Tri-County Health Department
Division of Epidemiology,
Planning and Communication

2015 Annual Report
Welcome to the first “Division Annual Report,” from the Epidemiology, Planning and Communication (EPC) Division. 2015 was a year of enormous growth and change in the EPC Division, in large part driven by the TCHD Strategic Plan developed in 2014.

The EPC Division grew from a total of 18 to 26 full-time staff, which given our relatively small size, is a huge change – a 50% growth rate!

Fortunately we had some vacant work spaces from back in the day when our staff expanded and then contracted due to our $10 million two-year Communities Putting Prevention to Work grant.

We are now filled to the brim again and the buzz level on our hallway has increased significantly.

The work of the EPC Division is extremely diverse. It ranges from communicable disease epidemiology to population health epidemiology; from public health accreditation to strategic communication; from tobacco prevention to substance abuse prevention to mental health promotion.

In part due to this diversity, EPC is able to contribute to all nine of the goals in the TCHD Strategic Plan. In the pages that follow, we would like to share some highlights of our work within the framework of the Strategic Plan goals.

This summary is not meant to be a comprehensive report of all of our activities, but rather a sampling of them, in order to give you a sense of the varied and exciting work we are doing on behalf of TCHD. So here we go...
Strategic Plan Goal 1: Informatics

Creation of the Informatics, Epidemiology and Health Planning Section

A clear priority emerging from the strategic planning process was “DATA, DATA, DATA!”

In order to increase our capacity to provide data to both internal and external partners, we pulled together several resources from across the agency and created the Informatics, Epidemiology, and Health Planning Section (IEHP).

In 2015, one of our big accomplishments was hiring several talented new staff, including a manager, for the team. The IEHP team members are Alyson Shupe, Manager; Christine Demont, Population Health Epidemiologist; Denise Hoppa, Performance Management Coordinator; Adam Anderson, Population Health Epidemiologist; and an open position for another Population Health Epidemiologist (previously held by Todd Hockenberry).

IEHP Mission

This Section exists to provide internal and external customers with data to monitor health status, prioritize health issues, develop narratives to enhance collaboration, and enable evidence-based decision making. The Section also strives to ensure effective and efficient services throughout the agency by promoting program evaluation and a culture of performance improvement. The Section works to ensure the optimal use of technology to collect, manage, analyze, and present data.

IEHP Values

- Provide customers with accurate data in a timely manner
- Ensure the quality and proper use of data
- Focus on health equity
- Measure what matters
- Work smarter, not harder

As is evident in the mission statement and values, IEHP is by nature a service unit and seeks to provide the highest quality customer service to both internal and external customers. IEHP has four main service areas:

- Data collection, analysis, interpretation & dissemination
- Evaluation
- Performance management & quality improvement
- Informatics

IEHP’s large projects for the coming year include a refresh of the TCHD Community Health Assessment, a web presence which will include the new assessment, community health and health equity profiles, a map gallery, an inventory of the data we have access to in order to fulfill TCHD data requests, a detailed list of the services we provide and instructions on how to make a service request.

We will also be implementing a performance management system and quality improvement process and working closely with IT to develop an agency-wide informatics work group.

Pictured: Examples of data visualization, shown as a line graph, and as an expanded view of a GIS mapping layers
Strategic Plan Goal 2: Strategic Communication

Another high priority of the Strategic Plan was to increase TCHD’s capacity in strategic communication – both internal and external. One of our first steps was hiring a Strategic Communication Coordinator to team up with Gary Sky in order to expand the amount and variety of strategic communication work for TCHD.

Strategic Communication Plan

EPC staff led the development of our first agency Strategic Communication Plan in 2015.

The plan features three primary goal areas:
1. Visibility of TCHD
2. External Communication
3. Internal Communication

Under these goal areas are a multitude of strategies, a number of which are already being implemented. These include: developing a “brand strategy” for TCHD; forging stronger partnerships with the public information officers of our three counties for improved message coordination; developing coordinated division annual reports; working with IEHP staff on strategies to communicate data to the public; involvement in several regional communication campaigns on topics that include mental health stigma, HPV vaccination, healthy beverage consumption; developing county fact sheets for state legislators; and internal communication campaigns for Public Health Week and Mental Health Awareness Month.

Don’t Let the Flu Mess with You

EPC Communication and Disease Control staff partnered with Immunization staff from the Nursing Division to develop a campaign to promote flu shots.

The campaign, titled, “Don’t Let the Flu Mess with You,” was disseminated via Facebook and Twitter as well as posters displayed in TCHD offices and shared with partners. Partners also disseminated the social media messages, thus expanding our reach. We also worked with TCHD EPR staff to integrate the campaign message into a POD exercise at which they gave flu shots to community. Campaign buttons and stickers were handed out at the POD. More than 3,000 people visited our flu webpage as a result of the campaign.

2015 TCHD Annual Report

Prior to developing the 2015 TCHD Annual Report, we conducted a survey of TCHD staff and key partners to better understand how they use the Annual Report, and what changes they would like to see. Some of the key takeaways from the survey were: shorter length, more visuals, less text, and more data. So we proceeded to create a very different Annual Report than in years past.

Pictured below, the overarching theme of the 2015 Annual Report is “Impacting the Health of the Entire Population. In designing the report, we used an infographic approach to highlight our agency accomplishments in three areas of population health – addressing the needs of vulnerable populations, preventing the spread of disease and ensuring healthy human environments, and impacting population health through policy and partnerships. We will be conducting a follow-up survey in 2016 to see what people thought of this new approach.
Strategic Plan Goal 3: Policy and Partnerships

In 2015, EPC Division staff did a great deal of work involving policy change and partnerships. Several of these efforts are highlighted under Goals 5, 6, 7, and 9 later in this report. In addition, EPC staff are involved in a number of “internal partnerships” collaborating with staff from other divisions around a common topic such as health equity, school health, and local government partnerships.

Rabies Workgroup Collaboration improves rabies investigation protocols and partnerships

In response to the expanding epidemic of skunk rabies in Colorado and TCHD jurisdiction, Environmental Health (EH) and Disease Control (DIS) teams formed a rabies workgroup in 2015 to undertake a quality improvement process with an overarching goal of improving efficiencies and consistency in how we manage animal bites/potential rabies exposures as well as strengthening critical community partnerships with local Animal Control agencies, Colorado Parks and Wildlife (CPW), and veterinarians in our jurisdiction.

The work group has accomplished a lot!

• Produced a revised TCHD Rabies Prevention and Control Manual to incorporate new best practices
• Designed customized algorithms for managing animal bites involving pets and humans
• Redesigned our data collection tools to be more efficient and more accurately document metrics around animal bite response
• Held four trainings for TCHD staff to ensure consistency and efficiency in rabies investigations
• Established contracts with three veterinary practices to manage routine domestic pet bites. In just a few months of the 2016 rabies season, we have reduced the number of investigations conducted by TCHD staff by over 50% because we better share those responsibilities with Animal Control.

Through this internal/external partnership work, we have greatly improved our communication and coordination of responses with our Animal Control partners; we now focus our efforts on high risk bites/exposures while relying on them to manage routine domestic pet bites.

Is Rabies Post-Exposure Prophylaxis (PEP) Indicated?

Note: Rabies PEP is a medical urgency, NOT an emergency

Check the box that best describes the rabid animal. If PEP is indicated, wait 48-72 hours after receipt of test results to receive consultation on PEP.

Contact your local public health department or animal control to assist with animal rabies testing.

Rabies Immune Globulin (RIG)

Those who have documentation of receiving a full course of pre- or post-exposure rabies prophylaxis may be vaccinated with RIG. Contact your local public health department for further information.

Rabies Vaccine

For bites or scratches from skunks, foxes, raccoons, and other wild carnivores.

If possible, infiltrate full volume intra muscular (IM) at a site distant from the inoculation site. Inject remaining dose of RIG around the wound. Inject remaining volume intramuscular (IM) at a site distant from the inoculation site. Then, re-prepare the syringe with 1.0 mL of RIG INOCULATION SITE: deltoid. DO NOT administer Rabies Immune Globulin (RIG).

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Yes - Administer PEP:
• For dog and cat bites from owned pets, DO NOT administer Rabies Immune Globulin (RIG).
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No - Do Not Administer PEP:
• For bites or scratches from wild carnivores, DO NOT administer Rabies Immune Globulin (RIG).
• For bites or scratches from skunks, foxes, raccoons, and other wild carnivores.
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Administration of Rabies PEP to Previously Unvaccinated Persons:

For the final dose of Rabies Vaccine given >7 days after the initial dose of Rabies Vaccine:

DOSE: 0.5 mL if weight is <25 kg or 1.0 mL if weight is ≥26 kg

WHERE:
• Feasible intradermal (ID) injection at the inoculation site.
• If necessary, administer additional volume ID at a site distant from the inoculation site.
• For those who are unable to receive ID injection, administer full volume IM in the gluteus.

WHEN:
• DO NOT administer Rabies Vaccine if test result is negative or if the animal is not available for testing.

Administration of Rabies PEP to Previously Vaccinated Persons:

When receiving PEP due to a rabid animal exposure, keep the following in mind:

Note: DO NOT give Rabies Vaccine to those who have received a full course of pre- or post-exposure rabies prophylaxis.

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Strategic Plan Goal 3, Continued: Policy and Partnerships

A Matter of Balance – Partnering for Older Adults

Tri-County Health Department is the regional coordinating agency for A Matter of Balance: Managing Concerns About Falls.

In partnership with the Denver Regional Council of Governments (DRCOG), our Aging Initiatives staff engages with community organizations to offer this evidence-based series of classes, at no charge, to adults age 60 and over. Class sites are spread throughout our counties and include active adult centers, independent living senior residences, recreation centers and other easily accessible locations.

In our A Matter of Balance outreach over the last two years, we experienced a steady increase in the numbers of older adults with sensory limitations, particularly vision impairment, who were not able to participate in the general class delivery structure.

Given that visual impairment increases the risk of falls, Aging Initiatives staff sought to identify and incorporate the needs of visually impaired participants into the A Matter of Balance class delivery. Working with community partners with expertise in providing services to the visually impaired, we developed an adapted class delivery structure and successfully implemented it with blind and visually impaired older adults in 2015.

This innovative delivery structure received a 2015 NACCHO Promising Practice Award and serves as a model for other educational programs.

From Ebola Monitoring to Emerging Pathogens Planning

Between August 2014 and March 2016, the World Health Organization (WHO) declared the Ebola outbreak in West Africa a Public Health Emergency of International Concern.

Between November 2014 and February 2016, TCHD staff from the EPC and Nursing Divisions collaborated to monitor 111 travelers returning from affected countries of Guinea, Liberia, Sierra Leone, and Mali. Most travelers were considered low risk for Ebola and no traveler in TCHD’s jurisdiction developed Ebola virus disease.

The efforts and partnerships developed in this process continue in the statewide Emerging Pathogens Committee.

This committee of state and local public health agencies, hospitals and emergency services is adapting the Ebola monitoring protocol to respond to other potential emerging pathogens that may be introduced to the United States like Severe Acute Respiratory Syndrome (SARS), MERS (Middle Eastern Respiratory Virus) or other novel and pathogenic diseases.

Disease Control and Prevention

EPC Disease Intervention Specialists work with a multitude of partners in outbreak and case investigation. In 2015, EPC DIS investigated 1,400 individual cases and 61 disease outbreaks in a variety of venues including child care centers, restaurants and hotels.

Fred Astaire could learn a few steps from me!

BLIND SENIOR FITNESS... CHA, CHA, CHA!

Adams, Arapahoe and Douglas Counties, Colorado

A Matter of Balance is an award-winning evidence-based program that improves participant’s balance, flexibility and strength and helps us reduce their risk of injury from falls. We even provide a class modified for blind and visually-impaired participants, with great results!

For more information, contact Barbara Lyons, A Matter of Balance Project Coordinator: blyons@tchd.org 720-200-1572
Strategic Plan Goal 4: Organizational Sustainability

Public Health Accreditation

Like accredited hospitals and schools, the approximately 3,000 local, state, and tribal public health departments in the US now have the opportunity to measure their performance, get recognition for accomplishments, and demonstrate accountability within their communities through voluntary national public health accreditation, administered by the Public Health Accreditation Board (PHAB).

We completed an agency self-assessment to help guide our work. Then AT began the long journey of identifying and gathering hundreds of documents from across the agency to meet the PHAB requirements.

In 2016, TCHD staff from across the agency will be gathering, reviewing and finalizing all the documentation needed to demonstrate that our work meets the nationally recognized standards established by PHAB. Our deadline for submission of the full documentation package to PHAB is February 22, 2017.

Performance Management/QI System Plan

As part of the accreditation process, EPC staff led the development of an agency-wide Performance Management System/Quality Improvement Plan.

This plan details both a structure and a process for implementing performance management/quality improvement initiatives across the agency. In 2016, we are rolling this out agency-wide.

This effort will engage staff from every division, every office and every program – not all at once, however! Stay tuned for opportunities to get involved and start thinking about areas you would like to improve about the way we work!

The goal of national public health accreditation is to advance the quality and performance of all health departments in the country in order to continuously improve the quality of services they deliver to the community. In 2015, TCHD embarked on the rigorous process of attaining national public health accreditation status.

In 2015, TCHD submitted all of the prerequisites required to apply for and pursue accredited status. These included our agency Strategic Plan, our Public Health Improvement Plan, and our most recent Community Health Assessment. We also established the TCHD Accreditation Team (AT) led by EPC staff and comprised of Domain Leads from across the agency for each of the 12 PHAB Domains.
Strategic Plan Goal 5: Obesity

Active Schoolyards, Active Minds

Much of the work under Goal 6 is being spearheaded out of the Nutrition Division, and EPC staff contribute to this work in a variety of ways (e.g., policy work, survey development and analysis, health trend data). See the Nutrition Division annual report for more details.

Remember CPPW?

EPC staff continue to pursue, and support community partners in their efforts to continue the obesity prevention work started with our Communities Putting Prevention to Work grant (2010-2012).

One of the very successful initiatives of our grant was the “Active Schoolyards, Active Minds” initiative (ASAM). In 2012, TCHD contracted with University of Colorado Landscape Architect and Planning program and Munding Designs, LLC to work with 50 underserved schools and surrounding community members to develop school-specific construction plans for improving outdoor schoolyards, recreation and play areas at each school.

We hosted 100 community planning meetings attended by 500+ students, school staff, parents, police, and community members. Based on the community input, each school received construction ready plans for their schoolyard, a budget for the first phase, information needed for grant applications and listing of grant opportunities.

So whatever happened? Did any of these playgrounds get built? The answer is YES! As of the end of 2015, 29 of the 50 schools had acquired the necessary funding – totaling $3,529,596 – and built their dream schoolyards!

In addition, 15 more schools that were not part of the ASAM initiative have planned and built new playgrounds. Inspired by the schools that participated in our CPPW work, these schools raised a total of $2,590,617 from sources such as Adams County Open Space, Arapahoe County Open Space, The Colorado Health Foundation, district specific foundations, and Great Outdoors Colorado (GOCO) to bring their plans to life.
Strategic Plan Goal 6: Tobacco and Substance Abuse

TobaccoFree303 campaign

As part of our Amendment 35 funded tobacco prevention grant, EPC staff engaged youth groups from the Englewood Leadership Academy, Glendale Sports Center, Kearney Middle School Boys and Girls Club, and Arapahoe County CSU Extension to work with Evolution Communications to develop public service announcements (PSAs). The PSAs focus on smoke-free outdoor spaces and the tobacco industry’s targeting of youth with electronic smoking devices and flavored tobacco products. They were played on broadcast TV and placed on YouTube and the campaign website www.tobaccofree303.org.

Bus shelter ads were created, posters were printed and shared with community partners, and local newspaper ads ran in each targeted community. The TobaccoFree303 campaign, was awarded a Bronze Leaf Award by the Colorado Healthcare Communicators (CHC). This is TCHD’s 6th CHC award.

Youth Substance Abuse grants

TCHD was awarded a four-year grant of approximately $200,000 per year from the Colorado Department of Human Services Office of Behavioral Health to work with a community coalition in Douglas County to prevent youth misuse and abuse of alcohol, marijuana, and prescription drugs.

The coalition will use SAMHSA’s Strategic Prevention Framework to assess community needs and utilize a strategic process to plan, implement, and evaluate primary prevention interventions in the community. Similar grants were awarded to two of our mental health partners in Adams County and the City of Aurora, and we will play an active role in their planning processes as well.

In addition, TCHD was awarded a five-year grant of approximately $350,000 per year from the Colorado Department of Public Health and Environment (CDPHE) to address youth substance abuse prevention in two communities: Englewood/Sheridan and the I-70 Corridor (Bennett, Byers, Strasburg, and Deer Trail).

These communities were chosen based on strong existing partnerships, ongoing work that we can leverage, and the prevalence of social determinants of substance use/abuse (e.g., the communities’ low socioeconomic status and rural areas).

Our goal is to work “upstream” to address social determinants of health by collaborating with community coalitions using a model called “Communities that Care” to address risk and protective factors that influence youth substance use and abuse.
Strategic Plan Goal 7: Interaction with the Health Care Delivery System

Centura CHNA collaboration

In 2015, EPC staff collaborated with staff from the five other Denver metro local public health agencies (LPHAs) to assist Centura’s hospital system in their community health needs assessments (CHNA) and prioritization process required by the IRS for non-profit hospital community benefit.

We worked directly with seven Centura hospitals serving patients in the TCHD jurisdiction, sharing quantitative and qualitative data, exploring population health issues, helping prioritize the focus for community benefit, and working together to consider potential strategies for implementation.

The seven CHNAs that were developed ended up sharing common goals with TCHD and the other LPHAs around two prioritized focus areas: promoting mental health and preventing obesity through healthy eating and active living.

In the process of this work, we greatly enhanced relationships and increased the opportunity for alignment of strategies.

Strategic Plan Goal 8: Healthy Human Environments

Expansions of municipal smoke-free air laws

EPC Tobacco Prevention staff worked with the City of Littleton and the City of Greenwood Village to pass amendments to their smoke-free air laws.

The City of Littleton approved two important amendments:
1) added electronic smoking devices (ESDs) to the ordinance, meaning that “vaping” is no longer allowed in public places where traditional smoking is already banned, and
2) created a smoke-free outdoor zone in front of businesses along Main Street in Historic Downtown Littleton.

Littleton is the third municipality in our jurisdiction to include ESDs (after Brighton and Thornton), and the second in the metro area to have a smoke-free downtown (after Golden).

The City of Greenwood Village unanimously voted to expand their smoke-free air law to:
1) include many outdoor spaces such as parks and trails, outdoor plazas, amphitheaters and entertainment venues, and public transit waiting areas;
2) include ESDs in their smoke-free law, banning “vaping” anywhere traditional smoking is already banned; and
3) include ESDs in the city’s current youth possession law, which already prohibits youth possession of traditional tobacco products.

This made Greenwood Village TCHD’s fourth municipality to ban the use of ESDs in public and the second to make parks and trails smoke-free (after Commerce City).
Strategic Plan Goal 9: Mental Health Promotion

SIM grant

In addition to being the focus of Goal 9 of the TCHD Strategic Plan, Mental Health promotion is also the priority area selected by TCHD and community partners to be the focus of our Public Health Improvement Plan.

In 2015, we collaborated with the four other local public health agencies (LPHAs) in the Metro area – Denver Public Health, Jefferson County Public Health, Boulder County Public Health, and Broomfield Health and Human Services – to apply for a State Innovation Model (SIM) grant focusing on mental health.

We were awarded a four-year grant of $452,758 per year to develop a communication campaign to reduce mental health stigma, and to work with health care providers who serve low-income populations to help improve screening, referral and treatment of mental health conditions, and to improve integration of physical and behavioral health care.

PHIP/Eastern Plains collaboration

In 2015, TCHD celebrated 2 years of effort on the Public Health Improvement Plan for Adams, Arapahoe and Douglas counties.

A new and beneficial partnership with Colorado Crisis Services came out of the Colorado Clinical and Translational Sciences Institute (CCTSI) grant that we were awarded in partnership with the Colorado School of Public Health.

We identified extraordinarily acute mental health needs in 3 small school districts on the Eastern Plains – Bennett, Byers, and Strasburg. EPC staff convened the three school districts, Aurora Mental Health, and Colorado Crisis Services to brainstorm approaches to addressing this problem.

Amazingly, the partners were able to identify resources to hire a school-based therapist to be shared by the three districts. And all of this was accomplished in a single two-hour meeting!