



I-70 East Corridor

System Study (CDOT)

- Paused last year due to COVID
- Existing Conditions report complete
- CDOT investigating next steps

Interchanges

- I-70 at Picadilly
- I-70 at Airpark/Watkins

Adams County: \$200,000



Picadilly Rd

Watkins Rd



SH 7 Corridor

(Brighton to Boulder)

- CDOT-led Corridor Development Plan (CDP) has been completed
- Moving into design soon
- Future partnership opportunities with Brighton

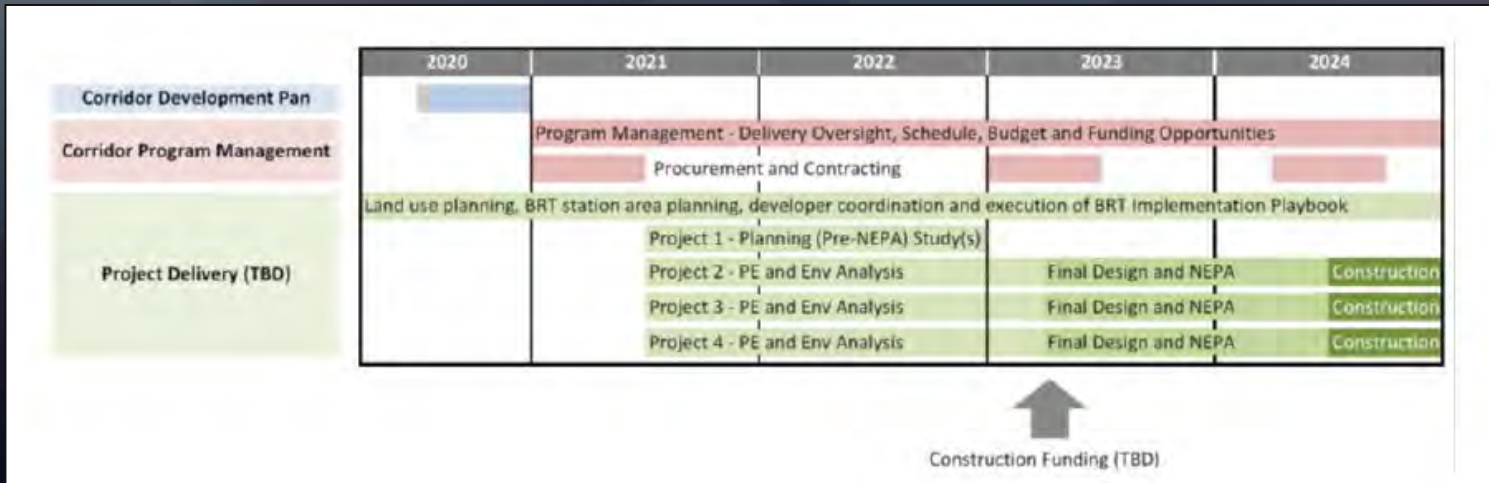
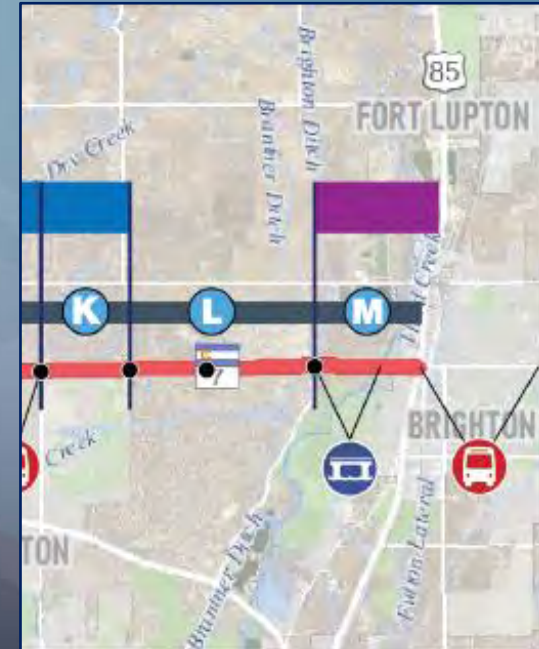
Adams County: \$200,000

Brighton: \$75,000



SH 7 Corridor (Brighton to Boulder)

- Issues to Address
 - Safety
 - Development Pressure
 - Non-motorized connectivity
 - Continuous cross-section



Vasquez Boulevard

- CDOT is advancing intersection design at 60th Ave.
 - Discussions with business owners underway
- CDOT's I-270 INFRA grant submittal will include improvements to 60th and 62nd



104th Avenue (SH 44) Capital Project



- Current funding supports design (up to 30% plans) and an environmental analysis
- Project is led by City of Thornton
- Kickoff/Pre bid meeting held February 25th
- Work expected through 2021
- Construction not programmed

Adams County: \$100,000
Commerce City: \$100,000
Thornton: \$200,000



US 85 and 120th Avenue

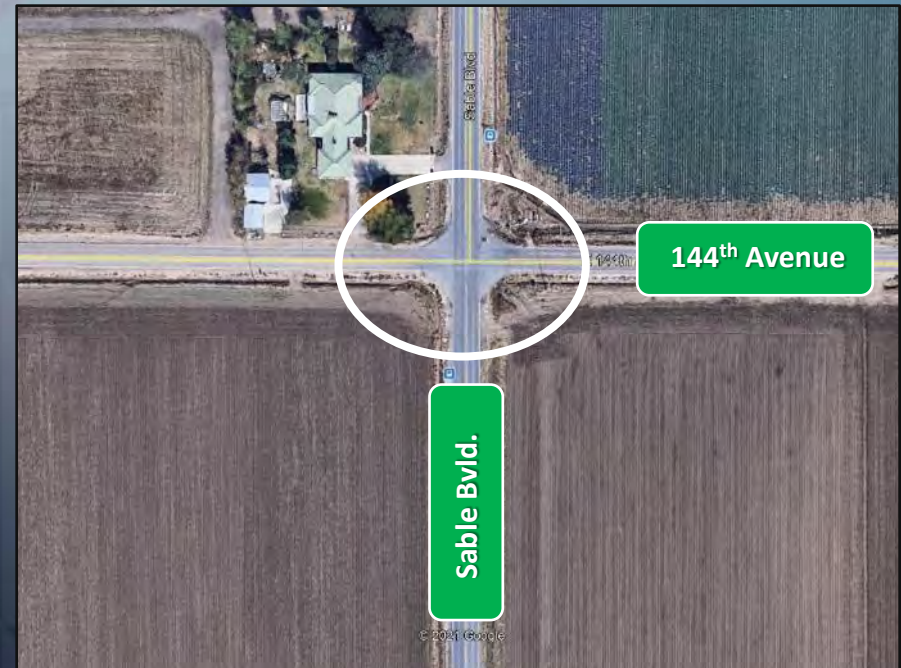
- Project remains in the Draft 2050 Metro Vision Regional Transportation Plan (2020-2029)
- CDOT Grant submission not expected in 2021

Funds Spent to Date: \$5,300,000
Committed, Adams County: \$8,000,000
Committed, Commerce City: \$7,000,000
Committed, Brighton: \$3,000,000
Committed, CDOT: \$3,000,000
Estimated Construction: \$80,000,000



Traffic Signal: Sable Blvd. and 144th Ave.

- Pending IGA between Brighton and Adams County
- Currently all-way stop controlled
- Fatal crash in June 2019
- Intersection within City of Brighton; ROW along 144th Ave owned by Adams County
- County contribution budgeted in 2021



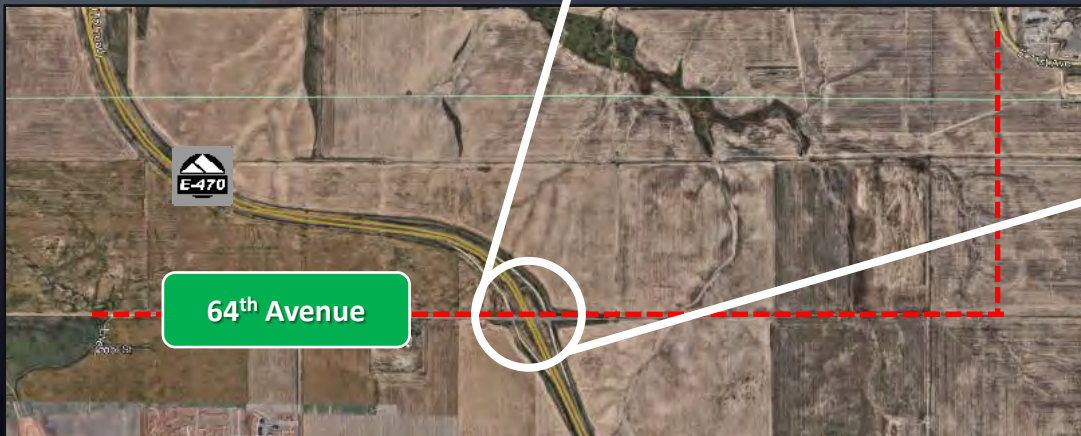
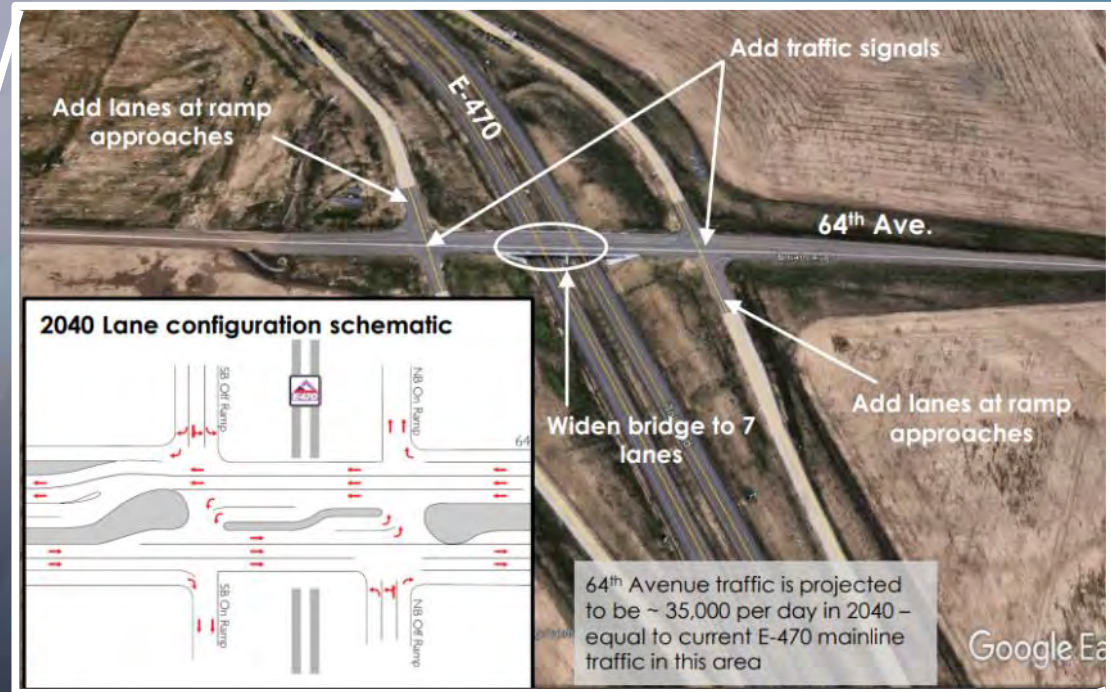
Adams County: \$250,000

Brighton: \$250,000



64th Avenue/E-470

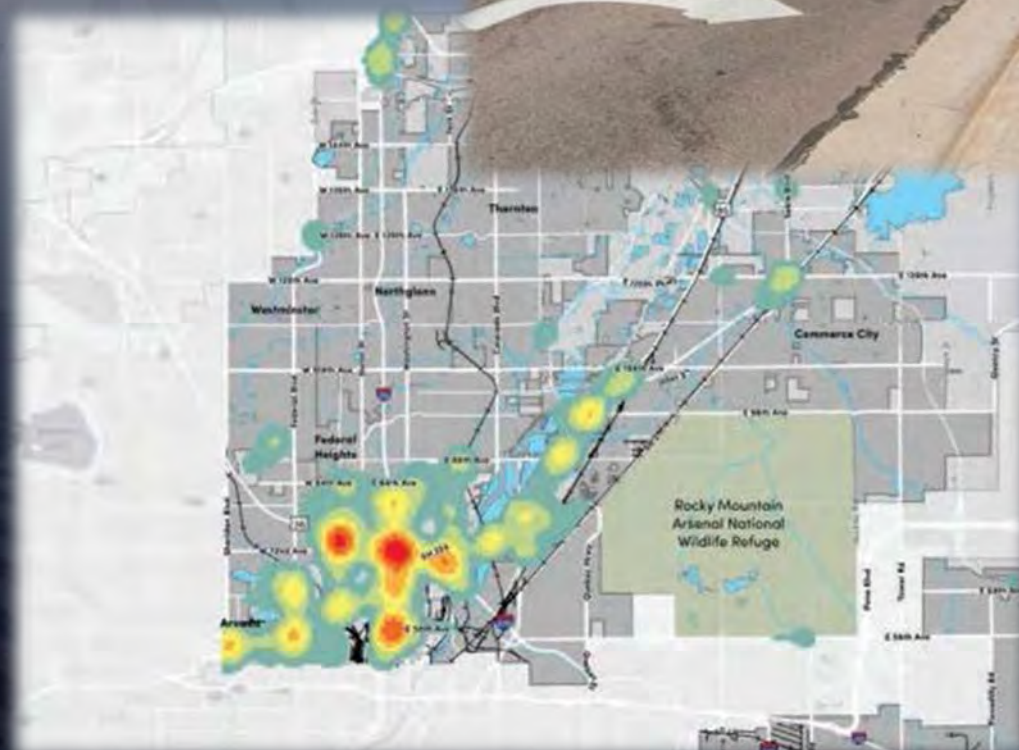
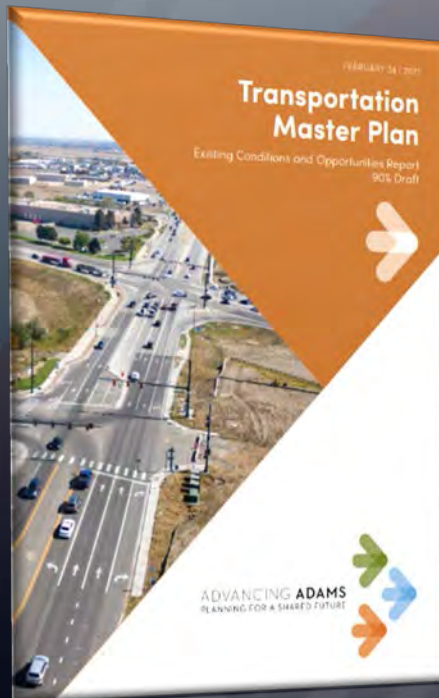
- Project is part of the 64th Avenue ARI Authority in Aurora
- Widens 64th Ave west of E470; Extends 64th Ave east of E470 to Jackson Gap



Adams County: \$2 million
E470 Authority: up to \$8 million
Developer/District: \$8 million
ARI Authority Bond: \$17 million

Advancing Adams/Transportation Master Plan

- Development of Phase 2 schedule continues
- Building outreach strategy with other county departments
 - School/Youth outreach



Recent Regional Activities

CDOT

- Revitalize Main Streets program
- I-270 INFRA Grant Application

City/County of Denver

- Lowell Boulevard Bicycle Lanes
- 52nd Avenue Improvements

DRCOG

- Adoption of Draft 2050 MVRTP and associated TIP expected soon
- Bringing CARES Act funding into the TIP
- Working on the Governor's Greenhouse Gas initiative



Unallocated TIP Funds via AdCOG

Sponsor	Project	Added Funds (\$)	Old Match	New Match	Percent Reduction
Aurora	High Line Canal Trail	243,000	32%	27%	5%
Aurora	Missing Sidewalks Program	68,000	32%	27%	5%
Comm City	88 th Ave. Widening	1,000,000	50%	25%	25%
Comm City	US 85 at 120 th Ave.	2,400,000	46%	25%	21%
Northglenn	120 th Ave. Improvements	484,000	31%	27%	4%
Bennett	I-70 at SH 79 Ramp	450,000	41%	0%	41%

CARES Funding

- I-70 Eastbound at SH 79 Off-Ramp
- Sponsored by Town of Bennett
- Funding Allocation: \$1,100,000



Other Projects of Note

Smart Commute Metro North/NATA

- Recent focus on transportation bill at the Colorado Legislature
- Maintaining Rideshare and RTD-partnership programs despite COVID

RTD N Line

- Ridership is good
- Local Fare Pilot Program coming to an end
 - Investigating “Buy-Down” program



Regional Project Commitments Summary

US 85 at 120th	\$ 8M
270 EA (project management)	\$ 3.5M
Brighton Road, 104th to 112th	\$ 2M
East 64th, Tower to E470	\$ 2M
East 112th, Chambers to Richfield	\$ 410,000
I-70 at SH 79	\$ 300,000
Federal Boulevard Corridor Study	\$ 262,500
East 144th at Sable Signal	\$ 250,000
SH 7 Corridor	\$ 200,000
I-70 System Study	\$ 100,000
104th Ave Widening Design/EA	\$ 100,000
	<hr/>
	\$ 17.1M





Tri-County Health Department 2021 Department Overview

Adams | Arapahoe | Douglas Colorado



Introduction	<ul style="list-style-type: none"> History of Tri-County Health Department Health Department Formation and Governance 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
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"> ■ Strategic Planning ■ Community Health Improvement Planning: Public Health Improvement Plan ■ Program Planning and Evaluation ■ Public Health Accreditation ■ Information Technology and IT Project Management ■ Health Data and GIS Program ■ Medical Epidemiology ■ HIPAA Compliance
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 Advancing Breastfeeding in Colorado ■ Community Nutrition – Policy and Systems Change Through Advocacy and Education ■ Healthy Beverage Partnership Initiative ■ Early Childhood Health Promotion ■ School Liaison ■ Worksite Wellness ■ 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
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 Program
 - 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 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**
- 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
 - Appendix D: List of Partnerships and Coalitions by County



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 works both locally and regionally to routinely monitor community health statuses, investigate and address ongoing and emerging health hazards, lead and mobilize partners to address health priorities, develop and execute community health improvement plans, inform, educate, and empower communities to address its most salient health and environmental issues, and increasingly engage with community partners across a multitude of sectors to increase the impact of public health interventions and to improve the social determinants of health.

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. A separate, county-specific 2021 Community Health Update will be provided that summarizes relevant population health outcomes for select indicators for Adams, Arapahoe, and Douglas Counties, particularly in areas of our Public Health Improvement Plan. 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.

TCHD's size, extensive programs, and diverse staff and resources allow the agency to provide high quality public health services in an efficient and effective manner that takes advantage of economies of scale in areas such as staffing, capacity, and critical infrastructure. These strengths give TCHD the resources to nimbly and flexibly respond to common issues across our three counties, address more community-specific challenges, and collaborate with other partners to find solutions to address complex regional challenges such as mental and behavioral health, substance abuse, suicide, food insecurity, emerging groundwater contaminants, and air quality among others. TCHD's staff are accessible to and collaborate effectively with federal, state, county, and municipal-level organizations and community partners in ways that benefit communities within the TCHD jurisdiction. Overall, TCHD and its staff are experienced, skilled, and poised to address emerging public health challenges, as the agency seeks to achieve its vision of "optimal health across the lifespan for the populations we serve".



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.

Health Department Formation and Governance

The structure of public health has evolved over time, as have the laws that govern local public health agencies in Colorado. The Sabin Health Laws, passed in 1947, governed public health up until the 2008 Public Health Act was adopted. The Public Health Act of 2008 established a uniform public health system in Colorado and defined core services that were required of every local public health agency. Most public health services and functions are included in Section 25—Health of the Colorado Revised Statutes. For example, C.R.S. 25-1-506 specifically mandates that each county in Colorado must establish a public health agency by resolution of its Board of County Commissioners. In 2009, following the passage of the Colorado Public Health Reauthorization Act (Public Health Act), the Boards of Commissioners in Adams, Arapahoe, and Douglas counties each adopted resolutions designating Tri-County Health Department as its district public health department. The full history of resolutions that formed TCHD, including the most recent adopted in 2009, can be found in Appendix A.

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 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.

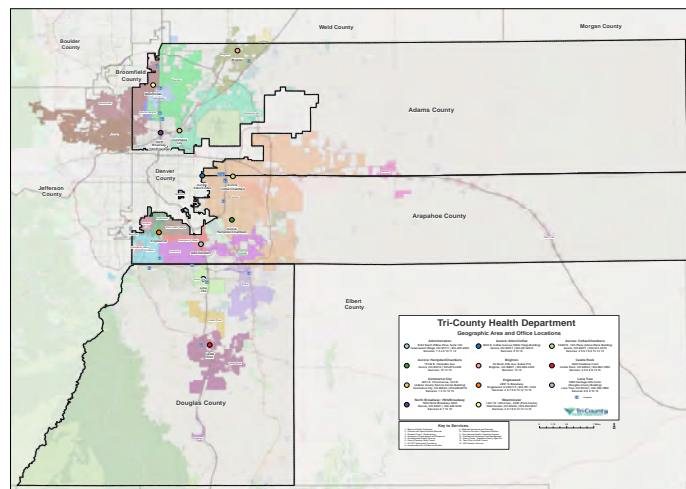
Excellence – We strive for the highest quality in everything that we do. We pursue opportunities and seek creative and innovative solutions to the challenges that face us.

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

FY21 Division FTE: 0

FY21 Division Budget: \$15,000

BOARD OF HEALTH MEMBERS

Adams County

Julie Mullica, MPH,
Vice President
Term expires: January 2022

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

Douglas County

Marsha Jaroch, NP
Term expires: January 2025

Zachary Nannestad, MPH,
Secretary
Term expires: January 2024

Linda Fielding, MD
Term expires: January 2023

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

FY21 Division FTE: 8.09

FY21 Division Budget: \$1,497,009

**Division budget includes budget for Board of Health*

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

FY21 Program FTE: 5.09

FY21 Program Budget: \$1,112,272

**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 access to care. 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 and includes speakers from the General Assembly, the Governor’s Office, the Colorado Department of Public Health and Environment (CDPHE), the Denver Regional Council of Governments (DRCOG), and the Colorado Association of Local Public Health Officials (CALPHO).
- Creates and regularly disseminates Elected Officials Newsletter.

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

FY21 Program FTE: 3.00

FY21 Program Budget: \$374,668

Strategic Communications Metrics, 2019-2020

	2019	2020
Total media campaign impressions	100,664,586	59,314,808
Total website hits (sessions)	329,533	3,073,951
Total number of social media impressions (Facebook, Twitter, and Instagram)	1,224,302	3,176,038

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

FY21 Division FTE: 30.25

FY21 Division Budget: \$28,150,995

Revenues

Forecasted revenues for FY 2021 are estimated to be \$55.5 million. This is a decrease of 7.18% as compared to the revenue projection of \$59.8 million in the FY 2020 revised budget. This change in revenue is primarily due to CARES Act funding, in fee revenue and State contracts.

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.

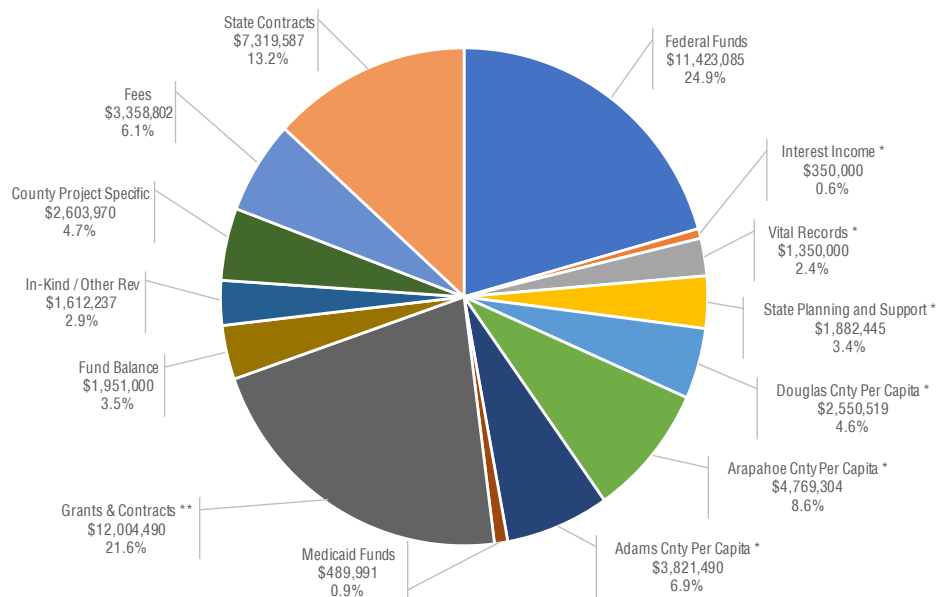
State Funds and Federal Pass through Funds – Funds received from the Colorado Department of Public Health and Environment (CDPHE) and other state agencies. This includes State Planning and Support for general public health services as well as program specific funding for programs in various TCHD divisions.

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 2021 Adopted Sources of Revenues, Total
\$55,486,920**



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 ([FY21 TCHD Budget Book](#)).

Basis of Budgeting and Accounting

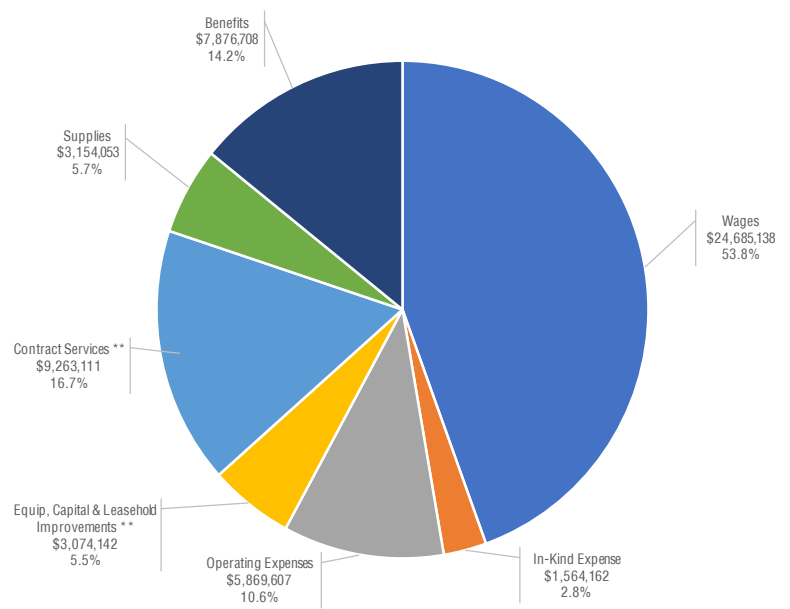
Tri-County Health Department uses the modified accrual basis of accounting for both budgeting and financial statements. Revenues are recognized in the accounting period when it is earned while expenses are recognized in the period when the liability is incurred. The budget is used as a legal instrument 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 due to COVID-19 pandemic response.

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

FYI 2021 Adopted Expenditures by Type, Total \$55,486,920



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

FY21 Program FTE: 17.25
FY21 Program Budget: \$15,350,149

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

TCHD Financial Operations Metrics, 2016-2020

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

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

**Outbreak Requests include 2019 Red Robin Outbreak, 2019 ICE Detention Center Outbreak, 2019 La California Outbreak, 2018 La California Outbreak

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 Department to meet the needs of programs and projects located in these offices. TCHD leases the other offices, which requires the Department 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

FY21 Program FTE: 3.00

FY21 Program Budget: \$450,846

FY21 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, 2016-2020

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

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. Our 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, by mail or electronically. 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. The Vital Records Office in Castle Rock opened in January 2018. TCHD had a decrease in birth and death certificates provided and subsequent revenue in 2020 due to the COVID-19 pandemic.

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

FY21 Program FTE: 10.00

FY21 Program Budget: \$1,350,000

Vital Records Metrics, 2016-2020

	2016	2017	2018	2019	2020
Total revenue	\$1,247,244.50	\$1,377,853.50	\$1,292,717.50	\$1,290,175.00	\$1,488,908.00
Commerce City	\$448,092.50	\$522,731.75	\$371,255.50	\$410,965.00	\$541,635.00
Greenwood Village	\$799,152.00	\$855,121.75	\$822,208.00	\$760,044.00	\$866,731.00
Castle Rock	-	-	\$99,254.00	\$119,166.00	\$80,542.00
Total certificates issued	86,251	95,666	87,230	84,677	99,623
Commerce City	30,123	35,745	24,550	27,165	37,048
Greenwood Village	56,128	59,921	56,362	50,265	57,605
Castle Rock	-	-	6,318	7,247	4,970
Death certificate revenue	\$871,328.00	\$1,029,028.00	\$889,022.00	\$851,150.00	\$1,093,435.00
Commerce City	\$256,011.00	\$397,831.00	\$246,368.00	\$308,715.00	\$474,702.00
Greenwood Village	\$615,317.00	\$631,197.00	\$605,551.00	\$499,793.00	\$587,786.00
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
Commerce City	17,941	27,853	17,140	21,608	33,400
Greenwood Village	43,929	45,115	43,251	35,686	41,941
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
Commerce City	\$192,081.50	\$124,900.75	\$124,887.50	\$102,250.00	\$66,933.00
Greenwood Village	\$183,835.00	\$223,924.75	\$216,657.00	\$260,251.00	\$278,945.00
Castle Rock	-	-	\$62,151.00	\$76,524.00	\$49,595.00
Total birth certificates issued	24,381	22,698	24,259	24,497	22,126
Commerce City	12,182	7,892	7,410	5,557	3,648
Greenwood Village	12,199	14,806	13,111	14,579	15,664
Castle Rock	-	-	3,738	4,361	2,814

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

FY21 Division FTE: 5.50

FY21 Division Budget: \$706,231

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, screens, hires, and orients an average of 60 employees a year. In 2020 and 2021, recruitment contracted with over 350 temporary employees and volunteers to support the COVID-19 response.

Employee Benefits

Eighty-five percent of TCHD employees take the health and welfare benefits offered. For the last three years, TCHD has gone out to bid on various products to ensure our benefit costs are as competitive as possible while providing a high quality of products. TCHD has saved over \$250,000 in premium costs in the last three years due to vendor improvements.

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 is completed every two years on every position and yearly on highly competitive jobs.

Employee Relations

TCHD has been successful in achieving a low rate of employee relations issues. There have been zero EEOC claims on TCHD in the last five years. HR provides ongoing employee relations support and counsel for leadership, and provides Management 101 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. Today, 100% of all staff have logged into the LMS, and employees have completed 388 courses in just the last 30 days.

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 will complete a foundational Equity Training, Introduction to Health Equity and Racial Justice by November 2021. Through this training experience, staff will have increased familiarity with racial justice, understand how concepts apply to all aspects of agency work, gain specific historical and contemporary public policy examples to reference, and focus on relationship building with colleagues. The training is 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 ice in parking lots. These efforts, along with remote working, have had a significant impact with decreased claims in 2020. 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 helping to control employer healthcare costs. TCHD's employee Wellness Program focuses on supporting employees to improve eating habits, adopt a more active lifestyle and maintain mental wellness. Modifying behaviors in these areas can lower one's risk for developing chronic conditions, including diabetes and heart disease. Family-friendly policies are also a focus of TCHD's internal program. These include flexible work schedules, infant-at-work, lactation-support, stress management training, mindfulness and meditation offerings, gym discounts, EAP support, and healthy meeting policies.

Employee Wellness Program

Funding/Revenue Source(s): General Funds

FY21 Program FTE: 1.00

FY21 Program Budget: \$110,719

In 2020, Employee Wellness increased the emphasis on safe work practices and employee mental health wellbeing as many TCHD employees have deployed to work in COVID-19 emergency response positions. The Employee Wellness and the COVID-19 Safety Response Team have provided ongoing symptom screening process, COVID-19 return to work guidelines, mindfulness, meditation, stress management, and de-escalation training and support. Employee Wellness and the incident response Safety Team has initiated 19 critical incident therapy sessions with 271 participants to support employees dealing with the COVID-19 response concerns.

Human Resources Metrics, 2016-2020

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

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

FY21 Division FTE: 14.98

FY21 Division Budget: \$2,689,493

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

FY21 Program FTE: 4.00

FY21 Program Budget: \$514,210

**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 Strategic Plan. While much progress was made in 2020, some of TCHD's strategic efforts were paused due to the COVID-19 response. Activities will continue, or resume, in 2021 dependent on the agency's capacity to shift resources from the COVID-19 response.

The Priority Areas include Employee Retention and Development, Excellence in Business Practices, Strengthen Organizational Culture, and Partner for Healthy Communities. The Priority Areas help support, either directly or indirectly, both our core services as well as the implementation of the Public Health Improvement Plan. The plan provides the agency with a roadmap that allows the agency to navigate changes in the complex environment of public health at the local level and further allows TCHD to take action on critical issues and to advance our mission, vision and values. [TCHD Strategic Plan](#).

Community Health Planning: Public Health Improvement Plan

Our 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 our economic and social structures in deep ways. These efforts will continue through 2021. The vision for each Priority Area is listed below. [TCHD Public Health Improvement Plan](#)

Community Health Planning: Public Health Improvement Plan cont.

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.*

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.*

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.*

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; 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.

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

INTERNAL WORK

- 2018 Community Health Assessment
- 2019-2024 Public Health Improvement Plan
- 2019-2024 TCHD Strategic Plan
- Grant Writing Assistance for STI Program, Title X program, Tobacco Grant Programs, Arapahoe County Senior Dental Clinic
- NEAR@Home Home Visitation Model Evaluation
- Nurse Support Program Annual Evaluation and Data Analysis
- Nurse Support Program One Key Question Analysis
- Partnership Tracking Tool Evaluation
- Title V Maternal and Child Health Program Strategic Planning
- Tobacco Program Logic Models

PARTNER WORK

- 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
- 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
- South Metro Health Alliance Storymap

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. The Informatics Project Manager catalogues 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.

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: voice over IP (VoIP) systems, 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. In 2019, the IT Program examined its internet service provider to ensure that services were meeting the needs of the agency's demands for bandwidth, especially as the agency increases utilization of cloud-based applications; a new internet service provider was chosen, which resulted in a 1500% increase in available bandwidth and an 82% decrease in agency internet costs, saving TCHD over \$23,000 per year. In 2020, TCHD evaluated the standard laptop issued to TCHD staff and aligned TCHD staff work requirements with laptop specifications, which resulted in a costs savings of over \$22,000 per year.

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. 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

Funding/Revenue Source(s): General Funds

FY21 Program FTE: 6.00

FY21 Program Budget: \$1,504,958

Information Technology Program cont.

Information Technology Metrics, 2016-2020

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

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**

**FY21 Program FTE: 4.00
FY21 Program Budget: \$441,823**

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://opiod-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=00008781f6834cec92386dffa22c52e>

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 COVID1-19 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 COVID1-19 case investigation/contact tracing system
- 2020 NACCHO webinar on TCHD's COVID1-19 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 TCHD seeking expertise in epidemiologic analyses, knowledge on the clinical aspects of disease, or medical interpretation of data. Additionally, this position also 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 response by providing specific infectious disease medical expertise across a multitude of topics.

Medical Epidemiology

**Program Funding/Revenue Source(s):
General Funds**

FY21 Program FTE: 1.00

FY21 Program Budget: \$228,502

In 2018, a team of TCHD epidemiologists focused on a teen pregnancy prevention project. The team completed demographic analysis of teen births in the TCHD region, which identified specific areas in Adams and Arapahoe counties with a disproportionate burden of births impacting Hispanic teens. This work was followed by a qualitative study of beliefs and attitudes around teen pregnancy among Hispanic youth, parents, and sexual health service providers in Aurora, Thornton, and Commerce City. TCHD's Teen Pregnancy Prevention report provided valuable insight into the risk and protective factors for teen pregnancy through the voices of teens and parents. Key themes included the need for better communication around pregnancy prevention and access to quality education on sexual health for both teens and parents.

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

FY21 Division FTE: 28.40

FY21 Division Budget: \$3,654,920

Community Health Promotion Division Administration

The CHP leadership and administrative team provides oversight and support 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

FY21 Program FTE: 2.40

FY21 Program Budget: \$310,027

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 focus on 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, and municipal governments and other community agencies. Tobacco Education and Prevention also partners closely, including through shared staff, with the Substance Use Prevention Program staff 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 towards 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 chose to engage in tobacco prevention work. Through a sub-grants, TCHD has funded 13 school districts, four housing authorities, four 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. In the last two years alone, 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 in all three counties. In addition, a total of 120 participants were enrolled in tobacco cessation classes and counseling in the prior year.

Tobacco Education and Prevention Program

Funding/Revenue Source(s): Restricted State Funds

FY21 Program FTE: 7.00

FY21 Program Budget: \$1,318,077

Tobacco Education and Prevention cont.

Tobacco Control Policy Work by County, 2016-2020

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

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 to assess community needs, plan evidence-based interventions, and evaluate success. TCHD implements the Communities That Care prevention model along the 1-70 corridor and Western Arapahoe County

Substance Abuse Prevention Program

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

FY21 Program FTE: 3.94

FY21 Program Budget: \$632,592

**Includes SAMSHA grant*

Substance Abuse Prevention cont.

to prevent youth crime and violence, as well as substance use initiation. This model helps local communities identify and assess locally-relevant risk and protective factors and then select from a menu of effective, evidence-based programs and strategies to address the specific needs of local youth. TCHD's Substance Abuse Prevention programs partners 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 towards achieving goals in the Mental Health and Access to Care priorities of the TCHD's 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 a 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.

Substance Abuse Prevention Program Metrics, 2016-2020

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

Mental and Behavioral Health Promotion and Suicide Prevention Program

Funding/Revenue Source(s): General Funds

FY21 Program FTE: 1.10

FY21 Program Budget: \$131,067

**Includes NENS Referral Grant*

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.

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

FY21 Program FTE: 4.31

FY21 Program Budget: \$671,790

Maternal and Child Health (MCH) Block Grant cont.

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.

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, 2019-2020

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

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 support and services for women who misuse substances in the perinatal period and decreasing the disparities in infant mortality. The majority of the program is supported financially by the Federal Maternal Child Health Block grant (Title V), administered by CDPHE. This program work supports the Mental Health priority in the TCHD Public Health Improvement plan. 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.

Perinatal Mental Health Program Metrics, 2016-2020

	2016	2017	2018	2019	2020
Number of referrals to Community Mental Health Center (community outreach, Adams County only)	21	70	111	114	58
Number of community partners utilizing pregnancy-related depression (PRD) awareness messaging in daily operations (all counties)	-	24	19	15	9
Number of pediatric and OB/GYN practices completing PRD screening and referral improvements	5	4	4	-	-

Maternal and Child Health (MCH) Block Grant cont.

Perinatal Health cont.

Perinatal Substance Use Prevention Program Metrics, 2019-2020

	2019	2020
Number of community partners and healthcare providers trained on perinatal substance use prevention	20	13
Adams	16	8
Arapahoe	4	4
Douglas	-	1
Number of TCHD staff trained on perinatal substance use prevention	54	51
Adams	21	-
Arapahoe	29	51
Douglas	4	-

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. Team members collaborate closely with staff working under TCHD’s CCPD-funded Worksite Wellness Initiative. Existing coalitions, developed under the Worksite Wellness Initiative, are leveraged to support and facilitate the objectives of the breastfeeding initiative. The Colorado Health Institute serves as regional fiscal manager.

Advancing Breastfeeding in Colorado Program

Funding/Revenue Source(s): Restricted State Funds

FY21 Program FTE: 1.00

FY21 Program Budget: \$137,839

Advancing Breastfeeding in Colorado - CCPD Grant Funded: This 3-year project involves working one-on-one with childcare centers to guide them through the process of achieving the Colorado Breastfeeding Friendly Certification. The process of becoming certified can take a year or more because it requires childcare centers to implement significant policy and environmental changes. The first year of the project (2018) was focused on recruiting childcare settings and providing technical assistance on the process of certification. During year two (2019) the centers adopted policies and created lactation spaces, with some achieving certification. Year three (2020) numbers reflect the impact of the pandemic which virtually halted progress for a six-month period.

Number of New (Unique) Childcare Settings Provided with Technical Assistance (TA), 2018-2020

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

Number of Lactation Spaces Created in Childcare Settings, 2018-2020

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

Number of Childcare Settings to Earn the Breastfeeding Friendly (BFF) Certification, 2018-2020

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

Community Nutrition

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 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 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 coordinates a centralized system for responding to the high volume of ad hoc requests received by TCHD’s main line for participation in health-influencing community events. TCHD’s centralized event system ensures rapid response, resource-saving efficiencies and high partner satisfaction among a wide variety of requesting governmental agencies, community based organizations, hospitals and more. TCHD participated in 133 health-supporting community events requested via this pipeline in 2019, reaching over 5,965 community members. Although the number of events TCHD participated in during 2020 was limited to 41 due to COVID-19 restrictions, 2,372 community members were reached with in-person events during the first quarter and then virtual presentations, drive-through food pantries, drive through resource fairs, and participation in farmer’s markets for the remainder of the year.

Community Nutrition Program Funding/Revenue Source(s): General Funds

FY21 Program FTE: 3.50
FY21 Program Budget: \$415,951

Early Childhood Health Promotion Metrics, 2016-2020

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

**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.

School Liaison

TCHD is a planning member for the Colorado Healthy Schools Collaborative; in 2020, assisted with two statewide convenings with school related partners such as CDE and RMC Health along with many school wellness and school nurse/health professionals. 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 well.

Community Nutrition cont.

School Liaison cont.

School Liaison Metrics, 2019-2020

	2019	2020
# School wellness-related policies/procedures updated or adopted	2	0*
# District or school wellness teams with TCHD participation	14	4* (Sheridan, Englewood, Douglas County, Adams 12)
# School staff/leadership receiving school communication products from TCHD	190	340
# School leaders registered for bi-weekly webinars	-	464 (Includes both school and childcare staff, ~150-200 per webinar)
# Newsletters/other written communications provided for districts/schools	5	21
# Webinars provided for school leaders	-	10

*TCHD School Coordinator staffing change mid-2019; position was redesigned and filled in 2020 just prior to start of pandemic.

Healthy Beverage Partnership Initiative

The Healthy Beverage Partnership (HBP) conducts efforts with funding through CDPHE's CCCPD Grants Program since 2015. TCHD is one of four 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, contributing to type 2 diabetes, obesity, heart disease, and tooth decay. Health implications of sugary drinks include disproportionate impact of low-income communities and people of color. HBP is increasing community knowledge and capacity around municipal policy change supporting healthy beverages offered with bundled (price includes beverage) restaurant children's meals, and TCHD's efforts are currently focused in Aurora. Staff are working to increase community and 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. This program advances goals of the Food and Health priority of the TCHD Public Health Improvement Plan. In 2018, this program 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.

Healthy Beverage Partnership Initiative Funding/Revenue Source(s): General Funds

FY21 Program FTE: 0.50

FY21 Program Budget: \$53,395

Healthy Beverage Program Metrics, 2019-2020

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

Worksite Wellness

TCHD enhances worksite policies and practices through outreach to local and regional employers with funding provided by CDPHE’s Cancer Cardiovascular and Pulmonary Disease Grant Program. Through active facilitation of five coalitions and a regional advisory council, TCHD provides training, technical advising and financial opportunities to support employers in the process of implementing breastfeeding and healthy food and beverage-friendly policies and programs. Employer priorities of mental health, stress reduction, and reducing tobacco and substance use are also addressed, and a health equity frame is woven through the entire initiative. Project partners include local chambers of commerce, the American Heart Association, Kaiser Permanente, Aetna, Health Links, and many other local and regional stakeholders. Coalitions include public and private employers from the greater Metro area. This initiative was recognized as a NACCHO Model Practice in 2020.

Worksite Wellness Program
Funding/Revenue Source(s): Restricted State Funds

FY21 Program FTE: 1.70
FY21 Program Budget: \$300,300

Worksite Wellness Program Metrics by County, 2016-2020

	2016	2017	2018	2019	2020
Number of unique worksites that completed a Healthy Business Certification					
Adams	5	4	7	5	2
Arapahoe	15	3	2	5	2
Douglas	15	2	2	3	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
Arapahoe	11,278	1,707	427	2,678	81
Douglas	13,771	233	285	209	6
Number of new Worksite Wellness policies adopted					
Adams	2	5	28	10	5
Arapahoe	5	4	10	13	6
Douglas	6	2	8	4	4
Number of worksite lactation rooms created					
Adams	-	-	1	5	6
Arapahoe	-	-	2	9	6
Douglas	-	-	1	11	22

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 24 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 DSME site with the American Diabetes Association and has full CDC recognition for TCHD’s NDPP program, indicating attainment of all 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

FY21 Program FTE: 2.95
FY21 Program Budget: \$335,000

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 marginalized and 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. Average weight loss for NDPP clients in 2020 was 5.1% and average decrease in Hgb A1c for DSMES clients was 3%, exceeding targets.

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

Diabetes Prevention Program Participation by County, 2016-2020

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

*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.

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 Coordinator 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:

- 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 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 The Piton Foundation, talking points, and other awareness materials on EITC benefits. In 2020, resources were shared with over 130 community partners who provide direct services to clients in the TCHD jurisdiction. 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 14,454 recipients in January, March and April 2020.
- 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 127,000+ cases, 7000+ hospitalizations, and 1500+ deaths. As outlined in our COVID Response Statistics below, we have created an entire branch to respond to a range of housing, transportation, and financial support needs for persons impacted by isolation and quarantine, and more recently, have launched a Vaccine Equity strategy to help ensure equitable access to new vaccine 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 staff and programs described above.

Emergency Preparedness, Response, and Communicable Disease Surveillance

Tri-County Health Department | 2021 Department Overview

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, 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.

Emergency Preparedness, Response, and Communicable Disease Surveillance Division

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

FY21 Division FTE: 17.63

FY21 Division Budget: \$2,053,589

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 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

FY21 Program FTE: 6.12

FY21 Program Budget: \$731,982

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. 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) Office of Public Health Preparedness and Response (OPHPR) 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 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.

Public Health Incident Management Team (PHIMT)

Using the basic tenants 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 trainings as well as an exercise during each cycle.

Training and Exercises

Training and exercise events help the agency and TCHD's partners better prepare for and respond to incidents impacting the jurisdiction. 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 effectively respond without support.

Health Alert Network (HAN)

The Health Alert Network Provides a method of actively sharing information of public health incidents with local partners. These messages can be relayed as:

HEALTH ALERT NETWORK

- **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, 2016-2020

	2016	2017	2018	2019	2020
Number of alerts	9	4	1	4	1
Number of advisories	19	16	21	24	22
Number of updates	9	5	8	9	25
Number of public health briefs	2	4	4	3	1
Number of providers in the database	5,115	5,176	5,167	5,170	5,171

Incidents with TCHD PHIMT Activation 2016-2020

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

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

FY21 Program FTE: 2.10
FY21 Program Budget: \$193,803

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

FY21 Program FTE: 5.00
FY21 Program Budget: \$487,443

Disease Control Surveillance Program Metrics, 2016-2020

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

Communicable Disease Surveillance Program cont.

Disease Control Surveillance Program Metrics, 2016-2020 cont.

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

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.

Workplace Safety and Security Metrics

	2019
Percentage of Staff Trained for an Active Shooter Event	93%
Percentage of Staff Trained in De-escalation	13.2%
Percentage of staff with confidence in general safety	83%
Staff confidence in how to respond to an active shooter	65%
Staff confidence in how to de-escalate verbal incidents	63%
Number of workplace safety office inspections	11
Number of fire drills	8
Number of tornado drills	11

***Due to COVID-19 pandemic response, workplace safety trainings were halted in 2020 and the workplace safety survey was not disseminated to staff. These efforts began in 2019.*

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. Currently, 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

FY21 Program FTE: 2.78

FY21 Program Budget: \$431,444

**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, CDPHE, and hospital/hospital system partners (e.g. infection preventionists, emergency department physicians, and emergency management staff). As an example, throughout the COVID-19 pandemic, TCHD generates 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 partners. In addition to all of the above, TCHD also shares confidential notification reports with partners when time sensitive information related to outbreaks, incidents, and/or pandemics impact 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 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 real-time data to be utilized to support prevention efforts in Adams, Arapahoe, and Douglas Counties. The Syndromic Surveillance Program provided additional reporting in 2020 due to the COVID-19 pandemic.

Syndromic Surveillance Program Metrics, 2016-2020

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

COVID-19 Pandemic Response

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 has activated over 500 staff, contractors, and volunteers to work on the pandemic response. Below, are highlights from March 2020-March 2021 to illustrate the impact and the preventative measures TCHD and partners took to reduce transmission and support Adams, Arapahoe, and Douglas counties:

TCHD COVID-19

- 120,000+ Cases
- 1,500+ Deaths
- 7,000+ Hospitalizations
- 165,400+ COVID-19 Cases and Contacts Reported
- 1,500,000+ COVID-19 Tests Completed
- 26,700+ Call Center Calls Answered
- 120+ Community Outreach Webinars and Town Halls
- 530+ Communication Materials Created
- 7,500+ Responses Made to Public Health Order Compliance Concerns
- 5,200+ mentions in the media

COVID-19 Pandemic Response

Funding/Revenue Source(s): Restricted State Funds

FY21 Program FTE: 0.00

FY21 Program Budget: \$11,000,000

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 project 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, and testing, vaccination, case management, and equity based on

jurisdictional needs. The project 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 project additional funding benefits all Coloradans by providing support to every local public health agency working on behalf of Colorado communities.

CASE INVESTIGATION CONTACT TRACING INVESTIGATION STATISTICS AND (AS OF MARCH 14, 2021) BY COUNTY

Total COVID-19 Cases Reported	
Adams	50,575
Arapahoe	50,912
Douglas	22,896
Number of completed case investigations	86,820
Adams	37,391
Arapahoe	32,377
Douglas	17,052
Number of COVID-19 contacts identified	37,108
Adams	16,520
Arapahoe	14,146
Douglas	6,442
Number of contact investigations completed	29,040
Adams	13,829
Arapahoe	10,955
Douglas	4,256
Median number of days from case report to investigation completion	1.4 days

COVID-19 Pandemic Response cont.

GENERAL COVID-19 RESPONSE STATISTICS	
Number of TCHD response staff activated	282
Number of TCHD temporary COVID-19 response-related positions filled	294
Number of COVID-19 related calls taken by TCHD Call Center	27,747
Number of COVID-19 related complaints received by TCHD	7,659
Retail Food Establishment Complaints	3,010
Recreational Facility Complaints (i.e., Gyms, Pools)	754
Retail Business Complaints (i.e., retail stores, malls, Big Box)	715
Office Type Business Complaints (i.e., office buildings, other work places)	503
Other Complaints	2,677
Number of COVID-19 related complaints received by TCHD by County	7,278
Adams	1,989
Arapahoe	3,105
Douglas	2,184
Number of inquiries made to TCHD's Business Reopening Task Force	3,948
Adams	793
Arapahoe	1,354
Douglas	539
Number of Business-Focused Webinars Hosted by TCHD	95
Weekly Webinars for All Businesses	35
Special Topic Webinars	25
Webinars in Spanish	35
Number of referrals received by the TCHD Community Services Branch by County (8/1/2020-2/28/2021)	3,530
Adams	1,687
Arapahoe	1,529
Douglas	314
Referrals received by TCHD Community Services Branch by type of referral need (8/1/2020-1/19/2021)	3,975
Job Security	596
Financial Hardship	1,270
Essential Item Affordability	517
Essential Item Delivery	898
Shelter	28
Health Care Access	251
In Home Care	35
Other	380
Number of individuals referred further to community partners and social services due to COVID-19-related needs by county of residence (08/01/2020-2/28/2021)	632
Adams	225
Arapahoe	290
Douglas	117

COVID-19 Pandemic Response cont.

TCHD COVID-19 SCHOOL AND CHILD CARE TASK FORCE

- 14 School and Child Care-focused town halls/webinars with 450+ registrants
- Supported 15 school districts, 415 schools, 103 private schools and 48 charter schools
- Provided 30 school-focused newsletters and updates
- Supported Community Outbreak Task Force on over 700 COVID-19 cases in child care settings
- Provided COVID-19 information to 1,183 licensed child care providers with 9,894 child care workers that serve 69,255 children
- Provided 197 space/site evaluation and assessments in child care settings as part of COVID-19 response

Health Data and GIS: 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 created in the COVID-19 PHIMT structure and this position is responsible for prioritizing and integrating the principles of equity throughout the agency's pandemic response. Highlights of the equity work across the response include:

COVID-19 HEALTH EQUITY HIGHLIGHTS

- The TCHD Call Center increased staffing in 2021 to both answer vaccine questions and help individuals sign up for appointments. Since January 1, 2021 the call center has received 9,360 calls, approximately 7,500 of those calls were related to the COVID-19 vaccine and staff have signed up 656 individuals for vaccine appointments.
- The Community Services Branch (CSB) started in May 2020 to provide support and resources to COVID-19 positive cases and contacts so individuals can safely isolate or quarantine.
- Creation of a Vaccine Equity Plan to proactively develop partnerships and approaches to assure equitable access to COVID-19 vaccines across our communities.

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

FY21 Division FTE: 70.45

FY21 Division Budget: \$6,914,404

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 some 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

FY21 Program FTE: 12.24

FY21 Program Budget: \$1,371,571

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

FY21 Program FTE: 33.25

FY21 Program Budget: \$2,863,211

Food Protection Program cont.

Food Protection Program Metrics, 2016-2020

	2016	2017	2018	2019	2020
Total Retail Food Establishments					
Adams	1,556	1,621	1,658	1,588	1,742
Arapahoe	2,271	2,359	2,472	2,359	2,472
Douglas	943	955	955	967	1,002
Total Retail Food Inspections					
Adams	3,469	3,940	3,772	4,063	1,602
Arapahoe	5,631	5,305	5,730	4,892	1,613
Douglas	2,060	2,549	2,275	2,350	740
Total number of Follow-up Inspections					
Adams	667	841	685	776	89
Arapahoe	1,152	1,123	1,071	846	68
Douglas	436	571	457	466	15
Total number of Temporary Events					
Adams	26	16	12	13	0
Arapahoe	23	32	22	34	0
Douglas	26	26	26	29	2
Total number of complaints					
Adams	176	278	134	118	102
Arapahoe	304	296	186	194	145
Douglas	122	103	103	111	67
Total Number of Voluntary Closures*					
Adams	10	10	8	15	1
Arapahoe	14	6	10	7	7
Douglas	1	0	1	1	0
Total Number of License Revocations					
Adams	0	0	1	2	0
Arapahoe	2	0	0	0	0
Douglas	3	0	1	0	0
Total Retail Food Plan Reviews					
Adams	87	97	133	159	120
Arapahoe	166	269	251	226	178
Douglas	55	70	112	74	75

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

Child Care Program

The goal of the Child Care program is to prevent the spread of infectious disease in childcare facilities and other public residential 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 on-site inspections; investigation of complaints; review and approval of plans for newly constructed or remodeled childcare facilities; and education.

Child Care Program

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

FY21 Program FTE: 3.00

FY21 Program Budget: \$267,077

Child Care Program Metrics, 2016-2020

	2016	2017	2018	2019	2020
Total Child Care Facilities					
Adams	228	345	246	246	216
Arapahoe	364	370	376	371	351
Douglas	198	201	208	208	204
Total Child Care Facility Inspections					
Adams	279	289	336	289	100
Arapahoe	493	430	524	427	199
Douglas	229	206	277	198	126
Total Child Care Facility Routine Inspections					
Adams	225	205	230	201	96
Arapahoe	402	319	378	276	169
Douglas	195	224	203	140	115
Total Child Care Facility Follow-Up Inspections					
Adams	68	53	73	50	17
Arapahoe	135	93	111	52	25
Douglas	37	56	35	34	7
Total Number of Child Care Facility Complaints					
Adams	7	3	0	3	1
Arapahoe	13	10	5	9	4
Douglas	5	7	3	5	3
Total Number of Child Care Facility Plan Reviews					
Adams	3	10	2	4	9
Arapahoe	1	3	0	6	15
Douglas	1	1	1	15	10

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 manufacturer 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

FY21 Program FTE: 1.30

FY21 Program Budget: \$136,624

Body Art Inspections Metrics, 2016-2020

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

Animal Control Metrics, 2016-2020

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

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 addresses all aspects of water supplies including, but not limited to, drinking water, private well water, reclaimed water, gray water, and 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

FY21 Program FTE: 8.79

FY21 Program Budget: \$827,529

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:

- Responding to citizen complaints or concerns
- Providing guidance/support to contamination incidents
- Participating 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 and were widely used in firefighting foams, which is a major source of groundwater contamination at airports and military bases where firefighting training occurs. Called "forever chemicals", these chemicals are very persistent in the environment and have been found in groundwater in Adams and Arapahoe Counties as well as other areas around the state. In 2018, TCHD worked with CDPHE, EPA, and the South Adams Water and Sanitation District (SACWSD) on a source investigation in the Commerce City area after the SACWSD detected PFAS contamination in multiple samples tested from raw water wells and treated water served to customers. While multiple sources appear to be contributing to the groundwater contamination, no private wells that are used for drinking have been found to be contaminated and the levels in the treated water served to the SACWSD customers are below the Health Advisory of 70 ppt (parts per trillion). TCHD continues to work with CDPHE to investigate other areas of Adams County based on a recent CDPHE statewide survey/testing of public water systems and fire district facilities. As a result of this survey/testing effort, CDPHE has identified 10 preliminary areas to target for additional PFAS investigation and testing. The investigation in other areas throughout Adams County will provide a greater understanding of where PFAS contamination is present in Adams County.

Water Program cont.

Recreational Water Program Metrics, 2016-2020

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

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

Water Program cont.

Waste Water Program Metrics, 2016-2020

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

In 2020, Adams County approved funding for an air quality position to support and advance the goals and objectives in Adams County related to improving air quality. This position works with Adams County environmental program staff, and community partners on county related air quality strategies and policy matters. These strategies address a broad array of emissions sources including but not limited to oil and gas development and other industrial sources. Through the support of Adams County, this position is able to:

Land Use Program

Funding/Revenue Source(s): Restricted grant funding

FY21 Program FTE: 6.10

FY21 Program Budget: \$657,374

AIR QUALITY SUPPORT

- Enhance regional coordination on air quality matters that impact Adams County
- Work with county staff to implement strategies to increase local air pollution monitoring in the most populated areas of the county and around areas of increased air pollution sources
- Assist county staff in addressing public concerns and anticipate/mitigate potential risks associated with air emissions from oil and gas development around populated areas

Land Use cont.

Land Use Program Metrics, 2016-2020

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

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 (Douglas County only) 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

FY21 Program FTE: 3.02
FY21 Program Budget: \$484,482

Solid and Hazardous Waste Program cont.

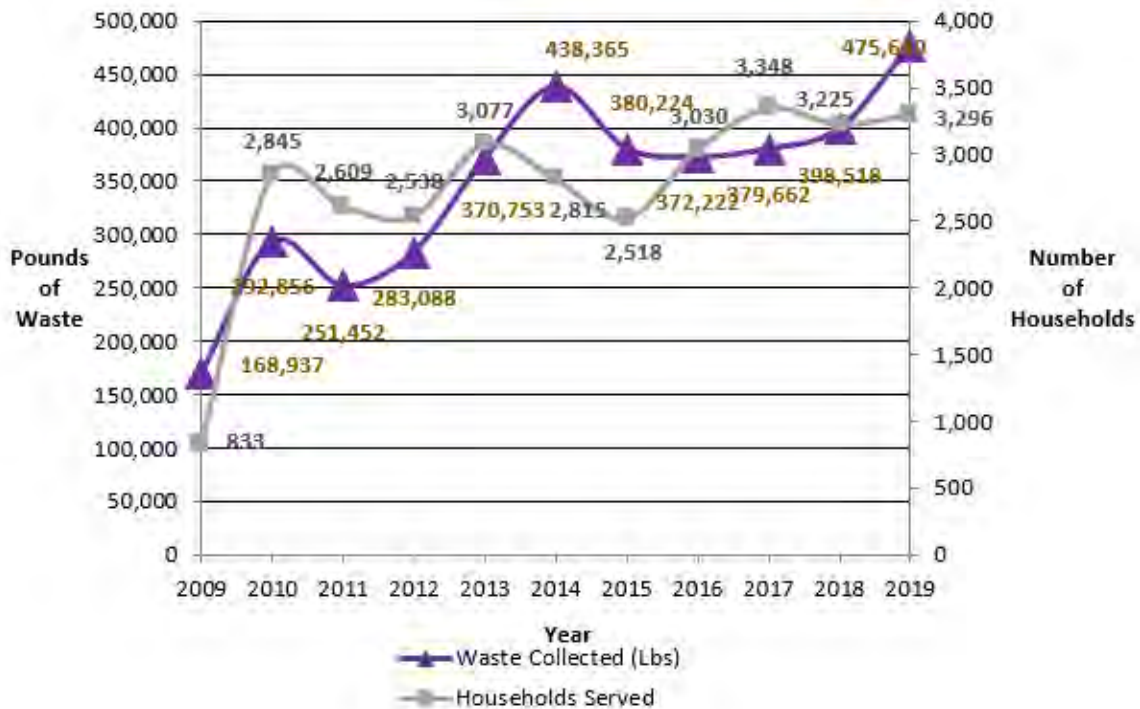
Solid and Hazardous Waste Program Metrics, 2016-2020

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

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.

Douglas County Household Chemical Roundup Statistics, Households Served and Waste Collected (Lbs), 2009-2019



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. The following services are conducted: investigation of complaints or inquiries; assistance in eliminating workplace health and safety hazards; follow up investigation for homes with children and high 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. TCHD has leveraged other state 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 is a colorless, odorless and tasteless natural gas which seeps into residential homes through the ground regardless of home build, shape or size. 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

FY21 Program FTE: 0.85

FY21 Program Budget: \$86,377

Industrial Hygiene Program Metrics, 2016-2020

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

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 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

FY21 Program FTE: 1.25

FY21 Program Budget: \$206,161

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, Hantavirushantavirus, and tularemia Colorado tick fever 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

FY21 Program FTE: 0.65

FY21 Program Budget: \$65,700

Vectorborne Surveillance Program Metrics, 2016-2020

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

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.

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

FY21 Division FTE: 136.11
FY21 Division Budget: \$15,717,141

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.

Division Operations

Funding/Revenue Source(s): General Funds

FY21 Program FTE: 8.29
FY21 Program Budget: \$1,210,467

Immunizations Program

This program provides immunizations to individuals of all ages to protect them from vaccine-preventable diseases. Immunizations are available every weekday and one Saturday per month. Clinics are held in TCHD offices and at community-based sites around the three-county region and appointments are coordinated through the TCHD Patient Services Call Center. The Immunization Program targets persons who are uninsured or underinsured. There is no residency or income requirement; although a \$22 administration fee is requested for each immunization, nobody is turned away for inability to pay.

Immunizations Program

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

FY21 Program FTE: 23.70
FY21 Program Budget: \$3,232,583
FY21 In-Kind Revenue (State-provided vaccine): \$1,040,000

Immunization Program Metrics, 2016-2020

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

Immunizations and Clinical Outbreak Response cont.

Immunization Program Metrics, 2016-2020 cont.

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

* 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.

Call Center

Clinic and customer support staff in the TCHD Call Center schedule appointments and screen clients for program qualifications pertaining to various nursing programs. These programs include services for Sexual Health, Immunizations, STI/HIV/Hepatitis C prevention, presumptive health insurance eligibility for children or pregnant women, and health insurance enrollment navigation. In addition to processing phone calls, clinic and customer support staff are routinely assigned to immunization clinics where they are responsible for checking clients in/out, pre-screening immunization records, checking insurance eligibility, accurately entering data into an electronic health record, collecting payments, and providing general program referral information.

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.

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 women and men and targets at-risk populations, including those who are under-served, 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 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

FY21 Program FTE: 29.41

FY21 Program Budget: \$3,232,583

FY21 In-Kind Revenue

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

Sexual Health Program Metrics, 2016-2020

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

Disease Prevention and Clinical Services Program – Sexual Health cont.

Sexual Health Program Metrics, 2016-2020 cont.

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

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

Senior Dental Program

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

FY21 Program FTE: 3.00

FY21 Program Budget: \$422,339

Nurse Home Visiting Program – Nurse Family Partnership

Nurse Family Partnership

Nurse-Family Partnership 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 COVID-19 pandemic, the Nurse Family Partnership program conducted fewer nurse home visits due to a shift to exclusive telehealth services in mid- March 2020, which has allowed for continuity of services for many families.

Nurse Family Partnership Program

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

FY21 Program FTE: 31.16

FY21 Program Budget: \$4,120,513

Nurse Family Partnership Program Metrics, 2016-2020

	2016	2017	2018	2019	2020
Total Number of Clients Served	684	790	743	708	716
Adams	212	218	209	204	220
Arapahoe	415	516	490	447	446
Douglas	57	56	44	57	50
Total Caseload	445	522	483	445	487
Adams	100	146	131	136	154
Arapahoe/Douglas	345	376	352	309	333
Total Number of Home Visits	7,567	7,996	7,821	6,692	1,346
Adams	2,228	2,160	2,057	1,802	379
Arapahoe	4,625	5,313	5,197	4,367	866
Douglas	714	523	567	523	101
Total Number of Telehealth Visits	965	1,069	1,033	757	6,447
Adams	339	404	367	215	1,915
Arapahoe	531	621	615	479	4,093
Douglas	35	44	51	63	439
Total Number of Direct Referrals*	2,162	3,037	1,019	1,026	959
Adams	546	1,163	382	344	289
Arapahoe	1,453	1,736	575	618	604
Douglas	163	138	62	64	66

Nurse Home Visiting Program – Nurse Family Partnership cont.

Nurse Family Partnership Program Metrics, 2016-2020 cont.

	2016	2017	2018	2019	2020
Total Number of Medicaid Referrals**	-	-	2,301	2,317	2,101
Adams	-	-	631	767	554
Arapahoe/Douglas	-	-	1,670	1,550	1,547

**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.*

Nurse Home Visiting Program

Adams County Nurse Support Contract Program

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

FY21 Program FTE: 6.60
FY21 Program Budget:
\$586,947

This program is a longstanding contract with the Adams County Human Services Department (ACHSD). ACHSD recognizes that public health nursing intervention can result in improved pregnancy outcomes, parenting knowledge, and enhanced self-sufficiency for families receiving benefits or involved with child welfare.

Arapahoe County Nurse Support Contract Program

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

FY21 Program FTE: 13.16
FY21 Program Budget:
\$1,282,556

The Arapahoe County Department of Human Services (ACDHS) recognizes that public health nursing intervention can result in improved pregnancy outcomes, parenting knowledge, and enhanced family self-sufficiency. The County also provides funds for public health nurses to work with child and adult welfare units, to provide professional assessments, and to act as liaison for families referred to human services.

Douglas County Nurse Support Contract Program

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

FY21 Program FTE: 1.54
FY21 Program Budget:
\$143,967

This program is the result of a new contract with the Douglas County Department of Human Services (DCDHS) to provide public health nursing intervention resulting in supporting and helping families stay together, prevention of out-of-home placements, reduction of unintended pregnancies, and provisioning of prenatal education and psychosocial support for pregnant women and their families

Nurse Home Visiting Program – Nurse Family Partnership cont.

Nurse Support Programs Metrics, 2016-2020

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

**2020 services numbers are reduced due to COVID-19 response

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

FY21 Program FTE: 0.75

FY21 Program Budget: \$66,984

Child Deaths Reviewed by Year, 2018-2020

	2018	2019	2020
Adams	21	23	24
Arapahoe	19	31	20
Douglas	13	5	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 26 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.

HCP Program

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

FY21 Program FTE: 4.86

FY21 Program Budget: \$487,864

HCP Program Metrics, 2019-2020

	2019	2020
Total Clients Served	243	131
Adams	85	44
Arapahoe	137	77
Douglas	17	18
Other	4	8
Referrals	298	155
Adams	119	52
Arapahoe	149	77
Douglas	25	18
Other	5	8

Public Health Nursing Clinical Education

TCHD's Public Health Nursing Clinical Education Program is primarily responsible for providing a wide variety of public health clinical education experiences for nursing students, thereby encouraging public health as a career development pathway and assisting in the coordination of professional development for division staff. This program leads student placements for contracted schools of nursing, provides latent tuberculosis case management to referred clients, coordinates ancillary nursing student placements, and participates on internal work groups including the Disease Intervention Field Team and the Public Health Incident Management Team.

Public Health Nursing Clinical Education Program

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

FY21 Program FTE: 0.60

FY21 Program Budget: \$65,664

Public Health Nursing Clinic Education Outcomes, 2019-2020

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

Regional Health Connectors

A new program, Regional Health Connectors (RHC), was introduced in Colorado beginning in 2016 with TCHD staffing this new program beginning in 2017. Between 2017 and 2019, the program was supported by funding from the Colorado State Innovation Model and EvidenceNOW Southwest. Since July 2019, the program has been supported through a grant from the University of Colorado and TCHD general funds. TCHD's RHC Program includes one RHC for each county.

Very broadly, RHCs are dedicated to improving the coordination of local services to advance health. Their aim is to build and strengthen networks of primary care, public health, human services, and community organizations working to improve health. RHCs do this by:

COORDINATION OF LOCAL SERVICES

- Connecting primary care providers and clinics with behavioral health and human services
- Developing and implementing local projects to advance community health through multi-sector collaborations in local communities
- Partnering with Quality Improvement Teams to help providers in the health care delivery system prepare for new models of care and reach performance goals and
- Recommending reliable community resources to improve health outcomes.

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

County	# Clinical Practices	# Interactions	# Group Interactions	Leadership Role
Adams	32	769	445	31%
Arapahoe	30	460	150	33%
Douglas	12	749	302	50%

Clinical Practices: number of unique clinical practices that RHCs provide technical assistance and resources

Interactions: number of unique activities related to working with individual external partners (meetings, telephone collaboration)

Group Interactions: coalitions, convenings, advisory boards, alliances, etc.

Leadership role: percentage of group interactions where RHC is serving in the leadership role. (convener or facilitator)

Unique to Arapahoe County: RHC provided direct care to clients in the Immunization Program at the Aurora East clinic .2 FTE/wk

Since inception, the RHC Program has provided significant staff capacity to respond to agency 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 have been fully activated in TCHD's COVID-19 Response since March 2020, including supporting work in community testing access, mass vaccination efforts, and community recovery efforts.

The following county specific links provide a more detailed breakdown of each RHC and their contributions (representative of work early 2020, prior to COVID):

REGIONAL HEALTH CONNECTORS ADDITIONAL INFORMATION

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

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.

Regional Health Connectors and Health Enrollment Team Program

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

FY21 Program FTE: 5.9

FY21 Program Budget: \$549,169

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 combatting 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, and 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.

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 application process, reducing the burden of navigating a complex system and ensuring individuals get coverage as quickly as possible;
- Co-locating with other types of organizations to ensure people can get enrollment assistance at a location that is convenient for them; and
- Helping thousands of people get enrolled in Medicaid or CHP+, with an average of 95% 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, Quarter 3 and Quarter 4 2020

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

Harm Reduction and HIV Prevention Program

This program focuses on the prevention and education of Human Immunodeficiency Virus (HIV) and Hepatitis C Virus. Providers in this program focus on individual screening, community education, and outreach to individuals affected by these infections. 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, and naloxone for individuals that use intravenous drugs and who are at-risk for HIV and Hepatitis C infection and overdose death. 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. Decrease in numbers in 2020 are due to COVID-19 restrictions.

Harm Reduction and HIV Prevention Program

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

FY21 Program FTE: 7.10

FY21 Program Budget: \$764,691

The Harm Reduction and HIV Prevention team has prioritized mobile/outreach-based interventions, actively removing barriers to care by meeting the most vulnerable residents where they are. This program delivers testing and prevention services in public libraries, shelters, correctional facilities, treatment centers, and encampments. Decreased numbers in 2020 are due to COVID-19 restrictions.

Disease Prevention Program Metrics, 2016-2020

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

Naloxone Reversal Rate, 2017-2020

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

Harm Reduction and HIV Prevention Program cont.

Syringe Access Program Metrics, 2018-2020

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

TCHD's Nutrition Division is comprised of five distinct programs, including Women, Infants, and Children (WIC); Hunger Free Outreach SNAP; Food Security; Bringing WIC 2 U; Baby and Me Tobacco Free; Breastfeeding Peer Counselors; 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

FY21 Division FTE: 68.41

FY21 Division Budget: \$6,397,257

Nutrition Division Administration

This core leadership team is responsible for oversight, planning, implementation, and evaluation of all Nutrition activities and programs. This 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 and leads efforts for the Public Health Improvement Plan around Health and Food.

Nutrition Division Administration

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

FY21 Program FTE: 1.90

FY21 Program Budget: \$167,408

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

The WIC program at TCHD provides monthly nutrition education, breastfeeding support, referrals and food benefit to over 20,500 women, infants, and children in TCHD's three counties through individual and group counseling sessions. There are 11 WIC clinic locations as well as a WIC presence with community partners (Children's Health Clinic and Stride), Human Services, housing authorities and food pantries. Over \$13.7 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. It is estimated that for every WIC dollar spent, clients spend an additional four dollars while at the store. WIC increases access to fresh fruits and vegetables through three community gardens with local partners to promote healthy eating and physical activity: Adams County School District 27J in Brighton, and Amazing Meadows Garden in Thornton. 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, nutrition education, breastfeeding promotion and support, education on healthy eating, and referrals to community partners to healthcare and critical social services, and obesity prevention. 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 WIC is effective and helps:

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

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

FY21 Program FTE: 61.13

FY21 Program Budget: \$5,768,434

**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 babies
- Reduce low and very low birthweight babies
- Reduce fetal and infant deaths
- Reduce the incidence of iron-deficiency anemia
- Increase the access to prenatal care earlier in pregnancy
- Increase pregnant women's consumption of key nutrients, such as iron, protein, and calcium and Vitamins A and C
- Increase immunization rates
- Improve diet quality
- Increase access to regular health care

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 and face-to-face SNAP application assistance at TCHD WIC offices, in grocery stores, and in medical provider offices. TCHD's goal for this grant is to complete 636 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 will 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.

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

WIC Benefits Spent by County and Number of Stores, TCHD Jurisdiction, 2017-2020

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

WIC Client Caseload by Office Location, TCHD Jurisdiction, 2016-2020

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

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

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

		2017	2018	2019	2020
Total Women (Pregnant, Breastfeeding, Not Breastfeeding)					
Adams	All Races	6,433	6,027	5,569	5,520
	American Indian or Alaska Native (Non Hispanic)	95	105	94	76
	Asian (Non Hispanic)	231	208	181	191
	Black (Non Hispanic)	312	332	303	329
	Native Hawaiian or Pacific Islander (Non Hispanic)	31	31	28	19
	Hispanic (Any Race)	4,142	3,846	3,624	3,574
	Two or More Races (Non Hispanic)	61	59	54	50
	Unknown Race	3	2	1	1
	White (Non Hispanic)	1,558	1,444	1,284	1,280
Arapahoe	All Races	5,341	5,069	4,903	4,772
	American Indian or Alaska Native (Non Hispanic)	88	92	66	67
	Asian (Non Hispanic)	308	304	292	268
	Black (Non Hispanic)	1,148	1,104	1,070	1,068
	Native Hawaiian or Pacific Islander (Non Hispanic)	52	61	58	52
	Hispanic (Any Race)	2,217	2,111	2,051	2,067
	Two or More Races (Non Hispanic)	177	154	155	142
	Unknown Race	1	3	2	
	White (Non Hispanic)	1,350	1,240	1,209	1,108
Douglas	All Races	504	597	557	572
	American Indian or Alaska Native (Non Hispanic)	3	8	3	4
	Asian (Non Hispanic)	22	30	37	27
	Black (Non Hispanic)	17	26	31	29
	Native Hawaiian or Pacific Islander (Non Hispanic)	2	3	3	5
	Hispanic (Any Race)	134	159	155	168
	Two or More Races (Non Hispanic)	10	16	20	18
	Unknown Race				
	White (Non Hispanic)	316	355	308	321

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
Total Infants and Children					
Adams	All Races	13,892	13,775	12,916	12,415
	American Indian or Alaska Native (Non Hispanic)	252	304	286	247
	Asian (Non Hispanic)	479	481	428	389
	Black (Non Hispanic)	671	728	719	692
	Native Hawaiian or Pacific Islander (Non Hispanic)	69	57	48	42
	Hispanic (Any Race)	9,502	9,296	8,734	8,349
	Two or More Races (Non Hispanic)	217	215	220	228
	Unknown Race	1		4	5
	White (Non Hispanic)	2,701	2,694	2,477	2,463
	Arapahoe	All Races	11,550	11,325	11,139
American Indian or Alaska Native (Non Hispanic)		234	253	249	260
Asian (Non Hispanic)		700	647	590	566
Black (Non Hispanic)		2,408	2,449	2,477	2,361
Native Hawaiian or Pacific Islander (Non Hispanic)		97	117	113	111
Hispanic (Any Race)		5,358	5,125	4,948	4,890
Two or More Races (Non Hispanic)		565	554	569	553
Unknown Race			4	5	
White (Non Hispanic)		2,188	2,176	2,188	2,091
Douglas		All Races	1,163	1,289	1,379
	American Indian or Alaska Native (Non Hispanic)	7	13	8	8
	Asian (Non Hispanic)	33	38	57	53
	Black (Non Hispanic)	34	46	59	64
	Native Hawaiian or Pacific Islander (Non Hispanic)	3	2	4	10
	Hispanic (Any Race)	369	400	435	453
	Two or More Races (Non Hispanic)	71	82	105	109
	Unknown Race				
	White (Non Hispanic)	646	708	711	721
	Total Participants				
Adams	All Races	20,325	19,802	18,485	17,935
Arapahoe	All Races	16,891	16,394	16,042	15,604
Douglas	All Races	1,667	1,886	1,936	1,990

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, 2017-2020

Prenatal WIC Participation	2017		2018		2019	
	Yes	No	Yes	No	Yes	No
Adams County						
Low	196 (8.6%)	118 (11.1%)	165 (8.0%)	142 (14.4%)	171 (8.9%)	136 (13.5%)
Normal	1983 (86.6%)	897 (84.7%)	1811 (87.6%)	807 (81.7%)	1666 (86.5%)	826 (82.0%)
High	112 (4.9%)	44 (4.2%)	91 (4.4%)	39 (3.9%)	89 (4.6%)	45 (4.5%)
Arapahoe County						
Low	159 (9.3%)	157 (15.7%)	182 (10.9%)	137 (15.2%)	173 (10.9%)	143 (14.6%)
Normal	1469 (86.4%)	797 (79.7%)	1405 (84.0%)	729 (3.8%)	1340 (84.6%)	806 (82.4%)
High	73 (4.3%)	46 (11.1%)	86 (5.1%)	34 (3.8%)	70 (4.4%)	29 (3.0%)
Douglas County						
Low	15 (11.1%)	19 (13.8%)	15 (8.9%)	16 (12.0%)	16 (9.6%)	28 (20.1%)
Normal	115 (85.2%)	109 (79.0%)	150 (89.3%)	114 (85.7%)	142 (85.5%)	108 (77.7%)
High	5 (13.8%)	10 (7.2%)	3 (2.3%)	3 (2.3%)	8 (4.8%)	3 (2.2%)

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. In 2020, the position helped to lead and coordinate weekly produce boxes with a local farmer to 51 WIC families out of the North Broadway location. The Food Security position also coordinates and markets the TCHD Community Gardens and helps to lead, implement, coordinate the Healthy Farmer's Markets in collaboration with American Heart Association, Anythink Libraries, City of Thornton and Lulu's Farms (including Adams County CARES dollars). This 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

FY21 Program FTE: 0.95

FY21 Program Budget: \$80,000

Breastfeeding Peer Counselors

Breastfeeding rates among WIC participants are lower than average non-WIC participants. The Breastfeeding Peer Counselors 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

FY21 Program FTE: 3.28
FY21 Program Budget: \$224,067

Breastfeeding Peer Counselors Metrics, 2016-2020

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

WIC Program Breastfeeding Initiation and Duration, TCHD Jurisdiction, 2016-2020

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

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, or 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.

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

FY21 Program FTE: 0.185
FY21 Program Budget: \$20,852

Baby and Me Tobacco Free cont.

Baby and Me Tobacco Free Program Metrics, 2016-2020

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

*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 100% 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. The chart below indicates the percentage of interns who work in the public health sector after graduation. Currently, six of 30 graduates from the past five years are working for TCHD.

Dietetic Internship

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

FY21 Program FTE: 1.00

FY21 Program Budget: \$136,496

Dietetic Internship and Retention in the Field of Public Health by Year, 2016-2020

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

Appendix A: Resolutions Forming TCHD

STATE OF COLORADO)
 COUNTY OF ADAMS)

At a regular meeting of the Board of County Commissioners for Adams County, Colorado, held at the Administration Building in Brighton, Colorado on the 4th day of March, 2009 there were present:

Larry W. Pnce _____	Chairman
Alice J. Nichol _____	Commissioner
W.R. "Skip" Fischer _____	Commissioner
Hal B. Warren _____	County Attorney
Kristen Hood, Deputy _____	Clerk of the Board

when the following proceedings, among others were held and done, to-wit:

RESOLUTION RE-ESTABLISHING THE TRI-COUNTY HEALTH DEPARTMENT AS THE PUBLIC HEALTH AGENCY OF ADAMS COUNTY, AND RE-APPOINTING THE MEMBERS OF THE BOARD OF HEALTH

WHEREAS, the Board of County Commissioners of Adams County recognizes the vital importance of having a public health agency to protect the health of all our people; and

WHEREAS, the Tri-County Health Department is the district health department which currently provides the public health services for Adams County, Arapahoe County and Douglas County, Colorado; and

WHEREAS, the Tri-County Health Department has been the district health department for Adams County since 1947; and

WHEREAS, public health services in Colorado have been restructured with the passage of the Colorado Public Health Reauthorization Act, as set forth in Senate Bill 08-194, which was signed into law on June 3, 2008; and

WHEREAS, the Colorado Public Health Reauthorization Act requires the re-establishment of the Tri-County Health Department as Adams County's public health agency, and the re-appointment of Adams County's members serving on the re-organized Board of Health of the Tri-County Health Department; and

WHEREAS, upon re-establishment by Adams County, Arapahoe County and Douglas County, Tri-County Health Department shall function as a District Public Health Agency pursuant to §25-1-506 of the Colorado Revised Statutes.

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of Adams County, Colorado, does hereby re-establish the Tri-County Health Department as the public health agency of Adams County, with all the powers and duties of a District Public Health Agency as set forth in the statutes of the state of Colorado, including but not being limited by, the powers and duties as set forth in §25-1-506 of the Colorado Revised Statutes, as amended, or hereafter amended.

BE IT FURTHER RESOLVED that pursuant to the provisions of §25-1-508 of the Colorado Revised Statutes, that the District Board of Health for the Tri-County Health Department shall be composed of nine members and that each County member of the Tri-County Health Department shall have the authority to appoint three members to said Board of Health

Appendix A: Resolutions Forming TCHD cont.

BE IT FURTHER RESOLVED that the Board of Health of the Tri-County Health Department shall have all powers and duties set forth in the statutes of the state of Colorado, including but not being limited by, the powers and duties as set forth in §25-1-508 of the Colorado Revised Statutes, as amended, or as hereafter amended;

BE IT FURTHER RESOLVED that the re-establishment of the Tri-County Health Department pursuant to the action mandated by the provisions of §25-1-506 of the Colorado Revised Statutes shall not be deemed to be a termination of any pre-existing contract, the cessation of any existing legal obligation or the abandonment of any existing legal right of the Tri-County Health Department.

Upon motion duly made and seconded the foregoing resolution was adopted by the following vote:

Pace	_____	Aye
Nichol	_____	Excused
Fischer	_____	Aye
		Commissioners

STATE OF COLORADO)
County of Adams)

I, Karen Long, County Clerk and ex-officio Clerk of the Board of County Commissioners in and for the County and State aforesaid do hereby certify that the annexed and foregoing Order is truly copied from the Records of the Proceedings of the Board of County Commissioners for said Adams County, now in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said County, at Brighton, Colorado this 4th day of March, A.D. 2009.

County Clerk and ex-officio Clerk of the Board of County Commissioners
Karen Long:



By:



Deputy

Appendix A: Resolutions Forming TCHD cont.

STATE OF COLORADO }
 COUNTY OF ARAPAHOE } ss.

At a regular meeting of the Board of County Commissioners for Arapahoe County, Colorado held in the Administration Building, Littleton, Colorado on Tuesday the 24th day of February 2009, there were present:

Susan Beckman, Chair	Present
Jim Dyer, Chair Pro-Tem	Present
Rod Bockenfeld, Commissioner	Present
Frank Weddig, Commissioner	Present
Pat Noonan, Commissioner	Present
Kathryn L. Schroeder, County Attorney	Present
John E. Bush, Jr., Deputy County Attorney	Present
Nancy A. Doty, Clerk to the Board	Absent & Excused
Joleen Sanchez, Assistant Clerk to the Board	Present

when the following proceedings, among others, were had and done, to-wit:

RESOLUTION NO. 090190 It was moved by Commissioner Dyer and duly seconded by Commissioner Weddig to adopt the following resolution:

WHEREAS, the Board of County Commissioners of Arapahoe County recognizes the vital importance of having a public health agency to protect the health of all our people; and

WHEREAS, the Tri-County Health Department is the district health department which currently provides the public health services for Adams County, Arapahoe County and Douglas County, Colorado; and

WHEREAS, the Tri-County Health Department has been the district health department for Arapahoe County since 1948; and

WHEREAS, public health services in Colorado have been restructured with the passage of the Colorado Public Health Reauthorization Act, as set forth in Senate Bill 08-194, which was signed into law on June 3, 2008; and

WHEREAS, the Colorado Public Health Reauthorization Act requires the re-establishment of the Tri-County Health Department as Arapahoe County's public health agency, and the re-appointment of Arapahoe County's members serving on the re-organized Board of Health of the Tri-County Health Department; and

WHEREAS, upon re-establishment by Adams County, Arapahoe County and Douglas County, Tri-County Health Department shall function as a District Public Health Agency pursuant to §25-1-506 of the Colorado Revised Statutes.

Appendix A: Resolutions Forming TCHD cont.

NOW, THEREFORE, BE IT RESOLVED that the Board of Commissioners of Arapahoe County, Colorado, does hereby re-establish the Tri-County Health Department as the public health agency of Arapahoe County, with all the powers and duties of a District Public Health Agency as set forth in the statutes of the state of Colorado, including but not being limited by, the powers and duties as set forth in §25-1-506 of the Colorado Revised Statutes, as amended, or hereafter amended.

BE IT FURTHER RESOLVED that pursuant to the provisions of §25-1-508 of the Colorado Revised Statutes, that the District Board of Health for the Tri-County Health Department shall be composed of nine members and that each County member of the Tri-County Health Department shall have the authority to appoint three members to said Board of Health

BE IT FURTHER RESOLVED that the Board of Health of the Tri-County Health Department shall have all powers and duties set forth in the statutes of the state of Colorado, including but not being limited by, the powers and duties as set forth in §25-1-508 of the Colorado Revised Statutes, as amended, or as hereafter amended;

BE IT FURTHER RESOLVED that the re-establishment of the Tri-County Health Department pursuant to the action mandated by the provisions of §25-1-506 of the Colorado Revised Statutes shall not be deemed to be a termination of any pre-existing contract, the cessation of any existing legal obligation or the abandonment of any existing legal right of the Tri-County Health Department.

The vote was:

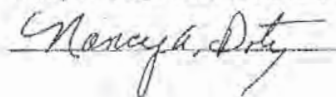
Commissioner Beckman, Yes; Commissioner Bockenfeld, Yes; Commissioner Dyer, Yes; Commissioner Noonan, Yes; Commissioner Weddig, Yes.

The Chair declared the motion carried and so ordered.

I, Nancy A. Doty, County Clerk and ex-officio Clerk of the Board of County Commissioners in and for the County and State aforesaid, do hereby certify that the annexed and foregoing Order is truly copied from the records of the proceedings of the Board of County Commissioners for said Arapahoe County, now in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said County, at Littleton, Colorado this 11th day of March 2009.

Nancy A. Doty, Clerk to the Board



Appendix A: Resolutions Forming TCHD cont.

OFFICIAL RECORDS
DOUGLAS COUNTY CO
JACK ARROWSMITH
CLERK & RECORDER
RECORDING FEE: \$0.00
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2009012247
02/25/2009 09:19 AM

RESOLUTION NO. R-009-039



**THE BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF DOUGLAS, COLORADO**

**RESOLUTION RE-ESTABLISHING THE TRI-COUNTY HEALTH DEPARTMENT
AS THE PUBLIC HEALTH AGENCY OF DOUGLAS COUNTY, AND
RE-APPOINTING THE MEMBERS OF THE BOARD OF HEALTH**

WHEREAS, the Douglas County Board of Commissioners recognizes the vital importance of having a public health agency to protect the health of all our people; and

WHEREAS, the Tri-County Health Department is the district health department which currently provides the public health services for Adams County, Arapahoe County and Douglas County, Colorado; and

WHEREAS, the Tri-County Health Department has been the district health department for Douglas County since 1966; and

WHEREAS, public health services in Colorado have been restructured with the passage of the Colorado Public Health Reauthorization Act, as set forth in Senate Bill 08-194, which was signed into law on June 3, 2008; and

WHEREAS, the Colorado Public Health Reauthorization Act requires the re-establishment of the Tri-County Health Department as Douglas County's public health agency, and the re-appointment of Douglas County's members serving on the re-organized Board of Health of the Tri-County Health Department; and

WHEREAS, upon re-establishment by Adams County, Arapahoe County and Douglas County, Tri-County Health Department shall function as a District Public Health Agency pursuant to §25-1-506 of the Colorado Revised Statutes.

NOW, THEREFORE, BE IT RESOLVED that the Douglas County Board of Commissioners does hereby re-establish the Tri-County Health Department as the public health agency of Douglas County, with all the powers and duties of a District Public Health Agency as set forth in the statutes of the state of Colorado, including but not being limited by, the powers and duties as set forth in §25-1-506 of the Colorado Revised Statutes, as amended, or hereafter amended;

BE IT FURTHER RESOLVED that pursuant to the provisions of §25-1-508 of the Colorado Revised Statutes, that the District Board of Health for the Tri-County Health Department shall be composed of nine members and that each County member of the Tri-County Health Department shall have the authority to appoint three members to said Board of Health

BE IT FURTHER RESOLVED that the Board of Health of the Tri-County Health Department shall have all powers and duties set forth in the statutes of the state of Colorado,

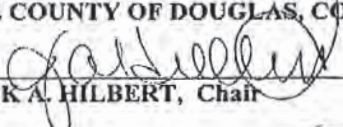
Appendix A: Resolutions Forming TCHD cont.

including but not being limited by, the powers and duties as set forth in §25-1-508 of the Colorado Revised Statutes, as amended, or as hereafter amended;

BE IT FURTHER RESOLVED that the re-establishment of the Tri-County Health Department pursuant to the action mandated by the provisions of §25-1-506 of the Colorado Revised Statutes shall not be deemed to be a termination of any pre-existing contract, the cessation of any existing legal obligation or the abandonment of any existing legal right of the Tri-County Health Department.

PASSED AND ADOPTED this 24th day of February, 2009, in Castle Rock, Douglas County, Colorado.

**THE BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF DOUGLAS, COLORADO**

BY: 
JACK A. HILBERT, Chair

ATTEST:

Melissa Pelletier, Deputy Clerk



Appendix A: Resolutions Forming TCHD cont.

AGREEMENT RELATING TO
ENLARGEMENT OF THE TRI-COUNTY
DISTRICT HEALTH DEPARTMENT

THIS AGREEMENT is made and entered into by the Board of County Commissioners of the County of Adams, the Board of County Commissioners of the County of Arapahoe and the Board of County Commissioners of the County of Douglas, all of the State of Colorado,

WITNESSETH,

WHEREAS the Tri-County District Health Department has been established and maintained by the said Boards of Commissioners of the Counties of Adams and Arapahoe as a district health department pursuant to the resolutions of such boards and in accordance with the provisions of Article 2 of Chapter 86, Colorado Revised Statutes of 1963, and

WHEREAS the said Board of Commissioners of the County of Douglas has heretofore determined that it is in the best interests of the County of Douglas to become a part of such Tri-County District Health Department, and

WHEREAS 66-2-11 (1), Colorado Revised Statutes of 1963 provides,

"Any county adjacent to a district maintaining a district health department may become a part of such district by agreement between its board of county commissioners and the boards of county commissioners of the counties comprising the district. Any such county upon being accepted into the district, shall thereupon become subject to all the provisions of this article as though it were originally a part of the district."

and,

WHEREAS each of the said Boards of County Commissioners have by separate resolutions determined that it is in the best interests of their respective counties and for the general public welfare, health and safety of the inhabitants thereof that the Tri-County District Health Department be enlarged to include the adjacent County of Douglas,

NOW, THEREFORE, in consideration of the premises and by virtue of the statutory provisions providing for the same, it is hereby agreed by the Boards of County Commissioners of the Counties of Adams and Arapahoe comprising the Tri-County District Health Department and the Board of County Commissioners of the County of Douglas that the County of Douglas shall be and become as of the first day of January, 1966, a part of the Tri-County District Health Department, and thereupon subject to all of the provisions of Article 2, Chapter 89, of the

Appendix A: Resolutions Forming TCHD cont.

Colorado Revised Statutes of 1963, as amended, and as though and to the extent that the County of Douglas were originally a part of the Tri-County District Health Department.

This Agreement shall be deemed as made and entered into on the date of the execution hereof by the last Board of County Commissioners being a party hereto, and pursuant to the authority and direction of separate Resolutions duly and regularly adopted by such Boards of Commissioners.

Executed this 15th day of December, 1965, by

ATTEST:

BOARD OF COUNTY COMMISSIONERS
County of Adams

[Signature]
County Clerk

By [Signature]
Chairman

Executed this 20th day of December, 1965, by

ATTEST:

BOARD OF COUNTY COMMISSIONERS
County of Arapahoe

[Signature]
County Clerk

By [Signature]
Chairman

Executed this 20th day of December, 1965, by

ATTEST:

BOARD OF COUNTY COMMISSIONERS
County of Douglas

[Signature]
County Clerk

By [Signature]
Chairman

Appendix A: Resolutions Forming TCHD cont.

Public Health 211A
October 7, 1953

Sherman Warburton

SEMINAR IN SANITATION

The Organization and Authority
Under Which the Tri-County District Health Department
Within the State of Colorado Was Created

The Tri-County District Health Department in Colorado was organized under the authority as established by Senate Bill 83, enacted by the 36th (1948) General Assembly of the State of Colorado.

In short review this bill established the right of any county or any two or more adjacent counties to create a county or district health department, whichever the case may be, by resolution of the Boards of County Commissioners of the respective counties. The departments created must consist of a Board of Health, a Public Health Officer, and all other personnel employed under the provision of the Act.

The Act provides that every District Board of Health shall consist of a seven member Board to be appointed by a committee composed of one member of each of the Boards of County Commissioners. Each member of the Board must be a resident of any one of the counties comprising the district. Appointments must be made so that no one business or professional group shall constitute a majority.

The Board at its organization meeting shall elect from its members a president and other such officers as determined. The officers and members of the Board shall serve without compensation but can be reimbursed for actual expenses. Regular meetings of the Board must be held at least once every three months and at such times and places as fixed by resolution of the Board. Special meetings can be called on twenty-four hour's notice and a majority shall constitute a quorum.

Appendix A: Resolutions Forming TCHD cont.

Public Health 211A
October 7, 1953

-2-

Sherman Warburton

The jurisdiction of any District Health Department extends over all unincorporated areas and over all municipal corporations within the territorial limits of the counties comprising the District, but not over municipal corporations which have a population in excess of 25,000 and which maintain its own Health Department unless the governing body of the corporation makes an agreement with the District Board of Health to merge its department with the District Health Department.

The administrative and executive head of each District Health Department is the Public Health Officer who shall be appointed by the Board of Health and will be employed full-time and receive such compensation and expense allowances as fixed by the Board. All other personnel required by the Department shall be appointed, compensated and shall perform such duties as prescribed by the Public Health Officer.

The powers and duties of a District Health Department are imposed upon it by law.

The powers and duties of a District Board of Health are imposed upon it by law.

The powers and duties of a Public Health Officer are:

1. To administer and enforce all public health laws of the State; the orders, rules, regulations and standards of the State Board of Health; and the orders, rules and regulations of the District Board of Health.
2. To exercise all powers and duties conferred and imposed upon District Health Departments.
3. To hold hearings, administer oaths, subpoena witnesses and take testimony in matters relating to the exercise and performance of the powers imposed upon him.
4. Act as the local Registrar of Vital Statistics.

Appendix A: Resolutions Forming TCHD cont.

Public Health 211A
October 7, 1953

-3-

Sherman Werburton

District Health Department funds may come from the general funds of counties comprising the District, from monies received from State, Federal or other grants or donations for local health purposes, or from monies received from a mill levy which is authorized by the Act.

If cause for legal action is necessary to bring about enforcement of any provision of the Act, such action must be requested by the Public Health Officer and the District Attorney of the judicial district in which a cause for action may arise, shall bring the action either civil or criminal. Judicial review of all decisions is provided for if any person or persons is aggrieved by a Board of Health or Public Health Officer acting under the provisions of the Act.

The Tri-County District Health Department was created and organized on January, 1948 under the provisions of this Act. The Department serves an area which covers 2,961 square miles with an estimated population of 200,000. There are 38 members on the staff, including a Medical Director, 21 Public Health Nurses, 11 Sanitarians and five Secretaries; working from a central office and four branch offices. The Public Health Nursing program includes family health, child health conferences, tuberculosis (including traveling diagnostic clinics), crippled children clinics, prenatal and maternal clinics, and convalescent home supervision. Sanitation programs include water and sewage (both community and individual), milk and food, plumbing, swimming pools, trailer camps, schools, insect and rodent control, rabies control, street pollution, garbage and refuse, civil defense and education.

The Tri-County District Health Department is required by law to enforce all orders, rules, regulations, and standards of the State Health Department but has the authority to supersede any one or all providing any order, rule, regulation, or standard superseded is for the general welfare and health of

Appendix A: Resolutions Forming TCHD cont.

Public Health 211A
October 7, 1953

-1-

Samson Warburton

the populous as a whole.

The State Health Department provides consulting services to the local units and such direct services as requested, and is required by law to provide direct services to all areas of the State not under the jurisdiction of local health units.

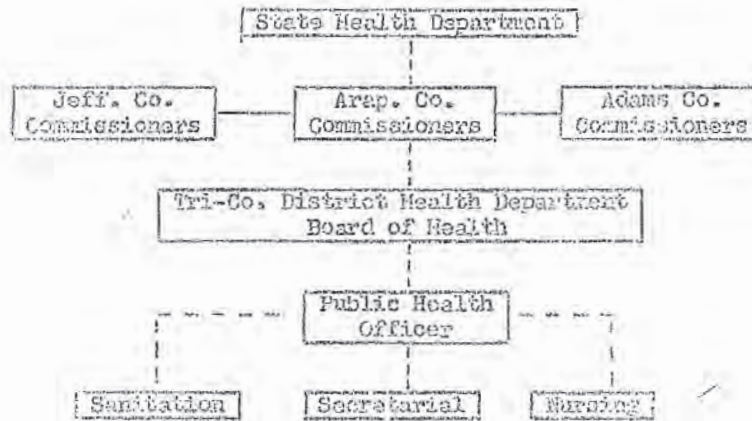
Appendix A: Resolutions Forming TCHD cont.

Public Health 21ka
October 7, 1953

-5-

Shirley Warburton

TRI-COUNTY DISTRICT HEALTH DEPARTMENT ORGANIZATION CHART



Appendix A: Resolutions Forming TCHD cont.

Resolution forming Tri-County Health Dept.

RESOLUTION

D. V. Peer, offered the following Resolution and moved its adoption; seconded by *Mr. Bradley* to wit:

RESOLUTION OF THE BOARD OF HEALTH OF THE TRI-COUNTY DISTRICT HEALTH DEPARTMENT WITHIN THE AREAS OF THE COUNTIES OF ADAMS, ARAPAHOE AND JEFFERSON IN THE STATE OF COLORADO, PROVIDING FOR RULES AND REGULATIONS NECESSARY FOR THE IMMEDIATE PROTECTION OF THE PUBLIC HEALTH AGAINST NUISANCES, SOURCES OF FILTH AND CAUSES OF SICKNESS AND THE CONTROL OF DISEASE

The following resolution was unanimously adopted by the affirmative vote of all the members of the Board of Health of the Tri-County District Health Department, this 12 day of December, 1947.

WHEREAS, the Board of Health of the Tri-County District Health Department is by virtue of the statutes of the State of Colorado, empowered to make such regulations respecting nuisances, sources of filth, causes of epidemics and diseases, sources of filth, and to initiate and carry out health programs necessary for the protection of the public health and safety, and

WHEREAS, it is the opinion of all the members of the Board that an emergency exists in the proper protection of the public health and the control of diseases and that regulations respecting these matters should be immediately enacted for the preservation and protection of the public health,

NOW, THEREFORE, BE IT RESOLVED by the Board of Health of the Tri-County District Health Department that the following rules and regulations from this time shall be in full force and effect:

That each and every regulation, ordinance, rule, resolution or other health enactment pertaining to the public health, respecting nuisances, sources of filth, causes and control of epidemics and diseases of any City, Town, County or Municipality within the Counties of Adams, Arapahoe, or Jefferson, in the State of Colorado, which was in effect and force at the time of the creation of The Tri-County Health Department, and all of the rules and regulations of local boards of health existing therein at such time and which were then in full force and effect, are hereby adopted and made as the rules and regulations of this Board for the areas in which the same were adopted and prescribed.

BE IT FURTHER RESOLVED that such rules and regulations shall remain in full force and effect until by this Board specifically amended, altered, repealed or changed, either separately or en toto, and shall be enforced by the Public Health Officer of the Tri-County District Health Department in and for the areas in which the same were originally enacted.

Appendix B: 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 B: 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 C: 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 C: 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 C: 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 C: 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 C: 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 D: List of Partnerships and Coalitions by County

Public Health Improvement Plan Priority Areas				
Total number 303 partners	Access to Care 102 partners	Mental Health 45 partners	Health and Food 83 partners	Health and Housing 25 partners

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 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
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 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
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 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
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 Colorado	Statewide	Non-profit - Policy, Advocacy, Research					
Healthy 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 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
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 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
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 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
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					