



# ADAMS COUNTY

**COLORADO**  
BOARD OF COUNTY COMMISSIONERS

Eva J. Henry - District #1  
Charles "Chaz" Tedesco - District #2  
Erik Hansen - District #3  
Steve O'Dorisio - District #4  
Mary Hodge - District #5

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STUDY SESSION AGENDA  
TUESDAY  
April 25, 2017

*ALL TIMES LISTED ON THIS AGENDA ARE SUBJECT TO CHANGE.*

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|            |                       |   |
|------------|-----------------------|---|
| 10:30 A.M. | ATTENDEE(S):<br>ITEM: | Eliza Schultz<br>Legislative Working Group  |
| 11:15 A.M. | ATTENDEE(S):<br>ITEM: | Tri-County Health Department Board Members<br>Tri-County Health Department Update   |
| 12:15 P.M. | ATTENDEE(S):<br>ITEM: | David Ball / Sean Braden<br>Human Services Center – Project Update  |
| 12:45 P.M. | ATTENDEE(S):<br>ITEM; | Raymond Gonzales / Chris Kline / Joelle Greenland<br>Homeless Assessment Study  |
| 1:45 P.M.  | ATTENDEE(S):<br>ITEM: | Raymond Gonzales<br>Administrative Item Review / Commissioner<br>Communications   |
| 2:15 P.M.  | ATTENDEE(S):<br>ITEM: | Heidi Miller<br>Executive Session Pursuant to C.R.S. 24-6-402(4)(b)<br>and (e) for the Purpose of Receiving Legal Advice<br>and Advising Negotiators Regarding Soper Case |

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

\*\*\*AGENDA IS SUBJECT TO CHANGE\*\*\*



## STUDY SESSION AGENDA ITEM

|  |
|--|
| <b>DATE:</b> 4/25/17   |
| <b>SUBJECT:</b> Legislative Working Group (LWG) – General Assembly Legislative Review  |
| <b>FROM:</b> Jeanne Shreve   |
| <b>AGENCY/DEPARTMENT:</b> Intergovernmental Relations Office, County Manager’s Office  |
| <b>ATTENDEES:</b> Eliza Schultz, Jeanne Shreve, LWG  |
| <b>PURPOSE OF ITEM:</b> Brief BoCC on previous week’s General Assembly legislation of relevance to the County, and obtain County stances on said legislation |
| <b>STAFF RECOMMENDATION:</b> Review, discussion, and obtain County stances on legislation  |

### **BACKGROUND:**

The First Regular Session of the Seventy-first Colorado General Assembly convened on January 11, 2017. These Study Sessions will review, with the BoCC, the pertinent legislation introduced the previous week in order for the BoCC to take official County positions on each piece of relevant legislation.

### **AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:**

Intergovernmental Relations Office, Legislative Working Group, County Manager’s Office

### **ATTACHED DOCUMENTS:**

**FISCAL IMPACT:**

Please check if there is no fiscal impact . If there is fiscal impact, please fully complete the section below.

**Fund:**

**Cost Center:**

|  | <b>Object Account</b> | <b>Subledger</b> | <b>Amount</b> |
|--|-----------------------|------------------|---------------|
| Current Budgeted Revenue:                          |                       |                  |               |
| Additional Revenue not included in Current Budget: |                       |                  |               |
| <b>Total Revenues:</b>                             |                       |                  |               |

|   | <b>Object Account</b> | <b>Subledger</b> | <b>Amount</b> |
|---|-----------------------|------------------|---------------|
| Current Budgeted Operating Expenditure:                     |                       |                  |               |
| Add'l Operating Expenditure not included in Current Budget: |                       |                  |               |
| Current Budgeted Capital Expenditure:                       |                       |                  |               |
| Add'l Capital Expenditure not included in Current Budget:   |                       |                  |               |
| <b>Total Expenditures:</b>                                  |                       |                  |               |


New FTEs requested:  YES  NO


Future Amendment Needed:  YES  NO

**Additional Note:**

**APPROVAL SIGNATURES:**

**APPROVAL OF FISCAL IMPACT:**

  
\_\_\_\_\_  
Raymond H. Gonzales, Interim County Manager

  
\_\_\_\_\_  
Nancy Duncan  
Budget / Finance

\_\_\_\_\_  
Bryan Ostler, Interim Deputy County Manager



## STUDY SESSION AGENDA ITEM

|   |
|---|
| <b>DATE:</b> April 25, 2017   |
| <b>SUBJECT:</b> Tri-County Board of Health Director and staff Update  |
| <b>FROM:</b> Dr. John Douglas   |
| <b>AGENCY/DEPARTMENT:</b> Tri-County Health Department  |
| <b>ATTENDEES:</b> TCHD Board Members Rosanna Reyes, Carole Adducci, Naomi Steenson, accompanied by Dr. John Douglas, Executive Director, Jennifer Ludwig, Interim Deputy Director   |
| <b>PURPOSE OF ITEM:</b> First 15 minutes will be TCHD board only. TCHD staff then joins conversation, focusing on current health issues and TCHD activities related to mental health and substance abuse & implications of ACA repeal on county programs. |
| <b>STAFF RECOMMENDATION:</b> Informational only   |

### **BACKGROUND:**

Tri-County Health quarterly update, focusing on current health issues and current TCHD activities.

### **AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:**

Community & Economic Development, Planning

### **ATTACHED DOCUMENTS:**

Presentation

**FISCAL IMPACT:**

Please check if there is no fiscal impact . If there is fiscal impact, please fully complete the section below.

**Fund:**

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**Cost Center:**

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|  | <b>Object Account</b> | <b>Subledger</b> | <b>Amount</b> |
|--|-----------------------|------------------|---------------|
| Current Budgeted Revenue:                          |                       |                  |               |
| Additional Revenue not included in Current Budget: |                       |                  |               |
| <b>Total Revenues:</b>                             |                       |                  | <hr/>         |

|   | <b>Object Account</b> | <b>Subledger</b> | <b>Amount</b> |
|---|-----------------------|------------------|---------------|
| Current Budgeted Operating Expenditure:                     |                       |                  |               |
| Add'l Operating Expenditure not included in Current Budget: |                       |                  |               |
| Current Budgeted Capital Expenditure:                       |                       |                  |               |
| Add'l Capital Expenditure not included in Current Budget:   |                       |                  |               |
| <b>Total Expenditures:</b>                                  |                       |                  | <hr/>         |

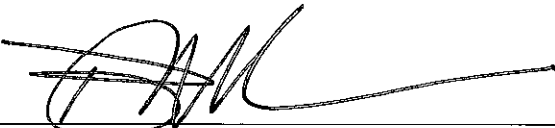
New FTEs requested:                     YES             NO

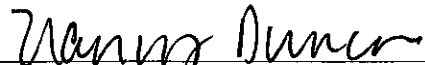
Future Amendment Needed:             YES             NO

**Additional Note:**

**APPROVAL SIGNATURES:**

**APPROVAL OF FISCAL IMPACT:**

  
\_\_\_\_\_  
Raymond H. Gonzales, Interim County Manager

  
\_\_\_\_\_  
Nancy Dunbar  
Budget / Finance

\_\_\_\_\_  
Bryan Ostler, Interim Deputy County Manager

# Tri-County Health Department Adams County Commissioner Briefing

John M. Douglas, Jr., MD

Executive Director

Tri-County Health Department

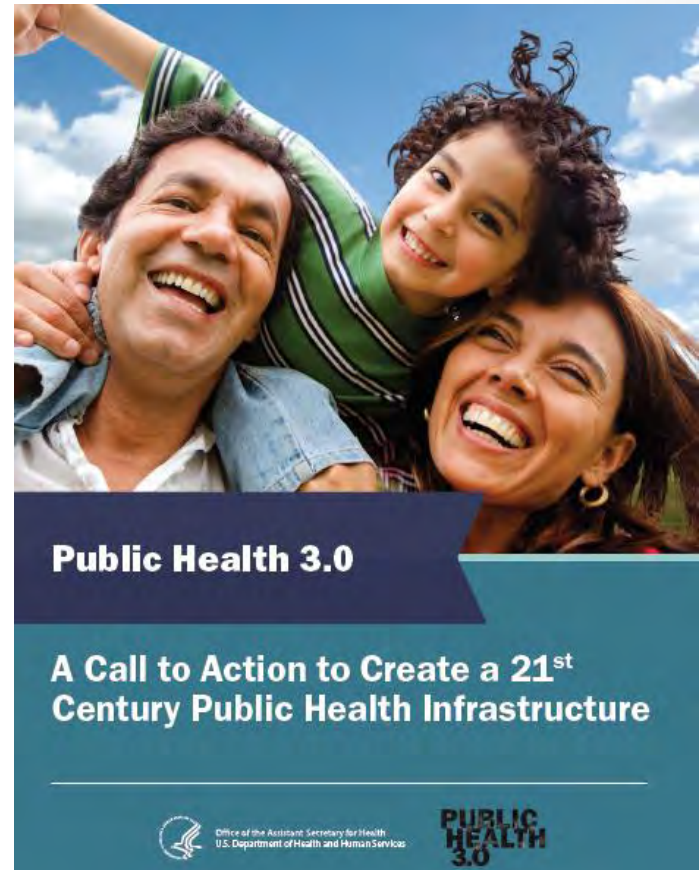
April 25, 2016

# Overview

- Overview
- Emerging Data
- Addressing Strategic Priorities
  - Substance abuse
  - Mental health
- Federal Policy Landscape

# Public Health 3.0

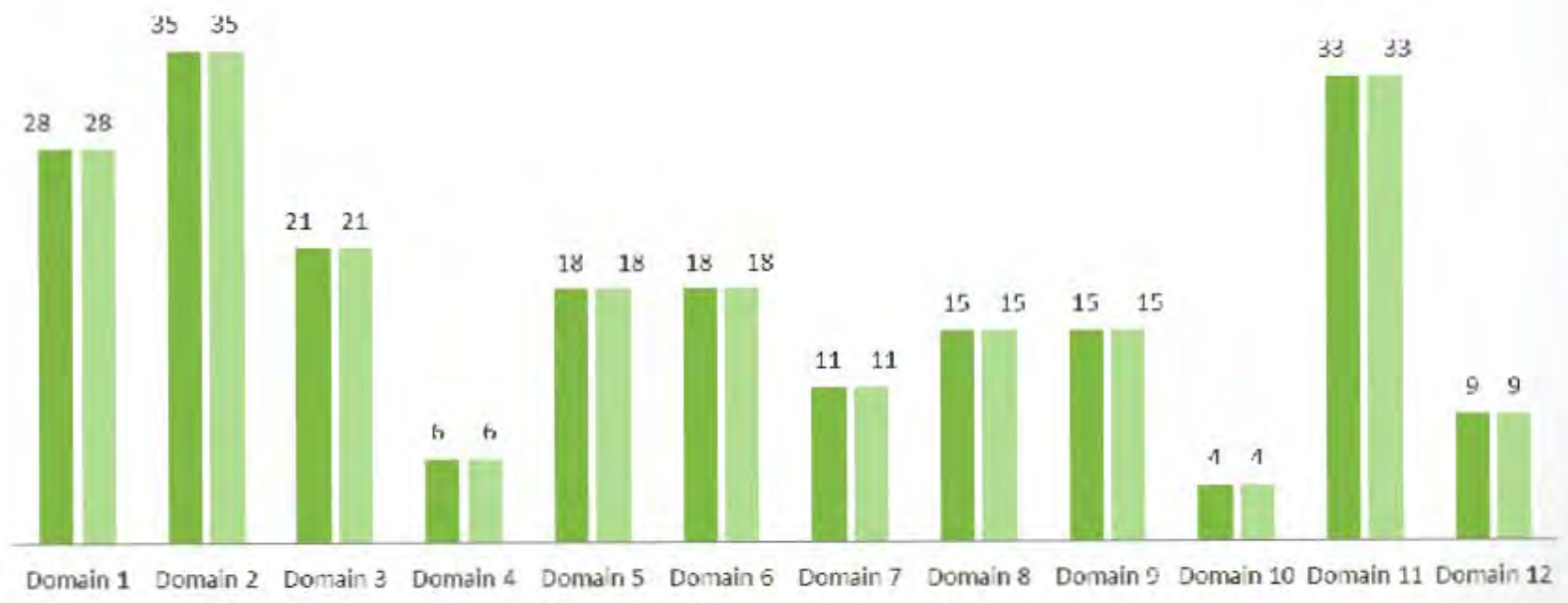
- Key recommendations
  - Emerging role of Chief Health Strategist
  - Strategic cross-sector partnerships
  - Assurance of broad quality through PH Accreditation
  - Prioritize actionable data with clear metrics accessible to communities
  - Develop strategies for sustainable funding, innovative funding models
- Perspective
  - “...increasingly, our job in PH is influencing without authority, working with organizations that we don’t control or fund, to align what they do with the health of the public.”





# Public Health Accreditation Requirement Completion Progress 1/2017

■ Measure Requirements Met   ■ Total # of Requirements

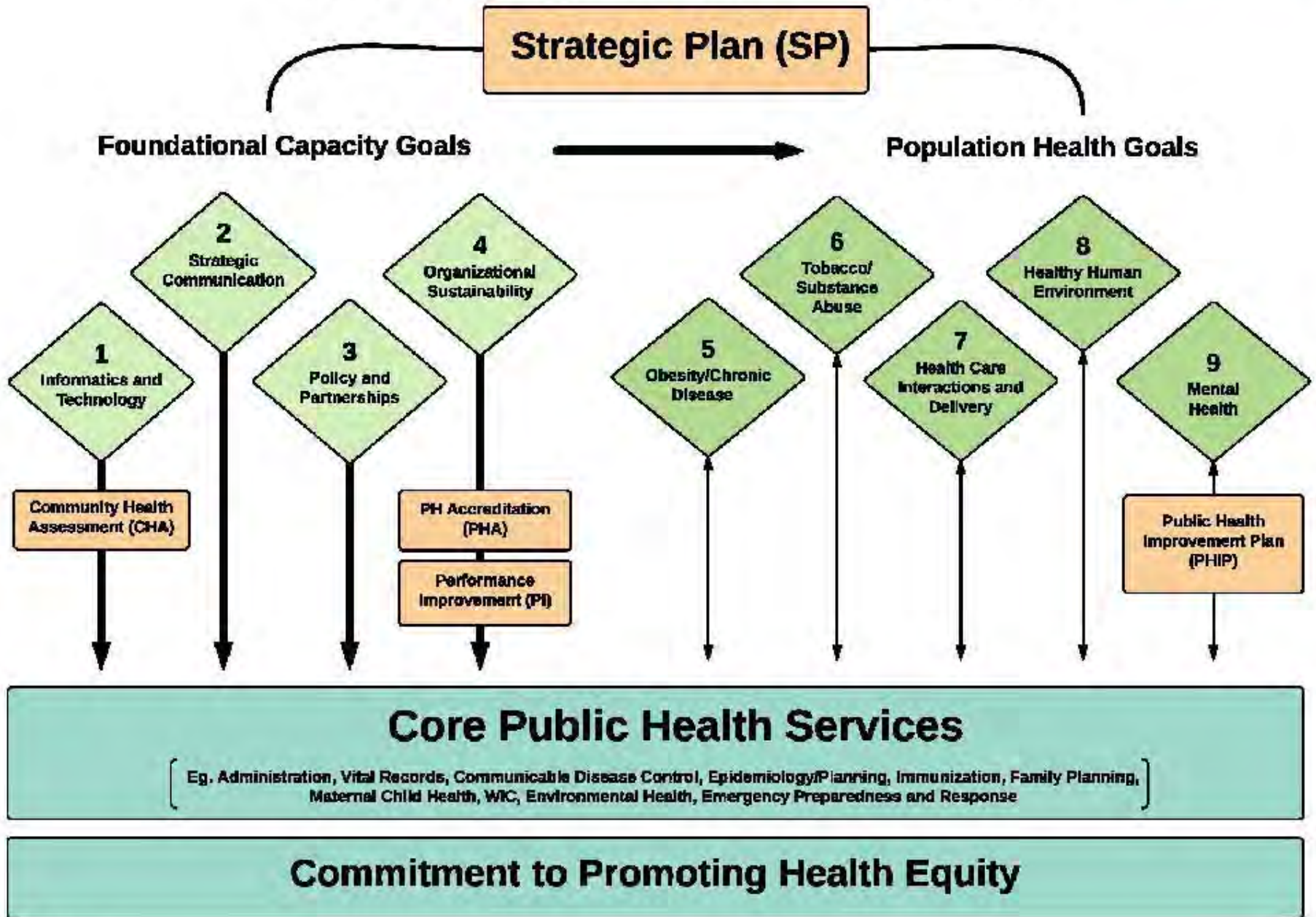


# Partnerships Are Key



- TCHD has a growing collaboration with other Metro area Health Depts
  - Boulder
  - Broomfield
  - Denver
  - Jefferson
  - TCHD
- Key areas of focus
  - Behavioral Health
  - Data Sharing
  - Healthy Eating Active Living
  - Partner Alignment
    - Hospitals
    - *Human Services*
  - *Environmental Health/Climate Change*

# TCHD Strategic Initiatives Framework



# 2016 Community Health Assessment

2016 Community Health Assessment  
Adams, Arapahoe and Douglas Counties

- Comprehensive review every 3-4 years
- Focuses on
  - Factors that Impact health
  - Overview of health of counties
  - Population health focus areas
- Accompanied by regularly updated website and county health fact sheets



**Tri-County Health Department**  
Serving Adams, Arapahoe and Douglas Counties

Adams County, Colorado: A Health Update from Tri-County Health Department  
Executive Director: John M. Douglas, Jr., MD  
December 2016

Tri-County Health Department (TCHD) is presenting this health update as a reference tool for legislators and policymakers to better understand their communities and some of the important health issues occurring in their county. This fact sheet is to serve as an overview of issues. TCHD welcomes any additional data requests and integration for this and any other public health related topic. Contact Alyson Shupe | [ashupe@tchd.org](mailto:ashupe@tchd.org) | (720) 260-1532

| Adams County Quick Facts |         |                                  |
|--------------------------|---------|----------------------------------|
| Population               | 400,829 | Median Age 33.0                  |
| White Non-Hispanic       | 62.1%   | Median Household Income \$38,946 |
| Hispanic                 | 38.6%   | No High School Education 17.7%   |
| African-American         | 3.2%    | Families Below Poverty 19.3%     |
|                          |         | Unemployment 7.5%                |

| Adult Health Risk Issues |       |
|--------------------------|-------|
| Poor Adult Mental Health | 11.2% |
| Adult Obesity            | 24.9% |
| Adult Smoker             | 17.2% |
| Adult Marijuana Use      | 10.1% |

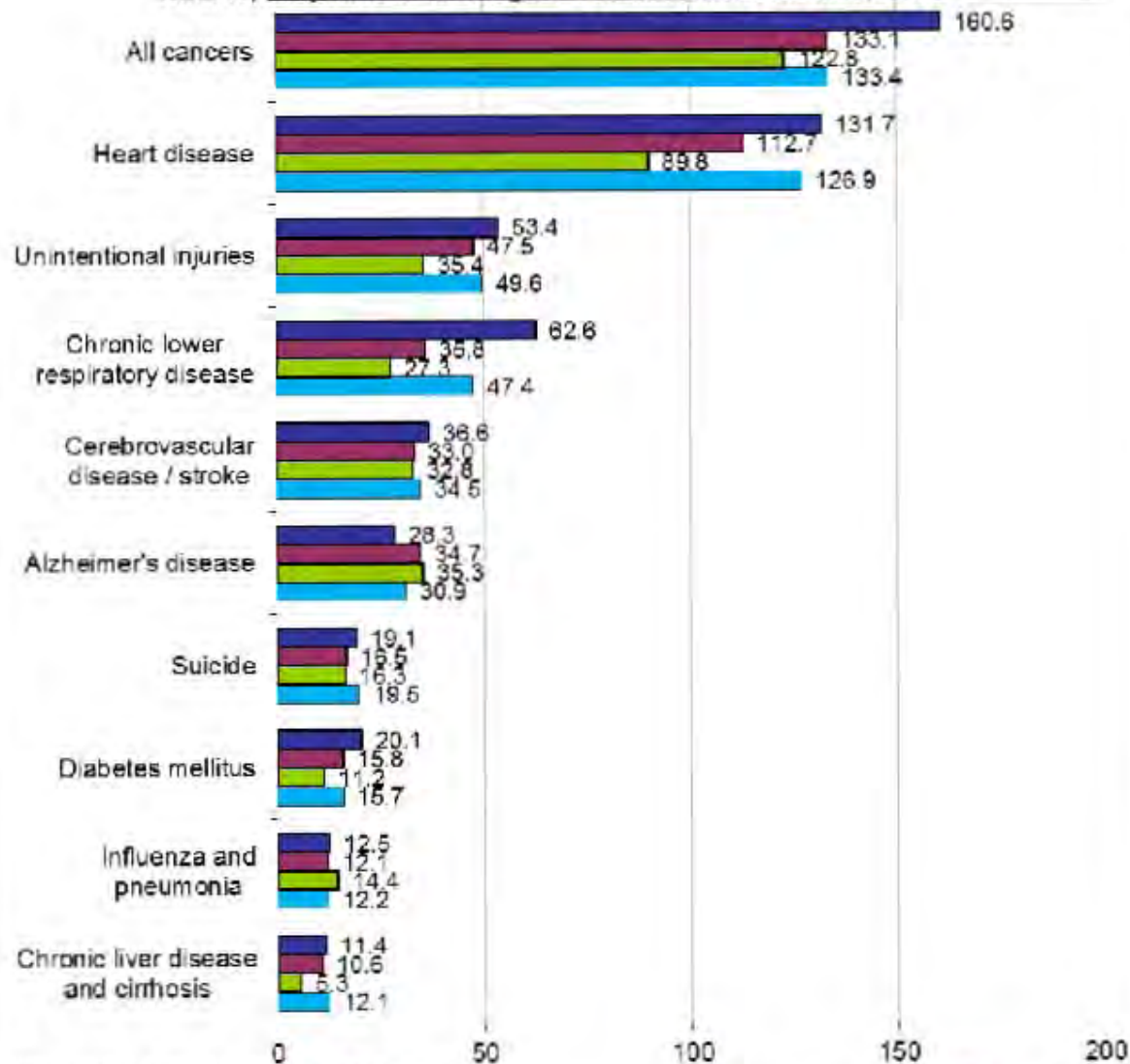
| Youth Health Risk Issues  |       |
|---------------------------|-------|
| Youth Smoker              | 7.2%  |
| Considered Binge Drinking | 18.8% |
| Smoke Marijuana           | 20.6% |
| Electrically Bullied      | 17.7% |
| Poor Mental Health        | 20.6% |
| No Physical Activity      | 13.8% |
| Youth Obesity             | 6.7%  |

| Leading Causes of Death (2015)          |  |
|---|--|
| 1. Cancer                               |  |
| 2. Heart Disease                        |  |
| 3. Chronic Lower Respiratory Diseases   |  |
| 4. Unintentional Injuries               |  |
| 5. Stroke                               |  |
| 6. Alzheimer's Disease                  |  |
| 7. Diabetes Mellitus                    |  |
| 8. Suicide                              |  |
| 9. Other Diseases of Respiratory System |  |
| 10. Chronic Liver Disease and Cirrhosis |  |

Source: Healthy 100, Census Group 2015



Ten leading causes of death per 100,000 population\*  
 Adams, Arapahoe and Douglas Counties and Colorado, 2015

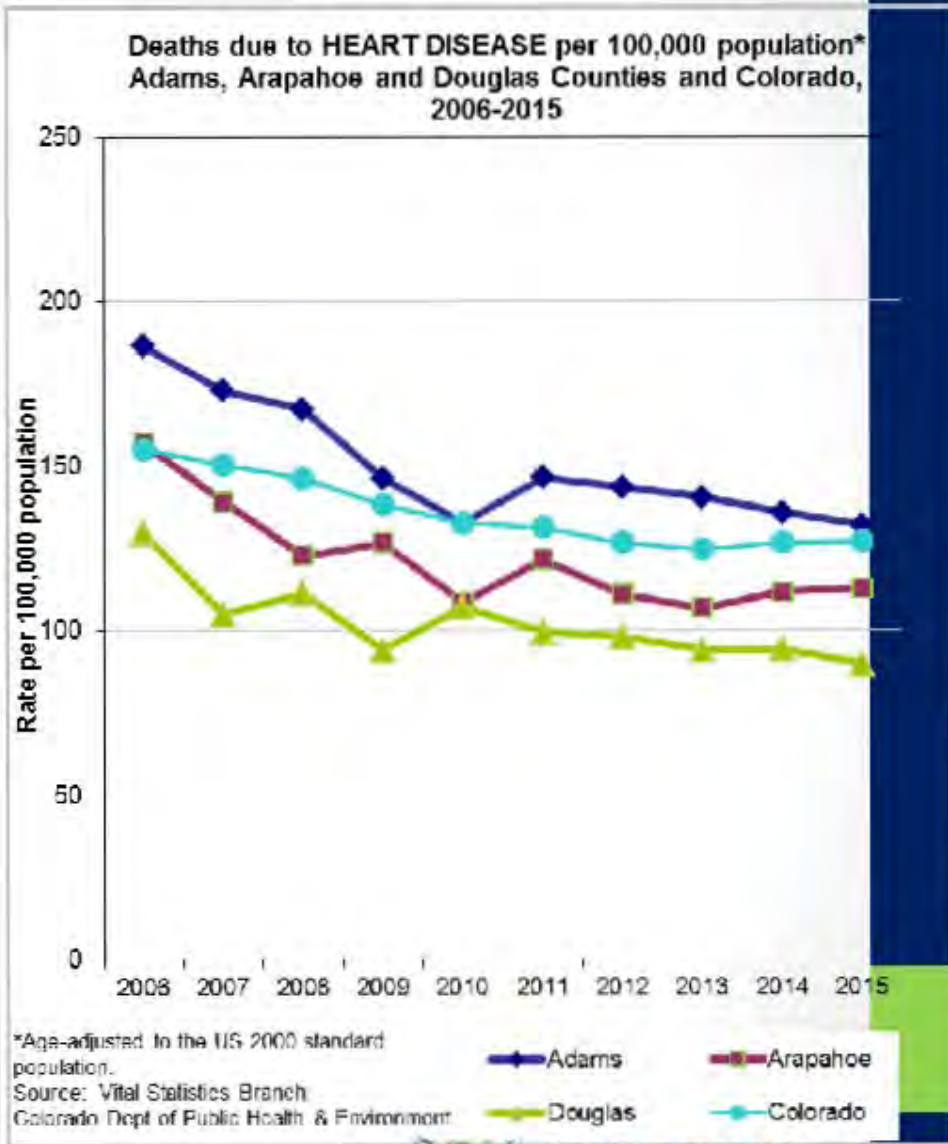
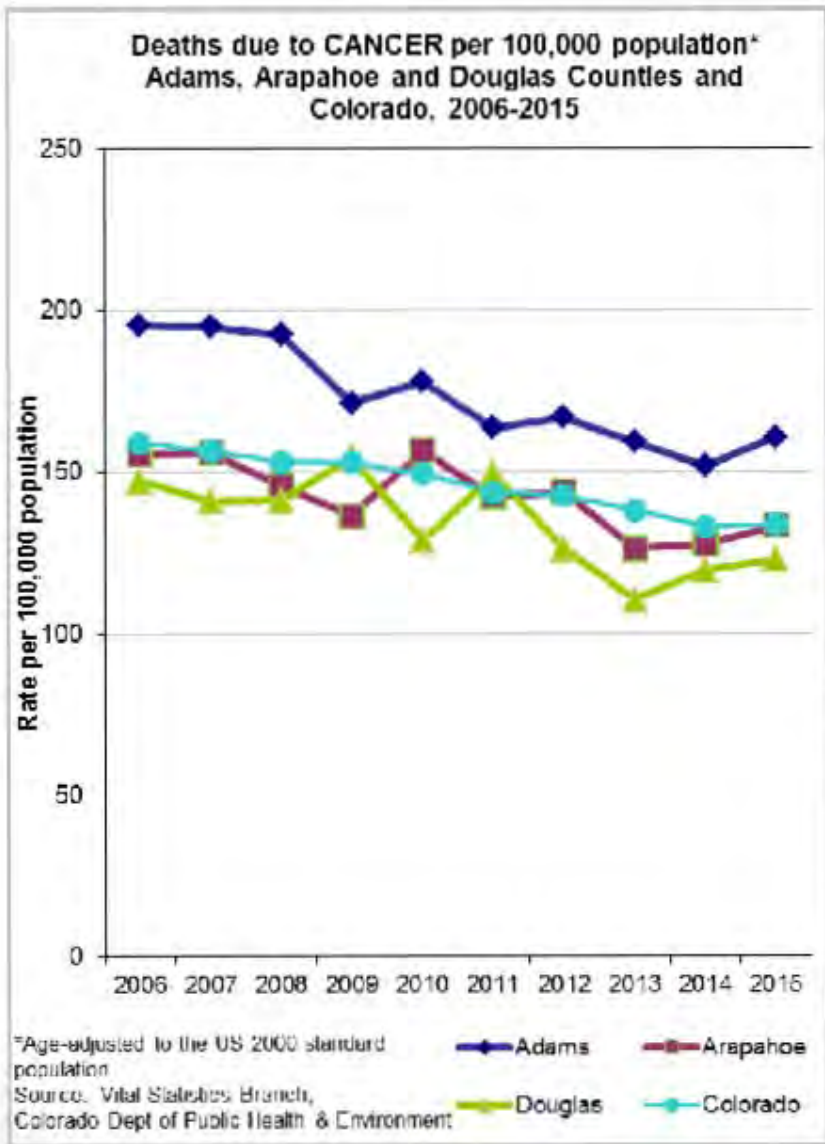


\*Age adjusted to the US 2000 standard population.  
 Source: Health Statistics Section,  
 CO Dept of Public Health & Environment

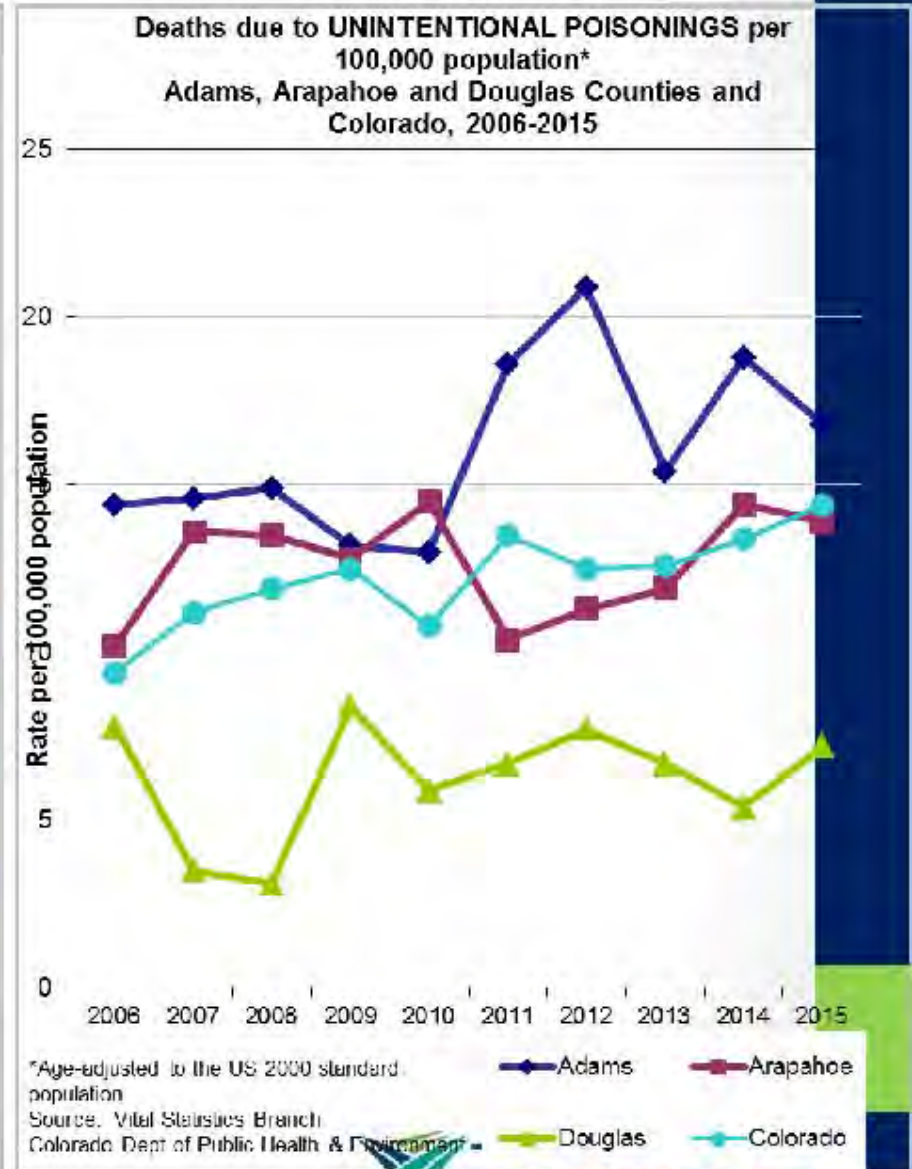
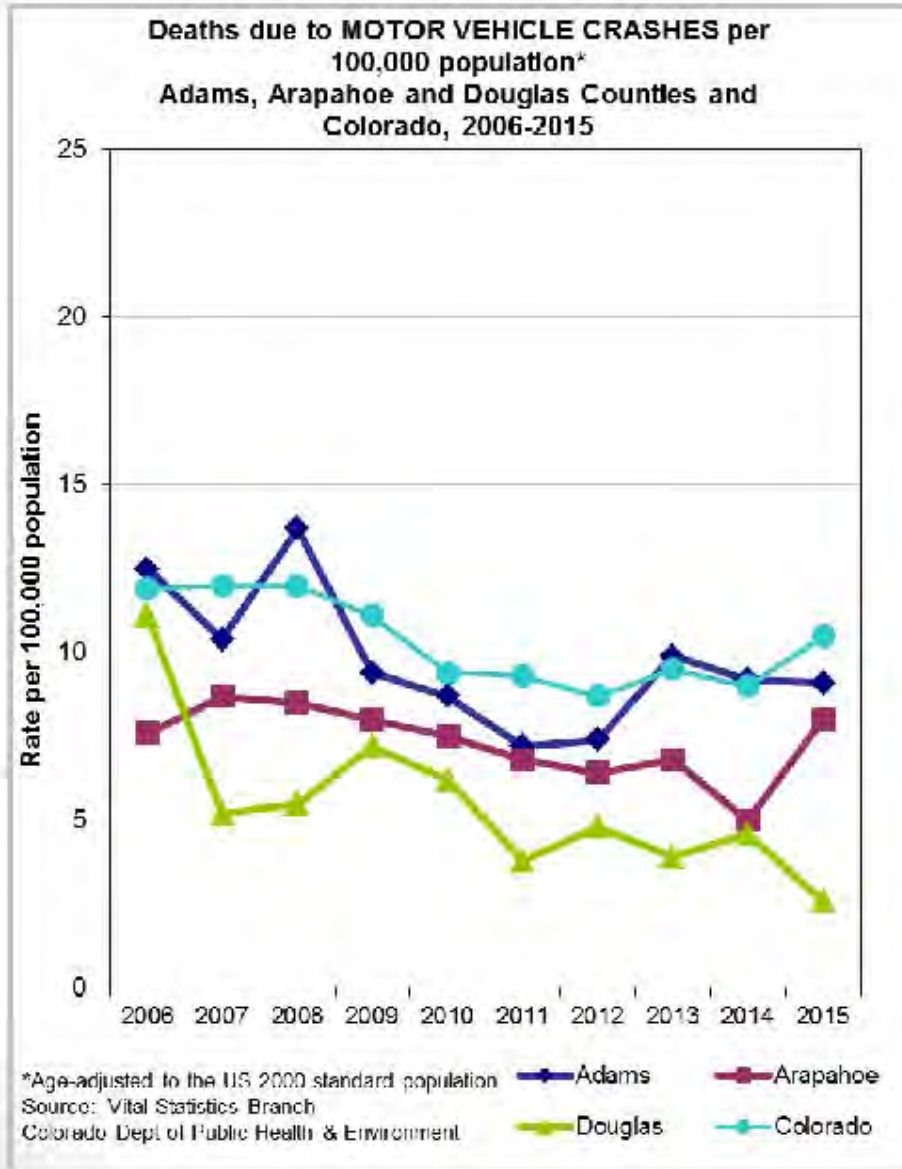
■ Adams      ■ Arapahoe  
 ■ Douglas      ■ Colorado



# Deaths Due to Cancer and Heart Disease



# Deaths Due to Motor Vehicle Crashes and Poisoning





BPIA Conference Drafts, March 23-24, 2017



4:31

+ Queue

PUBLIC HEALTH

## The Forces Driving Middle-Aged White People's 'Deaths Of Despair'

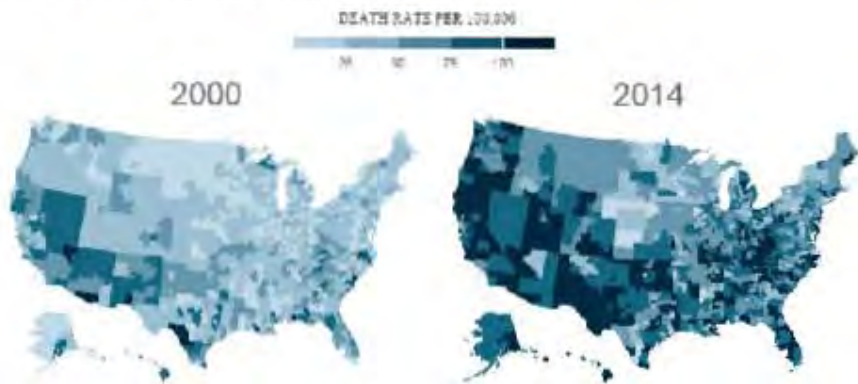
March 24, 2017 9:00 AM (ET)  
Board on Mortality Solutions

## Mortality and morbidity in the 21st century

Anne Case, Princeton University  
Angus Deaton, Princeton University

### Midlife 'Deaths Of Despair' In The U.S.: 2000 and 2014

Interactive map showing midlife deaths of despair in the U.S. by county in 2000 and 2014.



Note: The geographic units represented are a blend of county boundaries and Public Use Microdata Areas.

Source: Anne Case and Angus Deaton, Brookings Papers on Economic Activity  
Credit: Brookings, adapted by OPB

### 'Deaths of Despair' Rates Across Countries

Deaths per 100,000 by age, gender, and race among 18- and 64-year-olds



Source: Anne Case and Angus Deaton, Brookings Papers on Economic Activity  
Credit: Case/Deaton



# 2017 County Health Rankings Key Findings Report

## Premature Death Trends Over a Decade



## Premature Death Trends by Method of Injury from 2006 to 2015



## Trends in Premature Death Due to Drug Overdose by Community Type from 2006 to 2015



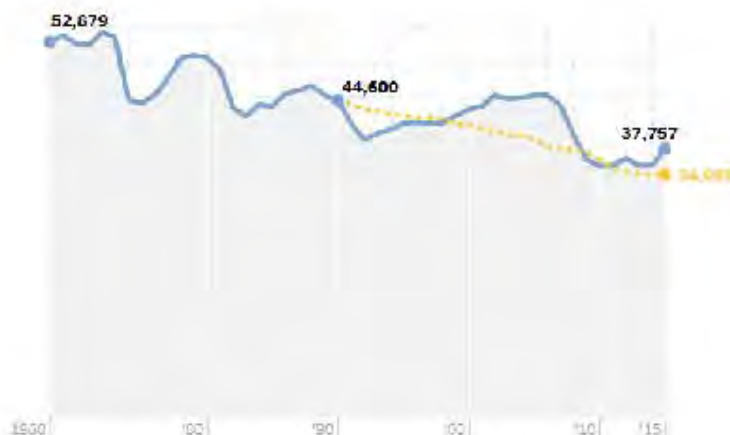
# You Draw It: Just How Bad Is the Drug Overdose Epidemic?

By JOSH KATZ APRIL 14, 2017

How does the surge in drug overdoses compare with other causes of death in the U.S.? Draw your guesses on the charts below.

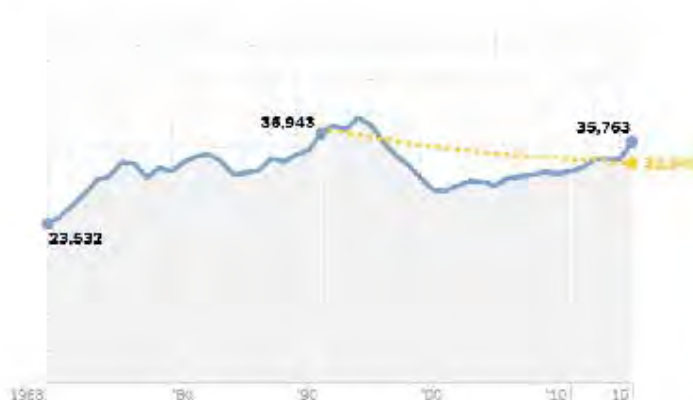
How does the surge in drug overdoses compare with other causes of death in the U.S.? Draw your guesses on the charts below.

Since 1990, the number of Americans who have died every year from **car accidents**...



... has dipped, risen slowly but then **declined**, in part as a result of safer cars and improved road safety. Recessions and increasing gas prices can sometimes lead to a temporary drop in car accident fatalities, as seen in the late 2000s. Deaths are on the rise again recently, perhaps because of more distracted driving.

Since 1990, the number of Americans who have died every year from **guns**...



... has been **slowly rising** after a drop in the 1990s. Gun deaths increased by **8 percent** in 2015, the largest single year jump since the CDC began keeping computerized death records. Over 60 percent of gun deaths are suicides.

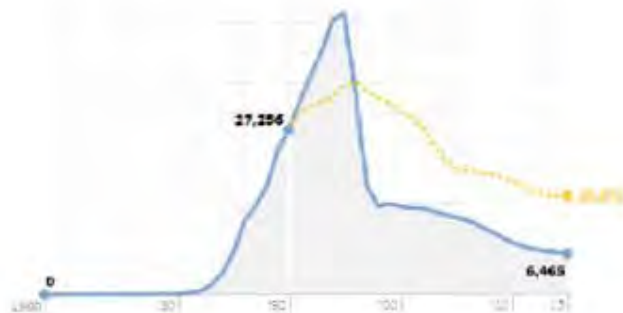
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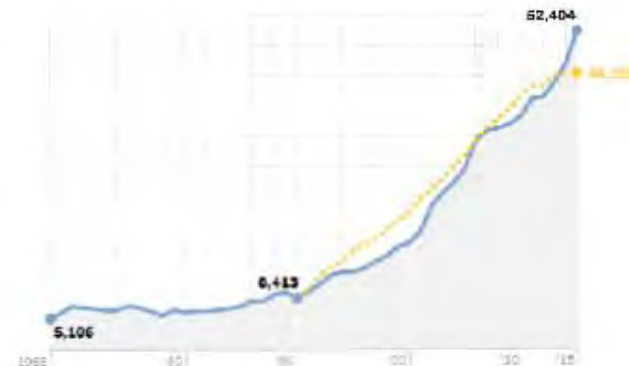
## The New York Times

Since 1990, the number of Americans who have died every year from **H.I.V.**...



... has **spiked and then plummeted**. By the mid-1990s, over 40,000 people were dying from H.I.V. each year, but death rates fell sharply with the development of antiretroviral treatments. Nevertheless, H.I.V. remains a leading cause of death for those 25 to 44, particularly among black men.

Since 1990, the number of Americans who have died every year from **drug overdoses**...



... has **increased by more than 500 percent**. In 2015, more Americans died from drug overdoses than from car accidents and gun homicides combined.

It's the worst drug overdose epidemic in American history, spurred by rising drug abuse, increased availability of prescription opioids and an influx of potent synthetics like [fentanyl](#) and [carfentanil](#).

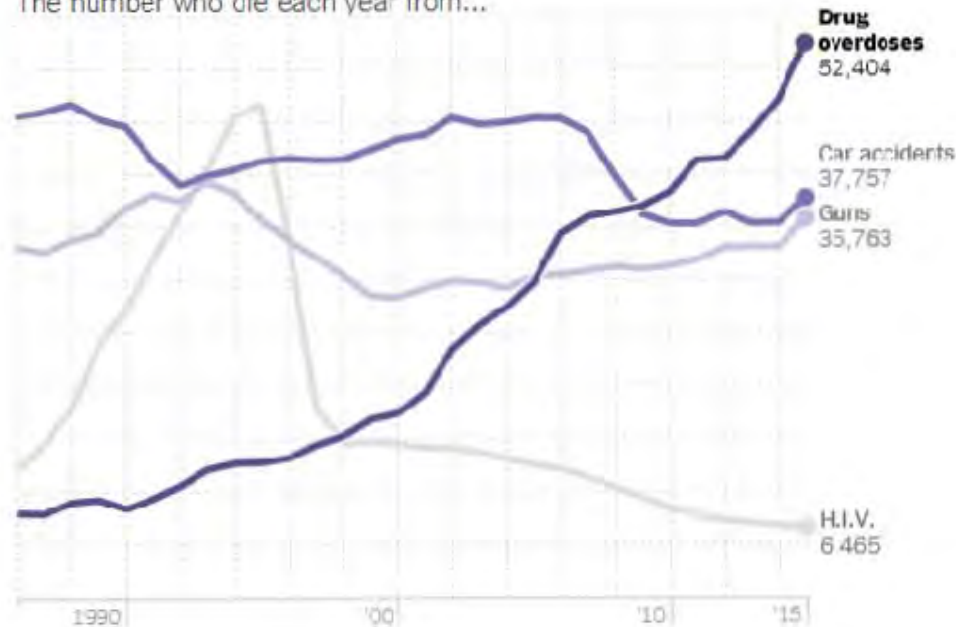
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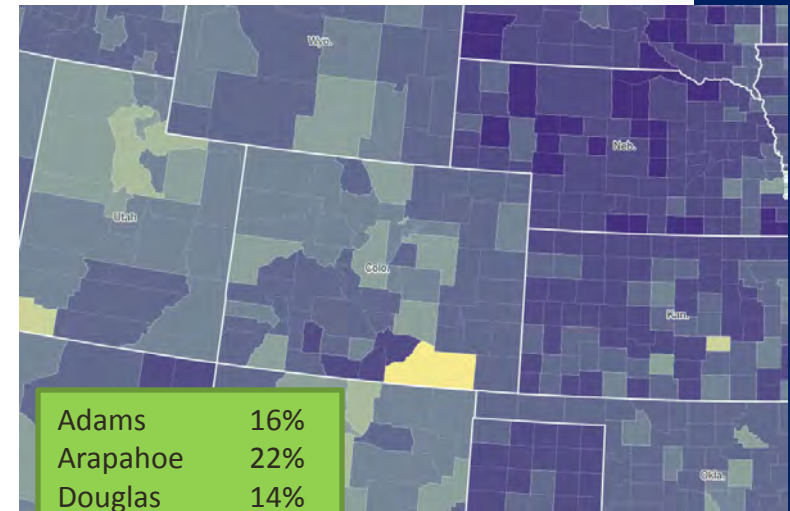
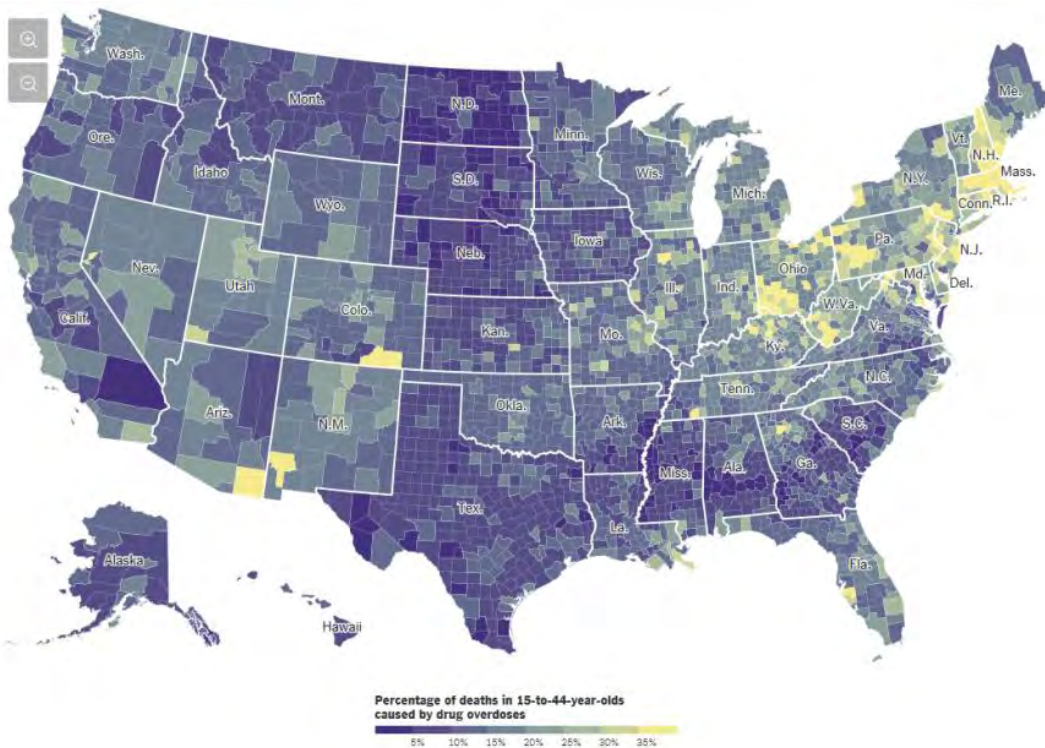
The New York Times

The number who die each year from...

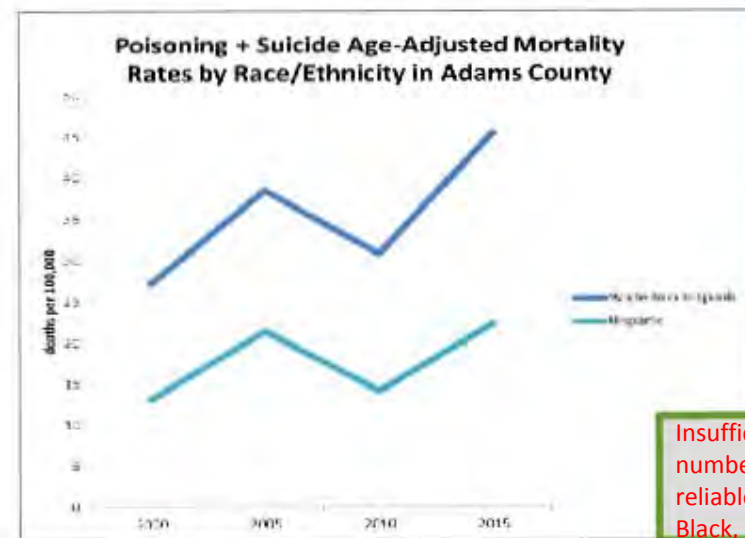
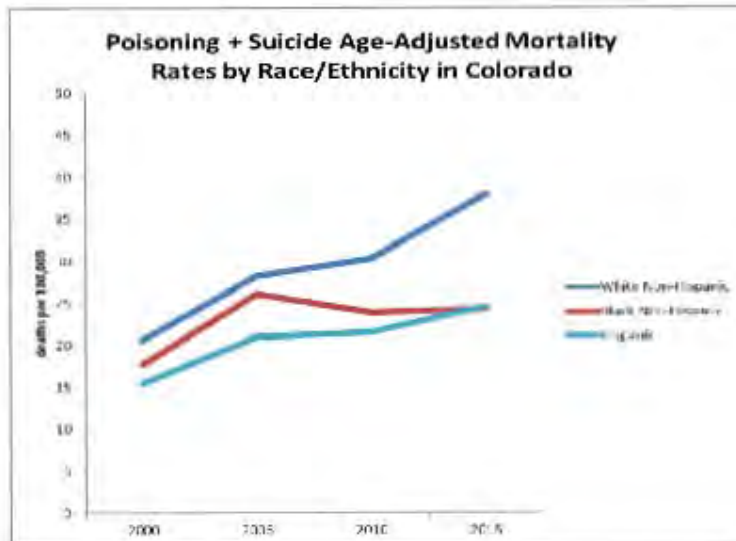
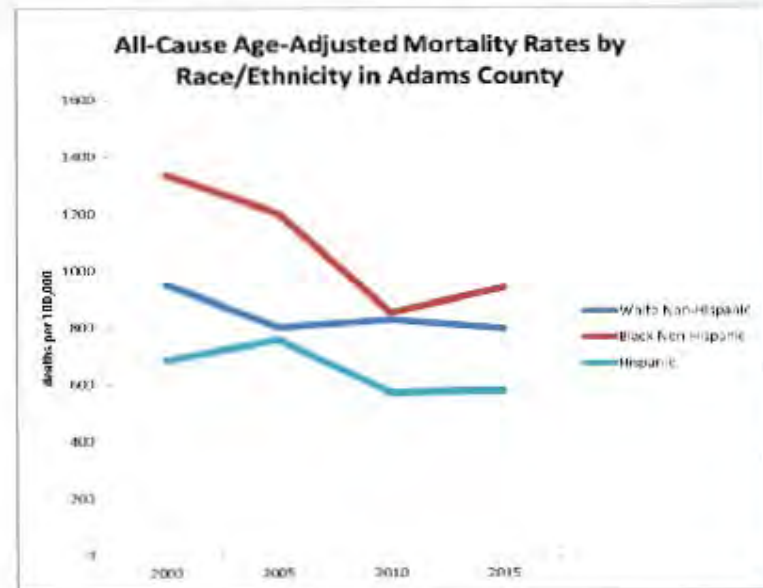
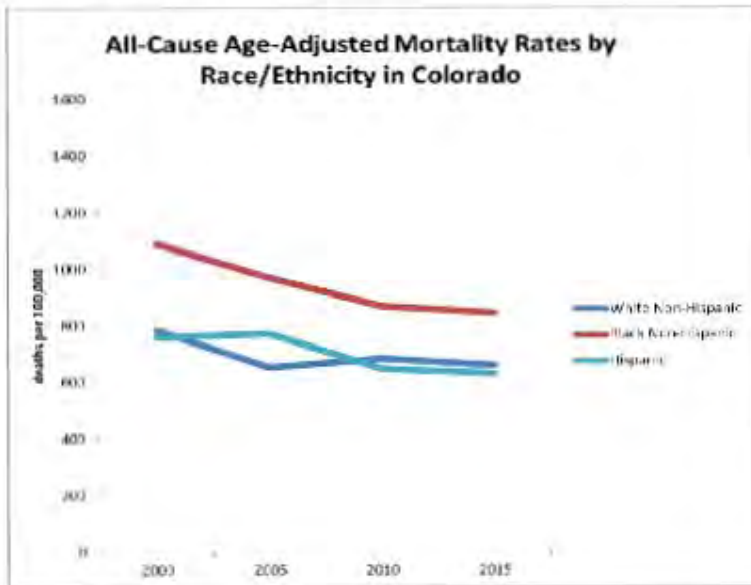


The opioid epidemic has not fallen equally on all races or regions. Like an infectious disease, drug overdoses have emerged in clusters around the country.

# Per Cent of Deaths in 15-45 yo Due to Drug Overdoses



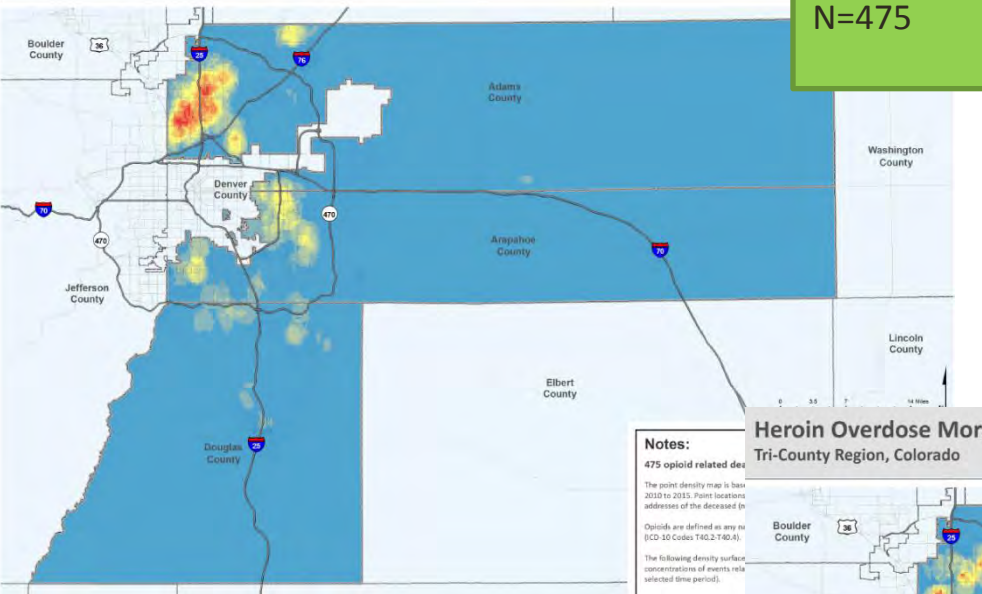
# Impact of Behavioral Health Deaths in Colorado & Adams Co



Insufficient numbers for reliable rates in Black, Non-Hispanic

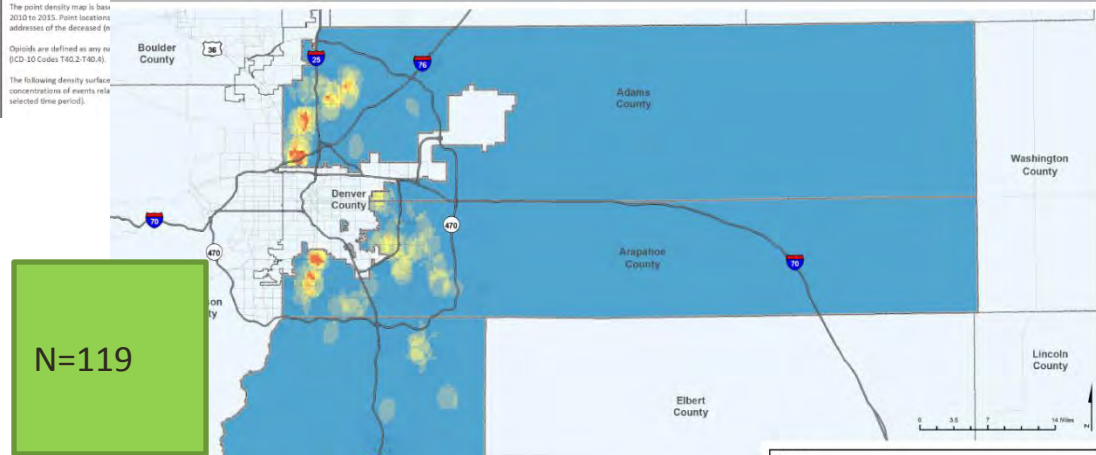
# Opioid and Heroin Overdose Deaths, TC Area, 2010-15

**Opioid Overdose Mortality (2010-2015): Point Density Map**  
Tri-County Region, Colorado



**Notes:**  
475 opioid related deaths  
The point density map is based on 2010 to 2015. Point locations are addresses of the deceased (in red).  
Opioids are defined as any no (ICD-10 Codes T40.2-T40.4).  
The following density surface concentrations of events relate to selected time periods.

**Heroin Overdose Mortality (2010-2015): Point Density Map**  
Tri-County Region, Colorado



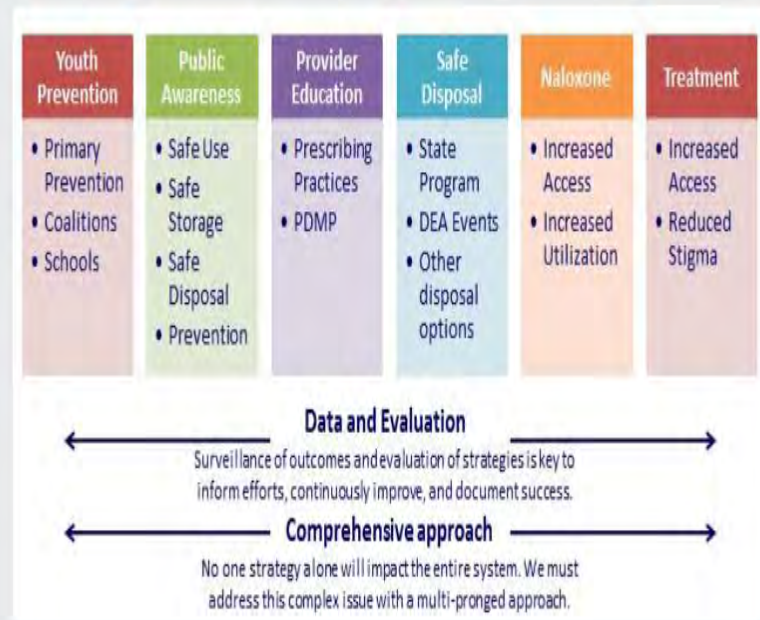
**Notes:**  
7 heroin related deaths in 2010 16 heroin related deaths in 2011  
18 heroin related deaths in 2012 23 heroin related deaths in 2013  
38 heroin related deaths in 2014 22 heroin related deaths in 2015

# Tri-County Opioid Prevention Partnership

- Coalition of partners across our counties
- Primary areas of focus aligned with CO Task Force on Prevention of Prescription Opiate Overdose
- 6 key strategies in a comprehensive framework based on a foundation of data and evaluation
- Draft Action Plan being finalized

## Strategic Framework

Our work is structured around six overarching strategy areas, based upon the existing framework of the Colorado Consortium for Prescription Drug Prevention.





# TCOPP: Youth Prevention

- Objective: Prevent initiation of substances by youth
- Actions: focused on work by community coalitions addressing primary prevention of youth substance use.
  - Adams County: Community Reach Center
  - Arapahoe County: Aurora Mental Health
  - Douglas County: TCHD
  - Communities that Care: TCHD-led coalitions in Englewood/Sheridan communities and I-70 corridor rural communities
- Action plans with community interventions based on identified needs for each community under development
- Evaluation:
  - Short/intermediate: Coalition-specific based on identified interventions.
  - Long-term: Healthy Kids Colorado Survey data

## Youth Prevention

- Primary Prevention
- Coalitions
- Schools

# TCOPP: Public Awareness

- Objective: Increase awareness among the community and streamline communication channels across the three counties
- Actions:
  - Website
    - Link to partners
    - Connect with existing resources, e.g. Take Meds Seriously
  - Social Media, develop a calendar for partners to share the same message
  - Ensure partners are sharing a consistent message (eg, Take Meds Seriously materials and other existing campaigns)
  - Engage with local governments (city and county PIOs) for outreach of messages.
  - Need to support public awareness within specific other strategies – e.g., Awareness around naloxone and safe disposal.
- Measurement:
  - Website statistics
  - Tracking of media efforts

## Public Awareness

- Safe Use
- Safe Storage
- Safe Disposal
- Prevention

# Public Awareness

**TakeMeds Seriously**

Prescription Drug Safety Starts With You

**SAFE USE**

**SAFE STORAGE**

**SAFE DISPOSAL**

**PRESCRIPTION DRUG DEATHS EVERY MONTH IN COLORADO**

The abuse of prescription medicines is the fastest growing drug problem in the United States, particularly among teens. Nearly 224,000 Coloradans misuse prescription drugs each year, and 1-in-6 of the state's 20th graders has taken a prescription medicine that was not written for them.

**TakeMeds Seriously.org**

**5280** Edition of the 10th of Independence Search 5280.com

NEWS + FEATURES EAT - DRINK ADVENTURE HEALTH CULTURE HOME FAMILY

**HOME DELIVERY** Metro Denver stores only

**“Sometimes You Have to Build a Wall Around Your Heart”**

In Colorado, there's a lot of heartache. In fact, by the state's health crisis, we're hitting a point of light.

**By [Author Name]**

The 6 a.m. meeting on Tuesday had turned into a 10 a.m. meeting on Friday, which became a 9 a.m. meeting on Monday. Once around the planet, we may well have done a lap around "So what are you up to?" she'd say. She had to walk her dog, she'd get her hair done. "Heads over heels" she'd say, "but the most personal" her doggie job.

# TCOPP: Provider Education

- Objective: Increase uptake of prescribing guidelines and use of the PDMP by healthcare providers
- Actions:
  - Small grant for provider education from CDPHE
  - Initial planning and assessment
    - Who are the top prescribers?
    - How do providers prefer to receive information?
    - What are effective venues?
  - Host initial event (May 4) and assess to inform future planning
    - Enhance public awareness by also connecting with related public-facing event
- Measurement:
  - Use of prescribing guidelines
  - Use of PDMP by prescribers

## Provider Education

- Prescribing Practices
- PDMP

- State Program
- DEA Events
- Other disposal options

# TCOPP: Safe Disposal

- Objective: Increase safe disposal opportunities across the three counties
- Actions:
  - Focus on increasing permanent drop-box sites, support DEA take-back days.
  - Outreach to law enforcement and pharmacies to encourage new locations
    - Target outreach by location/need. Map current locations with coroner's data, demographic data, etc to help determine key gaps.
    - Address barriers (e.g., assess lessons from existing disposal ; use this information in making the case for new locations)
  - Increase public awareness about existing locations and need to dispose safely
    - Utilize state materials (available beginning January 2017).
    - Pharmacy outreach – ads on bags (e.g., ad placed in Castle Rock KS directing people to take unused meds to CRPD dropbox) or inserts in pharmacy bags
- Measurement:
  - # disposal locations : target  $\geq$  2 new locations per county by end of 2017
  - Pounds of medication collected at sites

- Increased Access
- Increased Utilization

# TCOPP: Naloxone Access

- Objective: Increase availability and utilization of naloxone by people who use opioids, family members, first responders, public
- Actions:
  - Continue to support the AG's Office program Naloxone For Life which provided naran to law enforcement in Adams County.
    - Follow-up with agencies who are carrying
  - Education, outreach, and support to other law enforcement agencies to initiate
  - Determine best target audiences – what venues should we be prioritizing?
  - Determine baseline availability in different sites (e.g., law enforcement, jails, EDs, detox/RX centers, pharmacies, community colleges, syringe exchange programs)
  - Explore ways to assist law enforcement in discounted bulk buys?
  - Increase public awareness of importance and availability via standing orders
- Measurement:
  - Number of venues/agencies
  - Explore options for measuring use & actual impact

# Law Enforcement Agencies Supported by “Naloxone for Life”

- Brighton Fire
- Brighton PD
- Commerce City PD  
(trained)
- Northglenn PD
- Thornton PD
- Aurora PD District 1

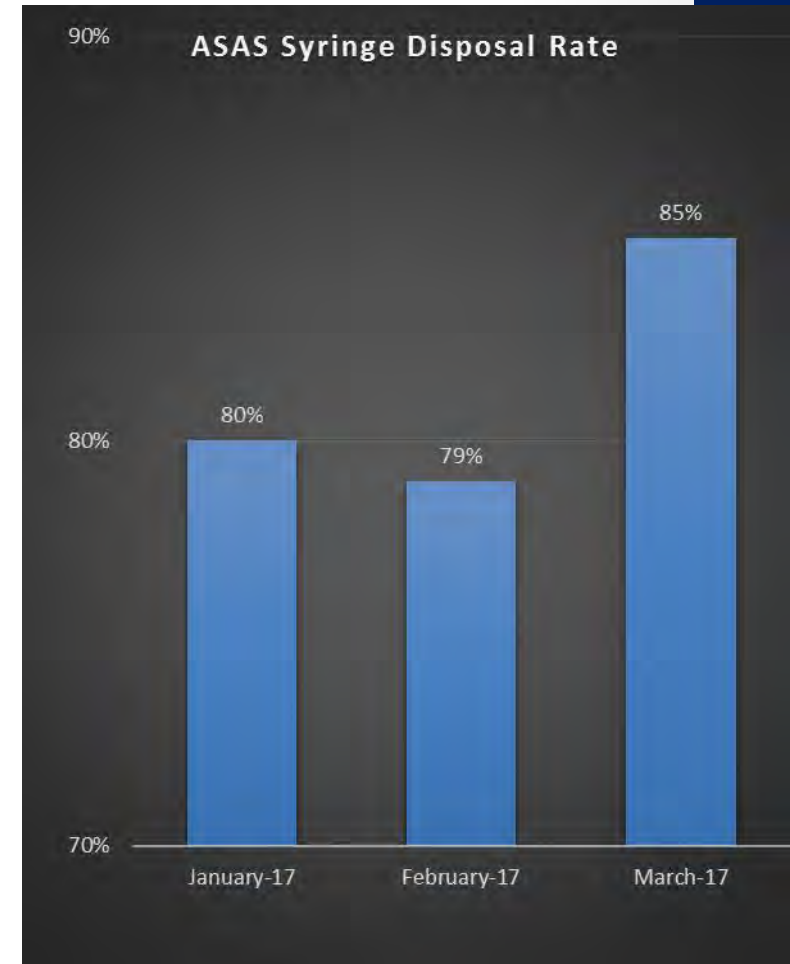
Police officer armed with Narcan potentially saves a life



A 911 call over drugs led an Aurora police officer to a grocery store Sunday.

# Aurora Syringe Access Services

- Initiated Oct 2016
- Activity 1<sup>st</sup> 6 months
  - Clients served: 121
  - Syringes provided: 825
  - Naloxone distributed: 84
  - Naloxone reversals: 15
  - Referred to RX: 8
  - Aurora Police trainings: 11





# TCOPP: Treatment

## Region 2 Denver Metro

Denver, Adams, Arapahoe, Broomfield, Douglas,  
Jefferson, Clear Creek, and Wash Counties



### NEEDS/GAPS

- Workforce shortages of providers, training including Medication Assisted Therapy (MAT), certifications, access to telehealth and mobile services
- Increased training in trauma-informed care and adverse childhood experiences
- Case or care management, system navigation
- Peer support
- Support for community transitions including peer support, family/community reconnection, and nutrition
- Better information and data sharing
- Continuum of housing options
- Transportation to and from treatment- and recovery-oriented programs, including for veterans
- Detox services/facilities with a medical component
- Intensive outpatient services
- Connecting and convening the different sectors to develop a system of care
- Treatment within the criminal justice system
- Residential treatment (short-, mid-, and long-term) and transitional residential services

### PRIORITIES for FUNDING

Continuum of housing options

Workforce shortages of providers, training including Medication Assisted Therapy (MAT), certifications, access to telehealth and mobile services

Residential treatment (short-, mid-, and long-term) and transitional residential services

Better information and data sharing

Detox services/facilities with a medical component

Treatment within the criminal justice system

Case or care management, system navigation

## Treatment

- Increased Access
- Reduced Stigma

## BRIDGING THE DIVIDE: ADDRESSING COLORADO'S SUBSTANCE USE DISORDER NEEDS

FEBRUARY 2017



# TCOPP: Projected Timeline

|                    | April  | May   | June   | July  | August  | September   | October   | November  | December  |
|--------------------|--|---|--|---|---|---|---|---|---|
| <b>Observances</b> |  |   |  |   | International Overdose Day – Aug 31   | Recovery Month  |   |   |   |
| <b>Events</b>      | DEA Take-Back – Apr 29   | CME Event – May 4<br>Aurora Town Hall – May 30 or Jun 1   |  |   |   | DEA Take-Back - TBD   |   |   |   |
| <b>Tasks</b>       | <ul style="list-style-type: none"> <li>Website</li> <li>Complete Map of Disposal Locations</li> <li>Complete Map of Naloxone Availability</li> <li>Promotion of DEA Event</li> <li>Promotion of CME Event</li> </ul> | <ul style="list-style-type: none"> <li>Research pharmacy outreach potential – logistics/cost</li> </ul> | <ul style="list-style-type: none"> <li>Look at disposal map – determine target locations</li> <li>Start planning now for August/Sept awareness events</li> </ul> | <ul style="list-style-type: none"> <li>Grant planning for year 2 of Provider Ed Grant</li> <li>Planning for August/Sept awareness events</li> </ul> | <ul style="list-style-type: none"> <li>Promotion of DEA event</li> <li>Promotion of Overdose Awareness Day</li> <li>Start outreach re: disposal based on map and chosen target areas</li> </ul> | <ul style="list-style-type: none"> <li>Promotion of DEA event</li> <li>Continued outreach re: disposal locations</li> </ul> | <ul style="list-style-type: none"> <li>Continued outreach re: disposal locations</li> </ul> | <ul style="list-style-type: none"> <li>Continued outreach re: disposal locations</li> </ul> | <ul style="list-style-type: none"> <li>Continued outreach re: disposal locations</li> </ul> |
|                    |  |   |  |   |   |   |   |   |   |
|                    |  |   |  |   |   |   |   |   |   |

Strategy Color Code:

Public Awareness

Provider Education

Safe Disposal

Naloxone

Not on this timeline at the moment:

Treatment

# Opioids: Prescription Drug & Heroin Crisis

Tri-County Health Department

Prescription drug misuse and abuse is a serious problem both nationally and here in Colorado. Each year, overdose deaths from opioid painkillers alone number more than 300 in Colorado and 200 in Adams, Arapahoe, and Douglas Counties. Such deaths are now more common than alcohol-related traffic fatalities. The Centers for Disease Control and Prevention (CDC) call prescription drug overdose deaths one of the four most serious epidemics facing the nation. As recently as 2010-2011, Colorado ranked #2 in the nation among young adults ages 12-24 for self-admitted, non-medical use of prescription painkillers. Enough opioid painkillers are dispensed by pharmacies in the United States to supply each and every American citizen with enough painkilling pills to take one every four hours, around the clock, for a month.

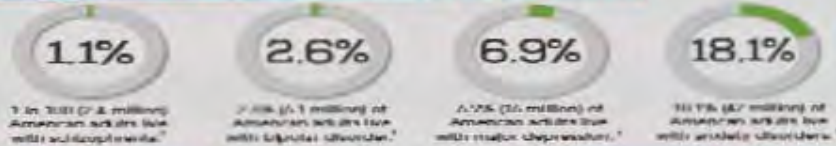
# Mental Health Burden in the U.S.

## Mental Health Facts IN AMERICA

**Fact:** 43.0 million adults experience mental illness in a given year.



### Prevalence of Mental Illness by Diagnosis



### Consequences



### Impact



### Treatment in America



# Addressing Mental Health as a Public Health Issue

- Focus of Public Health Improvement Plans of TCHD, CDPHE
- Goals
  - Addressing stigma
  - Prevention & Care Integration
  - Improved Mental Health data
- Innovative funding
  - State Innovation Model grants
    - Stigma reduction
    - Enhanced screening, care
    - Better data
    - Regional Health Connectors
  - MCH focus on pregnancy-related depression
  - Collaboration with not-for-profit hospitals on Community Benefit Plans

## Public Health Improvement Plan

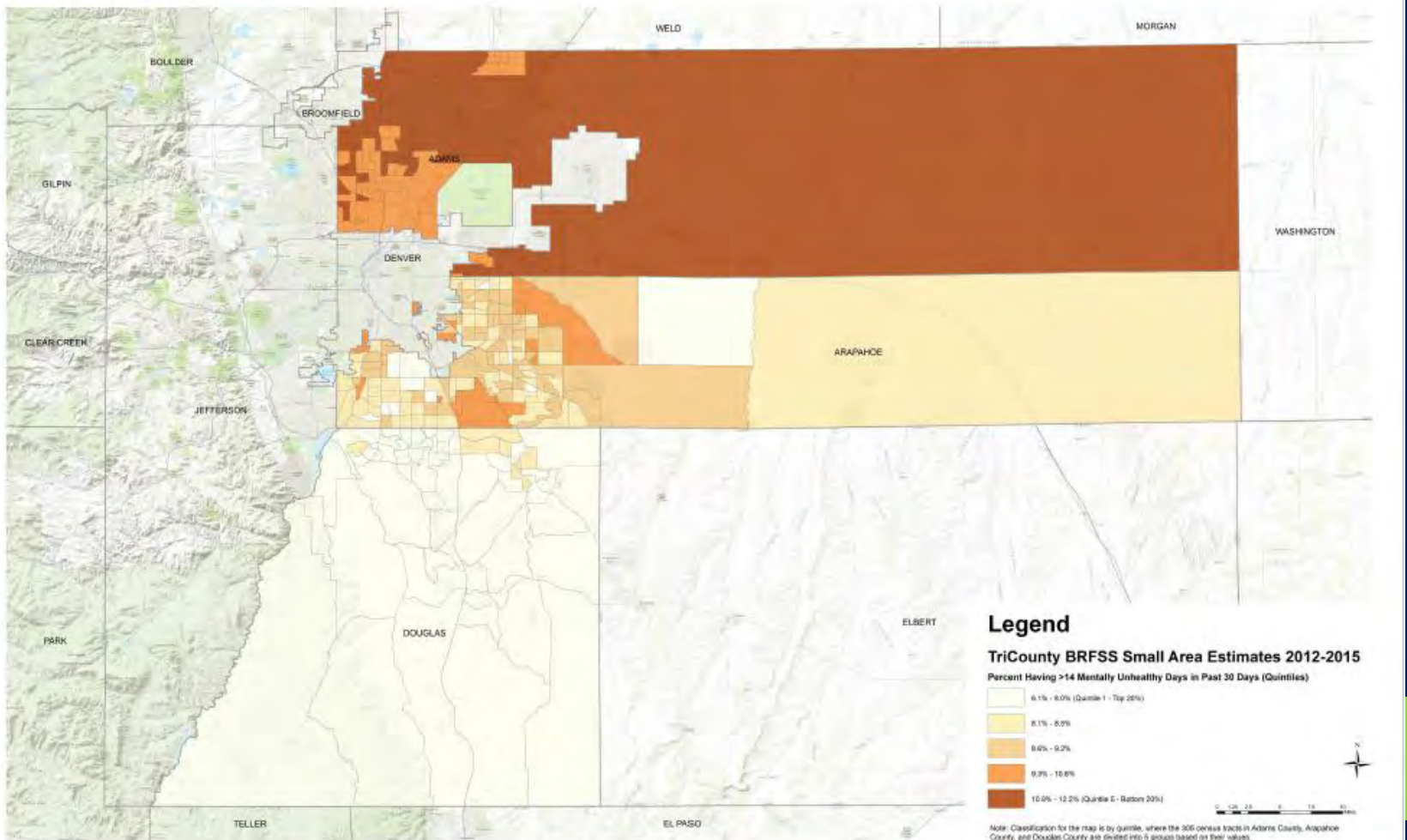
Adams, Arapahoe and  
Douglas Counties, Colorado  
2014–2018



**Tri-County**  
Health Department  
December 10, 2013

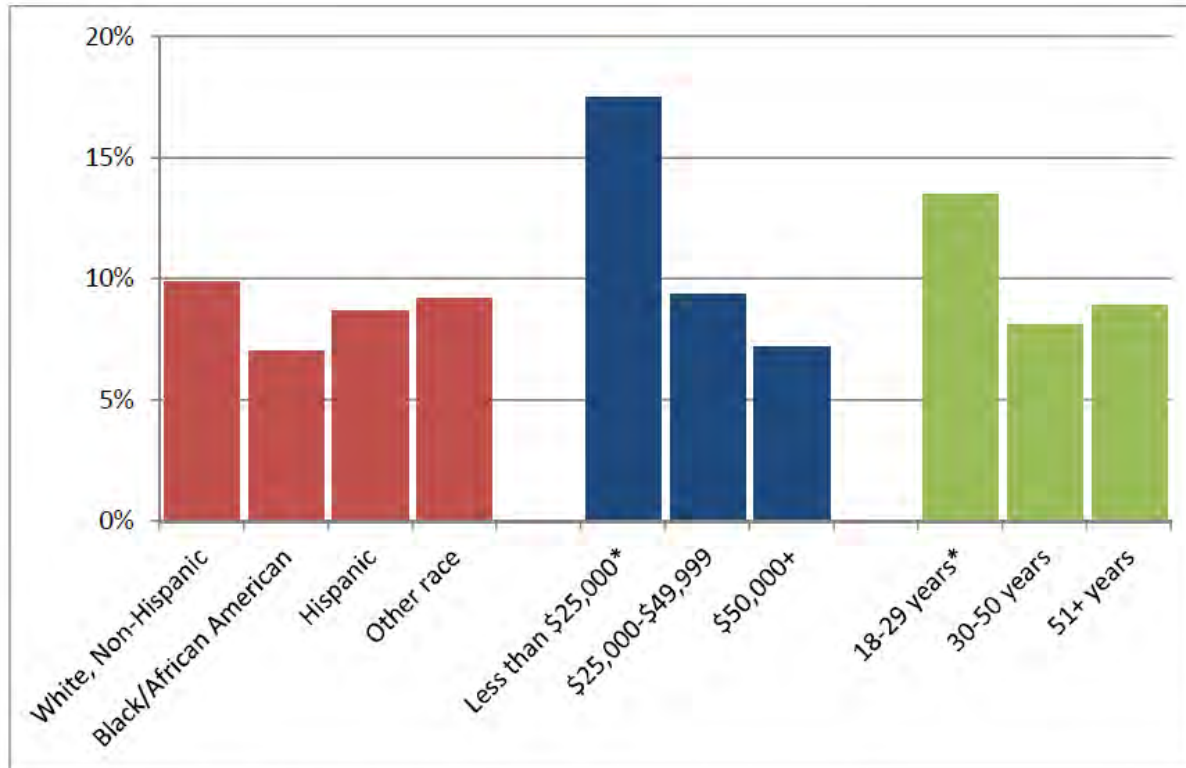
**Tri-County**  
Health Department

# Poor Mental Health Days TCHD Area 2012-15



# Poor Mental Health Days TCHD Area by Demographic Group

**Figure 21. Percent of adults who reported their mental health was not good on 14 or more days in past month by race/ethnicity, household income, and age group, Adams, Arapahoe, and Douglas Counties, 2013-2015**



Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment

\*Indicates significant difference

# Mental Health Among Youth, Tri-County Area

**Table 18. Select mental health indicators among 9<sup>th</sup>-12<sup>th</sup> grade student population, Adams County, Arapahoe County, Douglas County, and Colorado, 2015**

|  | Adams County | Arapahoe County | Douglas County* | Colorado |
|--|--------------|-----------------|-----------------|----------|
| Students who reported their mental health was not good on 14 or more days during the past 30 days    | 16.0%        | 16.9%           | 13.6%           | 17.6%    |
| Students who seriously considered attempting suicide during the past 12 months                       | 18.8%        | 16.3%           | 14.1%           | 17.4%    |
| Students who made a plan about how they would attempt suicide during the past 12 months              | 14.7%        | 12.9%           | 10.6%           | 14.1%    |
| Students who actually attempted suicide one or more times during the past 12 months                  | 8.4%         | 6.1%            | 5.3%            | 7.8%     |
| Students who sustained an injury after attempting suicide and had to be treated by a doctor or nurse | 2.5%         | 2.1%            | 2.1%            | 3.0%     |

Source: Healthy Kids Colorado Survey, Colorado Department of Public Health and Environment

\*Douglas County data are from the 2013 survey



# Barriers to Seeking Mental Health Services, Tri-County Area

**Table 19. Barriers to mental health treatment among individuals in total population, Adams, Arapahoe, Douglas Counties, and Colorado, 2015**

|  | Adams County | Arapahoe County | Douglas County | Colorado |
|--|--------------|-----------------|----------------|----------|
| Needed mental health care or counseling services but did not get it at that time during the past 12 months       | 8.1%         | 8.8%            | 5.9%           | 9.0%     |
| Of individuals who did not receive needed mental health care, reasons for not getting needed mental health care: |              |                 |                |          |
| <i>"You were concerned about the cost of treatment"</i>  | 78.2%        | 45.9%           | 66.7%          | 57.3%    |
| <i>"You did not feel comfortable talking with a health professional about your personal problems"</i>            | 29.2%        | 38.9%           | NA*            | 40.2%    |
| <i>"You were concerned about what would happen if someone found out you had a problem"</i>                       | 26.8%        | 27.8%           | NA*            | 27.6%    |
| <i>"You had a hard time getting an appointment"</i>  | 21.8%        | 35.5%           | NA*            | 34.0%    |
| <i>"You did not think your health insurance would cover it"</i>  | 38.4%        | 11.0%           | NA*            | 43.3%    |
| <i>"You did not seek an appointment because you were uninsured"</i>  | 77.0%        | NA*             | NA*            | 65.2%    |

Source: Colorado Health Access Survey, Colorado Health Institute

\*NA indicates region did not have large enough sample to provide data on the question.

# Pregnancy-Related Depression in Tri-County Area

**Table 20. Stress and pregnancy related depression among new mothers, Adams County, Arapahoe County, Douglas County, and Colorado, 2012-2014**

|   | Adams<br>County | Arapahoe<br>County | Douglas<br>County | Colorado |
|---|-----------------|--------------------|-------------------|----------|
| Experienced 1 or more major stressful event in the 12 months before becoming pregnant                             | 69.5%           | 70.7%              | 58.1%             | 71.8%    |
| Visited a health care worker and was checked for depression and anxiety in the 12 months before becoming pregnant | 21.2%           | 14.9%              | 18.0%             | 18.0%    |
| Reported any depression during pregnancy  | 13.1%           | 11.7%              | 5.3%              | 9.6%     |

# Reducing Mental Health Stigma: Let's Talk Colorado

- Mental health a top public health priority in CO
- Stigma reduces willingness to seek care for self, others
- **Lets talk**
  - Collaborative campaign across Metro Denver
  - Kick-off May 2017: MH Awareness Month
  - Key message: *It's OK to*
    - *Talk*
    - *Seek help*
    - *Ask for help*
  - 150+ collaborating organizations thus far

**IT'S OK** to talk about mental illness

IT'S OK TO HAVE A MENTAL ILLNESS - MANY OF US DO.

One in four Coloradans experience a mental illness each year. Mental illnesses are treatable health conditions, but people are still afraid to talk about them due to shame, misunderstanding, negative attitudes and fear of discrimination.

IT'S OK TO FEEL THE WAY YOU ARE FEELING.

Mental illness is not imaginary. Mental illnesses are very real and very common. Mental illnesses cannot be willed away. They are medical conditions that do not define us.

IT'S OK TO ASK FOR HELP.

Most mental illnesses can be treated effectively with medication, therapy, diet, exercise and support.

IT'S OK TO REACH OUT.

If you think you know someone struggling with mental illness, what can you do? Talk. Listen. Replace awkward silence with questions and understanding.

To learn more about starting a conversation about mental illness visit [www.LetsTalkCO.org](http://www.LetsTalkCO.org)

LET'S TALK

# Lets Talk Colorado: May 1 Launch



HOME ABOUT US CONTACT US PARTNERSHIP OPPORTUNITIES MEDIA CONTACT US

It's time to talk about mental illness.

## Are you in need of help NOW?

If you or someone you know is in need of support, please contact Colorado Crisis Services at 1-844-438-TALK (8255), toll-free TALK at 303-255-0100 or go to [www.coloradocrisiservices.org](http://www.coloradocrisiservices.org) to access a live chat available in 17 languages.

Help and hope are available 24/7/365.



## PROCLAMATION EVENT MAY IS MENTAL HEALTH MONTH

**MAY 1, 2017  
NOON-1PM**

**COLORADO STATE CAPITOL, 1<sup>ST</sup> FLOOR WEST  
FOYER, DENVER**

Join Mental Health Colorado and the Colorado Behavioral Health Council for an event celebrating Mental Health Month. Her Excellency Governor Denney Lynne will read the Governor's Proclamation declaring May Mental Health Month. One million Coloradans - one of every four - experience a mental health disorder or substance use disorder each year. The issue affects everyone. Join us as peers and professionals share their stories about Mental Health. We aim to create awareness and change lives.



For more information or to contact the Colorado Behavioral Health Council, please contact us at [www.coloradocrisiservices.org](http://www.coloradocrisiservices.org).

[Campaign video](#)



## Aurora health campaign aims to help immigrants, refugees

The campaign encourages healthy living to help improve the quality of life of Aurora immigrants and refugees — many of who do not have access to regular health services. The plan addresses annual medical checkups, healthy eating, exercise, rest and balance

By Cassandra Ballard, Staff writer, Updated: April 13, 2017 3:18 pm

**AURORA** | The city of Aurora has partnered with other area health agencies to launch a campaign aimed to improve the wellness of immigrants and refugees living in Aurora.

The Office of International and Immigrant Affairs and Tri-County Health Department last week at the Aurora History Museum launched "Health Powers Life." The campaign encourages healthy living to help improve the quality of life of Aurora immigrants and refugees — many of who do not have access to regular health services. The plan addresses annual medical checkups, healthy eating, exercise, rest and balance.

Along with physical health, the plan addresses awareness and prevention of mental illness, too. The first step is to reduce the stigma and open conversation so people feel comfortable to talk about mental illness, said Dr. John Douglas, executive director of the Tri-County Health Department.

"We would like to normalize the concept that your behavioral health, your mental health is a key aspect of your overall health and well-being," Douglas said.



**LA SALUD ES LA FUERZA DE LA VIDA**

*La salud es todo.*



Cuidado médico anual



Dieta saludable



Ejercicio



Descanso



Atención

*Adelante con tu salud.*




Office of International and Immigrant Affairs



# Pregnancy-Related Depression Public Awareness Campaign

- Pilot fall 2016
- Launch April 2017 across Denver Metro area, NE CO
- Supported by SJR 17-037 designating Natl Maternal Health Awareness Week
  - Authorizes Medicaid to increase reimbursement for screening consistent with national guidelines
- Additional foundation funding will allow extension through Dec 2018
- Aligned with Lets Talk CO



**YOU ARE NOT ALONE**

Having a baby wasn't supposed to feel like this

For women with pregnancy-related depression and anxiety, each day can be a struggle. Having a new baby is hard but we can help make it easier for you.

You are not alone. You are not to blame. You can get help.  
postpartum.net/colorado  
1.800.944.4773 (se habla español)

First Regular Session  
Seventy-first General Assembly  
STATE OF COLORADO

INTRODUCED

LLS NO. R17-1176.01 Gwynne Middleton x4340 SJR17-037

SENATE SPONSORSHIP

Moreno,

HOUSE SPONSORSHIP

Michaelson Jenet,

Senate Committees House Committees

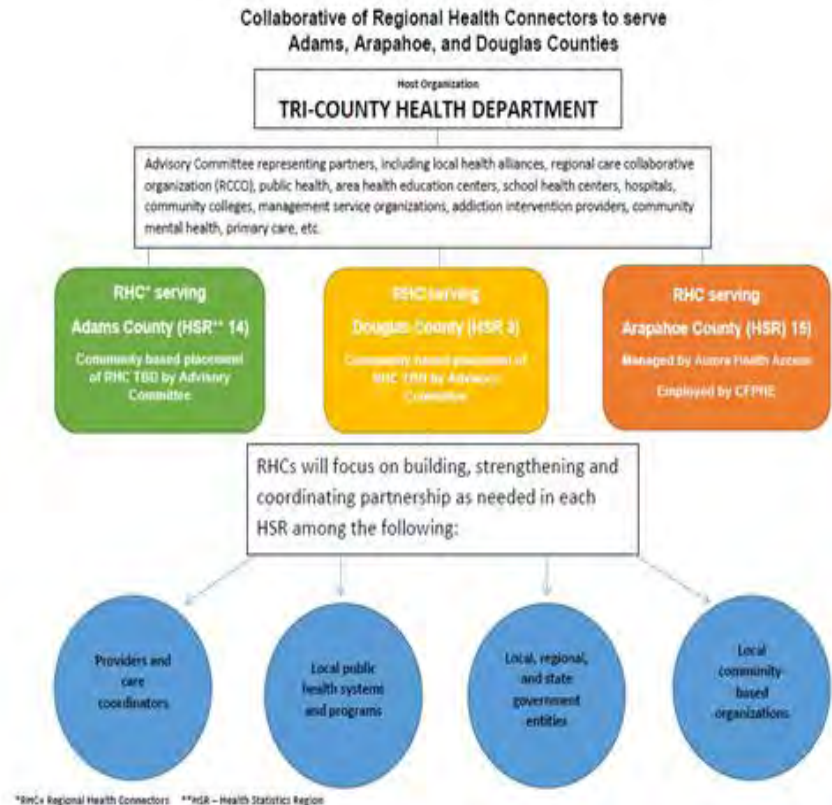
SENATE JOINT RESOLUTION 17-037

101 CONCERNING THE DESIGNATION OF MAY 1 THROUGH MAY 7, 2017, AS

102 "NATIONAL MATERNAL HEALTH AWARENESS WEEK".

# Addressing Mental Health as a Public Health Issue: Other Efforts

- State Innovation Model Local Public Health Agency grant
  - Collaboration with Metro area LPHAs
  - 3-year grant to
    - Address mental health stigma
    - Enhance screening, referral, treatment
- SIM-funded Regional Health Connectors
  - TCHD coordinating network of one in each county
  - Purpose: connect health care provider systems with other community resources focusing on Behavioral Health and CV disease prevention



# Possible Impact of Federal Policy Change on Health

- ACA repeal/ACHA passage
  - Medicaid access
  - Essential health benefits (which include mental health/substance abuse RX, womens reproductive health provisions)
  - Prevention and Public Health Fund (13% of CDC's budget, trickles down to CO and TCHD)
- Actions without statutory change
  - Eliminating cost-sharing reductions for lower-income individuals who buy health plans on the ACA marketplaces could unsettle insurance markets
  - Lack of IRS enforcement of penalties for not having insurance could also impact insurance markets.
- Executive order allowing states not to provide federal funds to agencies that provide abortion services (eg, Planned Parenthood) could impact us if CO implemented since PP provides an important part of FP and other reproductive health services
- Threatened budget cuts to EPA (various air and water programs), Dept Ag (WIC funding)



# Impacts of Possible Funding Cuts in Health Care and Public Health if ACA is Repealed on Adams County

| Funding Recipient | Program  | Funding amount/Persons impacted   | Source of funds                           |
|-------------------|--|---|---|
| TCHD              | Medicaid payment for Public Health Services                      | Est \$238,000/yr  | CMS via Dept Health Care Policy Financing |
| TCHD              | Prevention and Public Health Fund                                | Est. \$97,000/yr  | CDC via Dept Public Health Environment    |
| TCHD              | Mental health grant through State Innovation Model (SIM)         | \$105,000/yr X 3 yrs  | CMMI via Governor's Office                |
| TCHD              | Regional Health Connector grant through SIM                      | \$115,000/yr X 2 yrs  | CMMI via Governor's Office                |
| HCPF              | Medicaid enrollment for Adams County (HCPF calculations 2015-16) | --Total # enrolled: 146,426<br>--# enrolled by expanded criteria: 37,997 (26%)<br>--Total Expenditures: \$716,034,795 | CMS                                       |

# Summary

- Substance abuse and mental health are important health issues in CO and Adams County
- Addressing both requires
  - Reducing stigma
  - Increasing prevention and treatment capacity
  - Enhancing community partnerships across multiple sectors
  - Better data and community wide information
  - Supportive federal health policy
- TCHD would like to grow its collaborative role to address these issues

# Questions



## STUDY SESSION AGENDA ITEM

|  |
|--|
| <b>DATE:</b> April 25, 2017                              |
| <b>SUBJECT:</b> Human Services Center at Park 12 Hundred |
| <b>FROM:</b> Seán Braden, Project Manager                |
| <b>AGENCY/DEPARTMENT:</b> Facility Planning & Operations |
| <b>ATTENDEES:</b> Human Services Department              |
| <b>PURPOSE OF ITEM:</b> Project Update                   |
| <b>STAFF RECOMMENDATION:</b> n/a                         |

### **BACKGROUND:**

Presentation is for general update of construction on the Human Services Center.

### **AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:**

Human Services  
County Manager's Office

### **ATTACHED DOCUMENTS:**

Power Point Presentation

**FISCAL IMPACT:**

Please check if there is no fiscal impact . If there is fiscal impact, please fully complete the section below.

**Fund:** TBD

---

**Cost Center:** TBD

---

|  | Object Account | Subledger | Amount |
|--|----------------|-----------|--------|
| Current Budgeted Revenue:                          |                |           |        |
| Additional Revenue not included in Current Budget: |                |           |        |
| <b>Total Revenues:</b>                             |                |           | <hr/>  |

|   | Object Account | Subledger | Amount |
|---|----------------|-----------|--------|
| Current Budgeted Operating Expenditure:                     |                |           |        |
| Add'l Operating Expenditure not included in Current Budget: |                |           |        |
| Current Budgeted Capital Expenditure:                       |                |           |        |
| Add'l Capital Expenditure not included in Current Budget:   |                |           |        |
| <b>Total Expenditures:</b>                                  |                |           | <hr/>  |

**New FTEs requested:**                     YES             NO


**Future Amendment Needed:**         YES             NO


**Additional Note:**

n/a

**APPROVAL SIGNATURES:**

**APPROVAL OF FISCAL IMPACT:**

  
\_\_\_\_\_  
Raymond H. Gonzales, Interim County Manager

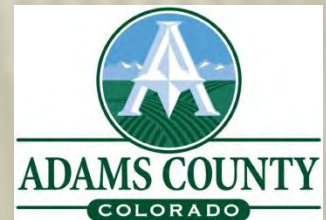
  
\_\_\_\_\_  
Manny Duran  
Budget / Finance

  
\_\_\_\_\_  
Bryan Ostler, Interim Deputy County Manager

# Project Update

April 25, 2017

## HUMAN SERVICES CENTER AT PARK 1200



# PROJECT UPDATE - OVERVIEW

- × VGI's
- × Project Progress
  - + Construction
  - + Furniture, Fixtures & Equipment (FF&E)
  - + Progress Photographs
- × BUG & Change Management
- × Move Management & Moving
- × Public Awareness
- × Ribbon Cutting

# VISIONING & GOALS

Maximize Natural Light  
Employee Café  
Improve collaboration  
Vibrancy  
Employee Fitness Area  
Improve Employee efficiency  
Safety, security and integrated client confidentiality  
Intuitive way finding  
Outdoor Spaces  
Take the work seriously but not ourselves  
Have Fun  
Building should be a beacon in the community

## IMPERATIVES

Deliver Client Services all on one level

Able to be maintained for 100 years

Equity for all Employees

All Divisions are to be co-located

## GOALS

Redefine the Customer Experience

Transform the Delivery of Human Services

“Elevate perception and address what people can be.”

“Beautiful environments create beautiful people” – Bill Strickland

## VISION



# PROJECT PROGRESS

## × Construction Progress

- + Approximately 80% Work-in-Place

## × FF&E:

- + Furniture Procurement Completed

- + Furniture Selections (*Style, Finishes, etc.*) Completed

  - × Ordering Ongoing / Phased Schedule

  - × Approximately \$5.6M

  - × Installation: Part for C of O / Part after C of O

- + IT Equipment Procurement Completed

  - × Ordering Ongoing

  - × Approximately \$0.5M

# PROJECT PROGRESS

## × Budget

+ Overall Budget (\$84.65M): Under Budget

## × Schedule (approximately 5 months left)

+ Originally Planned Substantial Completion June 2017 – Extended 2 months for Statutory Growth

+ Certificate of Occupancy (C of O) anticipated middle August 2017

+ Planned Move: September 8 to September 17

+ Ribbon Cutting: anticipated Early October

# PROGRESS PHOTOGRAPHS - EXTERIOR



Main Entrance – January 2016



Main Entrance – October 2016



Main Entrance – March 2017



Main Entrance – July 2016



Main Entrance – Sept. 2016



Main Entrance – April 2017

# PROGRESS PHOTOGRAPHS - EXTERIOR



Front Lobby Design Rendering – October 2015



Front Lobby Construction – April 2017



Employee Entrance – June 2016



Employee Entrance – August 2016



Employee Entrance – March 2017

# PROGRESS PHOTOGRAPHS - INTERIOR



Main Lobby – Sept. 2016



Main Lobby – March 2017



2<sup>nd</sup> Floor Staff Area – Sept. 2016



2<sup>nd</sup> Floor Staff Area – March 2016

# BUILDING USERS GROUP (BUG)

## × Critical Component of Project Input

### + 4 Subgroups:

- × Furniture
- × Change Management
- × Move Management
- × Solutions & Communications

### + Monthly Meetings (Entire Group & Subgroups)

- × Purge Days
- × Open Houses
- × Regular Communications

# CHANGE MANAGEMENT

## × Change Management Efforts

### + Focus on Employee Transition and Impact

- × Provide Assistance, Deal with Fears, and Ensure Customer Service is maintained through transition

### + Championed by BUG and Human Services

- × Supervisor Meetings
- × Surveys, FAQ's, Communications
- × All Staff Meeting on May 3
- × Transition Planning

# MOVE MANAGEMENT & MOVING

## × Move Manager & Planning

- + Procurement Complete – January 2017
- + Several On-Site and Planning Meetings Held
  - × Recurring Meetings with BUG & Subgroup (monthly)
  - × Recurring Meetings with Project Team (weekly)
- + Move Schedule planned around Customer Service Functions (highest priority)

## × Move Agent Procurement

- + RFP in Progress
- + Anticipate Procurement Complete in July 2017



# PUBLIC AWARENESS

- × Planning Ongoing for Public Awareness Campaign
  - + Championed by Human Services / BUG
  - + Coordinating with PIO Office
  - + Will formally commence in May 2017
  - + Will increase in intensity as we get nearer to move & occupancy dates
  - + Focus is on Customer Service as first priority

# RIBBON CUTTING

## × Milestone Schedule

- + Anticipated C of O: August 2017
- + Relocation: September 8 – 17, 2017
- + Ribbon Cutting: Early October 2017

| 9/3/2017 - 10/14/2017 |                   |                                 |                   |                   |                   |                   |
|-----------------------|-------------------|---------------------------------|-------------------|-------------------|-------------------|-------------------|
| Sunday                | Monday            | Tuesday                         | Wednesday         | Thursday          | Friday            | Saturday          |
| September 3           | 4                 | 5                               | 6                 | 7                 | 8                 | 9                 |
|                       | <b>Labor Day</b>  |                                 |                   |                   | <b>Relocation</b> | <b>Relocation</b> |
| 10                    | 11                | 12                              | 13                | 14                | 15                | 16                |
| <b>Relocation</b>     | <b>Relocation</b> | <b>Relocation</b>               | <b>Relocation</b> | <b>Relocation</b> | <b>Relocation</b> | <b>Relocation</b> |
| 17                    | 18                | 19                              | 20                | 21                | 22                | 23                |
| <b>Relocation</b>     |                   |                                 |                   |                   |                   |                   |
| 24                    | 25                | 26                              | 27                | 28                | 29                | 30                |
|                       |                   |                                 |                   |                   |                   |                   |
| October 1             | 2                 | 3                               | 4                 | 5                 | 6                 | 7                 |
|                       |                   | <b>Potential Ribbon Cutting</b> |                   |                   |                   |                   |
| 8                     | 9                 | 10                              | 11                | 12                | 13                | 14                |
|                       |                   | <b>Potential Ribbon Cutting</b> |                   |                   |                   |                   |

# THE END

---



## STUDY SESSION AGENDA ITEM

|   |
|---|
| <b>DATE:</b> April 25, 2017   |
| <b>SUBJECT:</b> Homelessness Study – Next Steps   |
| <b>FROM:</b> Chris Kline, Human Services and Joelle Greenland, Community & Economic Development   |
| <b>AGENCY/DEPARTMENT:</b> County Manager’s Office   |
| <b>ATTENDEES:</b> Herb Covey, Human Services<br>Nathan Mosley, Parks & Open Space<br>Norman Wright, Community & Economic Development<br>Joshua Kennedy, Sheriff’s Office  |
| <b>PURPOSE OF ITEM:</b> To discuss the Community Enrichment Committee’s (CEC) recommendation concerning the Homelessness Study (Study), and to receive approval from the Board to proceed accordingly.                            |
| <b>STAFF RECOMMENDATION:</b> To hire a Community Enrichment Coordinator, who will lead the County’s homelessness efforts, as well as focusing on other community enrichment efforts as outlined in the Community Enrichment Plan. |

### **BACKGROUND:**

During the summer of 2016 Adams County engaged the professional services of The Burnes Center on Poverty and Homelessness to examine the growth of the homeless population around the Clear Creek and South Platter River corridor of Adams County, as well as looking broadly at the County’s short, mid and long-term strategies for addressing homelessness. On February 7, 2017, representatives of the Burnes Center met with the Board to discuss their recommendations.

### **RECOMMENDATIONS:**

After reviewing the Study’s overall recommendations, the CEC felt it prudent to focus on the 1-3 year recommendations (see attached) as follows:

1) Formalize an internal steering committee made up of representatives from the following departments: County Manager’s Office, Community & Economic Development; Parks and Open Space, Sheriff’s Office, District Attorney’s Office, Cultural Affairs and Human Services;

2) Approval for one new FTE (classification and cost to be determined) to serve as the Community Enrichment Coordinator who would be assigned overall strategic planning and coordination of the Community Enrichment Plan to include addressing specific priorities regarding homelessness;

3) Develop a work plan for implementing recommendations 1-5 and 7 from the Study.

4) Complete a feasibility analysis for recommendations 6 and 8-13.

The CEC will work with Human Resources to develop a job description to ensure the correct skills and experience are obtained as well as to better define the cost associated with the FTE.

**AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:**

County Manager's Office  
Human Services Department  
Parks and Open Space Department  
Community & Economic Development Department  
Sheriff's Office

**ATTACHED DOCUMENTS:**

Power Point  
Burnes Center's 1-3 Year Recommendations

**FISCAL IMPACT:**

Please check if there is no fiscal impact . If there is fiscal impact, please fully complete the section below.

**Fund:**

**Cost Center:**

|  | Object Account | Subledger | Amount |
|--|----------------|-----------|--------|
| Current Budgeted Revenue:                          |                |           |        |
| Additional Revenue not included in Current Budget: |                |           |        |
| <b>Total Revenues:</b>                             |                |           |        |

|   | Object Account | Subledger | Amount |
|---|----------------|-----------|--------|
| Current Budgeted Operating Expenditure:                     |                |           |        |
| Add'l Operating Expenditure not included in Current Budget: |                |           |        |
| Current Budgeted Capital Expenditure:                       |                |           |        |
| Add'l Capital Expenditure not included in Current Budget:   |                |           |        |
| <b>Total Expenditures:</b>                                  |                |           |        |

New FTEs requested:             YES             NO

Future Amendment Needed:     YES             NO

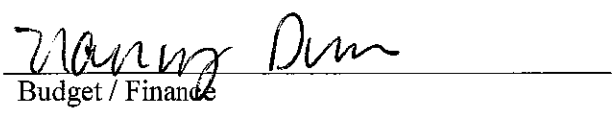
**Additional Note:**

The CEC will work with Human Resources to develop a job description to ensure the correct skills and experience are obtained as well as to better define the cost associated with the FTE.

**APPROVAL SIGNATURES:**

**APPROVAL OF FISCAL IMPACT:**

  
Raymond H. Gonzales, Interim County Manager

  
Nancy Durr  
Budget / Finance

\_\_\_\_\_  
Bryan Ostler, Interim Deputy County Manager

ATTACHMENT  
Burnes Center's 1-3 Year Recommendations

- 1: The County should convene a group to develop a 10 Year Plan to address homelessness.
- 2: The County should develop a plan to evaluate its efforts to address homelessness.
- 3: The County should approach future efforts to address homelessness as a seamless system of services rather than as a series of individual services and agencies.
- 4: The County should hire a homelessness services coordinator.
- 5: The County should improve and expand its communication and coordination between county government offices and its network of housing providers including the Adams County Housing Authority.
- 6: The County should provide dedicated alternative safe, secure, dignified, habitable space for persons not willing to go to shelters.
- 7: The County should provide some assistance to the Sheriff and Deputy Sheriffs that patrol the encampments.



# Homelessness Study Recommendations Follow-Up





## Recommendation #1:

- Formalize an internal/external steering committee representing:
  - ✓ County Manager's Office
  - ✓ Community and Economic Opportunity
  - ✓ Parks and Open Space
  - ✓ Sheriff's Office
  - ✓ District Attorney's Office
  - ✓ Human Services
  - ✓ Non-profit agencies
  - ✓ Municipalities



## Recommendation #2:

- Approval for one new FTE (classification and cost to be determined) to serve as the Community Enrichment Coordinator
  - ✓ Position would be assigned overall strategic planning and coordination of the Community Enrichment Plan to include addressing specific priorities regarding homelessness and poverty.
  - ✓ This position would also serve as a liaison for mobile home park communities.



## Recommendation #3A:

- Develop a work plan for implementing recommendations 1-3, 5 and 7 from the Burnes Center on Poverty & Homelessness county assessment.
- ✓ Convene a group to develop a 10 Year Plan to address homelessness.
- ✓ Develop a plan to evaluate its efforts to address homelessness.
- ✓ Address homelessness as a seamless system of services rather than as a series of individual services and agencies.
- ✓ Improve and expand its communication and coordination between county government offices and its network of housing providers including the Adams County Housing Authority.
- ✓ Provide some assistance to the Sheriff and Deputy Sheriffs that patrol the encampments.



## Recommendation #3B:

- Complete a feasibility analysis for recommendations 6 and 8-13.
- ✓ The County should provide dedicated alternative safe, secure, dignified, habitable space for persons not willing to go to shelters.
- ✓ The county should provide more available shelter space for families and for single adults.
- ✓ The county should explore creating service jobs for those in the encampments and for others experiencing homelessness similar to the Denver Day Works program.
- ✓ The county should pay much more attention to homelessness prevention.
- ✓ The county should develop strategies to locate services where the people are, rather than providing services in a central location.
- ✓ The County should create more affordable/attainable housing for its poorest residents.
- ✓ The County should form partnerships with surrounding county governments and service providers to develop a true regional approach to address homelessness.



## Next Steps:

Place FTE on 2<sup>nd</sup> Quarter Budget Amendment

Work with Human Resources to develop a job description to ensure the correct skills and experience are obtained as well as to better define the cost associated with the FTE.



# Questions