



ADAMS COUNTY

COLORADO
BOARD OF COUNTY COMMISSIONERS

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

**STUDY SESSION AGENDA
TUESDAY
September 24, 2019**

ALL TIMES LISTED ON THIS AGENDA ARE SUBJECT TO CHANGE

10:00 A.M.	ATTENDEE(S):	Katie Griego / Robert Sheetz
	ITEM:	Veteran Services Update
10:30 A.M.	ATTENDEE(S):	Dr. John Douglas, Tri-County Health Department
	ITEM:	Tri-County Health Budget Presentation
11:30 A.M.	ATTENDEE(S):	John Russell, Dentons
	ITEM:	Federal Lobbyist Update
12:00 P.M.	ATTENDEE(S):	Jill Jennings Golich / Katie Keefe / Keith Huck
	ITEM:	Oil and Gas Monthly Update
12:30 P.M.	ATTENDEE(S):	Raymond Gonzales
	ITEM:	Administrative Item Review / Commissioners Communication

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

AGENDA IS SUBJECT TO CHANGE



STUDY SESSION AGENDA ITEM

DATE: September 24, 2019
SUBJECT: Veteran Services Update
FROM: Robert J. Sheetz
AGENCY/DEPARTMENT: Human Services
ATTENDEES: Katie Griego, Robert Sheetz
PURPOSE OF ITEM: Update on Veteran Services
STAFF RECOMMENDATION: Informational

BACKGROUND:

Updates on Veteran Services, the Veterans Memorial and the Pilot program between Veteran Services and the Denver Vet Center.

AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:

Adams County Human Services

ATTACHED DOCUMENTS:

PowerPoint (4 slides)

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:			
Total Revenues:			

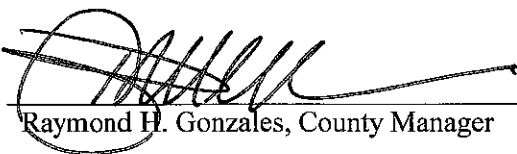
	Object Account	Subledger	Amount
Current Budgeted Operating Expenditure:			
Add'l Operating Expenditure not included in Current Budget:			
Current Budgeted Capital Expenditure:			
Add'l Capital Expenditure not included in Current Budget:			
Total Expenditures:			

New FTEs requested: YES NO

Future Amendment Needed: YES NO

Additional Note:

APPROVAL SIGNATURES:




Raymond H. Gonzales, County Manager

Alisha Reis, Deputy County Manager

Bryan Ostler, Deputy County Manager

Chris Kline, Deputy County Manager

APPROVAL OF FISCAL IMPACT:



Budget



Veteran Services

Robert J Sheetz

Veterans Services

- ▶ Veterans Day Boards
- ▶ Veterans Data
 - ▶ Economic Security
 - ▶ Access to Services/ Resources
 - ▶ Housing



4,327

Veterans & Families Assisted

\$8M+

Department of Veteran
Affairs New Benefits
Established



Denver Vet Center Pilot Program

- ▶ The Adams County Access Point was a pilot started in January of 2019 designed to provide access to care for Veterans in and around the Adams County area. The pilot is designed to incorporate innovation, connection, partnership, and community to establish protective factors that will reduce Veteran Suicide and meet the expectations for the Governor's Challenge.
- ▶ Since January 2019 we have had 150 contacts with veterans
 - ▶ 35 are newly established contacts not previously seen by the VA or Vet Center

Testimonials

- ▶ Greg:
 - ▶ I learned a lot from this and that I wasn't alone, there are others like me and are dealing with similar challenges. By having the help from the Vet Center, it changed my life.
- ▶ Allison:
 - ▶ There do not seem to be many resources near where I live. Having Vet Center resources at the Adams County building has been great! I usually have to drive much further for access to VA and Vet Center resources.



Veterans Memorial

USS COLORADO BATTLESHIP
SEATING, RAILING, DECKING, SHELTERS,
INTERPRETIVE ELEMENTS TO TAKE ON
CHARACTER OF BATTLESHIP

STONE SHORELINE STABILIZATION

BOLLARDS WITH LARGE DIAMETER ROPE
BETWEEN TO TAKE ON NAUTICAL CHARACTER

"GROTTO" WALL WITH INTERPRETIVE
IMAGERY, TEXT TO CELEBRATE VETERANS

ADAMS COUNTY LOGO
IN PAVEMENT DESIGN

TERRACED SEATING

SHADE SHELTERS

DECORATIVE PAVEMENT

STONE SEATING IN SHAPE

BATTLESHIP OUTLINE D

INTERPRETIVE ELEMENT
OF EACH MILITARY BRANCH

INSPIRATIONAL WALL

BIKE RACKS

RESTROOM

PLANTERS

USS COLORADO

PRIORITY





STUDY SESSION AGENDA ITEM

DATE: September 24, 2019
SUBJECT: 2020 Budget Request, Tri-County Health Department
FROM: Tri-County Health Department
AGENCY/DEPARTMENT: Tri-County Health Department
ATTENDEES: Dr. John Douglas
PURPOSE OF ITEM: 2020 Budget Request
STAFF RECOMMENDATION:

BACKGROUND:

2020 Budget Request, Tri-County Health Department

AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:

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:

Cost Center:

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

New FTEs requested: YES NO

Future Amendment Needed: YES NO

Additional Note:

APPROVAL SIGNATURES:

Raymond H. Gonzales, County Manager

Alisha Reis, Deputy County Manager

Bryan Ostler, Deputy County Manager

Chris Kline, Deputy County Manager

APPROVAL OF FISCAL IMPACT:

Nancy Dumer

Budget

Tri-County Health Department 2020 Proposed Budget

John M. Douglas, Jr., MD
Executive Director
Tri-County Health Department

September 24, 2019

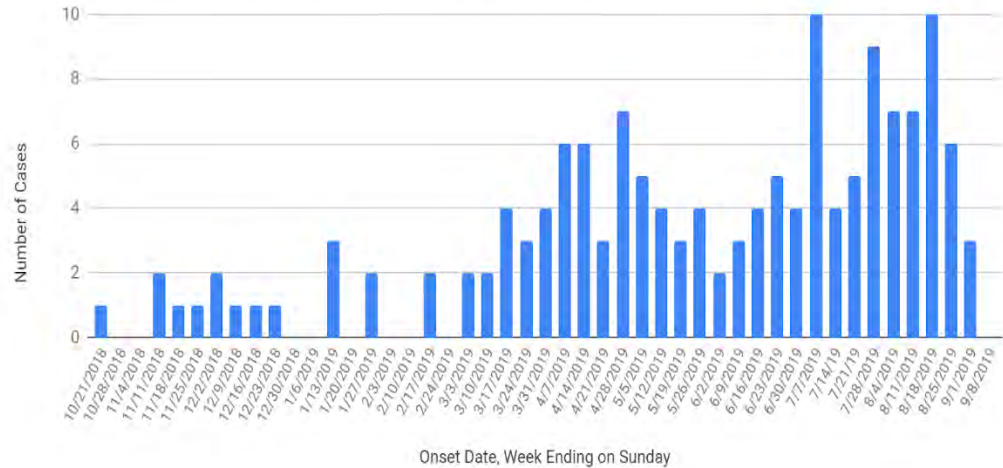
Overview

- Recent TCHD highlights
- FY20 3-County Budget Request
- FY20 Adams County Budget Request

Hepatitis A Outbreak

- Nationwide outbreak of Hepatitis A (HAV) in persons experiencing homelessness, incarceration, drug use
- Colorado outbreak since 10/18
 - 150 cases HAV (74% hospitalized)
 - 1 case of HAV in Douglas County Jail
 - 3 cases of HAV in Arapahoe County
- TCHD response
 - 24 vaccination clinics (644 IZ'd)
 - Douglas County Jail
 - Immunization (IZ) of inmates (105) and staff (150)
 - Working to develop plan to sustain inmate IZ
 - Arapahoe County Jail
 - IZ inmates (397)
 - Similar planning Adams County and Aurora City Jails
 - Developing pilot for ER IZ of high-risk persons

Outbreak-Associated Hepatitis A Cases in Colorado by Onset Week*, October 2018 - September 2019 (N=149**)



Growing Risk of Measles

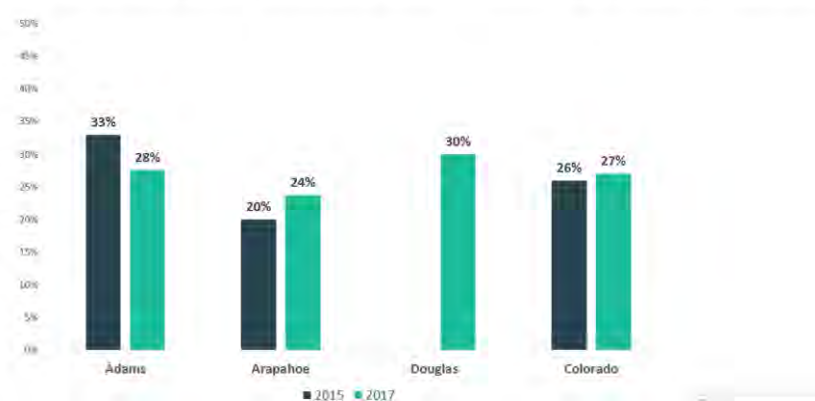
- As of 7/25—1,234 cases in US, most since 1992 and since measles was declared eliminated in 2000.
 - Most linked to international importations
 - Vast majority unvaccinated
- Colorado
 - Only 1 case to date
 - But lowest K MMR rate in US, 2017-18
 - Rates dropped further in 2018-19
- TCHD efforts to promote immunization (IZ)
 - Alerts to providers re awareness, testing, reporting
 - Measles education, messaging to schools
 - Media advisory about back-to-school clinics
 - Implement Shots-for-Tots clinics Adams Co
 - Expand IZ clinics in Douglas County



Youth Vaping: A Growing Concern

- Colorado ranks 1st in youth vaping
- Health issue
 - Nicotine addiction
 - Direct toxicity by vape chemicals to vaper and bystanders
- Public health responses
 - Education
 - New legislation
 - HB 19-1033 (local options enhanced)
 - HB 19-1076 (vape products included CO Clean Indoor Air Act)
 - Policy options
 - Local licensing, tax increases
 - Bans of flavored products
 - Raising legal age of purchase (T-21)
- Discussions with several city councils about policy options

Percent of high school students who had used an electronic cigarette in the past 30 days by county and year



Outbreak of Severe Pulmonary Disease Associated with Using E-cigarette Products

Investigation Notice

Posted August 30, 2019 at 5:15pm ET

CDC, U.S. Food and Drug Administration (FDA), state and local health departments, and other clinical and public health partners are investigating a multistate outbreak of severe pulmonary disease associated with e-cigarette product (devices, liquids, refill pods, and/or cartridges) use. This investigation is ongoing and has not identified a cause, but all reported cases have a history of using e-cigarette products.

E-cigarettes are devices that deliver an aerosol to the user by heating a liquid that usually contains nicotine, flavorings, and other chemicals. E-cigarettes can also be used to deliver marijuana or other substances.

On This Page

[Latest Outbreak Information](#)

[Recommendations for the Public](#)

[Symptoms of Severe Pulmonary Disease Reported by Some Patients in this Outbreak](#)

[Investigation Details](#)

[Key Resources](#)

Accomplishments of Recently Supported TCHD Positions: Cybersecurity

- Largest threats are ransomware and phishing attacks but types/methods of attack vectors change rapidly.
- Major sources are international (Russia, China, India)
- TCHD efforts led by Senior Network Security Administrator position who audits the firewall results, and proactively mitigates potential threats
- Key steps
 - Daily firewall audits to disseminate attack information & create new rules to combat emerging threats
 - Geo-Protection blocks all traffic from outside US
 - Secondary scan on all email messages for known virus payloads and checked against known blacklists for spam/virus-sending addresses
 - Member of All-Hazards North Central Region CO cybersecurity group to share insights
 - Third party security audit annually
 - Staff security training in 2020 as part of TCHD Strategic Plan
- NACCHO Promising Practice Award 2018

Threatlist: 68% of Overwhelmed IT Managers Can't Keep Up with Cyberattacks

Why Cities Are a Low-Hanging Fruit For Ransomware



Author:
Lindsey O'Donnell
July 15, 2019 | 9:00 am

In this first part of a two part series, Shawn Taylor with Forescout talks to Threatpost about lessons learned from helping Atlanta remediate and recover from its massive ransomware attack.

Ransomware attacks against local governments and cities are repeatedly making headlines, with crippling results on city operations and budgets.

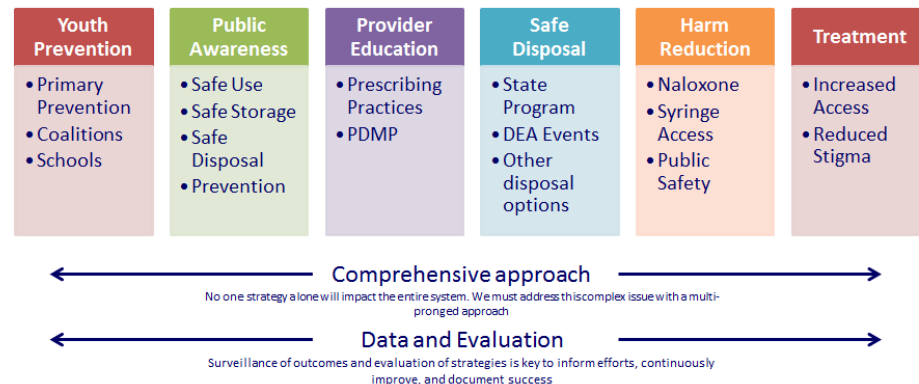
Tri-County Overdose Prevention Partnership

- Coalition of partners across our counties
- 6 overarching strategies in a comprehensive framework based on a foundation of data & evaluation
- Goals:
 - Decrease overdose deaths
 - Increase awareness and knowledge of overdose prevention and treatment strategies
 - Work with communities to increase engage and responsiveness



TRI-COUNTY
OVERDOSE
PREVENTION
PARTNERSHIP

Strategic Framework



Accomplishments of Recently Supported TCHD Positions: Substance Abuse Prevention

- Expanded support for TCOPP
 - Initiation of Treatment Work Group addressing treatment access and availability
 - Expanded support for Public Awareness Work Group – logo and website creation
 - Safe Disposal Work Group supported 5 new sites (now 30 total)
- Increased capacity to coordinate with other LPHAs and regional efforts
 - Currently participating in regional conversation around treatment capacity
- Early work to expand youth prevention activities in areas without grant funding

Key health outcome measures

- Deaths due to drug overdoses (opioids, other)
- Hospitalization due to drug overdose
- Youth substance use
 - Alcohol
 - Marijuana
 - Prescription drugs without a prescription
 - Controlled substances dispensed (% opioid)

Key program measures

- Youth prevention
 - # community coalitions actively engaged
 - # engaged partners in each coalition
- Public education
 - # public events
 - # media campaigns conducted
 - Campaign reach/impressions

Key Program Measures (cont)

- Provider training
 - # provider educational opportunities
 - # providers trained
- Disposal
 - # safe disposal locations
 - Pounds of medications collected
- Naloxone
 - # law enforcement agencies carrying/trained
 - # pharmacies dispensing
- Syringe access services
 - Clients served
 - Syringes distributed, collected, disposed
 - Naloxone kits distributed/used
- Treatment provider capacity

TCHD 2019-2024 Public Health Improvement Plan

Priority Area 1: Access to Mental and Physical Health Care Services

- Goal 1 Improve access to care through advocacy, policy development and implementation, and alignment of quality and/or performance measures
- Goal 2 Improve access to care through health insurance enrollment support and health care system navigation
- Goal 3 Decrease barriers to care

Priority Area 2: Mental Health

- Goal 1 Improve mental and behavioral health through advocacy, policy development and implementation, and shared performance measures
- Goal 2 Reduce poor health outcomes related to mental health

Priority Area 3: Health and Food

- Goal 1 Increase access to safe, nutritious, affordable and culturally relevant food, especially in communities with limited resources and communities of color
- Goal 2 Promote food security and healthy eating habits through messaging, education, advocacy, and policy development

Priority Area 4: Health and Housing (Developmental)

- Goal 1 Improve quality of housing for TCHD population, especially for those most vulnerable in our communities.*
- Goal 2 Improve access to attainable housing for TCHD population, especially for those most vulnerable in our communities.
- Goal 3 Prevent displacement of TCHD populations, especially for those most vulnerable in our communities.



STRATEGIC PLAN PRIORITY AREAS 2019-2024

1. Employee Retention and Development

A. Address competitive pay and benefits

B. Promote professional and leadership development and training opportunities for all

Succession planning

C. Assess workload & balance across agency

Ability to innovate within one's program or role

2. Excellence in Business Practices

A. Enhance technology and information systems

Align resources with goals

B. Standardize and enforce policies and procedures

C. Cultivate a culture of change management and quality improvement

Seek flexible and sustainable funding

3. Strengthen Organizational Culture

A. Improve trust and transparency

Create a culture of shared leadership & informed decision-making

B. Improve internal collaboration and communication

Share innovations and successes

4. Partner for Healthy Communities

Identify and respond to emerging public health issues

Serve as a community convener for work across sectors, issues, and geography

A. Increase policy and advocacy work

Strengthen strategic partnerships

B. Prioritize health equity and meaningful community engagement

Refine external communication strategies

Share data and analytic capacity

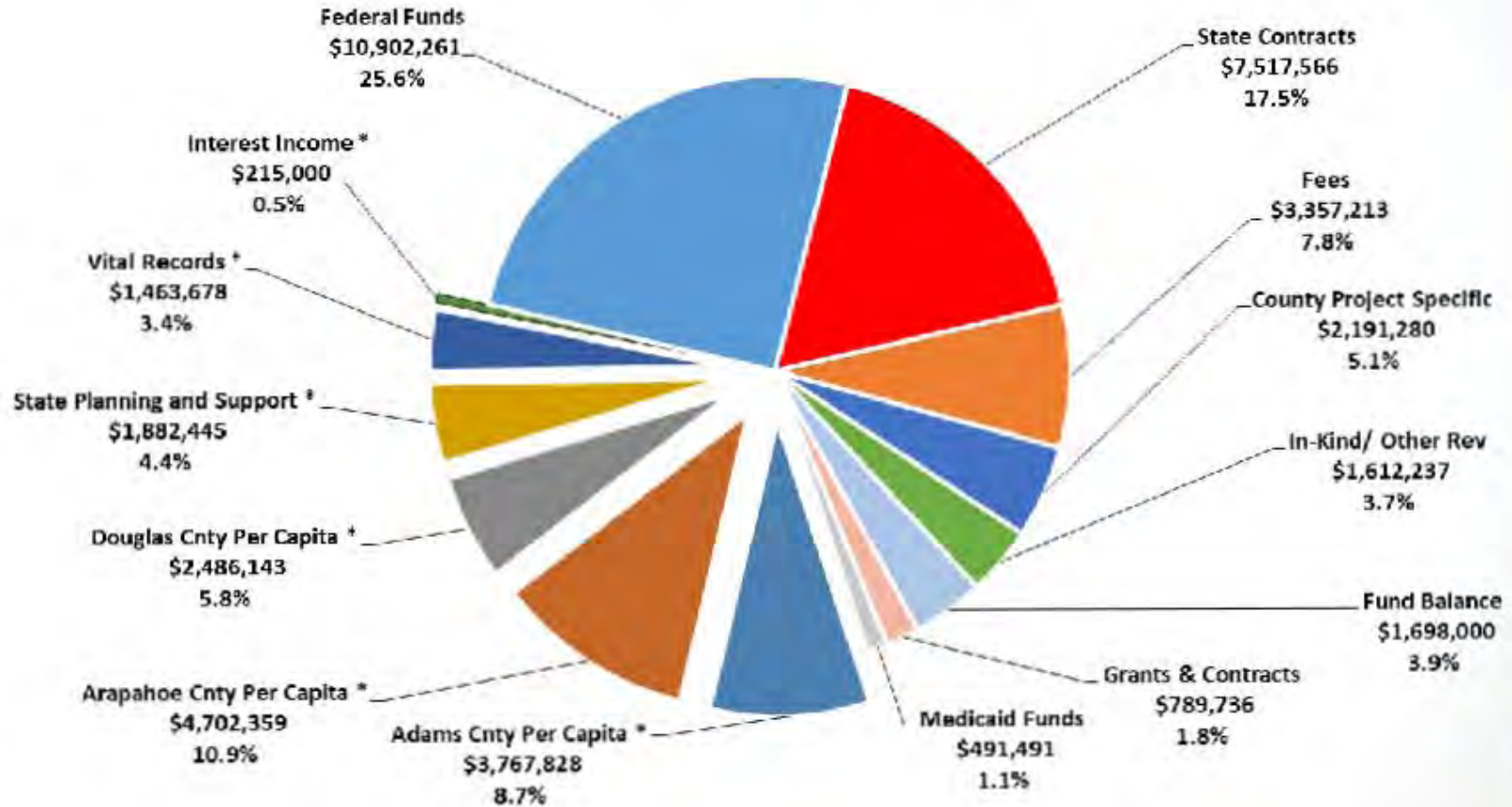
* Strategies in yellow denote Year 1 focus areas

National Recognition and Awards

- National Association of County and City Health Officials (NACCHO)
 - 2019 Model Practices:
 - *Radiation annex to TCHD Public Health Emergency Operations Plan*
 - *Aurora Syringe Access Services*
 - 2004-19
 - TCHD has received 23 Model Practices (plus 2 Metro-wide) over 16 consecutive years
- United States Department of Agriculture (USDA)
 - Loving Support Premiere Gold Award
 - Recognition of WIC Breastfeeding Peer Counselors
 - Award is rare and very prestigious

Tri-County Health Department 2020 Budget Request

FY 2020 Proposed Sources of Revenues Total of \$ 43,077,237



For all sources of revenue, FY 2020 Budget reflects a 2.8% revenue increase over FY 2019

*Source is General Fund Revenue

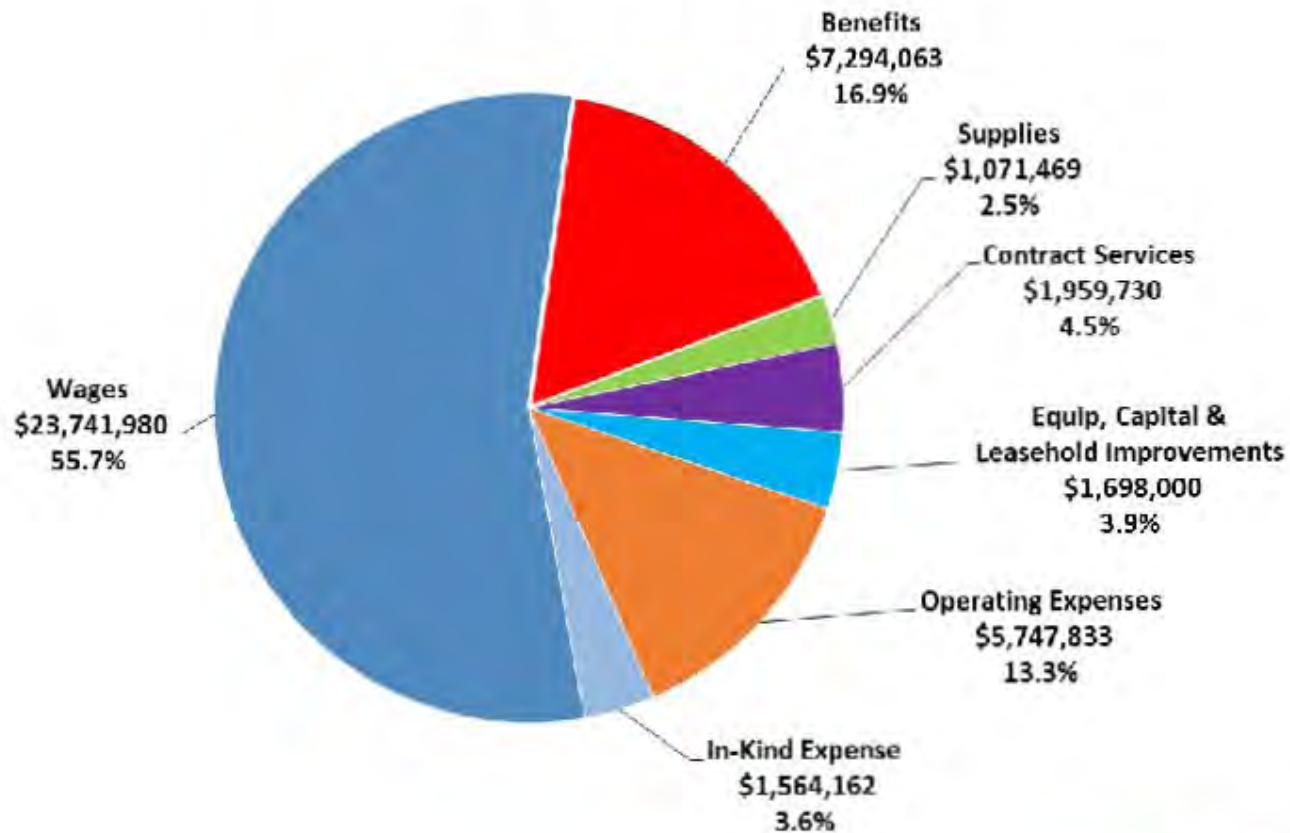
Recently Acquired FY20 Non-County Sources for Strategic Priorities and Core Programs

• Cancer, Cardiovascular and Chronic Pulmonary Disease Grants	
• Diabetes Education Program	\$ 330,000
• Worksite Wellness	\$ 300,300
• Regional Food Access	\$ 191,160
• Regional Breastfeeding	\$ 138,183
• Human Papillomavirus (HPV)	\$ 71,735
• Healthy Beverage Initiative	\$ 50,250
• Regional Radon	\$ 5,000
• Retail Food – Inspection	\$ 210,500
• Hunger Free Colorado *	\$ 156,654
• Nurse Family Partnership	<u>\$142,454</u>
Total	<u>\$ 1,596,236</u>

* New Grant Funding



FY 2020 Proposed Expenditures by Type Total of \$ 43,077,237



Efficiencies in TCHD Operations

- ***Total estimated efficiencies savings: (\$116,881)***
- Environmental Health (\$42,270)
 - Monthly invoicing—created SOP & training; reduced meetings
 - Code citation elimination—simplified code violation process
 - Education packet printing revision—combined documents
- Nursing (\$33,135)
 - Multiple Innovations – increased nursing student reimbursement, increased Medicaid billing, changed HIV testing vendor, began direct vaccine shipments
- Planning and Information Management (\$22,476)
 - Internet Service Provider Change – changed internet service provider and secured a more advantageous contract
- Finance and Administration (\$11k)
 - Contract Templates – created legal templates that resulted in developing contracts with less legal oversight
 - Shred-It Cost Reduction – changed paper shredding service to a frequency of once per month
- Emergency Preparedness, Response, and Communicable Disease Surveillance (\$8k)
 - Sign-In Sheets –eliminated legacy system of a daily sign in sheet for all employees

Summary: Forecasted County Population

Change: FY 2019 to FY 2020

FY19 Forecast from May 2018;

FY20 Forecast from May 2019

<u>County</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>Change</u>
Adams	531,445	530,680	(765)
Arapahoe	666,264	662,304	(3,960)
Douglas	<u>346,102</u>	<u>350,161</u>	<u>4,059</u>
Total	<u><u>1,543,811</u></u>	<u><u>1,543,145</u></u>	<u><u>(666)</u></u>

Population Forecast Source: State Demographer, Colorado
 Department of Local Affairs.
 FY19 Forecast from May 2018; FY20 Forecast from May 2019

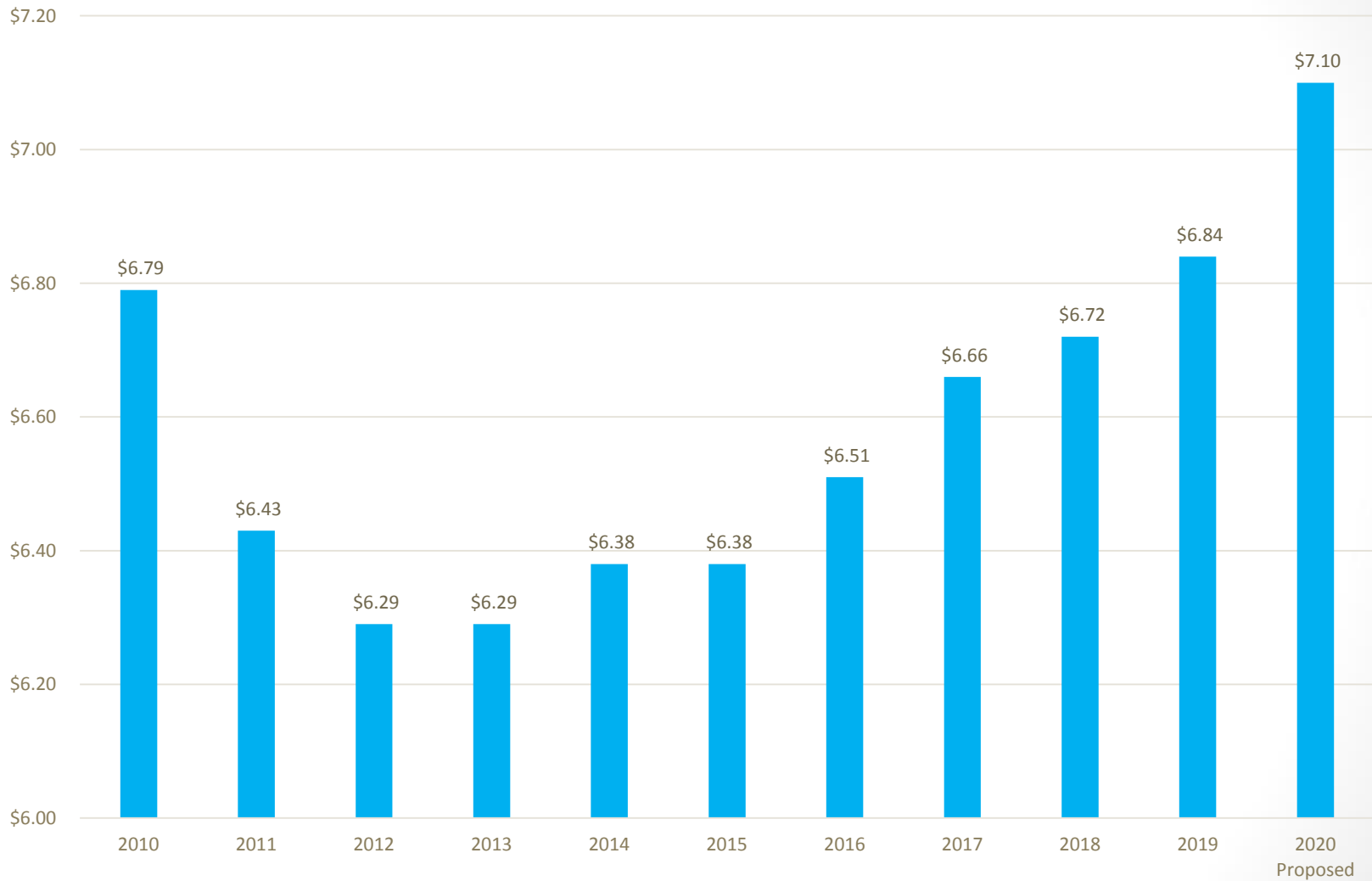
Use of State Demographer Forecasts in TCHD Budget Planning

- To calculate county support for TCHD, we have traditionally used forecasts of projected population for the next FY from the State Demographer
- Forecasts are updated every spring for ~30 years going forward and will vary year-to-year
- If a forecast in one year is too high and is corrected the next, it may create the misimpression of declining population (rather than a population growing less rapidly than previously forecasted)

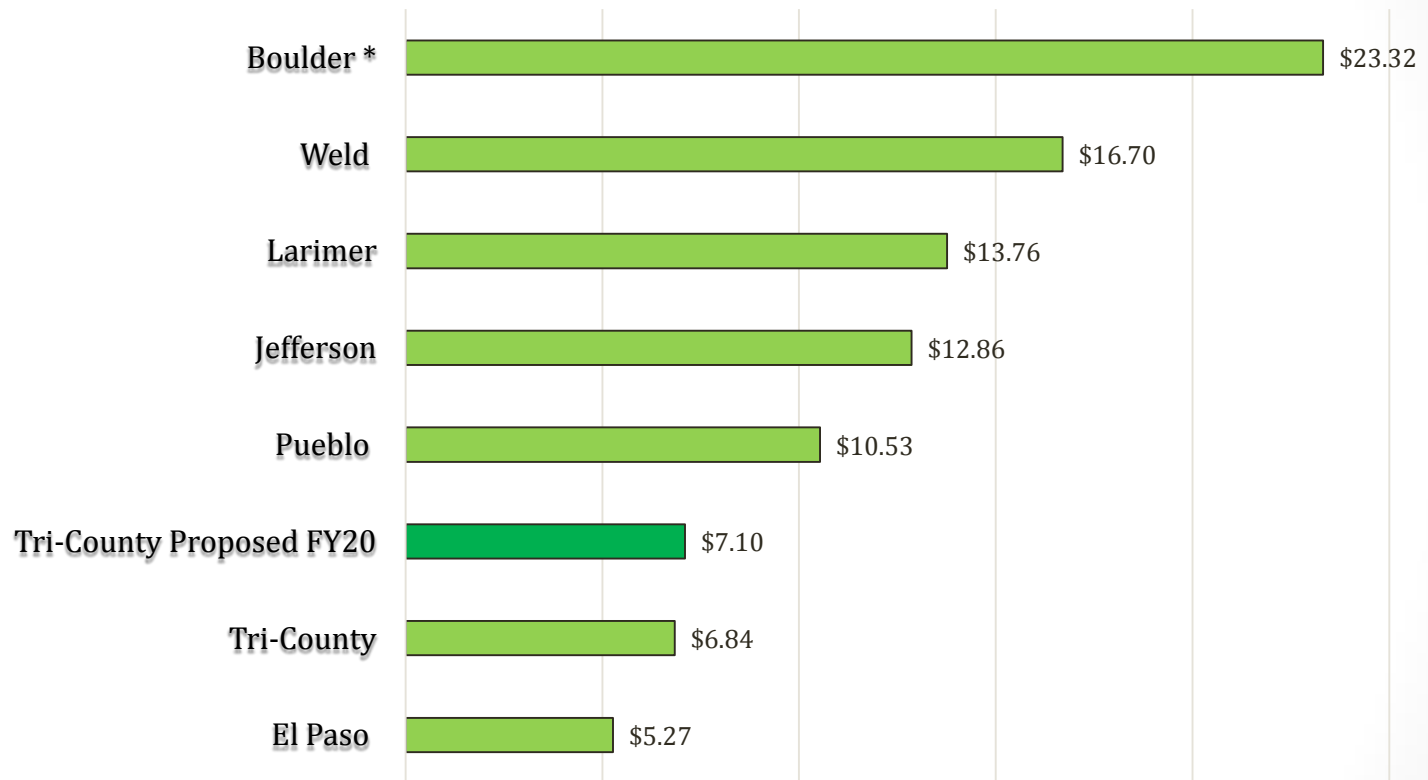
Overview: FY 2020 Request for County General Funds

- County budget increase:
 - Forecasted population-based decrease of 0.04% to match three-county population decrease of 666 \$ (4,555)
 - Per-capita rate increase of 3.8%, or \$0.26, from \$6.84 in FY19 to \$7.10 in FY20 \$ 401,218
 - Total County budget increase \$ 396,663

TCHD Per Capita Rate History 2010 - 2020



Per Capita Rates for Front Range Local Health Departments FY 2019



* 2019 data unavailable; used 2018 data

Summary: Proposed FY 2020 County Appropriation

<u>County</u>	<u>FY 2019 Adopted</u>	<u>FY 2020 Proposed</u>	<u>Change</u>
Adams	\$ 3,635,084	\$ 3,767,828	\$ 132,744
Arapahoe	\$ 4,557,245	\$ 4,702,358	\$ 145,113
Douglas	<u>\$ 2,367,338</u>	<u>\$ 2,486,143</u>	<u>\$ 118,805</u>
Total	<u>\$ 10,559,667</u>	<u>\$ 10,956,330</u>	<u>\$ 396,663</u>

Summary: Proposed FY 2020 County Appropriation Detail

<u>County</u>	<u>Population Change</u>	<u>Per Capita Rate Change</u>	<u>Total Change</u>
Adams	\$ (5,233)	\$ 137,977	\$ 132,744
Arapahoe	\$ (27,086)	\$ 172,199	\$ 145,113
Douglas	<u>\$ 27,763</u>	<u>\$ 91,042</u>	<u>\$ 118,805</u>
Total	<u><u>\$ (4,555)</u></u>	<u><u>\$ 401,218</u></u>	<u><u>\$ 396,663</u></u>

Proposed Use of New FY20 County General Funds

Salary merit pool increase for General Fund-supported employees (3.5%)	\$184,492
Health Benefit increase (4.5%)	\$61,726
PERA Adjustment SB 18-200 (0.5%)	\$25,000
Mental Health Promotion/Suicide Prevention Manager	<u>\$130,000</u>
Total	<u>\$401,218</u>

Rationale for General Funded Employee Salary Increases

In order to recruit and retain the best and brightest employees to serve our communities, we must stay competitive in pay.

- Colorado's unemployment rate is one of the lowest in the nation (3%, June 2019)
- TCHD had 50 non-retirement resignations in 2018
 - Per Society of Human Resources formula, approximate cost of that turnover is \$600,000
 - 50% of the employees left for better paying jobs.
- TCHD salary increases are barely keeping up with the cost of living increases in the areas we serve (based on consumer price index projections)
- A 3.5% salary increase aligns with our counties 2020 estimated employee salary increases

Rationale for Increased County Funding: Health Benefit and PERA Increases

Health benefit increases

- Medical benefits will increase by 4.69% for 2020/2021
- TCHD will absorb approximately 80% (\$158,000) of the increase and pass on 20% to employees

PERA increase

- Based on 2018 legislation to enhance PERA sustainability, Automatic Adjustment Provision conducted each June
- June 2018 adjustment will increase TCHD's contribution to PERA from 13.7% of all paid employees to 14.2% effective July 2020 (employees' contribution increases from 8.0% to 8.5%)

Position Request

Mental Health Promotion/Suicide Prevention Manager

1.0 FTE/\$120,000 salary and fringe plus \$10,000 computer, supplies and travel

Masters required in related field and minimum of three years relevant professional experience

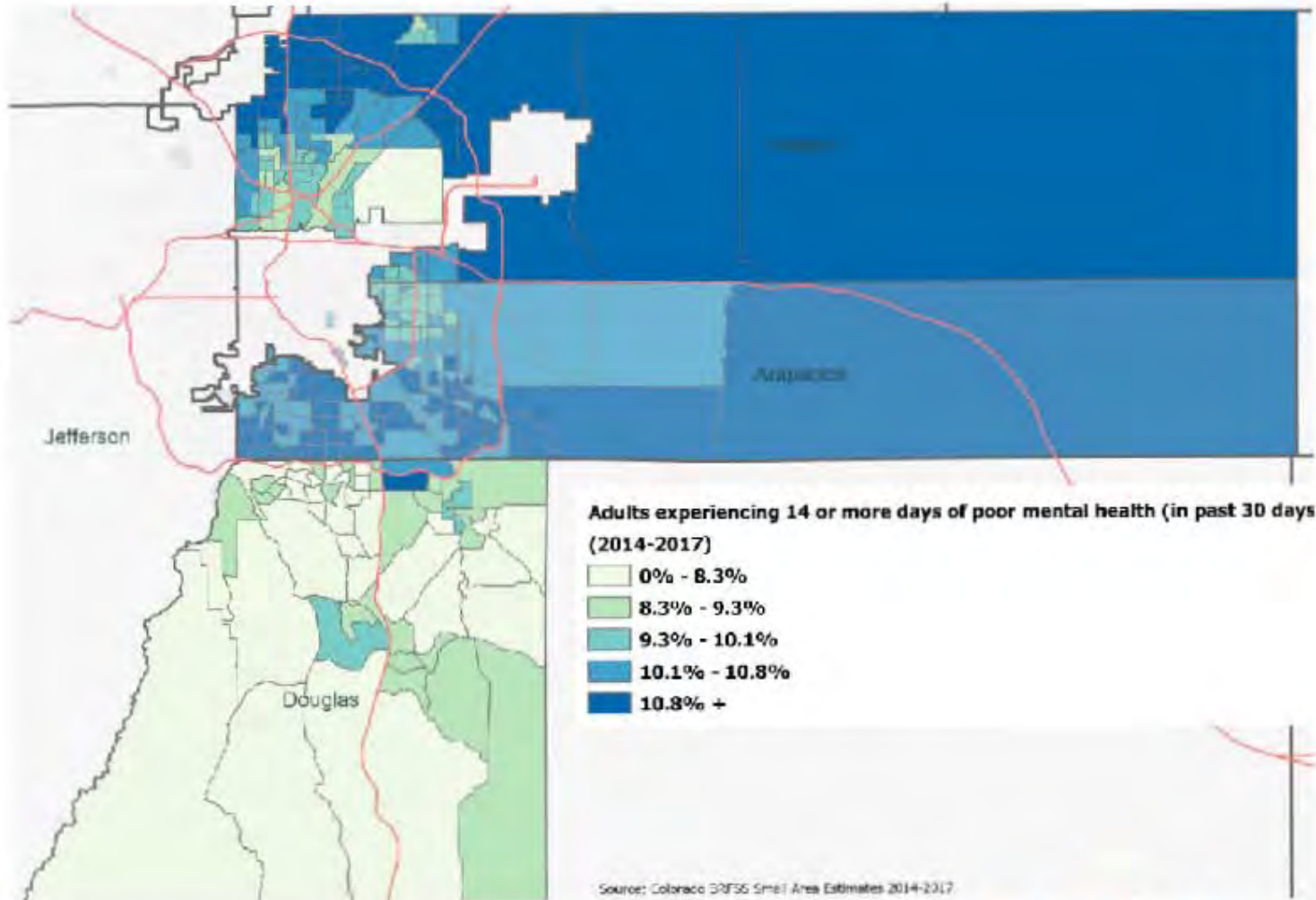
Purpose:

- Fulfill 2019 revision of foundational public health capabilities/services (SB 08-194 core public health capabilities), now including injury prevention and behavioral health promotion
- Ensure achievement of Public Health Improvement Plan mental health goals among all age groups
- Facilitate alignment of mental health & suicide prevention efforts among hospitals, human services, state partners & other metro agencies
- Engage educators, law enforcement, providers, policymakers & the community in mental health promotion and suicide prevention solutions

What is the problem?

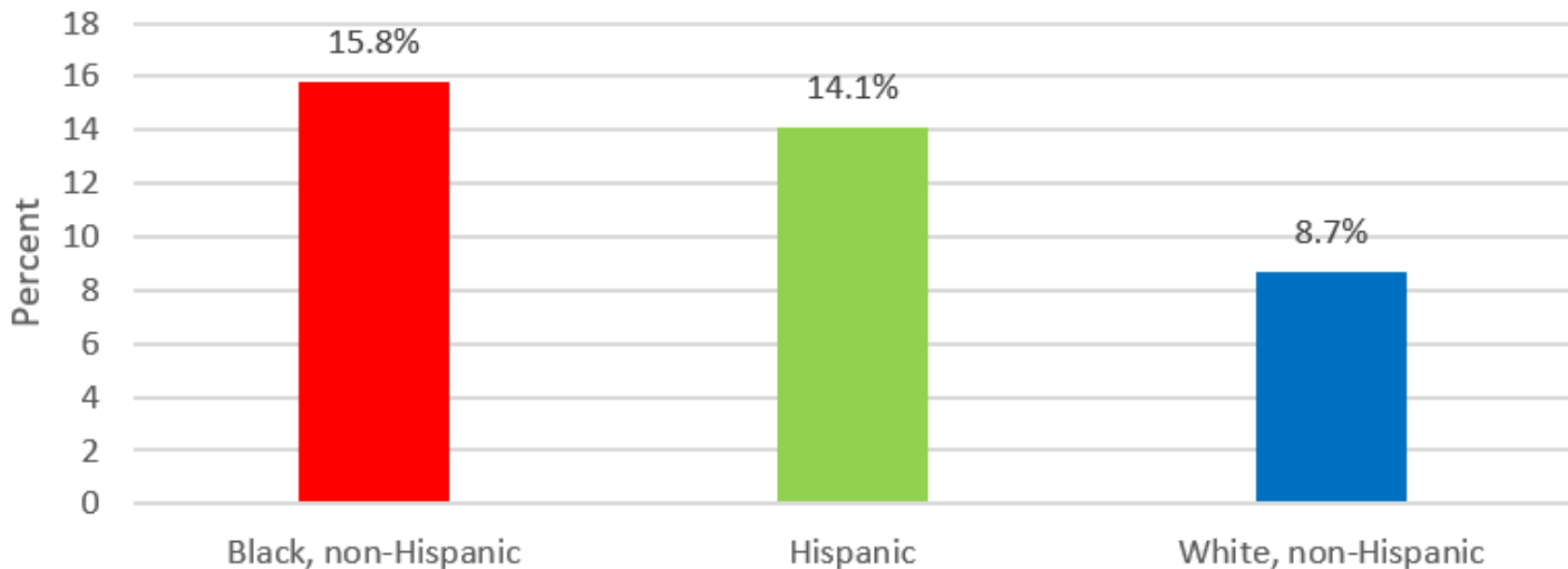
- Mental health remains a top concern in our communities
 - Sole focus of TCHD 2014-19 Public Health Improvement Plan
 - Remains a top priority in 2019-24 PHIP
- Considerable burden:
 - Cost per completed suicide estimated to be \$ 859K – 1.3M
 - Suicide is the 2nd leading cause of death in the TCHD jurisdiction among ages 44 and under
 - Between 15.4% and 18.2% of TCHD area high school youth reported seriously considering suicide in the past year
 - Only 41% of adults in the U.S. with a mental health condition received mental health services in the past year
- State grants are not available to support public health's role in mental health and suicide prevention (State Innovation Model has ended)

Adults Experiencing > 14 days of Poor Mental Health in Past 30 Days in Tri-County Area, 2014-17



Depression among Colorado women who recently gave birth

Percent of Women Who Recently Gave Birth Who Felt Down, Depressed, or Hopeless By Race/Ethnicity, Colorado, 2015-2017



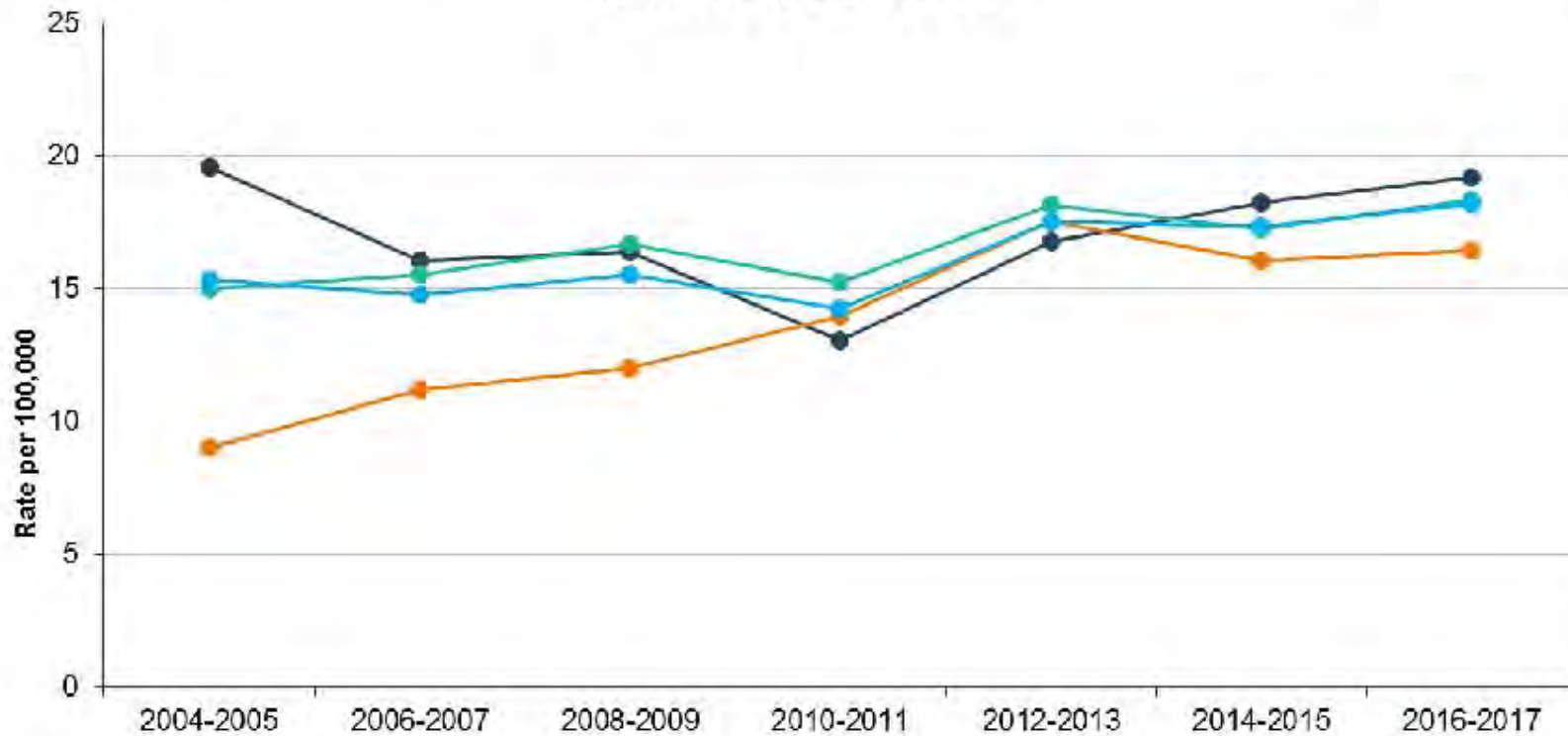
Deaths from suicide

	2004- 2005	2006- 2007	2008- 2009	2010- 2011	2012- 2013	2014- 2015	2016- 2017	Total
Adams	153	132	141	117	156	177	192	1068
Arapahoe	158	168	187	177	218	215	235	1358
Douglas	43	59	67	81	106	102	109	567
Tri-Counties	354	359	395	375	480	494	536	2993

Source: Vital Statistics, Colorado Dept. of Public Health & Environment

TC area suicide death rates

Suicide Death Rates per 100,000 - Adams, Arapahoe, Douglas Counties, 2004-2017

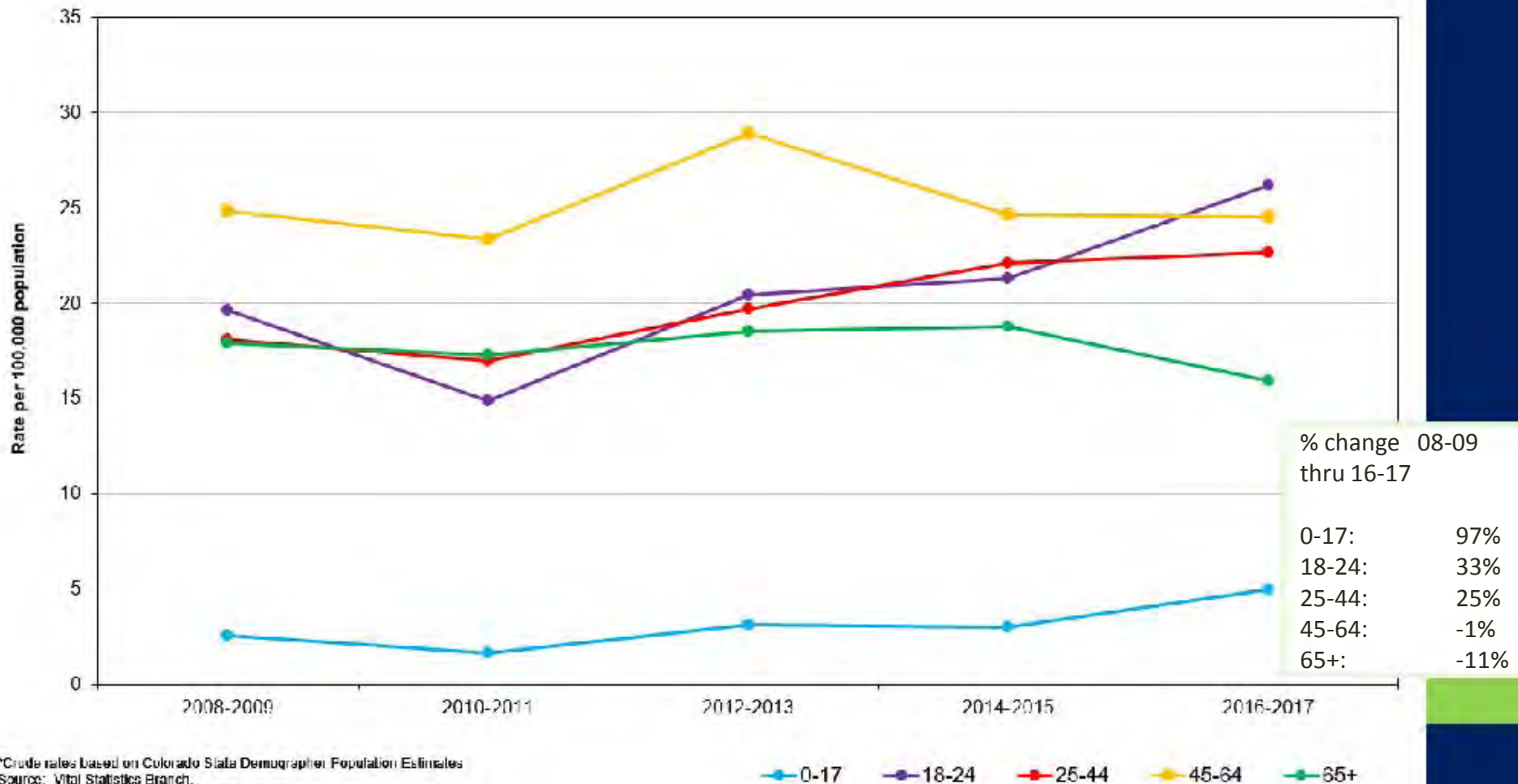


*Crude rates based on Colorado State Demographer Population Estimates
Source: Vital Statistics Branch, Colorado Dept of Public Health & Environment

—●— Adams —●— Arapahoe —●— Douglas —●— Tri-Counties

Suicide death rate by age group

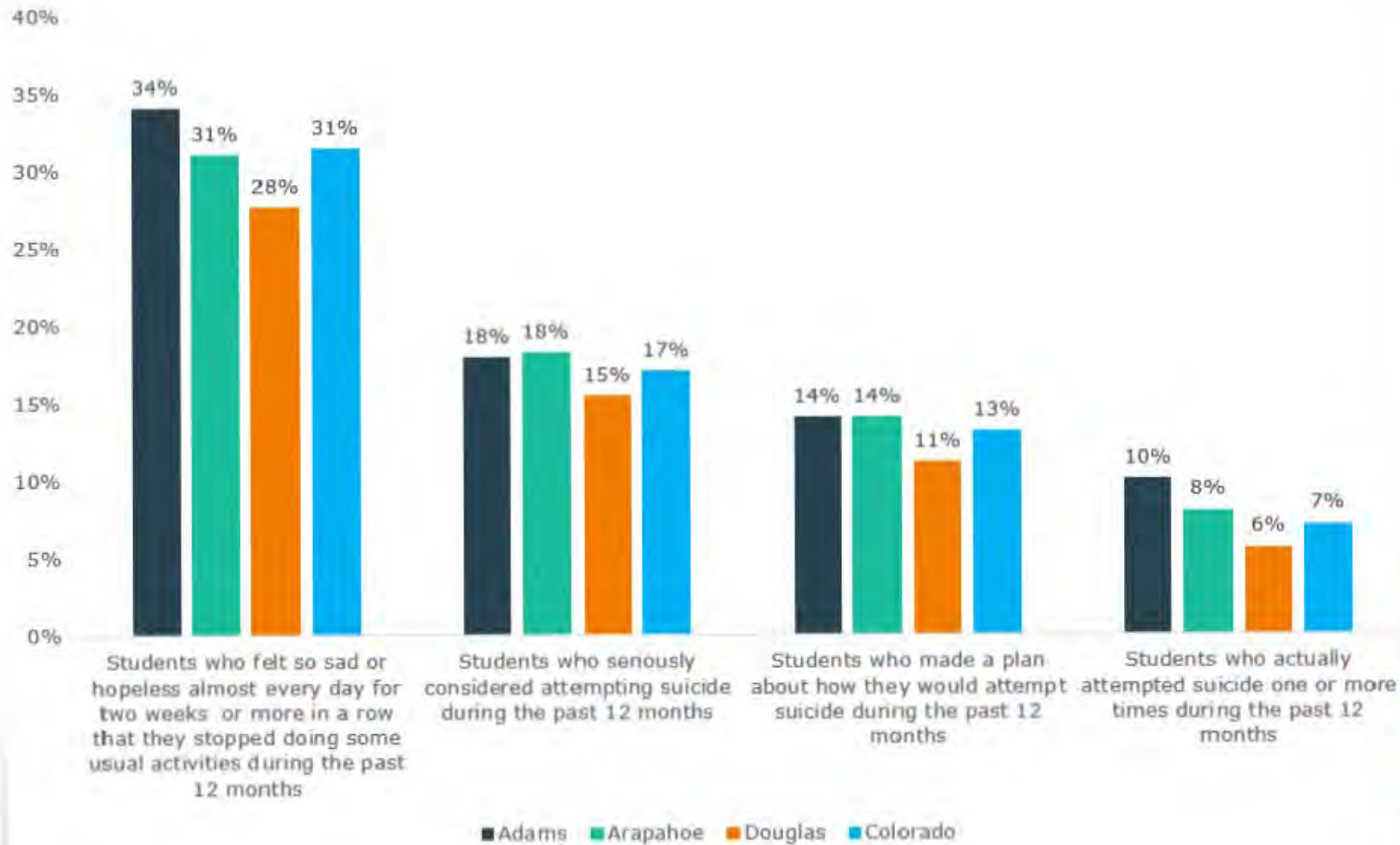
Across TC Area - 2008-2017



*Crude rates based on Colorado State Demographic Population Estimates
 Source: Vital Statistics Branch,
 Colorado Dept. of Public Health & Environment

—●— 0-17 —●— 18-24 —●— 25-44 —●— 45-64 —●— 65+

Mental health among TC area high school students -2017



Number (rates) of Deaths from Unintentional Overdoses due to Opioids and All Drugs, and Suicide, Tri-County Area - 2016-2017

	Unintentional Overdoses--Opioids (rate)	Unintentional Overdoses--All Drugs (rate)	Suicide Deaths (rate)
Adams	98 (9.8)	206 (20.6)	192 (19.2)
Arapahoe	79 (6.2)	181 (14.1)	235 (18.4)
Douglas	6 (0.9)	61 (9.2)	109 (16.4)
Tri-Counties	183 (6.2)	448 (15.2)	536 (18.2)

*Rates per 100,000

Source: Vital Statistics, Colorado Dept. of Public Health & Environment

What Role do Partners Want TCHD to Play in Mental Health Promotion/Suicide Prevention?

- Partners would like TCHD to provide leadership in:
 - Assessment:
 - assess needs, identify resources
 - Communication:
 - implement stigma reduction and social norming campaigns
 - Data
 - Inform decisions with data and evidence
 - Accelerate information exchange
 - Coordinate implementation
 - Convene and/or join partners to align efforts across the broad continuum of prevention and care (e.g., Douglas County MH Initiative, TCOPP)
 - Serve as a thought partner and dot-connector
 - Track, analyze, and promote policy solutions

What will the Mental Health Promotion/ Suicide Prevention Coordinator Do?

- Build on success of 2014-19 PHIP 1.0 and recent SIM grant
- Lead TCHD PHIP Mental Health Priority Area
 - Enhance mental health by addressing stigma, youth risk/protective factors
 - Implement community-wide suicide prevention framework
- Improve coordination of Mental Health Promotion/Suicide Prevention efforts
 - *Internally* across TCHD programs (eg, MCH, Nurse home visits, Substance abuse, Worksite wellness, Informatics, Communication, Policy)
 - *Externally* with community partners using a “chief health strategist” approach developed by TCOPP
 - Health care
 - Human services
 - Schools
 - Criminal justice
 - Other PH agencies
- Broad population effort with targeted attention to groups at greater risk.
 - Youth and young adults
 - LGBTQ youth
 - Women in perinatal period
 - Middle aged, older men & veterans

What will the Mental Health Promotion/Suicide Prevention Coordinator Do? (cont)

- Connect partners, initiatives, & data across rapidly-changing mental health landscape:
 - Information and resources to schools on efficacy & cost of emerging and available curricula.
 - Continue growing partners to sustain [Let's Talk CO](#) mental health awareness media campaign.
 - Meet increased need for coordination and data-sharing generated by recent state legislation & local ballot measures for school-based supports
- Align mental health promotion/suicide prevention efforts with community partners in specific areas such as:
 - Mental Health First Aid
 - Promotion of Man Therapy campaign
 - Promoting recommendations from CDPHE Office of Suicide Prevention, CO Suicide Prevention Commission and new State Behavioral Health Task Force

How will success of position be measured?

- Progress toward meeting PHIP objectives will be tracked via TCHD Performance Management system.
- Assessed annually:
 - Rates of attempts and deaths from suicide
 - Expulsion rate per 100,000 from kindergarten through 12th grade
 - Proportion of adolescents who report
 - having an adult in their lives with whom they can talk about serious problems
 - participating in extracurricular and/or out-of-school activities
 - Proportion of adults who report having good or better mental health (<14 poor mental health days in past month)
- Assessed quarterly:
 - Metrics measuring completion of plan activities & achievement of short and medium term outcomes associated with achieving PHIP goals

Support for Behavioral Health Staff in Front Range Health Departments

Health Dept	Population covered	# FTE	Focus
Boulder	326k	1.2	MH, Suicide, Substance abuse
Broomfield	69k	1.0	MH, Suicide, Substance abuse
DDPHE	717k	8.0	MH, Suicide (+5.0 Substance abuse)
El Paso	714k	2.0	MH, Suicide, Substance abuse
TCHD	1.51m	1.0 <i>requested</i>	MH, Suicide, (+1.75 Substance abuse)

Consequences if No Budget Increase

<u>Category</u>	<u>Amount</u> <u>\$000's</u>	<u>Consequence</u>
Merit increase 3.5%	\$ 184	Offer less competitive salary increases to staff and risk increased attrition & training costs, reduced service consistency
Health Benefits 4.5%	\$ 62	Offer less competitive benefits to staff and risk attracting and retaining quality employees
PERA Adjustment 0.5%	\$ 25	Offer less competitive salary to staff in order to fund adjustment on an ongoing basis
Mental Health Promotion & Suicide Prevention Manager	\$ 130	Defer mental health promotion and suicide prevention efforts among key groups: <ul style="list-style-type: none"> • Youth & young adults • women unless during perinatal period, • middle aged and older adults (e.g. veterans)

Adams County Budget Request

Top 10 Health Concerns for Adams County

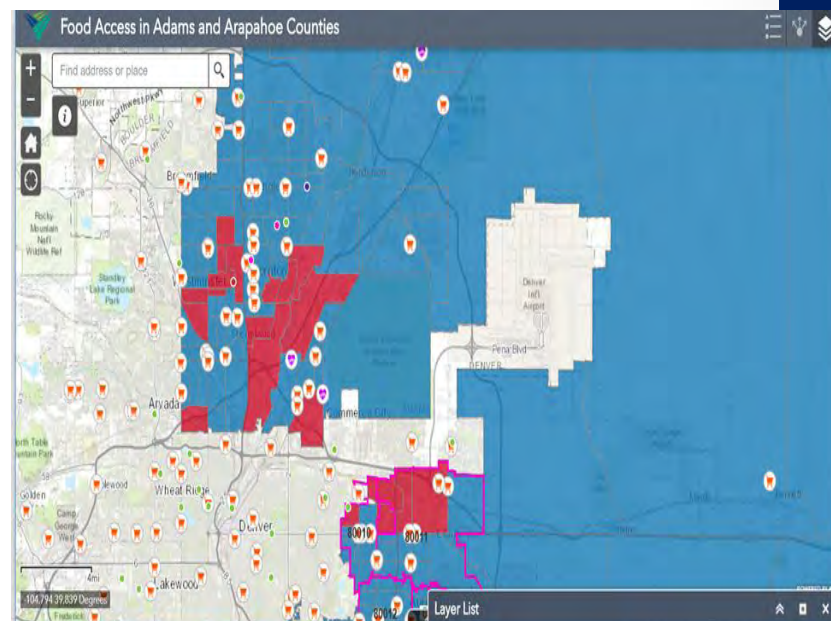
- Public Health Improvement Plan-related
 - **Food and Health: Food Insecurity**
 - Food and Health: Obesity
 - Mental Health: Mental Health Promotion/Suicide Prevention
 - Mental Health: Substance Use/Drug Overdose
 - Access to Physical and Mental Health Care
 - Health & Housing
- Other priorities
 - **Air Quality**
 - Health & Safety: Injury Prevention
 - Teen Pregnancy
 - Tobacco/Vaping

Food Insecurity in Adams County

Food Insecurity: Limited or uncertain availability of nutritionally adequate and safe foods

Areas lacking access to fresh fruits, vegetables and other healthy foods

- Those experiencing food insecurity:
 - 38% of children ages 1-14 (2017 CHS)
 - 17% of High School students (2015 HKCS)
 - 9% of pregnant women (2017 PRAMS)
 - 25% of adults over age 60 (2017 BRFSS)
- Food Program Use in Adams County
 - WIC enrollment among those eligible: 64%
 - SNAP enrollment among those eligible: 62%
- TCHD has limited FTE and resources outside of restricted WIC Program and other grants to address food insecurity



Requested Position: Food Security Specialist

- Activities
 - Review and utilize data to inform targeted outreach and efforts
 - Community partnerships and alignment of work across systems/organizations
 - Training and technical assistance on food insecurity and nutrition programs to community and medical organizations
 - Outreach and enrollment/referral for eligible but not enrolled in SNAP, WIC, Summer Food Service Program
 - Co-location of TCHD services with community partners
 - Farmer's Markets and Community Garden coordination and volunteers
 - Other Innovations in Food Access identified
- Requested Funds: \$ 80,000
 - Personnel \$74,000
 - Training \$1,350 local and state training
 - Operating \$4,650 local travel, computer, office supplies

Expected Outcomes

- Decreased food insecurity rates in Adams County – long term outcome
- Increased number of medical providers screening for food insecurity
- Increased participation rates by those eligible in the WIC and SNAP programs by 3-5%
- Increased target participation rate in SNAP to state average of 30%
- Increased redemption of WIC eligible foods through grocery store colocation and education
- Increased access to healthy foods through increased participation at community gardens and farmers' markets

Air Quality Concerns in Adams County

- Over past decade, increase in concerns related to Air Quality
 - Oil and gas
 - Ozone non-attainment
 - Other industrial sources
- TCHD has limited capacity to address concerns
 - Following budget cuts early 2000s, CDPHE assumed air quality monitoring responsibility
 - Limited residual TCHD capacity (0.15 FTE, part of landfill oversight position)
- New opportunities to address air quality
 - Likely downgrading of Metro area to serious violator of ozone standards
 - Recent legislation and Executive Orders regarding air quality
- Important for local governments/public health to be active in new legislative/regulatory landscape

Polis signs executive order on air quality

Joey Bunch, Colorado Politics Aug 23, 2019 Updated 6 hrs ago 0



Colorado Governor Jared Polis is pictured while testifying on the impact of climate change in Colorado during the first U.S. House of Representatives Select Committee on the Climate Crisis at CU Boulder on Thursday, Aug. 1, 2019, in Boulder. The hearing was titled "Colorado's Roadmap for Clean Energy Action: Lessons from State and Local Leaders" and was held at CU Boulder's Wittemyer Courtroom.

(Photo by Andy Colwell, special to Colorado Politics)

Gov. Jared Polis is using the dog days of August to get busy governing with executive orders, issuing a proclamation on air quality Thursday afternoon.

Requested Position: Air Quality Specialist

- Most Metro LPHA peers have some level of AQ program
 - Mix of CDPHE contracted inspection work (Weld, Jefferson, Larimer) and locally funded staff (Denver, Boulder)
- Proposed activities of TCHD Air Quality Specialist for Adams County
 - Identify priority local/regional air quality issues that impact health and possible solutions (e.g., recent Colorado Environmental Public Health Tracking grant)
 - Enhance local air monitoring; identify and implement optimal approaches for expanded AQ monitoring in Adams County.
 - Support and/or conduct community level, regional, and where appropriate state level initiatives to reduce emissions that have an adverse impact on health
 - Plan policy development activities and outreach work by engaging with multiple stakeholder groups (e.g., local governments, community coalitions, other health departments)
- Requested funds: \$103,000
 - Personnel \$100,000
 - Operating \$3,000 computer, office supplies, local travel

Air Quality Specialist: Expected Outcomes

- Enhanced regional coordination on air quality matters that impact Adams County
- Strategies implemented to increase local air pollution monitoring within the County
- Collaboration with county staff in
 - addressing public concerns and anticipating/mitigating potential risks associated with air emissions from oil and gas development around populated areas
 - incorporating air quality monitoring & control in comprehensive plans and land use planning
 - leveraging new legislative initiatives related to air quality
- Enhanced response to citizens' concerns regarding air pollution and health effects

Summary: Looking Ahead

- TCHD has well-recognized track record in provision of core public health services
 - Evidenced by 23 NACCHO Model Practice awards
 - Enhanced by 2017 Public Health Accreditation
- New Public Health Improvement Plan and Strategic Plan will allow us to continue to
 - Strengthen core services
 - Improve health of our communities by strengthening foundational capacities and prioritizing key population health issues
 - Enhance organizational strength
- Our county governments will continue to be key partners as we seek to maximize our impact

Questions



STUDY SESSION AGENDA ITEM

DATE:	September 24, 2019
SUBJECT:	Oil and Gas Update
FROM:	Jill Jennings Golich, Director Katie Keefe, Environmental Program Manager
AGENCY/DEPARTMENT:	Community & Economic Development
ATTENDEES:	Jill Jennings Golich, Katie Keefe, Keith Huck
PURPOSE OF ITEM:	Update on task force addressing worker safety requirements; current status of oil and gas activity; COGCC and CDPHE rulemaking schedules; implementation of amended oil and gas regulations.
STAFF RECOMMENDATION:	Update

BACKGROUND:

Staff will brief the Board on oil and gas facility permits submitted since moratorium lifted, overview of task force evaluating worker safety training requirements, and most recent rulemaking schedules for COGCC and CDPHE.

AGENCIES, DEPARTMENTS OR OTHER OFFICES INVOLVED:

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:

	Object Account	Subledger	Amount
Current Budgeted Revenue:			
Additional Revenue not included in Current Budget:			
Total Revenues:			

	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:			
Total Expenditures:			

New FTEs requested: YES NO

Future Amendment Needed: YES NO

Additional Note:

APPROVAL SIGNATURES:

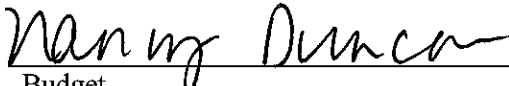
Raymond H. Gonzales, County Manager

Alisha Reis, Deputy County Manager

Bryan Ostler, Deputy County Manager

Chris Kline, Deputy County Manager

APPROVAL OF FISCAL IMPACT:


Budget